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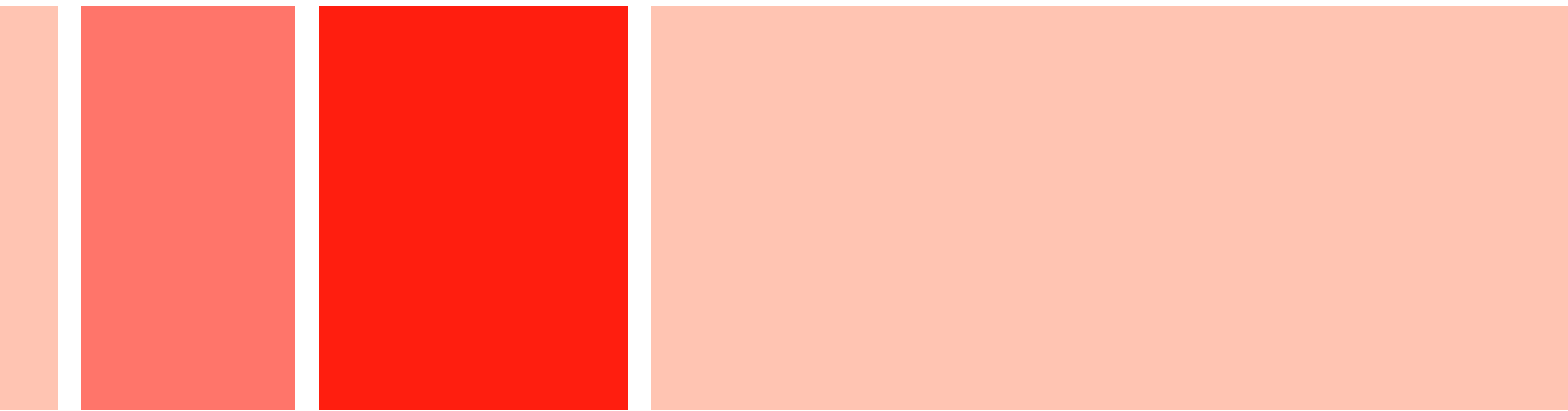
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Evaluation of the Caring Dads Cymru Programme



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**KM Research and Consultancy Ltd
Katie McCracken, Director, KM RC
Dr Toity Deave, Health & Life Sciences,
University of the West of England, Bristol**

FINAL REPORT

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

For further information please contact:

Robert Willis

Social Research Division

Welsh Government

Merthyr Tydfil Office

Rhyd-y-car

Merthyr Tydfil

CF48 1UZ

Tel: 0300 0628138

Email: Robert.wills@wales.gsi.gov.uk

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Table of contents

1.0 Executive Summary

2.0 Introduction

3.0 International Symposium on Caring Dads practice

4.0 Methods

5.0 Theories of change: Can it work?

6.0 Does it work? What are the outcomes?

7.0 Time one; findings

8.0 Time two; mid intervention interviews

9.0 Time three; post intervention findings

10.0 Interviews with women affected by Caring Dads

11.0 Perspectives of other professionals involved in the lives of CD clients.

12.0 Standardised tests at time three

13.0 Summary

14.0 Conclusions and Recommendations

References

Appendix A: Control group research design options

Appendix B: Caring Dads and women's Safety

Appendix C; Findings of a rapid review of the literature.

Appendix D: International Symposium on Caring Dads Practice

Glossary of acronyms

CDC	Caring Dads Cymru
Discrepancy	Used to describe clients' comprehension of their own actions and behaviour compared to the actions and behaviours they identify as positive.
CAFCASS Cymru	Children and Family Court Advisory and Support Service Cymru
PDS	Paulhus Deception Scale – a standardised measure used in the research to assess whether responses given were 'socially desirable' or 'genuine'.
TMQ	Treatment Motivation Questionnaire – a standardised measure often used in research to assess clients' motivation for attending treatment.
NSPCC	National Society for the Prevention of Cruelty to Children
CBI	Controlling Behaviours Inventory – used to assess behaviours associated with domestic abuse perpetrators
PSI	Parenting Stress Index – a standardised measure used to assess the stress levels present in the child-parent relationship
RISC	Risk Interview Schedule for Child Maltreatment – a semi-structured interview script used for exploring potential stresses in the parent-child relationship

1 Executive Summary

What is Caring Dads?

Caring Dads Cymru (CDC) is a group work voluntary programme for men who are at risk of committing domestic violence and therefore, at risk of causing harm to their children. The Caring Dads programme originated in Canada but the programme content and theory was adapted and applied in Wales. CDC was delivered by the NSPCC and included group 'facilitators', who delivered the group work, central coordination and management and partner Support Workers who worked with clients' partners or ex partners to ensure their safety and wellbeing. A central theory behind CDC is that men will be more motivated to engage in an intervention to address their abusive behaviour if the focus is ostensibly on their relationship with their children.

The CDC programme was first initiated in 2006 and funded by the Welsh Government. The programme was run by NSPCC Cymru.

The Evaluation of Caring Dads Cymru

The aim of the evaluation, which spanned two years of the Programme, was to establish the effectiveness of the programme in changing men's abusive attitudes and behaviours thus preventing them from doing harm to children and children's mothers.

Methods

The evaluation included the following methods:

- Interviews with Caring Dads facilitators and clients
- Interviews with partners or ex partners of Caring Dads clients, not necessarily connected to the client research participants
- Standardised psychological measures given by CDC clients at the beginning and end of the programme
- Interviews with staff who had referred men to CDC
- A research and practitioner symposium to explore the purpose of Caring Dads and make recommendations for accreditation of the scheme

Key findings:

- All the men who had been through the CDC Programme and took part in the research demonstrated improvements in their aggressive responses to the people they interact with in general, including, but not always, women. However;
- A number of men who participated in the research (which is itself a small sample) did not appear to accept responsibility for their own behaviour or aggression towards women
- The main mechanism of change for the programme, as reported by the men respondents and corroborated by facilitators and external professionals, was that the men were able to identify the impact that their behaviour has on their children.
- In some cases, agencies that had referred clients to the CDC programme ceased to be involved in the monitoring of risk that the client represented to his family. Although NSPCC staff were able to adequately manage risks, chiefly through the work of the Partner Support Worker, these risks would be better managed with the continued involvement of referring agencies.
- CDC clients felt that the awareness of the impact of their behavior on their children was the most important driver in the changes they experienced as a result of the CDC programme.
- CDC facilitators generally corroborated client respondents' accounts of the changes they had experienced.
- It was felt by CDC facilitators that the notion of child- and parent-centred approaches to parenting was an important consideration for the clients in bringing about a new understanding of their behaviour.
- Positive effects of the CDC programme were generally noted by all but one ex/ partner respondent in terms of control of aggression but not necessarily in accepting responsibility for past aggression.
- A common and strongly expressed view of the ex/partner respondents was that it was important for them that the CDC programme allowed men to accept the violence and aggression and take responsibility for it.

Recommendations

- 1.1 Caring Dads should continue to be developed, learning from the evaluation and from other existing research about the effectiveness of domestic abuse perpetrator programmes.
- 1.2 Caring Dads should continue to seek the support from other professionals involved in client's lives so that risks can be monitored more effectively and structures and procedures should be put in place to formalise inter-agency roles and responsibilities.
- 1.3 Referral procedures should be more explicit about the amount of information that should be shared at the outset – there was some confusion about which agency would be checking men's records.
- 1.4 Where it is not possible to continue to engage statutory agencies in monitoring men's risks and progress, the programme may consider involving other agencies such as voluntary sector staff working with the men.
- 1.5 CDC clients should be more frequently and individually assessed and monitored to establish their motivation for treatment and to account for any changes in attitude or behaviour, particularly if their ex or current partner is not receiving support from the Partner Support worker.
- 1.6 Effort should be focussed on improving retention as the group work element of the Caring Dads programme was felt to be successful: this element is diminished if the group size dwindles.

2 Introduction

2.1 KM Research and Consultancy Ltd and the University of the West of England, Bristol, were commissioned by the Welsh Government to conduct an independent evaluation of the Caring Dads Cymru programme (CDC). The CDC programme was first initiated in 2006 and funded by the Welsh Government. The programme was run by NSPCC¹ Cymru. The aim of the evaluation was to establish the effectiveness of Caring Dads in changing men's abusive attitudes and behaviours and preventing them from harming their children and partners.

2.2 The aims of the evaluation were to conduct an evaluation of the Caring Dads Cymru pilot project to determine:

The effectiveness of the projects and programme in:

- Changing knowledge, attitudes, beliefs and behaviour of participants and promoting an understanding of the impact of their behaviour on partners and child/ren.
- Improving interactions with partners
- Improving outcomes for children.
- Meeting the needs of the judiciary wishing to make a Contact Activity Direction or attach a Contact Activity Condition to a Contact Order that would seek to address a person's violent behaviour in order to establish, maintain or improve contact with their children.

How the programme is implemented with regard to:

- Recruitment, attendance and drop out rate of participants
- The theory of change and fidelity of implementation by facilitators.
- Suitability of the programme material.
- Accreditation
- Waiting periods – for the commencement of new programmes

To make recommendations for more effective implementation of the programme (if appropriate).

¹ National Society for the Prevention of Cruelty to Children

2.3 The evaluation was commissioned to take account of two years of the full CDC programme. In this report we describe the methods used to evaluate CDC, present the findings, and discuss these findings and their limitations in the light of the current literature.

Background: What is Caring Dads?

2.4 Caring Dads Cymru (CDC) is a group work voluntary programme for men who are at risk of committing domestic violence and therefore, at risk of causing harm to their children. The programme originates from Canada where a 17 week programme was developed, based, broadly, on Cognitive Behavioural Therapy and motivational models of intervention. A central theory behind the Canadian Caring Dads Programme is that men will be more motivated to engage in an intervention to address their abusive behaviour if the focus is ostensibly on their relationship with their children. Up to half of participants in the Canadian Caring Dads programme were referred for child abuse or exposure of the child to harm through abuse of their mother. About a quarter of the men were referred as child abusers, not having abused their partners as well. When it began in Canada, Caring Dads addressed the promotion of men's accountability for violence in the early stages of the programme but following evaluations the motivational aspects of the programme are now addressed first. Although there is still a relatively high drop-out rate in the Canadian model, this revised approach is regarded as more effective in keeping men in the programme and promoting the necessary change².

2.5 The Caring Dads Cymru model is based largely on the Canadian experience with the following exceptions:

- the programme is up to 22 weeks long not 17
- the language used in some course materials is altered to reflect the local client group
- the programme works only with men known to have perpetrated domestic abuse against their partners. None of the men have

² Personal communication with Katreena Scott, the Canadian programme developer, 7.10.2008

disclosed abusing their children prior to or as a condition of entry (such disclosure can and does occur during the programme).

