

# CARING DADS SAFER CHILDREN

## INTERIM EVALUATION REPORT

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## Impact and Evidence series

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

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# DEFINITIONS

In this document the term **father** refers to birth father, adoptive father, stepfather or any other man involved in the care of children, eg 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 Caring Dads: Safer Children the father's partner is usually but not always the mother of his child. The term **partner** includes both the current and former partners of the father attending the programme.

# ACKNOWLEDGEMENTS

The authors would like to thank the fathers, mothers and children who participated in the evaluation to increase our understanding of the programme as well as the NSPCC staff who administered questionnaires, provided data for analysis and gave their insights on the results.

# KEY FINDINGS: YOUNG PEOPLE'S VERSION

Caring Dads: Safer Children (CDSC) is a course that helps fathers who bully or are nasty to their family. The NSPCC has done some research to find out if the fathers were nicer after the course.

- Most fathers said they found it easier to be a good dad 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.
- Some of the children's mothers were very unhappy before the course. After the course some mothers were happier.

# KEY FINDINGS

Risk of childhood abuse increases for children who are exposed to domestic abuse. Caring Dads: Safer Children (CDSC) is a group work programme for domestically abusive fathers, which is currently being evaluated by the NSPCC in five sites across the UK. The evaluation of CDSC compares the fathers' behaviour towards their children and partners before and after the programme, and assesses the effects of any changes on their wellbeing.

The following interim findings provide promising evidence that CDSC can contribute to reducing risks to children:

- Generally, fathers found being a parent less stressful after they had attended the programme and interacted better with their children.
- A quarter of the fathers found their parenting role extremely stressful before they began the programme. Most of this group experienced normal levels of stress by the time they had completed the programme.
- Over a quarter of mothers had symptoms of depression at the beginning of the programme, but depression and anxiety among mothers had reduced by the end of the programme.
- Most mothers said that fathers' abuse towards them reduced during the programme. Fathers believed that their behaviour towards their children and partners improved across a number of areas.
- Mothers reported that there were fewer incidents of the father using emotional abuse, isolation, violence, injury or using children to abuse her by the end of the programme.
- Surveys of children and partners post-programme suggest that CDSC can bring about meaningful improvements in fathers' behaviour that make families feel happier and safer. However, some fathers did not change sufficiently despite completing the programme.
- The evaluation did not include a comparison group, so further research is required to be confident that the improvements in outcomes are a direct result of fathers participating in the programme.

# EXECUTIVE SUMMARY

## Background

Living in a household where there is domestic abuse puts children at risk of physical harm as well as emotional and psychological harm from seeing or hearing their family members being abused. High levels of domestic abuse are a consistent finding of serious case reviews (Brandon, M., 2009), while 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 the fathers who perpetrate the abuse (Featherstone and Fraser, 2012). One approach currently being delivered and evaluated by the NSPCC is Caring Dads: Safer Children (CDSC), a group work programme for domestically abusive fathers. Based on the Caring Dads model originating from Canada (Scott et al, 2006), the 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 through domestic abuse. During the seventeen weeks the father attends the programme, other workers try to engage with the father's children and his partner to provide them with information about the programme and to monitor risk. 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). CDSC attempts to fill the gap in knowledge about the impact that such programmes have on children and those caring for them.

## Method

This interim report is based on questionnaire and survey data collected by the CDSC teams between October 2010 and April 2013 from nearly 300 individuals. The questionnaires measured the father's relationship and behaviour towards his children and partner and the effect of any change in his behaviour on their wellbeing using a before-and-after design. Where available, partners and children completed equivalent versions of the questionnaires used to evaluate the fathers, so that the evaluation was not reliant on the fathers' self-reports. The sample includes over 200 fathers, half of whom provided data both before and after they had completed the CDSC programme, plus 72 partners and 22 children. Data was collated and analysed using Microsoft Excel, SPSS, and Nvivo.



The evaluation design for CDSC also includes the analysis of routinely gathered data, case files and qualitative interviews with partners and children to obtain further insight into how the programme affects them. These elements will be reported within separate interim reports in 2014.

## Findings

### Fathers:

- 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.
- A quarter of the fathers found their parenting role extremely stressful before they began the programme. Most of this group experienced normal levels of stress by the time they had completed the programme. The percentage of fathers with clinically high levels of stress (see Appendix D) reduced from 20 per cent to 5 per cent by the time they had completed the programme.
- Experiencing high levels of stress as a parent at the beginning of the programme did not affect whether a father completed the programme.
- Fathers believed that their behaviour towards their children and partners improved across a number of areas.

### Mothers / Partners:

- Over a quarter of mothers had symptoms of depression and one in six reported symptoms of anxiety at the beginning of the programme.
- Depression and anxiety among mothers had reduced by the end of the programme.
- Most mothers said that some of the fathers' abuse towards them had reduced during the programme.
- Mothers reported that there were fewer incidents of emotional abuse, isolation, violence, injury or the father using the children to abuse her at the end of the programme.

### Children:

- Nearly half of the children who took part in the evaluation had unrestricted and unsupervised contact with their father.
- At the beginning of the programme children tended to believe that their father's parenting style was more rejecting than he did.

- Surveys of children and partners post-programme suggest that CDSC can bring about meaningful improvements in fathers' behaviour that make families feel happier and safer. However, some fathers did not change sufficiently despite completing the programme.

### Referrals to CDSC:

- Over two-thirds of referrals to CDSC came from social services departments. Eight per cent of the fathers had self-referred.
- Nearly 90 per cent of referrals were accepted onto the programme and approximately half of the men who attended the first session went on to complete the programme.
- One-fifth of the fathers referred to the programme were under 25.

### Conclusion

This interim evaluation of the CDSC programme has found evidence of change among some fathers who completed the programme, based on measurements of their parenting stress and behaviour towards children and partners. This is likely to contribute to the outcome of increased feelings of safety and wellbeing among children and partners, for which there was some promising evidence from partners. Data from children were insufficient to draw any conclusions.

Children and partners' survey comments also illustrated that CDSC can bring about positive improvements in the father's behaviour that promote the family's safety and wellbeing. 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. Differences between the perspectives of children and their parents demonstrated the importance of evaluating programmes from the child's perspective where possible. Further analysis of interview data and case records will provide more insight into programme outcomes, reasons for attrition and how risks posed by fathers are contained.

It is important to note that the evaluation did not include a comparison or control group, so further research is required to be confident that the improvements in outcomes are a direct result of fathers participating in the programme.

# MAIN REPORT

## Chapter 1: Background

Caring Dads: Safer Children is a programme run by the NSPCC to help violent fathers improve their parenting. This section discusses the impact of domestic abuse on children, the benefits of working with violent fathers, the CDSC programme and findings from previous evaluations of Caring Dads.