- Caring Dads Cymru is delivered by the NSPCC in partnership with other agencies including Probation and Social Services

Programme rationale

- 2.2 Domestic violence accounts for almost a quarter of all recorded violent crime in the UK. Two women a week are murdered by a partner or ex-partner. Every year, on average, in England and Wales, 120 women and 30 men are killed by a current or former partner (Edwina Hart, Welsh Government, 2004). Fathers are frequently perpetrators of violence in families and the exposure of children to violence against their mother is, itself, a form of child abuse (Scott, 2006). Such violence not only has direct consequences for the child and the man's ability to father, but also hampers the mother's parenting capacity (Peled, 1998, 2000). Additionally, the co-occurrence of child abuse and neglect and domestic violence is well documented (Widom & White, 1997; Widom, 1989). Most children are aware of the abuse of their parent with up to 86 per cent either in the same or adjoining rooms during an incident of domestic violence (York, 2006). Witnessing incidents of domestic violence causes fear and distress in children, and this is reflected in its incorporation into the definition of harm in the Children Act 1989. Children may often continue to witness post-separation violence during child contact visits (York, 2006).
- 2.3 Risk factors for child abuse and neglect, include parental depression, maternal alcohol consumption, and history of family violence. Additionally, low income is significantly related to violence toward children in single-parent families (Berger, 2005). Abusive or neglectful parenting also leads to future increased risk of abuse perpetration, by the child when they grow up. Parental rejection in childhood is the only factor associated with abuse by adults (Taft et al., 2008).
- 2.4 The primary objective of Caring Dads Cymru is to stop fathers perpetrating abuse against their partners and harming their children. Closely linked to this is a key objective of breaking the 'cycle of abuse'

whereby poor and risky parenting behaviour is replicated down the generations.

3 International Symposium on Caring Dads practice – research on outcomes, theories of change and standards

- 3.1 It was a requirement of the research brief to investigate the feasibility and make recommendations for accreditation of the Caring Dads programme. As part of this, the research team made links with researchers and practitioners who have worked on Caring Dads programmes internationally. Together with colleagues from Kingston University, the Thames Valley Caring Dads project, and Katreena Scott - one of the original Caring Dads programme developers-a symposium of Caring Dads practitioners and researchers was held in March 2010.
- 3.2 The objectives of the symposium were as follows:
- to identify the current research activity that focuses on Caring Dads
 - to agree on the most appropriate outcome measures
 - to describe the main theories of change behind the Caring Dads methodology
 - to categorise the minimum standards for service practitioners in terms of referrals, risk assessment, monitoring, working with children and wives/partners
 - to ascertain a process for accreditation

(See Appendix D for symposium findings)

4 Methods

Rationale

4.1 Caring Dads is an intervention aimed at addressing the complex range of reasons driving men to be abusive or neglectful of their children through exposing their mother to domestic violence. Thus, it is a complex intervention working at addressing both men's relationships with their children and their partners or ex partners and the complexity of motivations and self-perceptions that men have as fathers, husbands and partners. Any changes that occur to men undergoing the intervention will be varied in magnitude as well as in nature. Due to this complexity we have applied a theory based approach to understanding the outcomes and how these have come about. This is not however a simple X leads to Y model because the approach seeks to take account of the complexity of other influences that may also contribute to change alongside the 'intervention'. The theory based model seeks to establish the likely outcomes of the project by tracking the inputs to the project (assessments, facilitated sessions, course materials) to outcomes experienced (established through qualitative and quantitative data). In this way, we have sought to develop a 'plausible explanation' of the impacts and outcomes experienced and how these relate to the activities of the project. A limitation of the study is that it was not possible to include a comparison group so any changes observed in the clients cannot be attributed with certainty to the project.

Methodology

- 4.2 The evaluation was conducted over two years of the Caring Dads programme: September 2008 to July 2009 and September 2009 to July 2010. Data was collected from two separate groups of Caring Dads clients for each separate year of the course.
- 4.3 The evaluation was conducted using the following methods:
- a literature review of the underlying relevant risk factors and theories of change for men engaged in similar programmes

- interviews with programme facilitators (n=13 over two years), at two points for each of the two years to refine the main theories of change or to assess any changes in the theories of change.
- in depth interviews with external strategic stakeholders-CAFCASS Cymru, probation and social services, to establish how CDC may impact on their work (n=3)
- administering three standardised tests on CDC clients pre and post intervention (n=6 PSI, PDS and TMQ³ scores, n=16 for CBI scores for both data collection points)
- in-depth narrative interviews with CDC clients at three points during the 22 week intervention, each year (n=25)⁴
- In depth interviews with former clients of the Caring Dads pilot project (n=6).
- In depth interviews with women who are, or have been, partners of the men who have been involved with the programme (n=5).
- Interviews with other professionals involved in the lives of CDC clients (n=5)
- Discussions with the delivery agency for Caring Dads, the NSPCC, to share emerging findings and help to shape practice as the programme developed.

4.4 In this report we sought to answer 3 key questions:

- Can it Work? – what are the intended outcomes?
- Does it work? – are the outcomes achieved and what is the impact?
- How does it work? – how are these outcomes delivered?

Research challenge

4.5 It was hoped at the outset of the research that an assessment of impacts would be achieved by a quasi experimental design. This would have been based on the Maryland Scientific Methods Scale of '3' meaning

³ The TMQ is used to assess individual motivation to engage in treatment primarily amongst clients with addictions. The TMQ was amended to assess motivation to engage in the Caring Dads project but was not validated for use amongst this population due to time limitations.

⁴ At time 1

that the 'intervention group', i.e. those going through the Caring Dads programme, would be compared to a group of similar individuals who had not received the programme but were matched on a number of characteristics thought to be important to the analysis – in this case, offending history, age, marital status, and number and age of children. However, it was not possible to find an external control group that was willing to take part in the research. The research methods that were considered and the reasons for decisions made, are summarised in Table 1 in Appendix A.

The chosen approach

- 4.6 We developed a mixed methods research design using a theory-based approach to the analysis. The impact assessment element of this evaluation is based on qualitative and quantitative data gained from Caring Dads clients, women who had been in contact with Partner Support Workers, Caring Dads staff and agencies who had referred clients to Caring Dads.
- 4.7 This approach is based on the assumption that, if the programme was having a positive effect, positive changes would be seen over the course of the programme. All interviews, including those with CDC clients, women contacted by the Partner Support Worker and other stakeholders of CDC, were recorded and transcribed. Transcripts of interviews were coded and analysed using qualitative data analysis software (Weft QDA).
- 4.8 An analysis of standardised measures taken from the men was carried out, comparing time one with time two scores, from both years' client groups, thus introducing a multiple baseline comparison. A limitation with this approach is that changes in both groups cannot be compared over the same timeline.

5 Theories of change: Can it work?

5.1 This question was addressed through a literature review⁵ and interviews with key stakeholders including facilitators and strategic stakeholders.

The report of the Literature review is included at Appendix C

Interviews with stakeholders

5.2 In-depth, face-to-face interviews, with facilitators were conducted at the beginning of each year of the Caring Dads Cymru evaluation. Interviews with CDC stakeholders were conducted at the beginning of year one of the programme evaluation. Interviews included:

- Caring Dads Facilitators (n=13)
- Welsh Government policy representatives (n=1)
- Local Probation services representatives (n=3)
- NOMS strategic officials (n=1)
- CAF/CASS Cymru representatives (n=2)
- Canadian Caring Dads programme founder (n=1)

5.3 The purpose of these interviews was to establish the main desired outcomes for the programme. This included from both a 'community' perspective- how the programme was intended to fit with the wide range of community responses to domestic abuse, as well as from an individual perspective-how it was supposed to make changes for those on the programme. It was important to understand these different perspectives in order to inform the choice of outcome measures against which the programme could be evaluated. Our interest was not just in outcomes for the individuals concerned, but in the wider impact and fit with the Co-ordinated Joint Agency Response⁶ to domestic abuse (Welsh Government, 2010).

⁵ The review was done using principles of systematic review methodology (CRD, 2001)

⁶ The Coordinated Joint Agency Response to domestic abuse is supported in the Welsh Government Welsh Government Welsh Government Welsh Government's 2005 Domestic Abuse Strategy and subsequent implementation plans. The Coordinated Joint Agency Response (CJAR) refers to a holistic approach including victim services, perpetrator accountability and educational preventative work. Central to CJAR is partnership working between the relevant agencies.

What are the main objectives of the Caring Dads Programme?

5.4 There are four central goals within the Caring Dads programme which are set out in the documentation for CD facilitators. These derive from the Canadian CD manual. Broadly, the goals are as follows:

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

Source: Caring Dads Cymru programme documentation.

5.5 Programme facilitators revealed considerable uniformity in their understanding of the main programme goals of CDC. These objectives are linked and support each other. The dominant objective(s) were expressed as a journey, from moving men towards 'child centred parenting' away from 'parent centred', thus limiting the negative impact their behaviour has on children. Examples of that negative behaviour include losing their temper with children's mothers in front of the children or calling mothers bad names in front of the children. This journey is about getting men to realise the impact their behaviour has on their children so that they will consider this before they react to difficulties in their relationships with their partners or ex partners.

But to me, it is primarily about a child focus... and not being parent focused but being child focused. That's how I would see it. (Caring Dads facilitator time 1, year 1)

The recognition that the impact of their controlling behaviours have on their children and this can lead to dysfunctional mechanisms – I would like to see men more aware that ... children living in family conflict... of the fuller extent of the impact of this. I would like men to be looking at relationships in the wider context so they are more stable for their family units. . (Caring Dads facilitator time 1, year 2)

5.6 There was little difference in how the programme objectives were articulated by facilitators between year one and year two. However, in the year two group, compared to the year one group, where contact was already established, a larger proportion of CDC clients were attempting to gain contact with their children and were engaged in court processes to do this. This shaped the facilitators' objectives in working with the group and their recognition of the challenges they faced. In the second year, at time one, facilitators discussed clients' anger, which was directed at ex partners around contact issues. To work on this anger became an objective for facilitators in working with the men.

It's a big sticking point that the men get angry with their partners. They feel that 'oh, they call all the shots', and they relate to each other in the group around this negative feeling which is how they bond. But we have to move them beyond this to see that that's not going to work. (Caring Dads facilitator, time 1 year 2).

This time around they all want more contact with their children and that is the purpose why they are on the course (Caring Dads facilitator time 1 year 2)

The men in the middle of going to court, or child protection register procedures, they have trouble engaging in the group, because they are angry. (Caring Dads facilitator time 1 year 2)

5.7 Getting men to be more responsible for their own behaviour, regardless of their views of their partners' behaviour, was an explicit goal at the start of year two, because this was a particular challenge for the group. Although the anger towards ex-partners is the same 'sticking point' for men across both years, addressing the anger was approached through developing awareness of the impact on children and introducing the child's perspective. This was a key message for both years of the Caring Dads programme.

We get them to start thinking about not having separate parenting and the impact of this on their children (Caring Dads facilitator time 1 year 2)

- 5.8 The course content followed the same order in year two as in the first year. This recognises the need to approach men's responsibility for their abusive behaviour towards their ex-partners in an incremental way.

It's the same process [as last year] we start sort of softly softly. Around child-centred fathering and then go on to child continuum and developing a sense of discrepancy around what is good parenting behaviour and what needs to change. (Caring Dads facilitator time 1 year 2)

- 5.9 An explicit goal of the Caring Dads programme, identified by the originators, is a development of the client's discrepancy⁷ in thinking about his own fathering. The Caring Dads manual sets this out as a goal as follows:

...to develop discrepancies between men's current fathering and healthier ways of relating to their children. (Caring Dads Manual, Scott et al, 2006)

- 5.10 This journey would occur, according to programme facilitators, in conjunction with increased self-awareness and ability to critically assess their behaviour. This was, in large part, through awareness of their own experiences of childhood and how they themselves were fathered.

We want them to start developing some discrepancy really. We want them to start to move to a more child focused style of parenting. (Caring Dads facilitator, time 1, year 1)

⁷ This term is used to describe clients' comprehension of their own actions and behaviour compared to the actions and behaviours they identify as positive.

...the first couple of goals you are looking at just getting them into the programme...you are looking at motivation in goal three, and looking at developing discrepancy (Caring Dads facilitator, time 1, year 1).

- 5.11 The goal of reducing the risk of abuse for children and women is implicitly recognised as the overall objective of the programme.

[the goal is] a safer environment: safety is the highest marker throughout (Caring Dads facilitator, time 1. year 2)

Research would suggest that children are damaged by hearing domestic abuse. By hearing verbal arguments. [Parents] are supposed to care for you and not shout at each other and hit each other. (Caring Dads facilitator, time 1, year 2).

I'm quite keen to bring out in the group the more subtle controlling behaviours in men [as well as more explicit behaviours] because these are more likely to be entrenched. (Caring Dads facilitator, time 1, year 2).

- 5.12 Although some different challenges existed between the year one and year two groups of men, the programme was used flexibly to address these using the same mechanisms – such as developing discrepancy, focussing on child-centred perspectives – to address the men's' problems.

Programme objectives for other stakeholders

- 5.13 For external stakeholders, such as the Welsh Government which has funded the programme and Probation services, reduction in offending amongst the domestic violence perpetrators is, or should be, a key aim of the CDC programme. In fact, the initial purpose of funding the Caring Dads programme was to pilot an intervention aimed primarily at reducing domestic violence.

It is about reducing offending and re-offending and part of our overall response to domestic violence (senior strategic lead, Welsh Government)

- 5.14 CAF/CASS Cymru identify the CDC programme as a potential means of supporting fathers who are disputing contact entitlements and to address some of the behaviours that may make it difficult for the courts to grant contact. For example, one CAF/CASS Cymru employee working with a Caring Dads client, operates a Family Disputes Resolutions Model that encourages mediation between parents in conflict. Within this framework, the worker recommended the father attend Caring Dads in order to establish a means for 'safe contact' with the couple's children.
- 5.15 Speaking more generally, a senior strategic lead for CAF/CASS Cymru identified Caring Dads as one option within a range needed by the courts to develop safe contact arrangements between families. However, using behavioural programmes, such as Caring Dads, is a new direction for CAF/CASS and there is some uncertainty about its long term viability as a referral option for services, depending on whether its success can be 'proved'.
- 5.16 It should be noted here that the Canadian pioneers of the programme are cautious about using evaluations such as this to claim to demonstrate the efficacy of CDC in the sense of its effectiveness in ending men's abusive behaviour in any absolute sense. This is because CDC is part of a system and the behaviour of all agencies and responses taken together influence whether men cease to be violent. Thus, for example, the extent to which the man is motivated to attend and to really work at changing through the course of the programme is affected by the messages he gets from probation officers, social workers and others with whom he has contact. Of particular concern are those men who drop out of the programme and the response of involved professionals in (not) following him up and telling him he must attend. This professional effort to try and ensure a man attends can have a positive impact even if he is not court mandated to do so. It is critical that the *whole system* takes responsibility for protection of children and

women. CDC's contribution is its ability to bring about attitudinal change in the men, that contributes to ending their. If it is successful, it is the system that changes men not simply the programme.⁸

Mechanisms of change

5.17 In interviews with Caring Dads facilitators, specific processes by which the programme objectives could be achieved, were explored.

Respondents were asked for their accounts of the theories of change of why fathers abuse women and how interventions can work to effectively stop this. In both years of the evaluation the central argument was that men who are at risk of abusing their partners and children are more likely to engage in an intervention which is based, ostensibly, on improving father-child interaction rather than on addressing domestic violence and abuse towards their wives and partners/ex partners.

*Caring Dads was about supporting the men and not trying to trip them up, that it was ok to give them the answers/information and then help them to see why it is right, rather than ask them for the answers.
(Caring Dads facilitator, time 1, year 1)*

*The first couple of goals you are looking at just getting them into the programme...It is quite gentle;... then goal three is trying to look at that abusive behaviour ...and looking at how they are behaving and so we are trying to keep them engaged until we get them to goal three.
(Caring Dads facilitator, time 1, year 1)*

We don't think about the 'victims' perspective too early (Caring Dads facilitator, time 1, year 2)

5.18 This is expressed in the Caring Dads manual written by the original programme developers. The rationale for addressing domestic violence and abuse and promoting accountability later on in the intervention is

⁸ Personal communication with Katreena Scott,.2008

that men will be less resistant, if they have built up trust with the facilitators, and begun to see the benefits of changing the way they think about their behaviour initially (Scott et al, 2006).

- 5.19 The programme approach and style of facilitators' interactions with clients is non-judgemental:

it's about moving away from shame towards guilt where they can move on constructively (Caring Dads facilitator).

- 5.20 Compared to year one, in year two there was a greater emphasis amongst the facilitators, to confront the men's narratives about their abusiveness more openly, as it came up in discussion from the outset of the programme, even if this was not the stated content of that particular session.

What we've agreed as a team is that you can't white wash [domestic abuse]. Our team are encouraged to ask probing questions and make sure they really describe the detail of what happened in the incidents. They can't say it's just an argument. This is quite different from year one (Facilitator, time 1 year 2)

- 5.21 The current dominant approach for working with men who have been abusive towards women, from which the year one Caring Dads was more at odds than in year two, is to address their accountability for the abuse from the outset to reduce denial and prevent minimisation of the abuse (Shepard and Pence, 1999). This is a controversy that Caring Dads programme developers and facilitators at CDC have been aware of (see Appendix B).

- 5.22 Facilitator responses to the issue of whether Caring Dads adequately addresses the risk of violence towards women were mixed in year one, at time one. At this point most facilitator respondents felt that by dealing first with men's underlying problems connected with the difficulties some had encountered during their childhood, for example (it was reported that two clients had experienced or witnessed domestic violence and

abuse as children), men would also be better equipped to deal with anger and hostility towards women. However, there were concerns reported by some facilitators of the year one programme, that the work on domestic abuse was not thorough or direct enough.

*I don't like the soft approach because the men don't realise until quite late on in the programme that they are on a perpetrator programme.
(CDC facilitator)*

Interviewer: What was missing on the domestic violence angle?

Respondent: I think it was rushed. (CDC facilitator)

5.23 The more direct approach towards addressing abuse of women in year two is partly a result of the expertise and background of facilitators in year two which included staff trained in working with domestic abuse victims, as well as the greater level of violence in men's histories for the second group. This does not mean that the content or objectives of the programme changed significantly between the years.

5.24 For facilitator respondents across year one and year two, the programme's success was seen in terms of the attitudinal changes and self awareness that clients develop.

5.25 At the level of individual client's motivations for change, programme facilitators identified these as centring on the men's feelings and hopes about being a father. Client's motivations for attending include:

- Not wishing to be like their own fathers
- Wanting a better relationship with their children
- Wanting more contact with their children
- In year two, more than year one – to obtain contact with children and;
- When contact occurs to be prepared for this and to be able to relate better to their children
- They want to get back together with their partner/wife
- They are shocked at the perpetrator label

- In order to comply with social services and/or court (more so for year 2)
- 5.26 The processes involved in CDC have been identified through interviews with facilitators and external stakeholders such as referring agencies. Interviews were transcribed and coded using Weft QDA. Responses were triangulated through interviews with multiple respondents.

Referral

- 5.27 Referral is made to CDC on a voluntary basis, rather than court mandated but typically referral is made through another agency, such as Social Services, Probation or CAF/CASS Cymru. However, in cases of referrals by CAF/CASS Cymru, there is an element of compulsion to attend, as contact with children may be dependent on this. It is possible for a client to self-refer and this has happened twice in year one and three times in year two. In most cases, agencies identify clients who may be suitable for referral, and encourage the clients to attend assessments. The man's attendance, in response to the referral, is not mandatory but it may form part of a Contact Activity Direction ordered by the family court. This means that contact with a child is dependent on their father attending the course.
- 5.28 Agencies are made aware of the CDC programme through awareness-raising efforts of the Caring Dads co-ordinators and facilitators, often relying on personal contacts within other agencies and NSPCC networks. Agencies are reported by facilitators to have various levels of engagement and interest in the programme, and referrals have tended to be from Probation, CAF/CASS and Social Services. However, in later stages of CDC in year one, CDC staff reported that 'defence' lawyers are making enquiries about the programme.
- 5.29 The referral process involves the referring agency completing a short one-page form and an 'assessment' appointment being made with a Caring Dads member of staff.
- 5.30 Assessments are undertaken by the Caring Dads facilitators once a referral is made and lasts between one and a half and two hours. The assessment is aided by a nine page assessment form which explores

the men's recollections of the violence and abuse they have perpetrated, their attitude towards their children and their motivation for attending the assessment. At the beginning of the form, written in capital letters for the assessor to see is: 'WE CANNOT WORK WITH MEN WHO HAVE NO ACKNOWLEDGMENT OF THEIR ABUSIVE BEHAVIOUR'. However, facilitators are aware that responsibility for the abuse, although needing to be present to some degree, is likely to be minimised.

...we ask them to acknowledge that they have been domestically abusive. On a very basic level. You need to acknowledge that this behaviour has taken place. And a lot of them will minimise. (Caring Dads facilitator, year 1)

5.31 The assessment process was changed slightly in year two to explore the history of violence with men in more depth.

So if they are talking about particular relationships or particular incidents we will stay on that and be gently probing and be explicit about the questions... we're quite up front about 'how did it manifest itself?' and 'what was their thinking behind it?. (Caring Dads facilitator, year 2)

5.32 In year two, there was more emphasis on having multiple agencies attend the assessment process, than in the first year. This was said by one respondent to improve the accuracy of the information that men were giving.