### 1.1 Why work with violent fathers?

There is growing recognition of the need for social care services to engage more 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). 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 generally positive impact of father-child contact cannot always be assumed. 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). 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 domestic abuse are usually focused on men.

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)<sup>1</sup>

Witnessing 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. The legislation recognises that in households where domestic abuse occurs children are usually present (Walby et al, 2004) which not only puts them at risk of physical harm, but also emotional harm through seeing or hearing family members being abused. 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). 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 mother's capacity to care for them (Humphreys et al, 2006). As a consequence, children exposed to domestic abuse experience higher rates of aggression, behavioural problems, depression, and post-traumatic stress (Evans et al, 2008) and are more likely to have health problems in later life 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). In adulthood they are at greater risk of being a victim or perpetrator of domestic abuse (Whitfield et al, 2003).

Several writers have identified a failure of social care services 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). It is usually mothers who are held responsible for child safety, while fathers are often ignored or avoided in the child protection process (McKinnon et al, 2001; Scourfield, 2003). Ironically, this means that those fathers who most need monitoring and intervention are not involved (Brown et al, 2009). Providing effective interventions for domestically violent fathers has numerous advantages (Peled, 2000; Allen and Daly, 2007; Strega et al 2008; Scott et al, 2006). These include:

- holding men accountable for their children's wellbeing;
- 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);
- enhancing children's cognitive, social and emotional wellbeing through a healthy father-child relationship;
- contributing to ending violence against women and the use of abusive tactics that are emotionally harmful to children;
- 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;

- 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;
- 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; and
- reducing the risk of the father perpetrating further violence within subsequent families and relationships.

These advantages are more likely to be achieved when the intervention with violent fathers is part of a coordinated response to domestic abuse. However, there is currently a lack of support for the children of men who attend programmes within the UK (Alderson et al, 2013).

## 1.2 Caring Dads: Safer Children

Based on the Caring Dads model that originates from Canada (Scott et al, 2006), CDSC is a group work programme for domestically abusive fathers. CDSC is one of several interventions the NSPCC is evaluating in order to learn how to effectively prevent cruelty to children (NSPCC, 2009). The programme is currently being delivered in five sites located in urban and rural areas of Wales, Northern Ireland and England. 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). CDSC attempts to fill the gap in knowledge about the impact that such programmes have on children and young people and those caring for them.

With a primary commitment to the safety and wellbeing of children, the Caring Dads programme uses the men’s role as father to motivate them to change their behaviour and reduce the risk of them further harming their children. To be eligible for CDSC, the fathers must currently care for or have contact with their children. Fathers attend a two-hour weekly session 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.

(Scott et al, 2006)

The sessions and activities that contribute to these goals are presented in Appendix B. While the father attends the programme, other workers within the CDSC team try to engage with his children and partner to provide them with information about the programme and to monitor risk.

### 1.3 Previous evaluation of Caring Dads

Previous evaluations of the Caring Dads programme have produced promising findings about its effectiveness, but have involved relatively small samples within the UK. 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. 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, and that the main mechanism for change was their ability to identify the impact of their behaviour on their children. However, some did not appear to accept responsibility for their own behaviour 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 4 and 12 (Lindsay et al, unpublished).

Scott and Lishak (2012) recommended that further studies of the programme should have research designs that include follow-up, randomised control groups (RCT) and the use of several informants. While this evaluation does not attempt an RCT, it does 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 large sample of fathers.

# Chapter 2: Method

In this section, the evaluation method and the sample are described along with ethical issues we have considered for this evaluation.

## 2.1 Evaluation design and measures

CDSC is evaluated using a mixed method design that includes 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. The outcomes are presented in Table 1 alongside the measures used to evaluate them. 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 fathers self-reports. Descriptions of the Parenting Stress Index (PSI), the Parental Acceptance and Rejection Questionnaire (PARQ), the Controlling Behaviours Inventory (CBI), the Strengths and Difficulties Questionnaire (SDQ), the Adolescent Wellbeing Scale and the Adult Wellbeing Scale can be found in Table 1. A validity indicator within the PSI was used to exclude questionnaires completed by fathers that suggested his answers were strongly biased.

Responses to the questionnaires were analysed in two ways. For all of the measures, the average pre-programme score for each measure was compared to the average post-programme score using a paired sample t-test. The P value generated by this test was used to assess whether the differences observed between the average scores at each time point are not just due to chance. It is assumed that P values of less than 0.05 represent statistically significant differences. For measures that are standardised, questionnaires enabling individual scores to be compared to the normal range within the general population, the proportion of scores within the normal range and above or below the normal range at each time point were also compared using McNemar's chi-square test.

Table 1: Outcomes measured and questionnaires used in the CDSC evaluation

Participant	Outcomes measured	Questionnaire	Description of measure
Fathers	Increased awareness and application of child-centred fathering. Increased awareness of, and responsibility for, abusive fathering behaviours and their impact on children. Improved relationship between father and child.	Parental Acceptance Rejection Questionnaire (Parent)	Father's self-report of warmth and affection, hostility and aggression, indifference, neglect and rejection towards child. 24 items
		Rohner, and Khaleque, 2005	
		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
		Parenting Stress Index Short Form	Parent's self-report of stress experienced in their parenting role and its associated behaviours, eg dysfunctional interaction with their child. 36 items
Children	Reduced risk from being subject to abusive fathering behaviours. Increased feelings of safety and wellbeing. Improved relationship between child and parents.	Parental Acceptance Rejection Questionnaire (Child)	Child's perception of father's warmth and affection, hostility and aggression, indifference, neglect and rejecting behaviour towards child. 24 items
		Rohner and Khaleque, 2005	
		Goodman's Strengths and Difficulties questionnaire	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
		Adolescent Wellbeing Scale	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
Mothers	Reduced risk from being subject to abusive behaviours. Increased feelings of safety and wellbeing.	Controlling Behaviour Inventory for Partners NSPCC, 2007	Partner/ex-partner's perception of the perpetrator's abusive behaviours (as above). 69 items
		Adult Wellbeing Scale	Adult self-report on their wellbeing, including depression, anxiety, and inwardly- and outwardly directed irritability. 18 items
		Department of Health, 2000	

Sources: Rohner and Khaleque 2005; NSPCC 2007; Abidin 1995; Goodman 1997; and Department of Health 2000.



Appendix D presents the interpretation for scores obtained from the PSI, the PARQ and the Adult Wellbeing Scale, indicating the normal range for scores that reflect those of the general population; the cut-off points for scores that are considered high, signifying a potential problem or clinical need in this area, and scores that are considered unusually low and potentially invalid.

Partners and children were surveyed at the beginning of the programme about their hopes and expectations of CDSC and then again at the end of the programme they were asked what changes, if any, they had observed or experienced. Workers meeting with the partners and children were asked to record their responses to set questions verbatim (see Appendix C).