[the social worker was present], so if the man was saying 'that's not a problem', the social worker would recall something that had happened, which would open the floodgates... So he knew not to minimise his behaviour which helped the process along. (Caring Dads facilitator, year 2)

- 5.33 In year one, staff attempted to get social services to attend assessment sessions where relevant. The purpose of this is to show the client that there is 'buy-in' and communication between the Caring Dads staff and social services. However, facilitators reported that it was difficult to arrange social services staff to be present and had failed to do so for at least two assessment interviews. Facilitators reported that the presence of social services at the interview improved the chances of that client attending the programme.
- 5.34 Anecdotally, around 50% of the men who are referred do not attend their assessment and of those who do attend around half again will eventually attend the group. This also takes account of, around, 20-25% who are unsuitable, for reasons such as 'being on detox' for drugs or alcohol or being 'too sex oriented' (CDC facilitator, year 1). Other exclusion criteria are if the men have mental health problems or are averse to working in groups. Another key reason for refusing to accept a man on the CDC course is if they do not accept there has been domestic abuse within the family. Assessors will have received information from referring agencies about their history of perpetrating abuse, including police or probation records, which with other 'soft' information from referring agencies, is used to verify the men's accounts.

What we would call soft information I suppose. There are no convictions but there is a number of people saying the same thing. (Caring Dads facilitator)

A lot of them will minimise their behaviours. And we have read the probation files or the police reports and we know that very serious incidents have happened that are minimised. And some of the men here will minimise, but then, I hope, our aim is that they will re-examine those behaviours really. (Caring Dads facilitator)

We know from what someone has said to us that actually there were more times that the abuse happened despite how they describe it in the sessions. (Caring Dads facilitator)

- 5.35 What emerged from interviews with facilitators is the importance of ensuring that referring agencies are engaged throughout the referral process since they are a key source of information. In one case, a man had been referred and accepted onto the programme but following subsequent conversations with the referring agency, it was discovered that a great deal of critical information was absent on the original referral form. This client had to be reassessed. This happened because agencies were nervous about their right to share information, particularly where the information was based on allegations and not proven history. In another case, a man had been assessed but did not disclose very much about his history of abusiveness. He was not accepted onto the programme but some time later his solicitor re-contacted NSPCC to say that consent had been given to reveal his 10 year offending history, by which point it was too late for him to begin the course. This makes a case for improving information-sharing agreements with the referring agent, so that it is clear from the outset what may be shared, including client consent for sharing information,.
- 5.36 Some facilitators called for the referral forms to include more detailed information about the client's history of sexual and physical abuse and other violent behaviour. They also wanted a minimum of two weeks to conduct background checks and gather information before an assessment took place. This would mean making the cut off point after which referrals to the programme can be made, earlier in the year.
- 5.37 At the end of the assessment form, assessors are instructed to do the following:
- Complete assessment if appropriate
 - Write up assessment
 - Complete Confirmed Work Plan
 - Send standard letter to man (acceptance)
 - Send standard letter to partner
 - Send standard letter to SSD (if self-referral)
 - Send assessment in report format to referrer
 - (source: Caring Dads Cymru Assessment Form)

Risk management

- 5.38 Risks are articulated within the Caring Dads programme in terms of risk of abuse and specific measures contained within the intake assessment forms which are completed with the client once they 'sign up' to the programme. These forms include the 'Parenting Scale' and the 'Controlling Behaviours Inventory'. The latter is also completed by the client's ex/partner/wife, if they are in contact with the Caring Dads project. The assessment forms measure elements of stress in parenting felt by the client and frequency of abusive behaviours towards their ex/partner/wife. However, these measures are not taken again until the client has finished their programme and so are not used to constantly monitor risks throughout the 22 week programme.
- 5.39 CDC staff remain in contact with other professionals working with the clients to ensure that risks to the client and his family are monitored. However, this information seems to flow one way only – from Caring Dads, rather than necessarily in both directions.
- 5.40 As the CDC programme is delivered by the NSPCC there is an explicit commitment to protect the welfare of children and therefore, should any child protection issues arise, there are clear procedures and trained staff in place. In year one, some CDC facilitators were seconded from other agencies such as Health Visiting, Social Services (statutory) or Probation.

Well there are three facilitators: [one] is a senior practitioner within Child Protection, I am a social worker so I have got a duty to disclose and [the other is a probation officer] ...so [if we have a client from their area] we would contact their appropriate people really. (Caring Dads facilitator)

- 5.41 The intention behind multi-agency teams of facilitators was to help improve information flow between agencies. However, some facilitators felt that this structure had not proved as successful as intended and

information sharing was still restricted to the provision of end of programme reports to social services or the courts.

- 5.42 This is not to say that Caring Dads facilitators would not know if an adverse incident occurred, such as an arrest or incident where Social Services were involved. However, the processes for ensuring that any such information is *systematically* passed on were not clear. This is due to the limited continued involvement from, particularly, Social Services, who may close a case, once a client is referred to Caring Dads.

There needs to be a triangle of man, caring dads and referrer. But sometimes the case is closed. It's not the fault of the practitioner (Caring Dads facilitator, year 1).

- 5.43 An important element of CDC risk management strategy is the involvement of a Partner Support Worker who manages the risks men present towards either their ex/partners or children. . A criterion for accepting men onto the programme is that they accept their ex/partner/wife will be contacted by a member of the Caring Dads team. This process is described in more detail below. One of the purposes of the partner support element is to verify the information that is coming from the men on the programme, so that the CDC team has a complete picture of the men's progress. In one example, a man had provided his own history of abuse. When this was later compared with the account given his ex- partner through the Partner Support worker, the extent of his minimising the violence was apparent.

That was quite interesting to see the different perspectives at the end of the continuum (Caring Dads facilitator, year 2)

- 5.44 However, the majority of women did not agree to be part of this process and, in the absence of their input, a valuable means of verifying men's apparent progress was lost.

Partner Support Workers

- 5.45 The Caring Dads programme is developed with a Partner Support (PS) worker as part of the team. The role of the PS worker is to ensure that the women who are involved or affected by the CDC client are given feedback about the men's progress. It is also to ensure that the women are not experiencing any increase in risk from the work of the programme. The need for this is set out in the Caring Dads manual, which describes potential unintended negative consequences for women. An example, is of a man using what he has learnt in the session to berate his partner for her parenting style. Partners are contacted at the beginning stages of the CDC programme to ask if they wish to receive partner support. Where a woman has refused, the PS worker may try to contact her again through the 22 week period to give her another opportunity to work with the PS worker. The partner is also asked at the very beginning of the programme to complete the Controlling Behaviour Inventory (partner version). This asks the same questions as the 'service user' version but from the partner perspective. The purpose of this is to verify the behaviours that the man describes in his responses and to detect any minimisation.
- 5.46 The Partner Support worker is a different member of staff to the facilitators. The PS worker will, however, have close communication with CDC facilitators and will feed back any incidents of concern to the facilitators. This means that the programme material can build on these experiences, without breaching confidence.
- 5.47 Likewise, the facilitators will share any concerns they may have following conversations with men in the Caring Dads sessions with PS workers.

...if there have been some difficult issues addressed in the group and the staff are in any way concerned about ramifications when the man returns home, they will telephone the partner to let her know. This process is outlined during the assessment process (Caring Dads facilitator).

- 5.48 This was the same in both years of the evaluated programme.

Strategic fit

5.49 Given that Caring Dads operates in a potentially controversial area of policy, the need for building partnership and trust with other organisations and forums is highlighted by Katreena Scott and colleagues (Scott et al, 2006). Links between Caring Dads and Women's Aid exist. For example in one of the North Wales areas, the programme is discussed as a standing item at local Domestic Violence Forum board meetings.. The Caring Dads programme was funded from Welsh Government money to meet a key strategic priority within the national Domestic Violence strategy. Other strategic Wales-wide initiatives and priorities to which Caring Dads adds value, include intensive parenting support and the need to fund '*early preventative work before domestic violence escalates to become a criminal justice matter*' (Senior Strategic Stakeholder, Welsh Government).

6 Does it work? What are the outcomes for Caring Dads participants and their families?

Participants

- 6.1 Three Caring Dads groups were piloted using Welsh Government funding and the evaluation covered the two latter years of this. Eleven men originally consented to take part in the evaluation in year one: five in Cardiff, two in Conwy and four in Wrexham. In year two, 23 clients were originally accepted onto the programme: 13 in Cardiff; five in Wrexham and five in Conwy. Standardised tests were completed with 11 men at the outset at time one year one and 15 in year two. For both year one and year two groups, in-depth interviews were conducted with 11 men at time one, however, one man later withdrew his consent and was removed from the sample. In year two, 14 in depth interviews were conducted with men at time one.
- 6.2 In year one, at time two, (mid-way through the programme), two men had dropped out of the research-one had left the programme and

another had a serious illness. By time three (end of the programme), a further two men had dropped out of the evaluation, (one had left the programme due to work commitments). The final sample, completing all data collection points was six for year one. Standardised tests were completed with six men in time three (giving six complete sets of measures).

6.3 In year two, mid-point interviews were conducted with six men; two men had dropped out of the programme and a further seven men were uncontactable at time two. At time three (end of programme) ten men had been interviewed. At time three, standardised tests were completed by three men only (giving three complete sets of measures). Other men failed to complete or respond in time.

Table 2: Numbers of men who completed data collection at each time point (N=11)

YEAR 1	Time 1*	Time 2*	Time 3*
Interviews	10	8	7
Standardised tests	10	n/a	6
YEAR 2			
Interviews	14	6	10
Standardised tests	16	n/a	3

* Time 1: towards beginning of programme; Time 2: mid-way through the programme;
Time 3: end of the programme

6.4 Of all research participants, the mean average age was 37 years old in year one group (time one) and 34.5 years in year 2 group. .

6.5 Of the men completing all data sets in year one, two men were unemployed, of the four who were in employment, one was in a manual or unskilled profession, one was in an office clerical role, one managerial and the other in a statutory service role. All but one respondent were living apart from their ex/wife/partner or children. Two respondents were in new relationships and had contact with the other woman's children.

6.6 Of the men taking part in interviews in year two, at time one, three were unemployed. Four were employed in skilled manual work, one was

employed in professional work, one employed in 'other' work but for the remaining five, the work status was unknown..

- 6.7 In year two, a large proportion of the men had no contact with the children for whom they had been referred into the programme. In some cases, the men had no contact with any children on an intimate basis. This made it difficult for the men to complete the Parenting Stress Index, one of the standardised measures used. For this reason, and due to low response rates for standardised measures, we have not included data from these in the analysis of quantitative data for the research participants in the second year. Instead, we conducted a separate analysis of Controlling Behaviours Inventory scores of the two years of client groups.

7 Time one findings of interviews and measures with CDC clients and staff

7.1 CDC clients were interviewed at a point when they had just begun the programme. We were unable to collect data from research participants before the programme had begun. At time one, men's own perceptions of why they were attending Caring Dads how they thought they would benefit from it, their recollections and understanding of their own abusive behaviour and their thoughts and feelings towards their families and children, were explored. Interviews were initially based on the Risk Interview Schedule for Child Maltreatment (RISC)⁹. This schedule focuses on a specific child that the respondent has a relationship with and probes into their feelings and behaviours around that child. However, as many of the men did not have relationships with the children for whom they were referred to Caring Dads, this schedule was amended. In any case, the interviews were open ended and narrative in approach. Interviewers prompted in particular around men's histories of abuse and violence; their perception of the relationships and their expectations and perceptions of the Caring Dads programme, including why they had been referred.