Analysis within this interim report is based on the questionnaire and survey data collected by the five CDSC teams between October 2010 and April 2013. Data was collated and analysed using Microsoft Excel, SPSS, and Nvivo. Further evaluation reports based on the analysis of qualitative interviews held with partners and children and the analysis of case record data will be available in 2014.

## 2.2 Ethics

Practitioners within the CDSC teams received training on evaluation and research ethics prior to the start of the programme. Language, literacy and learning difficulties among the fathers and their families often require practitioners to support them in completing consent forms and questionnaires. The practitioners therefore required an understanding of the evaluation, the content of the questionnaires and the process for obtaining consent. Information sheets and consent forms given to participants stressed that receiving a service was not dependent on participating in the evaluation. Ethical approval from the NSPCC Research Ethics committee was given on the proviso that there would be a review of the impact of data collection on all evaluation participants after pre-programme data collection had been completed for the first set of programmes (McConnell and Taylor, 2013, unpublished). This review led to a reduction in the number of measures used with fathers and written guidance on the timing of engagement with partners.

## 2.3 Sample

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. Eight per cent of fathers had self-referred. One team also delivered the programme within a prison and liaised with prison staff to recruit men to the programme: results for these men will be

analysed separately from the programmes held 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. Nearly 90 per cent of referrals were accepted onto the programme and approximately half of the men who attended the first session went on to complete the programme. Five NSPCC service centres located in England, Northern Ireland and Wales delivered CDSC. Although four of the service centres are based in cities, referrals often came from the wider area surrounding the city. The fifth service centre serves a predominantly rural population, spread over a large geographical area with poor transport links.

All fathers who started the programme were invited to participate in the evaluation. Between October 2010 and April 2013, more than 200 were asked, and most (96 per cent) consented. The nine fathers (4 per cent) who refused to participate at the outset eventually dropped out of the programme. Nearly half of the fathers (48 per cent) also provided data at the end of the programme. Table 2 presents the number and percentage of fathers providing pre- and post-programme data and the reasons why some fathers did not provide data post-programme.

Table 2: Fathers' participation in the evaluation, April 2013

Extent of participation	Reasons	No.	%
None	Refused consent pre-programme	9	4
Pre-programme only	Dropped out or asked to leave programme	58	27
	No reason given	13	6
	Refused consent post-programme	1	-
	Still attending programme	30	14
Pre- and post- programme	Gave consent and completed programme	102	48
Total		213	100

Source: NSPCC Caring Dads: Safer Children Teams

CDSC teams varied in their success at recruiting the fathers' families to engage with the service and participate 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. Other potential barriers to children's participation in the evaluation included obtaining written parental consent, the practitioner's decision on whether it was appropriate to involve the child, whether the child was aware of their father's attendance on the programme and if they were old enough to answer the questions. Nearly half of the children were of pre-school age and considered too young to participate in the evaluation. Table 3 presents the number of evaluation participants from whom there is data at each stage of the programme.

Table 3: Number of evaluation participants at each time point, April 2013

<b>Evaluation participant</b>	<b>T1</b>	<b>T2</b>	<b>T3</b>
Fathers	204	102	14
Partners	72	32	5
Children	22	13	4
<b>Total</b>	<b>298</b>	<b>147</b>	<b>23</b>

Source: NSPCC Caring Dads: Safer Children Teams

The age of fathers referred to the programme ranged between 17 and 63, although only referrals for men aged over 18 were accepted for the service. A fifth of fathers and a third of partners were under 25. The children’s ages ranged from new-born to adult, with an average age of five. The average age of the children who participated in the evaluation was slightly higher, at eight years. Participants’ ethnicity was similar to that of the UK population (ONS, 2012), the only notable difference being a greater number recorded as having ‘Any other white background’, which may be due to four of the five teams being located in Wales and Northern Ireland. Over a quarter of the children lived with the father attending the programme, and he was the birth father for two-thirds of the children. Nearly half of the children participating in the evaluation had unrestricted and unsupervised contact with their father<sup>2</sup>. The majority of partners had other agencies working with them, mainly social services but also other agencies including Women’s Aid, mental health services, AA and others. A few partners who were receiving no other support at the beginning of the programme were signposted to services, eg Women’s Aid.

# Chapter 3: Evidence of change

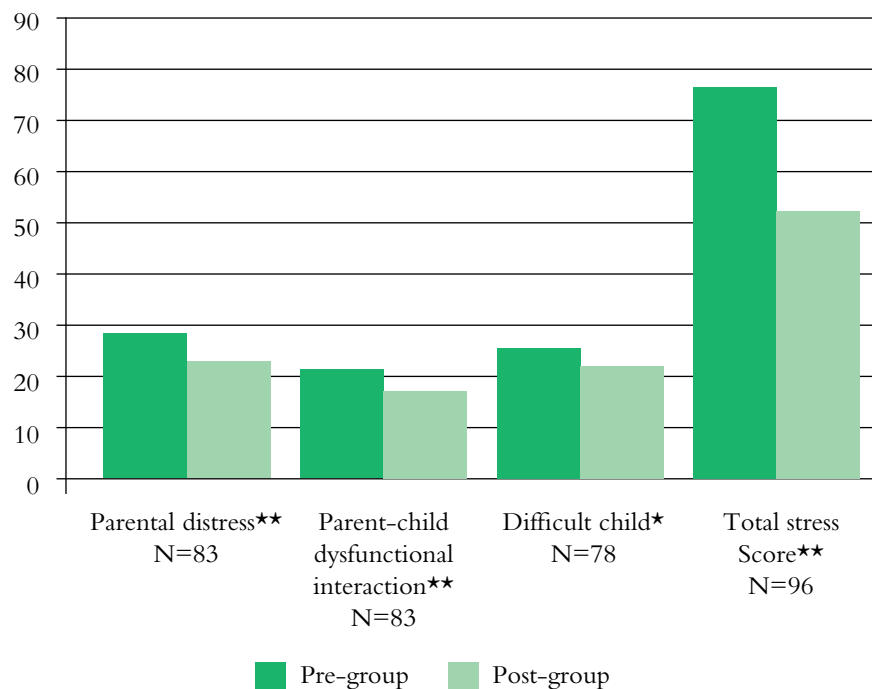
This section presents the analysis of changes in the father’s behaviour and improvements in his partner and children’s wellbeing. Analysis of children and partners’ responses to survey questions about the programme and the father’s behaviour before and after the programme is summarised.

“Fathers’ dysfunctional interaction with their child reduced”

## 3.1 Fathers’ parenting stress

Fathers’ average scores for the parental distress, parent-child dysfunctional interaction and difficult-child subscales of the Parenting Stress Index Short Form all indicated statistically significant improvements by the end of the programme, as did the overall parenting stress score (Chart 1). This means that the fathers felt less stressed in their parenting role, dysfunctional interaction with their child reduced and their ability to set limits and gain the child’s cooperation improved.

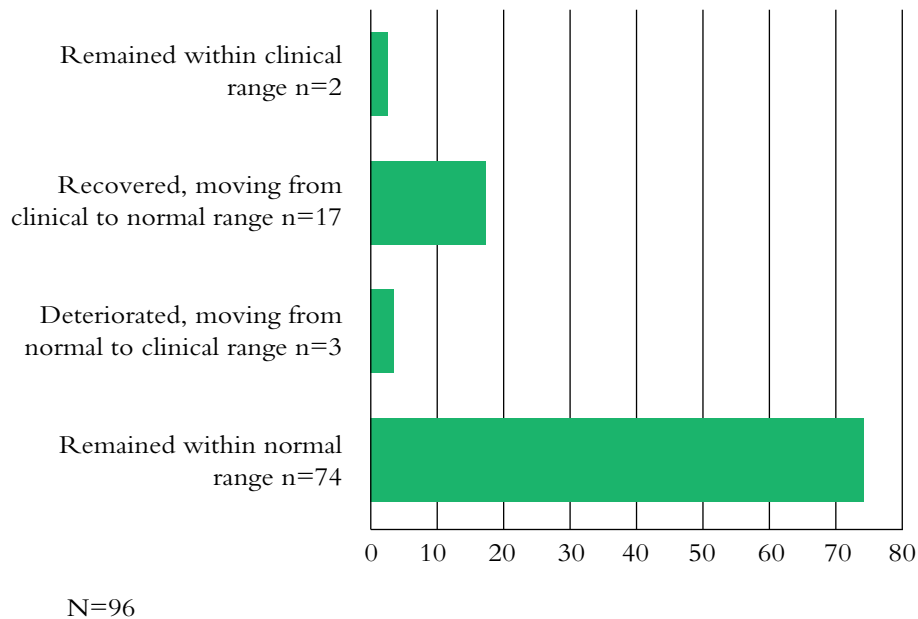
Chart 1: Average pre- and post-programme scores for fathers completing Parenting Stress Index



Source: NSPCC Caring Dads: Safer Children Teams

Fathers who had clinically high scores at the beginning of the programme were more likely to recover than deteriorate ( $p=0.003$ ), with the percentage who had total scores within the clinical range reducing from 20 per cent to 5 per cent of fathers by the time they had completed the programme (Chart 2).

Chart 2: Number of fathers moving between the normal and clinical ranges of the Parenting Stress Index when comparing pre- and post-programme scores.

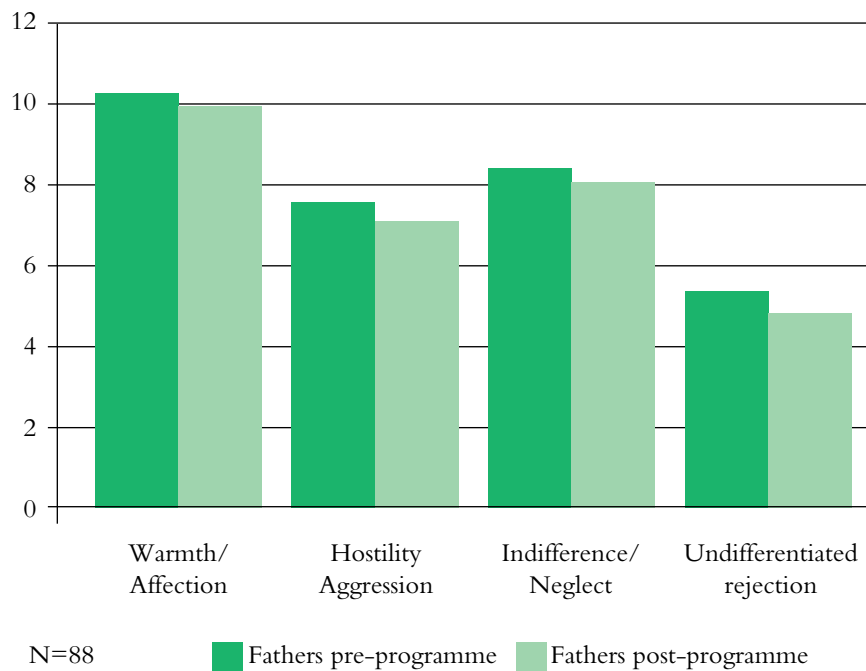


Source: NSPCC Caring Dads: Safer Children Teams

### 3.2 Fathers' behaviour towards children

Fathers' self-reports on their behaviour towards their children using the PARQ also showed statistically significant improvement by the end of the programme (Chart 3), suggesting that the fathers believed that their conduct had become more affectionate and less rejecting (Rohner and Khaleque, 2005). However, it should be noted that on both occasions the fathers' average scores tended to be lower than the normal range for the questionnaire, in other words indicating more accepting behaviour than would be found in typically warm and loving families (see Appendix D for interpretation of scores). 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.<sup>3</sup>

Chart 3: Average scores for responses to Parental Acceptance and Rejection Questionnaire, comparing fathers' pre- and post-programme scores.



Source: NSPCC Caring Dads: Safer Children Teams

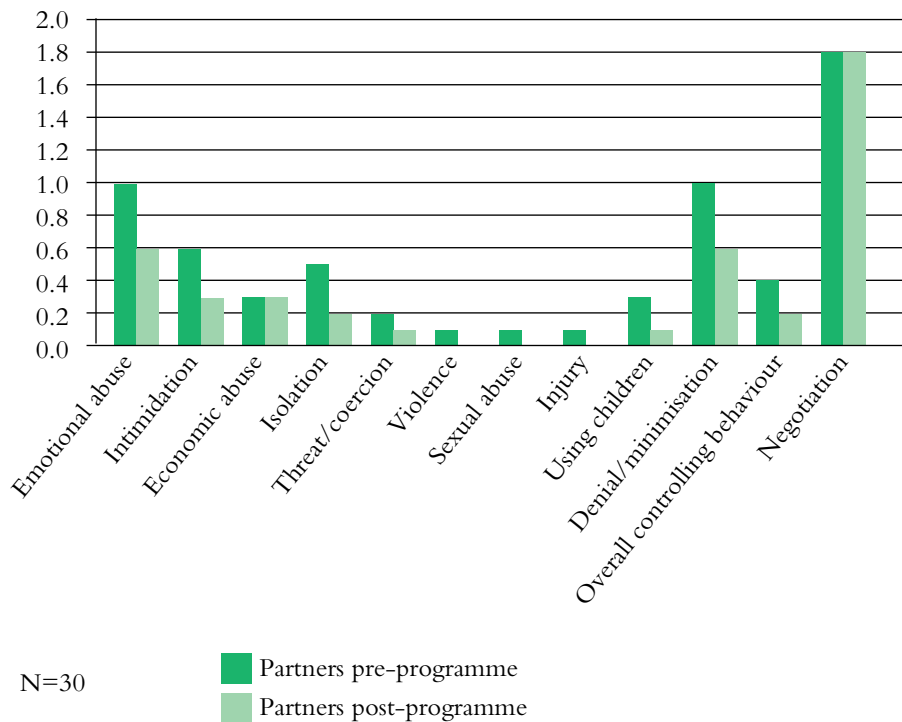
The children's responses to the same questionnaire obtained higher average scores that were within the normal range, suggesting that as a group, the children provide a more realistic appraisal of their fathers' behaviour. The discrepancy between the average fathers' and children's scores may reflect the fathers' reticence to acknowledge or understand the impact of their behaviour on their children. It is hoped that once we have sufficient post-programme data from children we can measure whether there is greater alignment between fathers' and children's reports of the father's parenting behaviour at the end of the programme.