Offending history – men's self reports

7.2 Most respondents felt uneasy discussing the events that led them to being referred and they had diverse accounts about their behaviour at time one across both years of the evaluation. In year one, three of the 10 respondents recounted physical violence with their current or ex-partners/wives. All of these men reported their own reasons for this violence which, in one case, occurred more than once and with more than one woman.

⁹ A Caring Dads programme tool: www.caringdadsprogram.com/agency/sampleforms/RISC.doc

I'd just like to be able to erm ... just ... just to be able to stay calm and not to have err ... to be able to have a good relationship with my children, you know

[She went to hit me and I hit her back] . "I know it is wrong but it was instinctive".

- 7.3 In year two, at time one, all men referred to the violence in their relationships

I've always bottled things up...exploded that day...got 3 years...2 years on probation for that. I was in a rage..made threats..aimed at my wife..I never actually hit her. (CDC Client, time 1 year 2)

.....it's been a nightmare...I was going to try and talk, sort things out...ended up kicking in the door..and being abusive..and they put a restraining order on me. (CDC Client, time 1 year 2)

I was violent with her, she was violent with me. I got done for hitting her in the nose, which I admitted to, so I was a bit mad at the time cos I didn't want to be like that, (CDC Client, time 1 year 2)

- 7.4 There were similar levels of minimisation in the accounts from both year one clients and year two. Frequently, explanations of the violence were quickly followed with a context and justification:

No, there were all sorts of problems there. Culminating at the end with me slapping my partner across the face, which I'm embarrassed about. It was an end product of a very horrible situation..... I felt she was jeopardising the children's family home...It ended in an outburst, which my eldest son saw. (CDC client year 1, time 1)

- 7.5 In disclosing the violence, many respondents appeared to be expressing shame. This may account for the minimisation and deflection of blame

in their descriptions of the incidents. In two cases at time one, respondents went on to explain their sense of regret, fear, and confusion, for the impact this violence may have had on his children.

I feel confused.. I've done wrong ...but I don't understand how it's affected the children and this is what I want to learn. (CDC client year 1, time 1)

I saw red and slapped her across the face, which I feel dreadful about. And more dreadful for my son seeing it. (CDC client year 1, time 1)

- 7.6 In year one, seven of the ten respondents stated that they had been referred to Caring Dads due to verbal aggression rather than violence of a physical nature. This was unlike year two where all respondents reported physical violence.
- 7.7 In many cases, respondents in both years at time one expressed the view that their problems with the family and with anger was the responsibility of their ex-partners. This was the source of some anger towards the professionals who had referred them.
- 7.8 For example, one client reported that Caring Dads was only available to him, which is why *he* was the one on the programme and not his ex-partner. Another man considered that he was not an angry person just 'bitter' towards his ex-partner. Another client explained that he was angry within himself and '*sees red about once a week*' but that he had never hurt anyone other than himself. In year two, a client felt that agencies didn't believe his account of the violence and believed, instead, his partner's.
- 7.9 One respondent, in year one, time one, did not regard himself as having been abusive at all, either to his ex-wife or children and was only there to show his referring agency that he was a responsible father who deserved regular access to his children. He maintained this view continuously throughout our interviews. Significantly, his referring agency worker told us that he did have a considerable problem with

anger and had been frequently verbally aggressive to his ex-wife and in the presence of their children.

7.10 Anecdotal evidence from facilitators in year two suggests that that particular client group had histories of more serious violence than those men in year one. Although a higher proportion of the respondents in year two admitted physical violence, in interviews with researchers, they did not particularly report more serious levels of violence at time one, compared to the same time for the previous year.

Men's attitudes towards parenting

7.11 In this section, most of the data come from interviews with men at time one in year one. This is because, in year two, many respondents had not had access to their children for a long time, in many cases, since their children were born. It was therefore difficult to discuss their perceptions of themselves as parents.

7.12 We explored with the clients', their views of themselves, as parents, at time one. This presented interesting findings in that six out of the ten respondents in year one described themselves as fathers in a positive way. For those who had positive images of themselves as fathers, the anger or violence which they described previously did not appear to have much bearing on the men's perceptions of themselves as fathers.

7.13 Men characterised themselves and their relationship with their children in the following ways at time one:

"I am good at being there for him." (CDC client, year 1 time 1)

'I'm a good Dad, very hands on' (CDC client, year 2 time 1)

'My kid misses me and wants to live with me'. (CDC client, year 1 time 1)

'I'd do anything for them'. (CDC client, year 2 time 1)

- 7.14 Most of the positive self description was in response to the question, 'how would your children see you as a father?' These descriptions often highlighted the activities and practical support the men felt they offered, rather than emotional, support thus, '*being there for them*', or being, '*hands on*', or a, '*fun dad*', were typical responses. It is interesting that, even in light of the discussion of the violence and anger described, the men did not explore any deficits in their parenting at this point.
- 7.15 The men had reasonably positive self-images as fathers but this did not necessarily preclude a degree of self-exploration and concern about their parenting, later on in these stage one interviews. Whilst they denied having a problem with violence or misuse of anger, they were willing to explore ways in which they could learn more about being a good father and how to listen to their children. This could be explained by the fact that the men had already undertaken a few sessions by the time of the interviews, and some of the concepts that Caring Dads puts forward, such as being 'child-centred', may already have had an impact on the clients.

Well things have already changed in the way that I don't fly off the handle now, I am better at shrugging things off. (CDC client, year 1 time 1)

I hope (what) I will learn to do is not to retaliate when my partner picks a fight. I'll let it go, hopefully (CDC client, year 2 time 1)

[I want to] see if I can more closely understand what I did. (CDC client, year 1 time 1)

I was too strict with my girls. I see that now. (CDC client, year 2 time 1)

- 7.16 In two cases, men with older children (aged over 7) reported specific difficulties in their relationships with the children; in one case, the father experienced difficulties bonding with a step-child and in the other, his post adolescent children had severed ties with him. The men's

attendance at the programme was driven by a desire to improve the relationship with the child, where there was contact, and in the case where there was no longer interaction, the man wanted to reflect on his parenting more generally, having a number of younger children that he was in contact with.

- 7.17 In year two, the men we interviewed seemed to be highly motivated to gain contact with their children. In a majority of cases, respondents were undergoing a legal procedure to try to gain contact or custody. In most situations, this involved a process in the family court to gain access rights which were being opposed by the children's mothers. As in year one, most of the year two men who were referred by the family court service had a strong drive to secure better access to their children. This was the main motivation for their continued attendance at Caring Dads.

Parent/child-centred behaviour and attitude

- 7.18 We analysed responses for, what is termed within the Caring Dads literature, 'parent/child-centred' behaviours or attitudes. This relates to the basic theory of change behind the Caring Dads programme: fathers can be made more aware of the impact of their behaviour on their children. The more parent-centred/less child-centred their behaviour is, the less the child's needs are considered above those of the adult's. A key goal of Caring Dads is to promote understanding of these concepts and to encourage more 'child-centred' parenting.
- 7.19 For many respondents, their relationship with their children was fraught with contact difficulties and legal arguments with wives/partners or ex-partners. This meant that much of the talk around children focussed on the men's perceived emotional and physical distance from their children. Thus, the feeling of being 'left out' or being unimportant to their children was fairly common amongst the men.

'I am just the father and feel a bit left out' (CDC client, year 1 time 1)

...and we'd be looking forward to it, and then on the morning I was supposed to have [child], [ex partner] would phone me up and say 'he

doesn't want to come'. So I'd build me hopes up and she would take it away from me, just like that. (CDC client, year 2 time 1)

7.20 These feelings were perhaps understandable given the difficult legal situations and arguments over contact, however, there were some reports from the men that such animosity had turned into rows in front of children or crept into the manner in which the client related to his children. For example, one client refused to mention his children's step-father in front of them, despite that person being central to his children's lives. Another said that he would refer to his child's mother using an expletive in front of the child.

7.21 In year one, seven out of the ten respondents, at time one interview, also expressed a seemingly high level of engagement and knowledge of their own children's lives, likes and dislikes, suggesting potential for child-centred approaches. However, this would need to be corroborated with data from the mens' ex/wives/partners and children. In one case, a respondent explained that he found some interactions with his child 'boring' and struggled to recall the activities they did together. The man was conscious that this probably constituted a deficit in his parenting. When describing some of the group work activities in the Caring Dads sessions, two respondents described how other men would pick up on others' parent-centred attitudes or behaviour, suggesting that the notion of parent centred and child-centred attitudes was gaining currency in the men's thinking, even at the early stages of the CDC programme.

Men's feelings towards their ex/wives/partners

7.22 A clear source of contention and anger for the men at time one interviews, for nine of the ten respondents, was their feelings towards their ex/wives/partners. As five of the ten men were, or had been, in legal proceedings over contact or custody of their children, dispute and anger was a prominent theme. In year two, this was similar. All but two of the respondents had been through acrimonious court proceedings over access. Men were asked about their experiences with their partners

or ex-partners and were probed about their feelings towards them. At time one, respondents were frequently negative about their ex-partner's ability to be a parent. All respondents but one felt that their ex-partner had exaggerated the claims made against them. Other women partner behaviours/issues were reported such as alleged mental health problems and drug abuse; partners who had 'brainwashed' children against the men; 'work pressures' which had caused arguments in the home; partners whose tempers were to partly to blame for arguments, partner's immaturity and partner's interfering families:

*Things got very difficult where she threw insults at me and my family
(CDC client, year 1 time 1)*

*So the only other thing she could use against me was the children.
(CDC client, year 1 time 1)*

*It feel's like she's ... she's doing everything she can to stop me seeing
the youngest (CDC client, year 2 time 1)*

I felt she tricked me into having a child. (CDC client, year 2 time 1)

*She should have been happy that we split up but she was angry that I
left her. (CDC client, year 2 time 1)*

- 7.23 In year one, time one, two out of the ten men felt that they were attending the course because they were doing *their* part, of what they felt should be done by both parents. This was not mentioned by any of the year two clients. For those mentioning it, they felt that they were the ones doing the intervention, because that happened to be what was available, with no similar intervention for their ex-partners.
- 7.24 At year one, time one, the majority of respondents felt that they were wronged somehow – due to exaggerated claims by the ex-partner or an unfair focus on them by professionals - and that this was in large part the reason why they were on the Caring Dads programme. This was less pronounced for the year two clients at time one, as the men generally

accepted at a minimal level, their responsibility for the violence, and these men were mainly angry at the restrictions placed on their access. At time one in both year one and two, the men had not developed a sense of their own responsibility towards the disputes and conflicts that had arisen with the ex/wives/partners, even amongst those who were not engaged in custody or contact disputes. This is not to say that the men denied any violence completely, they did share these incidents with the researchers. For the majority, however, they did not feel that denial of access to their children and their subsequent referral to Caring Dads, was justified.