### 3.3 Fathers' behaviour towards partners

While all fathers completed the Controlling Behaviour Inventory before the programme, only fathers who were currently with their partner or still had contact with their former partner were asked to complete the questionnaire again at the end of the programme. Reductions in average pre- and post-programme scores for overall controlling behaviour and all the subscales of the Inventory, apart from sexual abuse, were statistically significant. However, less positively, this also included a decrease in negotiation between fathers and their partners. Average scores for the same questionnaire completed by partners showed statistically significant decreases ( $p < 0.05$ ) in

emotional abuse, isolation, violence, injury and using children to abuse (Chart 4). As this change might only reflect less opportunity to abuse, the same analysis was carried out on a sample of women known to be the current partner of the father. This slightly smaller group also reported a statistically significant reduction in emotional abuse and the use of isolation.

Chart 4: Average number of incidents reported by partners via the Controlling Behaviour Inventory, comparing pre- and post-programme score.



“Partners reported a reduction in incidents of controlling behaviour”

Source: NSPCC Caring Dads: Safer Children Teams

A reduction in controlling behaviour reported by partners at the end of the programme is a very positive finding of change in behaviour. The largest statistically significant reduction was in emotional abuse, with partners reporting fewer incidents of insulting, critical or deliberately upsetting behaviour from the father. Improvement in fathers’ behaviour towards partners, most often the child’s primary caregiver, can contribute to improved safety and wellbeing for both mothers and children, and reduced risk of being subject to abusive parenting behaviour for the child. Both fathers and partners reported statistically significant reductions in the incidents of controlling behaviour that involved using children, for example partner abuse in front of the child or physically abusing the child.

### 3.4 Children’s wellbeing and perspectives

None of the children who completed the Adolescent Wellbeing Scale at the beginning of the programme gave answers that suggested a depressive disorder. The children’s scores ranged between 2 and 12, all below the cut-off score of 13 that would indicate a problem in this area. Average scores obtained from the Strengths and Difficulties Questionnaire completed by children or their main carers indicated relatively low levels of need or conduct problems.<sup>4</sup> This was also the case when the SDQ was completed by the father. These results are surprising, given what we know about the adverse impact of domestic abuse on children (Stanley, 2011) and the typical scores for children attending domestic abuse recovery services, which indicate high need (McManus, 2013, unpublished). Discussions with CDSC practitioners suggested two possible explanations: that the children experiencing the greatest difficulties were less likely to participate in the evaluation and/or that their parents’ experience of domestic abuse, whether as a victim or perpetrator, could affect their perceptions of their child. The average SDQ scores may change when a larger sample becomes available.

The samples available to compare children’s wellbeing or their perceptions of their father’s behaviour towards them both pre- and post-programme are still relatively small (approximately 10 children). This is because many of the children were of pre-school age and therefore standardised measures could not be used. Older children did not participate when their mother did not consent or engage with the service, or when the practitioner felt that it was inappropriate to use a questionnaire with the child. Average scores for the Adolescent Wellbeing Scale and the Strengths and Difficulties Questionnaires at the beginning and the end of the programme were very similar. Average scores for the SDQ completed by fathers appear to reduce but again the samples are too small at this stage for the data to be analysed.

Children who participated in the survey interviews reported a range of hopes and feelings about their father’s attendance on the programme. Those who were pleased he was attending CDSC talked about him learning new things, having the opportunity to talk about his problems and get help, and how they hoped to see changes in his behaviour. Other children were not sure how they felt, were nervous for their father or did not want him to attend because they felt that he did not need to.

When the children were asked what they would like to happen after he had attended the programme they talked about having a stronger relationship with their father, spending more time with him, doing activities together and seeing him more regularly. Some children hoped that the programme would enable their father to move back home again. Changes in the father’s behaviour the children wanted to

“Children reported a range of hopes and feelings about their father’s attendance on the programme”



see included him talking to them more, being less angry or grumpy, not shouting and less drinking.

When the children were surveyed again at the end of the programme their comments differed according to whether they believed that there had been an improvement or little or no change in his behaviour towards them. Children who had seen an improvement talked about seeing their father more often and feeling happier and more comfortable around him. They reported better communication between them as their father seemed to listen and try to understand them more.

They also reported that their fathers paid more interest in their school work, eg attending parents evening, and also playing and doing more together, taking some of the pressure off their mother who may have had to manage everything before. However, children's comments also illustrated that some fathers who complete the programme do not change or do not change sufficiently. These children described fathers who regularly shouted at them, and fathers who gave excuses for not being able to see them. Some children were still worried about the safety of their mother while he was still living with them.

“Improved maternal mental health should enable the mother to recover parenting capacity that may have been undermined by abuse”

### 3.5 Partners' wellbeing and perspectives

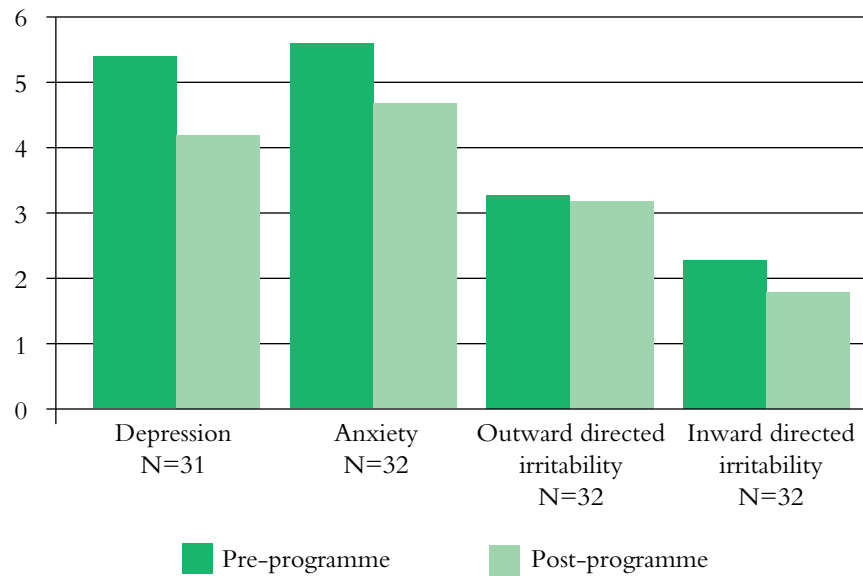
When partners' wellbeing pre- and post-programme was compared using the Adult Wellbeing Scale, each of the subscales (measuring depression, anxiety, and irritability) had reduced. There was a statistically significant difference in the partners' scores for depression, suggesting that levels of depression had reduced among partners by the end of the programme (Chart 5).