Men's motivations and expectations of the programme

7.25 Having explored men's attitudes and perspectives about why they were at Caring Dads, we probed into their expectation and hopes for the programme. The responses to this were largely linked to the reason for the men's referral, particularly if they were attending to satisfy a recommendation from the family court or social worker.

they wanted, I don't know, to do a report.. some kind of report on me and then the CAFCASS worker suggested that I do some kind of anger management course. (CDC client, year 1 time 1)

The reason I'm on the course is because of the difficulties with my ex wife in obtaining contact with my two girls. (CDC client, year 2 time 1)

[CAFCASS] said would it help my cause if I went to an anger management course or something like that (CDC client, year 2 time 1)

7.26 However, a large majority of respondents had more in-depth expectations and hopes for the course at time one, even those who felt they were fulfilling obligations put on them by the family court. .

I want to be a better father, erm, the father I should have been many, many years ago. (CDC client, year 1 time 1)

I'd just like to be able to .just ... just to be able to stay calm and not to have err ... to be able to have a good relationship with my children, you know ... (CDC client, year 1 time 1)

'You put yourself first certainly ahead of their children and I think a lot of people do it automatically, they think oh I'll buy you this Playstation and it's actually something for yourself not for the children. So it gives you food for thought. (CDC client, year 1 time 1)

I left and decided to try to be a better man. (CDC client, year2 time 1)

7.27 Two respondents in year one reported low expectations of the course before it had begun. For example:

Glad that there is something I could go to but didn't think that it would be able to help since I have always been like this. (CDC client, year 1 time 1)

7.28 One of the men who had low expectations, was under the impression that he had been wrongly referred and was just complying with the direction of court professionals. In year two, respondents were generally more positive about the Caring Dads programme at the outset. This was true in all but one noticeable case where the client had a sense of having to 'satisfy the authorities'. This may be connected with their strong motivation to improve access to their children: they hoped that attendance would lead to improved access rights.

7.29 Respondents were asked what they thought was the purpose of the programme. They generally expressed a clear view that reflects or corroborates with what the programme staff had articulated to them. However, more in depth responses were as follows:

...To help manage feelings better, to know how to deal with other people's anger without exploding oneself. (CDC client, year 1 time 1)

there will be things no doubt in there about anger and also probably things to do with my wife ... but the ... the main emphasis was the children. (CDC client, year 2 time 1)

7.30 There was not a clear sense amongst the men that they were attending a domestic violence course. Although one respondent did feel that, in attending, he was being labelled as a 'wife beater'.

Facilitators' perceptions at time one

7.31 At time one, facilitators were getting to know the men's attitudes and beliefs and to identify means of improving these. The facilitators had already been through assessments with men lasting up to 2.5 hours and had therefore formed a fairly robust view of the attitudes and beliefs and motivations held by the men.

7.32 There was a strong view amongst facilitators that the men had to learn to explore their own behaviour and attitudes and develop 'discrepancy' between what their ideal behaviour, including their own perceptions of their performance as fathers, and what they actually do.

We want them to start developing some discrepancy really. We want them to start to move to a more child focused style of parenting. (CDC facilitator, time 1 year 1)

Well there is one particular man who feels quite angry about that [being referred]. (CDC client, year 1 time 1)

They need to get beyond blaming and learn that this won't work for the child. (CDC client, year 2 time 1)

7.33 However, at the early stages of the programme, facilitators recognised already that there were some positive changes that had started to occur.

In year one at time one, facilitators said that, despite initial anger, one client, ' *was starting to open up and feel more relaxed and started to see the real value of coming here.*'

- 7.34 At the early stages in year two, positive impacts were beginning to be reported with one man in a group being particularly positive, This was said to show the other men that there were alternative ways of articulating their situation. The positive effect of peer-led discussion was noted in two of the year two groups.

It means more coming from peers than it does from us (CDC facilitator, year 2 time 1)

- 7.35 Even at the early stages, the facilitators were also aware that some men attended because they felt compelled to through their court interventions:

I know some of the men certainly feel like they have been coerced into it. Although it is voluntary. Some of them who contact us with court. (CDC facilitator, year 1 time 1)

- 7.36 Facilitators were also aware of where there were particularly strong motivations to change:

There is one self referrer and he is quite solid and he is very committed to change. He has recognised already that he needs to change. He is very committed to change. And I would say that that is my understanding with speaking to other facilitators that is common of self referrers. (CDC facilitator, year 1 time 1)

There is one guy who is able to see the positive. The fact that he's a peer really helps the others as well. (CDC facilitator, year 2, time 1)

- 7.37 There was a strong sense of vigilance for challenging men's tendencies to minimise their own violence and aggression and seek to blame their partners. It was recognised that part of their work was to address this

tendency and that working through the issue of blame and responsibility was a part of the process of changing behaviour.

X blamed his partner, interestingly enough, for a lot of the problems which is part of the problem...which is part of the realising and denying and blaming. (CDC facilitator, year 1 time 1)

With that individual, he started being like that, questioning every point that was made, quite disruptive really. (CDC facilitator, year 1 time 1)

7.38 In one case, where a man had been particularly resistant and challenging in the course, the facilitators had called him to a separate meeting with the man individually to challenge his behaviour. The confrontation had been found useful by facilitators because they were able to point out his behaviour to him and others in the group were able to identify what he was doing. This developed some sense of 'discrepancy' within the group so that negative behaviours could be isolated from positive ones.

7.39 Overall at time one, facilitators had a good understanding of men's motivations and resistance to change, although there was still some apprehensiveness about the men's motives for attending. At time 1 in both years, facilitators were aware of the challenge ahead of them in introducing new ways of thinking and acting and that this would involve helping men to accept responsibility for their violence and aggression.

Standardised tests at time one

7.40 Research participants were asked to complete three standardised tests. We were able to obtain these for eight of the participants at time one. These had been validated and tested within similar research contexts to the Caring Dads Cymru evaluation. The tests include the Parenting Stress Index (short version) (PSI), the Paulhus Deception Scale (PDS) and a version of the Treatment Motivation Questionnaire (TMQ). The PSI measures levels of stress within 'parent-child' systems and is based

on 36 questions which are answered on a 5 point Likert-type scale. The PDS (version 7) is a 40-item questionnaire also answered on a 5 point Likert-type scale. The PDS is intended to identify when respondents distort their responses to standardised questionnaires. The TMQ measures internal and external motivation regarding entering treatment, desire for seeking help and in behaviour change. Originally designed for people receiving treatment for drug and alcohol problems, the element of motivation is a key variable that may inform outcomes of any intervention. We amended the TMQ to better reflect treatment for the Caring Dads programme. We were not able to test this amended version for reliability or validity in this context, due to time restraints.

Results

7.41 The individual sub-scales and overall PSI scores for the men are shown in table 3 :

Table 3: Sub-scales and overall PSI scores*

Defensive Reasoning	Parental Distress	Parent-Child Dysfunctional Interaction (P-CDI)	Difficult Child	Total Stress
10	18	16	15	49
15	29	22	31	82
18	28	16	22	66
18	30	33	40	103
15	27	19	19	65
14	26	17	28	71
17	29	19	15	63
19	34	26	41	98

*One respondent's data are missing because the PSI was not applicable in his case.

7.42 An analysis of the scores is based on the guidance offered in the PSI manual which draws on 'a mixture of clinical judgement and extrapolations from the research literature' (Abidin, 1995)

7.43 Three respondents showed normal stress levels across sub-scales and total scores. However, four respondents showed stress levels either in sub-scale scores or total stress scores that were elevated. This suggests that they are likely to need an intervention to improve the relationship

between them and their children. One man displayed high, 'Defensive Reasoning', scores with low overall stress, suggesting a need to explore his personal adjustment. Another had high overall stress scores which were not related to, 'Difficult Child', scores and high PCD-1 scores, suggesting high risk of abuse. Another scored very highly on the P-CDI subscale suggesting an elevated risk of child abuse. This interpretation is difficult to maintain without further insight into the case since the corresponding subscale score, 'Difficult Child', was at a borderline point, over which the risk of child abuse would be very elevated. One respondent displayed high levels of defensive reasoning which is difficult to interpret without close knowledge of the individual's case.

7.44 Scores on the Paulhus Deception Scale (PDS) which measures likelihood of socially desirable responses are given in table 4 below. Interpretation of the results taken from analysis of the PDS subscales is given in the right hand column.

Table 4: Results at time one for the PDS scores

Total score	
60	possibility of deceptive answers
39	narcissistic tendency possible
70	high likelihood of Socially desirable answers
65	high likelihood of Socially desirable answers
52	Likely to be accurate
39	possible narcissistic tendencies.
54	Likely to be accurate
60	possibility of deceptive answers
57	Likely to be accurate
46	Likely to be accurate

7.45 The notation of 'likelihood of narcissistic tendencies' is given when a respondent scores low in terms of tendencies to 'manage their image' in front of others but at the same time has a high score in terms of Socially Desirable responses. These types of individuals are associated with arrogance and lack of self-insight (Paulhus, 2000).

7.46 Four out of ten (40%) respondents displayed over 60 on the PDS scale, which suggests likelihood that they were not answering accurately but giving socially desirable responses. The implications of PDS scores on men's parenting approaches are not well researched and it is difficult to draw conclusions based on this alone. However, in one case there was a strong correlation between PDS scores (strongly suggesting 'faking good' answers) with the 'Defensive Reasoning' (DR) score (strongly suggesting defensive reasoning) on the PSI tests. Taking these scores together creates a picture of that individual as being poorly adjusted to his personal situation and/or minimisation and denial of his problems. With the other three men with high PDS scores, unlike the first, these were as a result of high 'impression management' sub-scale scores. These men's scores did not correspond with high DR scores on the PSI, suggesting that, although they were keen to 'make a good impression' on evaluators, they were may have been honest about their feelings towards parenting.

7.47 Motivation to engage in treatment scores are given in table 5 below:

Table 5 Participants' scores on their motivation to engage in treatment

	external reason	internal reason	help seeking	Confidence in treatment	total average
	3.5	4.2	4.3	5.6	4.4
	1.5	5.1	5.1	6.4	4.5
	2	4.4	5.3	6.6	4.6
	4.25	5.9	4.8	5.6	5.1
	2	3	6.1	4.2	3.8
	3	3.7	4.3	5.6	4.2
	2.25	3.7	2.8	3	2.9
	1	6	4.1	6.6	4.4
	2.5	4.6	4.3	5	4.1
Total	2.4	4.5	4.6	5.4	

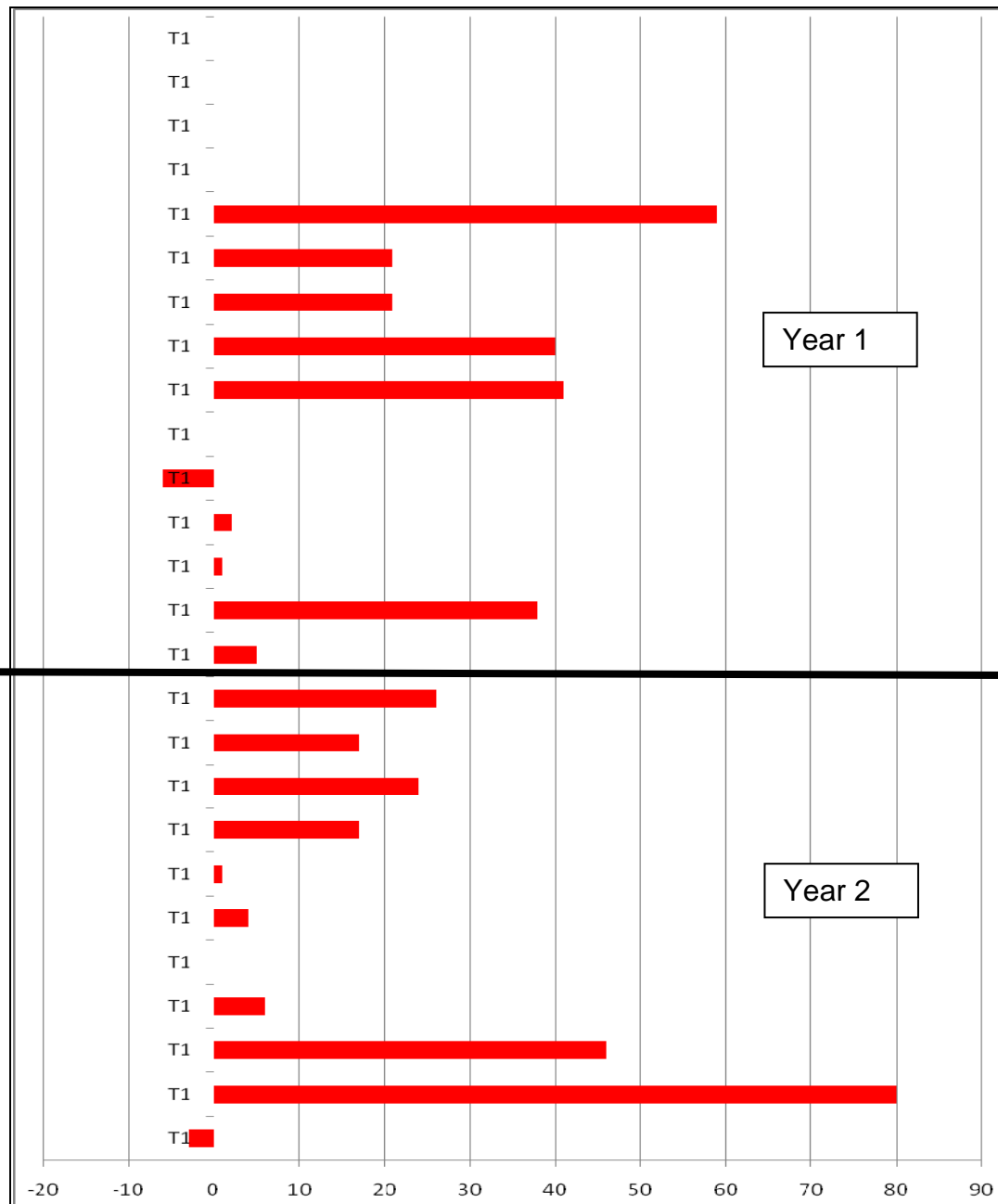
7.48 The higher the score the higher the motivation or personal confidence level, which is expressed in a 5 point Likert type scale (1='not at all motivate' and 5='very motivated'). One respondent failed to complete the questionnaire accurately so the data are missing. The results show

higher levels of internal motivation and desires for help-seeking than external motivations. An example of external motivation is the threat of court action for non-participation. An examples of internal motivation is the feeling that it is in the client's best interest to take part in 'treatment'. The high internal motivation scores are interesting given that many of the men were in the CDC programme due to external pressure, such as being referred by CAF/CASS Cymru. The internal motivation level is consistent with interviews with the men who had clear emotional reasons or personal motivation for attending.

Controlling Behaviours inventory scores

7.49 Time one scores were taken for 26 men over the two year evaluation period, 16 in year one and 11 in year two. Scores are provided as follows:

Chart 1) men's scores on the Controlling Behaviour Inventory for year 1 and 2. Time 1



7.50 The CBI is a set of statements to which respondents state their agreement based on a 5 point Likert type scale. Scores are given to the corresponding response from 0-4. The higher the score, the more 'controlling' the behaviour that is displayed. Those with negative scores,

would therefore display 'positive' behaviours, as some statements on the questionnaire described supportive behaviours towards partners such as 'I showed my partner I cared even though we disagreed about something'. included on the questionnaire.

8 Mid intervention, time two interviews

- 8.1 We interviewed research participants at a mid-point through their 22 week intervention. This was to gauge how their perceptions and attitudes may have changed from the first set of interviews and to explore how they felt about attending the programme.
- 8.2 At these mid-point interviews, the men had crossed an important threshold in the programme which is having moved on to Goal 3: which is *'To increase men's awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children'* (CDC programme guide).. This part of the programme starts at week ten of the 22 week course.
- 8.3 Prior to this, men would have also been through Goal 1: 'To develop sufficient trust and motivation to engage men in the process of examining their fathering' and 'Goal 2: To increase men's awareness of child-centred fathering'.
- 8.4 Two men had dropped out of the evaluation by the time of the time two interviews in year one.
- 8.5 Respondents were generally satisfied with their time on the programme at time two. A clear sense emerged that some of the work around accepting responsibility and talking about past abusive behaviour was difficult for the men.

It was difficult for me to talk about stuff like that. To admit out loud what kind of a person that I was. it made me feel guilty because it might have impacted on them but it made me more determined to change. (CDC client time 2, year 1)

- 8.6 One respondent felt that when they began to work on Goal 3 aims, addressing the violence, they were tempted not to return to the programme because it made them feel very bad, although they did, in fact, return.
- 8.7 A key theme about what the men had learnt from Caring Dads was around their own parenting skills and moving towards what they identified as child-centred.

I'm conscious now ... I always think before I act now... like before if my son had done something really good in school I would say something like oh we'll go to Blockbuster now and get a video and you know ... but I'd have an interior motive there ... yeah get him a video but I'd also have an interior motive to get another video for myself . (CDC client time 2, year 1)

- 8.8 Another important theme for one respondent was learning how to apply anger management techniques

I did apply things I'd learnt at Caring Dads. I applied staying calm recognising if and when I'm starting to get annoyed to step off the escalator and to remember my coping mechanisms. Like taking a deep breath. (CDC client time 2, year 1)

- 8.9 Positive changes were often reported by clients to be about learning how to apply a technique rather than in developing a new attitude towards the people around them. For example, one client reported that learning how to react or manage their reactions around women rather than in revealing a new understanding of their expectations of women was what made a difference for him.
- 8.10 At time two, men appeared to be well versed in the language and techniques that the programme taught and had understood this well even though the issue of accepting responsibility for their own behaviour

and responses to the people around them was not fully addressed, it would appear. Work on addressing responsibility for violence and aggression was in its early stages, so some reticence may have been expected.

9 Post intervention findings

- 9.1 Men were interviewed in depth following the last session of their 22 week programme. At this stage seven out of the original 10 research participants were included for the year one cohort and seven of the original 14 from the year two group. To identify any changes in the men's responses since time one and time two, we explored the men's beliefs about, and perceptions of, their parenting and their accounts of their past abuse and parenting. We also probed the men's hopes and expectations and fears going forward.
- 9.2 In addition to men's interviews at time three we also repeated the standardised tests that were taken at time one. This was to compare the differences, if any, in their scores over time. We also interviewed women who were receiving support from the partner support worker. These women were not necessarily the partners or ex-partners of the men involved in the research in year one, although in year two they were. The purpose of these interviews was to establish if the changes or lack of changes, reported collectively by the facilitators and Caring Dads research participants, were also noticed by the women and if there were any discrepancies between these reports. Conscious that a key aim of Caring Dads is to improve the safety and welfare for women and children, it was essential that we explored the experiences of women whose lives might have been affected by the programme.
- 9.3 In addition, with the men's permission, we also interviewed professionals who had either referred and/or continued to be involved with the research participants. The purpose was to 'triangulate' the men's accounts and perception of their challenges and changes.

Offending history – men’s self reports

9.4 Men were asked to give accounts of the events leading up to Caring Dads and their perceptions of the problems they had experienced in their relationships. This was a repeat of the questions asked at time one and two and helped to identify any differences in either language used or attitudes displayed within those accounts. There were similar levels of contrition as with the interviews at time one.

There are things, especially with the domestic violence issue I think that happened. (CDC client time 3 year 1)

I mean in terms of the domestic violence, there was a situation where it really was isolating (CDC client time 3 year 1)

I realised that whatever happens, I have to take responsibility for what has happened. CDC client time 3 year 2)

9.5 In the men’s accounts at this stage, there were fewer incidents of minimising the domestic violence, compared to earlier interviews. A good example of this is that men used the term ‘domestic violence’ more readily in their description of the challenges they had faced during their time with Caring Dads, and in relation to their own behaviour.

9.6 Many of the respondents voiced their desire to lead a different life to the one they had previously lived, often saying that they did not want to go back to jail. In one case, the man had lived a life dominated by violence more generally, which had caused him to get into trouble time and again.

Before I’d stand and argue, end up fighting, and it’d be breakdown..But now I don’t go down that road because I step away straight away, and think ‘is this worth the hassle?’ I will walk away now – it’s what they taught me. The violence part..I’ll admit, I’ve been violent in the past..and it’s opened my eyes. I’ve had one or two incidents, over Christmas, where normally I’d stand my ground and batter the hell out of someone, but I haven’t – I’ve backed away..Which has done me a

world of good. I've started looking at things that way now – think about it before I do it. (CDC client time 3 year 1)

- 9.7 No respondent reported a repeat incidence of violence either towards their partner or ex or in general in either years one or two.

Interviewer: And when was the last time that you last threw or punched anything?

Respondent: Oh last year. Yeah and that's good. A big change. (CDC client time 3 year 1)

- 9.8 Respondents frequently reported being generally calmer in their life and in their routine and daily interactions with people.

Before, there was this incident in the car park and I would have gone off on one but I'm now like, no, walk away from it. It doesn't affect me as much. (CDC client time 3 year 1)

Men's attitudes towards parenting

- 9.9 There was a significant change noted in the men's accounts of the way they consider their parenting responsibilities, if not their actual behaviour (in many cases, men had not had contact with the children they were referred to Caring Dads for). This was more noticeable in year one because more of the respondents had contact with their children, compared to year two clients.
- 9.10 There was a change from the time one interviews in the men's realisation of the impact of their behaviour on their children. This change was not clearly marked in stages but appeared to be a progression from time one to time three.