Over a quarter of partners completing the scale at the beginning of the programme had scores indicating that they had problems with depression and one sixth had high scores for anxiety. There was no significant difference between current and former partners in the extent of depression or anxiety at the beginning of the programme.<sup>5</sup>

When scores for current and former partners were analysed separately, scores for depression for both groups were reduced but were not statistically significant. While current partners' average scores for anxiety and irritability were unchanged or slightly worse, former partners, albeit a small group, reported statistically significant reductions in anxiety and irritability.<sup>6</sup> It will be worthwhile repeating this analysis with a larger sample as it not only suggests that programme can have benefits for current and former partners of fathers who attend the group, but also that it might affect their wellbeing in different ways. Again, these results are positive for both mothers

Chart 5: Partners' wellbeing, paired sample T-test, comparing pre- and post-programme scores.

“Both current and former partners could feel positive or negative about his attendance, but for different reasons”



Source: NSPCC Caring Dads: Safer Children Teams

and children, as improved maternal mental health should enable the mother to recover parenting capacity that may have been undermined by abuse.

Partners' feelings about the father's attendance on the programme were affected by the status of their relationship with him. Analysis of the partners' survey interviews suggest that both current and former partners could feel positive or negative about his attendance, but for different reasons. Current partners who were pleased he was attending talked about being proud and relieved that he had agreed to get the help he needed and was trying to improve his relationship with his children. Some current partners did not believe the father needed to attend the programme; that he was being forced to attend by social services or that his attendance on the programme was holding their relationship back. Former partners talked about being pleased that the father was taking steps to change his behaviour, particularly if he had not previously admitted his behaviour was abusive. Some were pleased he was trying to change but also sceptical about whether he would do so. Former partners described being worried that the father's motivation for attending the programme was just to convince others that he had changed when he had not, and also that his access to their children might alter. Another worry for partners was that the content of the programme or an incident occurring during a session could have a negative impact on the father, who might react by increasing his hostility towards her or the children.

When partners were asked what they would like to happen after the father had attended the programme they talked about changes in his knowledge and behaviour that would improve his relationship with his children, for example having more understanding of the children's needs, spending more time with them, being more reliable and less self-centred, and dealing with problems without threats or violence. Fathers acknowledging, apologising and taking responsibility for previous abusive behaviour was very important to partners. Aside from being able to trust that the father would never be abusive again, partners wanted the fathers to understand the impact that his abuse had had on the family, to recognise that social services involvement or limits to his current contact arrangements were the result of his behaviour, and to stop blaming her. Partners also wanted their own relationship with the father to improve in various ways. Former partners talked about maintaining a civil relationship for the sake of their children or even reconciliation with the father. Current partners hoped the programme would resolve issues (eg contact arrangements or the children being on the child protection register), which they perceived to be impeding their family from moving forward.

“Partners who had been initially sceptical about CDSC were surprised and pleased when he completed the programme or had told her that he had benefited from it”

Very different situations emerged from partners' survey responses after the father completed the programme. Some former partners said that they could not comment on whether the programme had helped the father as they had very little contact with him. Similar to the children's comments, it was clear that the behaviour of some fathers was still very problematic as he was not applying what he had learnt during the programme, or only made partial or temporary improvements to his behaviour. Examples included the father stopping himself from going into a full rage but still intimidating; changing his behaviour with the children but still being threatening towards his partner; initially behaving better when he picked up his child but then reverting back to “old ways”, making snide comments towards his former partner, and using his learning from the programme to criticise and undermine his partner's parenting if she disagreed with him.

More positively, other partners who were surveyed confirmed that the fathers' behaviour towards them and their children had definitely improved. 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. Current partners thought that having the opportunity to “get things off his chest”, to realise that he was not the only one needing help with problems or parenting, was helpful to the father. Partners observed that since attending the programme, the father was calmer and more confident and thoughtful about the way he interacted with the children. They described fathers as more attentive, understanding and considerate of what the children needed, listening to them and

praising them more often. When disagreements occurred, partners said the father was now more likely to talk through the problem rather than shouting or storming out, and that he listened and no longer believed he was always right. Fathers who had changed their behaviour also spent more time with their children. Current partners described the father helping with the children more, by spending less time on the computer for example, and taking them out on his own. Former partners were much happier about the children spending time with the father when they could see that that he had recognised what he needed to do to have a good relationship with them.

# Chapter 4: Conclusion

Given that all of the fathers who attended CDSC had some form of contact with their children and approximately half of children had unrestricted and unsupervised contact with their father, the importance of working with violent fathers to protect their children cannot be understated. This interim evaluation of the CDSC programme has found some promising evidence of change among some fathers who completed the programme, based on measurements of their parenting stress and behaviour towards children and partners. Children and partners' survey responses illustrated that CDSC can bring about meaningful improvements in the fathers' behaviour that promote the family's safety and wellbeing. 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. Further analysis of interview data and case records will provide more insight into programme outcomes, reasons for attrition and how risks posed by fathers are contained.

## 4.1 Reduced parenting stress

The theoretical model for the PSI posits a link between parenting stress and dysfunctional parent child interaction and subsequent parenting behaviour (Abidin, 1995). Therefore the statistically significant reductions in stress the fathers experienced in their parenting role and the proportion of fathers with high stress scores post-programme are encouraging findings as hopefully this change would have a positive impact on the fathers' behaviour towards their children. Certainly parenting stress appeared to be a problem for several of the men referred to CDSC, with a quarter of fathers giving responses that suggested they found being a parent very stressful when they started the programme. Nearly a fifth obtained scores that suggested they were experiencing clinically significant levels of stress. The changes to parenting stress observed in this interim report differ slightly from earlier evaluations of Caring Dads in the UK, possibly because it is reporting on a larger sample of fathers. The study for the Welsh Assembly Government reported statistically significant decreases for parent-child dysfunctional interaction and difficult-child subscales, but non-significant reductions in parental distress and the overall parenting stress score (McCracken and Deave, 2012). The decreases for men attending the pilot programmes delivered by London Probation were significant for parent-child dysfunctional interaction, and approached significance for the difficult-child subscale and total parenting stress (Lindsay et al, 2010). Analysis of a larger sample of fathers for the final evaluation report will enable the comparison of results for different subsets of fathers.

## 4.2 Improved behaviour towards children and partners

Statistically significant reductions in fathers' abusive behaviour towards partners and improvements in affectionate and accepting behaviour shown by fathers towards their children were also very positive findings that are consistent with the aims of the programme. As the current analysis of parenting behaviour reported via the PARQ is based primarily on fathers' self-reports, this evidence needs to be validated by the equivalent questionnaire completed by their children. The discrepancy between children's and fathers' perceptions of parenting behaviour as indicated by their pre-programme responses to the PARQ illustrates the importance of obtaining information from children rather than relying solely on fathers' self-reports. Notwithstanding this, data from children and partners surveyed at the end of the programme supports the interpretation that some (but notably not all) fathers did indeed make positive changes in the way they behaved towards their children, with the latter reporting they were happier and more comfortable with their fathers, who were communicating better, spending more time with them and taking more interest in them. 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 for partners but insufficient data from children to draw any conclusions. Alderson et al (2013) describe three dimensions of positive outcomes for children whose fathers attend programmes that address domestic violence: (1) changes in the father that would benefit the children; (2) changes in the father-child relationship, and (3) changes in the child's functioning. So far, we have evidence to support the first dimension, some evidence to support the second, but insufficient data to comment on the third.

## 4.3 Limitations

Although these findings suggest that positive improvements have occurred during the programme, their interpretation needs to take into account a number of limitations to the research. The first limitation of the evaluation design is the absence of a control or comparison group, which means that we cannot be certain that changes in behaviour or wellbeing were due to the CDSC programme rather than other factors, or that they would not have occurred anyway. Second, some of the results are based on the fathers' self-reports. Previous research suggests men with a history of abusive behaviour tend to minimise or underestimate their negative behaviour (Russell and Jory, 1997) and this is borne out when we compare fathers' and children's responses to questions about parenting behaviour. Relying on fathers' self-reports is less problematic when using the PSI, because the measure includes a validity indicator. Third, the sample of partners and children is still

relatively small which means that the findings should be interpreted with caution, as the associations identified may not hold for a larger sample. Fourth, the validity and reliability of the standardised measures varied from those that have a lot of evidence to those that are relatively untested. The PSI, for example, has known reliability and validity when used with a father population (McKelvey et al, 2008), but the untested Controlling Behaviour Inventory was chosen for the pragmatic reason that NSPCC practitioners who provide domestic abuse services were already familiar with it. Anecdotal evidence from practitioners suggested that the CBI 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. Finally, it should be acknowledged that an evaluation undertaken by the organisation providing the service may not be considered wholly independent (Scott and Crooks, 2007). However, this position does provide other advantages: for example, more opportunities to improve data collection processes and greater access to service and case record data that can further inform the findings and implementation of the programme.

#### 4.4 Next steps for the evaluation of CDSC

The current evaluation of CDSC will continue during 2014 and will include interviews with practitioners and case record data to identify:

- the different outcomes for the families of fathers referred to the programme, eg changes to contact or supervision;
- how CDSC contributes to the management of risks posed to children;
- what factors influence whether a father is likely to complete the programme;
- whether some fathers are more ready or likely to change their behaviour than others, and
- learning from delivering the programme at five centres in the UK.

The final evaluation report will include analyses based on data from a larger number of participants. There should also be enough data from partners and children to help validate the fathers' self-reported data. Analysis of depth interviews with partners and children will also provide further insight into their perspectives and the themes emerging from the surveys summarised in this report.

# Notes

- 1 The full definition can be found in Appendix A
- 2 To be eligible to participate in CDSC fathers must agree to workers contacting his children and partner during the programme to provide them with information about the programme and to monitor risk.
- 3 Correspondence between R.P. Rohner and NSPCC Evaluation Department.
- 4 Appendix E Table XI
- 5 Appendix E Tables XII and XIII
- 6 Appendix E Tables XII and XIII



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# Appendices

## Appendix A: Definition of domestic abuse

The new definition of domestic violence and abuse now states:

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

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

Source: Home Office website <https://www.gov.uk/government/publications/new-government-domestic-violence-and-abuse-definition> (Accessed March 2013)

## Appendix B: Programme goals and activities

### **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

### **Goal2: 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 p.13

## Appendix C: Qualitative survey questions

Time point	Children	Partners
Beginning of programme	<ul style="list-style-type: none"> <li>• Why do you think your Dad is coming to Caring Dads: Safer Children?</li> <li>• How do you feel about your Dad coming to Caring Dads: Safer Children?</li> <li>• What would you like to happen between you and your Dad after he has come to Caring Dads: Safer Children?</li> <li>• How do you feel when you are with your Dad?</li> </ul>	<ul style="list-style-type: none"> <li>• How do you feel about your partner / former partner coming to Caring Dads: Safer Children?</li> <li>• What would you like to happen after he has come to Caring Dads: Safer Children?</li> </ul>
Post-programme	<ul style="list-style-type: none"> <li>• How do you feel about your Dad coming to Caring Dads: Safer Children now?</li> <li>• Has your Dad changed the way he does things with you since coming to Caring Dads: Safer Children?</li> <li>• How do you feel when you are with your Dad?</li> </ul>	<ul style="list-style-type: none"> <li>• How do you feel about your partner / former partner having attended the Caring Dads: Safer Children Programme?</li> <li>• Has he changed the way he behaves since coming to Caring Dads: Safer Children?</li> <li>• (If the father did not complete programme). Why do you think he did not complete the programme?</li> <li>• 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?</li> </ul>
Follow-up	<ul style="list-style-type: none"> <li>• How do you feel about your Dad going to Caring Dads: Safer Children now?</li> <li>• Has your Dad changed the way he does things with you since he went to Caring Dads: Safer Children?</li> <li>• How do you feel when you are with your Dad?</li> </ul>	<ul style="list-style-type: none"> <li>• How do you feel about your partner / former partner having attended the Caring Dads: Safer Children Programme?</li> <li>• Has he changed the way he behaves since he attended Caring Dads: Safer Children?</li> </ul>

Source: NSPCC Evaluation Department

## Appendix D: Interpretation of scores for questionnaires

Questionnaire	Comments
Parenting Stress Index Short Form	Normal range is within the 15 <sup>th</sup> to 80 <sup>th</sup> 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, eg inward irritability could indicate possible risk of self-harm.
Adolescent Wellbeing Scale	Scores above 13 may indicate a depressive disorder.

Source: Abidin 1995; Department of Health 2000; Rohner and Khaleque 2005 and correspondence between Rohner and NSPCC Evaluation Department.

## Appendix E: Tables

Table I: Father's attrition, according to clinically significant PSI scores at T1, N=164

<b>Attrition</b>	<b>Below 90<sup>th</sup> percentile</b>	<b>Above 90<sup>th</sup> percentile</b>	<b>Total</b>
Dropped out	37% (49)	32% (10)	36% (59)
Still attending or completed	63% (84)	67% (21)	64% (105)
Total	100% (133)	100% (31)	100% (164)

Source: NSPCC Caring Dads: Safer Children teams

Table II: Father's attrition, according to high PSI scores at T1, April 2013, N=164

<b>Attrition</b>	<b>Below 85<sup>th</sup> percentile</b>	<b>Above 85<sup>th</sup> percentile</b>	<b>Total</b>
Dropped out	35% (43)	38% (16)	36% (59)
Still attending or completed	65% (79)	62% (26)	64% (105)
Total	100% (122)	100% (42)	100% (164)

Source: NSPCC Caring Dads: Safer Children teams

Table III: Father's parenting stress, paired sample T-test, comparing pre- and post-programme scores

<b>Parenting Stress Index subscale</b>	<b>N</b>	<b>Mean average scores</b>	
		<b>Pre-programme</b>	<b>Post-programme</b>
Parental distress**	83	28.3	22.7
Parent-child dysfunctional interaction**	83	21.3	17.3
Difficult child*	78	25.5	22.0
Total stress score**	96	76.5	52.3

Source: NSPCC Caring Dads: Safer Children teams

\* p = <0.05

\*\*p = <0.01



Table IV: Fathers with parenting stress above the 85th percentile, paired sample T-test, comparing pre- and post-programme scores,

Parenting Stress Index subscale	N	Mean average scores	
		Pre-programme	Post-programme
Parental distress**	20	34.9	23.9
Parent-child dysfunctional interaction**	20	31.4	20.8
Difficult child*	19	37.2	27.1
Total stress score**	25	107.6	57.1

Source: NSPCC Caring Dads: Safer Children teams

\* p = <0.05

\*\* p = <0.01

Table V: Average scores for responses to Parental Acceptance and Rejection Questionnaire, comparing fathers' pre- and post-programme scores and children's pre-programme scores

Parental Acceptance and Rejection Questionnaire	N	Fathers pre-programme	Fathers post-programme	Children pre-programme N=12
Warmth / affection	88	10.2	9.9	13.6
Hostility / aggression	88	7.6	7.1	12.1
Indifference / neglect	87	8.4	8.1	11.4
Undifferentiated rejection	88	5.4	4.9	6.8
Total PARQ Score*	88	29.6	25.4	37.4

Source: NSPCC Caring Dads: Safer Children Teams

\* p = <0.05

Table VI: Children's responses to Parental Acceptance and Rejection Questionnaire, paired sample T-test, comparing pre- and post-programme scores

Parental Acceptance and Rejection Questionnaire	N	Mean average scores	
		Pre-programme	Post-programme
Warmth / affection	8	14.0	12.3
Hostility / aggression	8	13.9	12.1
Indifference / neglect	8	11.9	12.8
Undifferentiated rejection	8	7.3	5.8
Total PARQ Score	8	41.3	37.3

Source: NSPCC Caring Dads: Safer Children Teams

Table VII: Fathers' responses to Controlling Behaviour Inventory, comparing pre- and post-programme scores

Controlling Behaviour Inventory	N	Mean average scores	
		Pre-programme	Post-programme
Emotional abuse**	85	1.1	0.3
Intimidation **	85	1.0	0.3
Economic abuse*	85	0.2	0.1
Isolation*	85	0.2	0.0
Threat/coercion**	85	0.4	0.2
Violence**	85	0.3	0.1
Sexual abuse	85	0.0	0.0
Injury*	84	0.1	0.0
Using children**	83	0.4	0.1
Denial/minimisation**	85	1.4	0.5
Overall controlling behaviour*	85	1.0	0.2
Negotiation*	85	2.5	2.1

Source: NSPCC Caring Dads: Safer Children Teams

\* p = <0.05

\*\* p = <0.01

Table VIII: Partners' responses to Controlling Behaviour Inventory, comparing pre- and post-programme scores

Controlling behaviour inventory	N	Mean average scores	
		Pre-programme	Post-programme
Emotional abuse**	30	1.0	0.6
Intimidation	30	0.6	0.3
Economic abuse	30	0.3	0.3
Isolation*	30	0.5	0.2
Threat/coercion	30	0.2	0.1
Violence*	30	0.1	0.0
Sexual abuse	30	0.1	0.0
Injury*	30	0.1	0.0
Using children*	30	0.3	0.1
Denial/minimisation	30	1.0	0.6
Overall controlling behaviour	30	0.4	0.2
Negotiation	29	1.8	1.8

Source: NSPCC Caring Dads: Safer Children Teams

\* p = <0.05

\*\* p = <0.01

Table IX: Partners' wellbeing, paired sample T-test, comparing pre- and post-programme scores

Adult Wellbeing Scale	N	Mean average scores	
		Pre-programme	Post-programme
Depression*	31	5.4	4.2
Anxiety	32	5.6	4.7
Outward directed irritability	32	3.3	3.2
Inward directed irritability	32	2.3	1.8

Source: NSPCC Caring Dads: Safer Children Teams

\* p = <0.05

Table X: Children's responses to Adolescent Wellbeing Scale, paired sample T-test, comparing pre- and post-programme scores

Adolescent Wellbeing Scale	N	Mean average scores	
		Pre-programme	Post-programme
	6	6.5	5.3

Source: NSPCC Caring Dads: Safer Children Teams

Table XI: Responses to Strengths and Difficulties Questionnaire, paired sample T-test, comparing pre- and post-programme scores

Strengths and Difficulties Questionnaire	N	Mean average scores	
		Pre-programme	Post-programme
Pro-social behaviour	10	8.7	9.1
Conduct problems	10	2.0	2.2
Hyperactivity	11	6.0	6.0
Emotional problems	10	4.1	4.2
Peer problems	10	2.6	2.5

Source: NSPCC Caring Dads: Safer Children Teams

Table XII: Current partners' wellbeing, paired sample T-test, comparing pre- and post-programme scores

Adult Wellbeing Scale	N	Mean average scores	
		Pre-programme	Post-programme
Depression	19	5.8	4.8
Anxiety	18	4.9	4.9
Outward directed irritability	18	3.2	3.5
Inward directed irritability	18	2.2	2.5

Source: NSPCC Caring Dads: Safer Children Teams

Table XIII: Former partners' wellbeing, paired sample T-test, comparing pre- and post-programme scores

<b>Adult Wellbeing Scale</b>	<b>N</b>	<b>Mean average scores</b>	
		<b>Pre-programme</b>	<b>Post-programme</b>
Depression	5	5.0	2.8
Anxiety*	7	7.0	4.3
Outward directed irritability*	7	4.4	3.1
Inward directed irritability*	7	3.1	0.7

Source: NSPCC Caring Dads: Safer Children Teams

\*p=<0.05







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