The main improvements are remembering age appropriate... not expecting too much for her age. Keeping my temper and not expecting respect from them. Before I expected to be respected but Caring Dads has taught me that I have to earn respect. (CDC client time 3 year 2)

I think a lot of it is I can understand him better and [my child's] way of thinking (CDC client time 3 year 2)

Now I understand her and how things seem for her. I can understand why there [were difficulties] in her relationship with me in the past (CDC client time 3 year 2)

I now know that if I had been different and been more understanding. I shouldn't have been so strict on that occasion. If I hadn't then things would have turned out differently. It's because I wanted to show affection to show that I love them and care about them that I was strict but I didn't know how to show them (CDC client time 3 year 1).

9.11 These changes were often as a result, the men felt, of their understanding of the impact of their behaviour on their children.

It makes you more aware of your own behaviour because at the age my kids are at now they're sort of... well he might be copying... well he is going to copy those sort of things that I do (CDC client time 3 year 2)

9.12 Men also appeared to discuss their behaviour (past and current) around their children with less of a sense of shame than in time one or time two, more openly and with more of a sense of optimism that things were different in their relationship with their children.

I enjoy my relationship with her and she is more at ease with me. She enjoys being around me more and isn't scared of me like she was (CDC client time 3 year 2).

Relationships with women

9.13 Men's attitudes and feelings towards their ex/wives/partners were subject to a less clear change than in their relationships and behaviour

around their children. For many respondents, there were still deep seated resentments and anger.

So, I just found it hard, it was like I was at fault hundred percent and I felt that I was at that time, and then there was something inside me saying that, "I'm not at fault", perhaps. (CDC client time 3 year 1)

Interviewer: So do you feel that most of the arguments were started by her?

Respondent: Yeah, because I'd do something, why haven't you done that for me yet, why haven't you done this yet, why haven't you done that yet. (CDC client time 3 year 1)

I still don't want to have nothing to do with her. I just want to get on with my own life (CDC client time 3 year 2)

9.14 However, for men who were still in a relationship or thinking about their future relationships, a common perception was that Caring Dads had taught them how to cope or manage with their violent or aggressive behaviour towards women. It appeared that this behaviour change was not necessarily connected with changes in underlying attitudes that led them to the behaviour. Two respondents discussed how Caring Dads had taught them techniques to 'manage' their anger in partnership with their wives or partners.

You have got to deal with [domestic violence] together in terms of things are escalating, to recognise the things that are possibly going to get out of hand and when to say "whoa, wait we will leave it there for now, we will calm down and come back and deal with it later". (CDC client time 3 year 1)

Now I say "please when you think I might be needing time out, just let me know and I won't get angry (CDC client time 3 year 1)".

With my new partner we actually talk to each other. It's a much better relationship than the last one. When there's things that we need to sort out we sit down and I take on board what she's saying. I feel more secure. (CDC client time 3 year 2)

9.15 In two cases, one in each year of the evaluation, men reported not feeling so jealous or insecure in their relationships. They felt they had learnt to understand their jealousy and identify it.

9.16 These strategies played out in men's contact with their ex partners during contact arrangements. Men reported being able to stay calm when confronted with situations they find difficult

And that I seemed very calm, and I said 'I don't see any point in screaming and shouting any more..it won't get me to see my son. It'll just make me look bad. When I do get to see him, I can accept she's going to try everything to stop me'. So I think ahead what's going to happen before it happens.(Caring Dads client, time 3 year 2)

9.17 One respondent reported that he was able to apply the skills he felt he had learnt to control his anger to a new relationship, to the point when he no longer stays in a relationship if he feels that it will result in disagreements:

The signs to pick up..if you go out with a girl and there's arguing, you think 'is this what you want?'..or walk away..Which is what I'd do now, whereas I used to argue all the time with my ex. It was really nasty, fighting, and the next day it was normal. Forgotten about. But it wasn't, because it was never sorted out. You've got to sit and sort it, not brush it to one side. I'm seeing a girl, she was very argumentative, over anything..so I said 'it's best if you disappear and I carry on..I don't want this kind of life..if we carry on, it'll end in violence, and I don't want that'..So it broke up then. I thought about what they told me..(Caring Dads client, time 3, year 2)

- 9.18 These strategies were clearly felt to be useful to the men. However, programme developers should be mindful of how these techniques need to be accompanied by other changes which provide a safe environment for women, especially more profound behavioural and attitudinal change amongst men, as a goal. It is possible to see, for example, that without independently verifying that women feel safer as a result of techniques like 'time out', they may be made to feel responsible for managing their partner's anger or prolonging their relationship in the hope that things are improving, thus putting them under greater stress.
- 9.19 However, there were also indications that the men were beginning to think about gender-political angles in their thinking, although this theme was not prominent in men's discussions. This perspective was not noted in previous interviews.

Really, we're living in a society where it's like we've got more respect for females and all that, like, well, I have anyway, in my head it's, like, so. Because there's, like, well, they're not just housewives and things, they've got power jobs and things like that... ..(Caring Dads client, time 3, year 1)

I think it has helped with my relationship, before there were some trust issues. Before I would test her like if she was dressed up differently I'd think 'she's got something to hide but since Caring Dads I trust her a lot more. ..(Caring Dads client, time 3. Year 1)

I'm not the easiest person to get on with. I found it really difficult to accept rejection. My way of dealing with the rejection of the child..(Caring Dads client, time 3, year 2)

The way I think about things are a lot different now. Before I react to things I take a step back. ..(Caring Dads client, time 3, year 1)

9.20 *A large proportion of men reported that they had come to understand that the importance of their ex in their children's life; which afforded a new found respect.*

I can accept that she's their mother and I have to respect that. ..(Caring Dads client, time 3, year 1)

She's a good mum, whatever else. ..(Caring Dads client, time 3, year 2)

9.21 Men frequently reported being calmer in their relationships more generally with other people, not just women. This was the main change they reported, rather than feeling less angry towards women specifically.

I am a lot calmer and less angry. I can cope with rejection and anger more. ..(Caring Dads client, time 3, year 1)

*I have learnt that it's not worth it. It made me feel like a twat but I just walked away from [an aggressive confrontation by a man in a pub].
..(Caring Dads client, time 3, year 2)*

Mechanisms of change in men's behaviour and attitude

9.22 In describing the changes they felt they had undergone, men discussed the underlying factors which may have brought these about. The most frequently mentioned, and felt to be important, process was the realisation of the impact of their behaviour on their children. This thought would often transcend feelings of hostility or anger towards the men's ex/wives/partners, in men's reasoning.

Certainly I know that there was a possibility where things had gone on at home but to actually have somebody stood in front of you and say "well yes this was because of the situation that arose at home" it really hit home hard to be honest with you and I think that is one of the reasons why I obviously don't want to go down that route again.(Caring Dads client, time 3, year 1)

- 9.23 This feeling was present even with men who felt that they had been 'wrongly' referred to Caring Dads or where they attributed their family problems in part to the behaviour of their ex-partner.
- 9.24 Men reported the importance of delving into their past childhood and understanding the impact that the way they were parented

I realised that my past has damaged me. I am learning to repair myself as an adult. It's not an excuse for my behaviour but I have realised a few things. I am so fortunate that I have survived. ..(Caring Dads client, time 3, year 1)

It was really important to understand about my past and to be able to open up and talk about things. ..(Caring Dads client, time 3, year 2)

- 9.25 Men also reported that the ability to talk to the facilitators in the group and share their feelings with other men was an important factor in their 'opening up' in the group work. It was often reported by men that they felt the facilitators and other men understood what they were going through. Often, they had not been able to talk about their problems or feelings before.

I just never talked, I bottled everything up really. I have been much more open. I even talked to my ex about my past which I have never done before. ..(Caring Dads client, time 3, year 2)

- 9.26 Men were also aware of specific techniques they had learnt to deal with their feelings, preventing them from boiling over into anger and aggression. The most prominent of these was 'the wall'. In this, men had learnt to conceptualise their responses to the authorities, ex partners and those they considered responsible for their referral onto Caring Dads as a wall.

With Police and social services ... I was going against them so I was putting a brick there. Every time. But it is all working because I don't do that and they seem to be saying nice things about me now. I still have set backs but I don't let them get to me. ..(Caring Dads client, time 3, year 2)

Before I first went to see [authorities] I was aggressive to them, not talking to them, keeping it closed in on myself. Now, I've got nothing to hide – what I've done, I've done. I'm sorry for it, but it's passed, and you've got to move on.. ..(Caring Dads client, time 3, year 2)

Facilitators' perceptions at time three

- 9.27 Facilitators were interviewed at time three to establish their views of the main changes that had occurred in the men and where possible establish any discrepancy between what the men had reported and what they had noticed. Generally, there was a high degree of symmetry between the change processes that the men and facilitators describe.
- 9.28 Facilitators usually corroborated the men's accounts of their learning about the impact of their behaviour on children. Crucially, the notion of child- and parent-centred approaches was felt by facilitators to be an important driver of change.

'It's up to him. He needs to build consistency in his behaviour. He was saying if his child doesn't write back in a year I will give up. But we said 'is that child centred or parent centred' (CDC facilitator, time 3, year 1)

'...initially he was doing it just to get access to children and personally I thought he realised he was denying, minimising, blaming and he felt he didn't ever do anything wrong and he has seen that there were times when his children have seen his behaviour and it's their decision not to see him because of his behaviour . At times he's been in tears because he realised this (CDC facilitator, time 3, year 2).'

9.29 Facilitators were also conscious that the key aspect of men's learning was around their parenting and not, primarily in their relationship with or attitude towards women. This is consistent with the men's accounts of their main aspects of learning. However, facilitators also felt that the process of challenging men's attitudes towards relationships is a long one and that, in some cases, men will need further support to build on their progress in this regard.

'He's got a way to go but he can now see that his children are affected.'
(CDC facilitator, time 3, year 1).

9.30 Regardless of some of the men's remaining difficulties in accepting responsibility for their part of hostility between themselves and their ex-partners, facilitators were generally optimistic that the changes in attitudes towards children and the men's ability to learn techniques for controlling anger would have positive effects in terms of their final behaviour.

'Change is a marathon and not a sprint.' (CDC facilitator, time 3, year 1).

9.31 Facilitators reported that for a large portion of the men, specific techniques had helped them to control their behaviour. In particular, the 'escalator' exercise which would help men identify when their anger was rising, to take steps to control it:

The escalator exercise, where they were able to identify to come off it much sooner... now they are getting some control over this escalator, comparing to past experiences, there would have been nothing stopping them from hitting a crisis point, where they were going to hit the partner.(CDC facilitator, time 3, year 2).

They recognise their early warning signs, which were similar, but quite different in the men – some would get flushed, or get twitchy. (CDC facilitator, time 3, year 1).

Men's attitudinal changes

9.32 The men's journeys throughout Caring Dads were described by facilitators as learning to identify their behaviours, learning to understand their behaviours, understanding the impact of their behaviours on others, in particular their children and learning to react differently to situations that would normally result in anger and aggression. .

9.33 The men were felt to have learnt more child-centred approaches to their parenting at the end of the course, for those who had completed it. Learning this was linked by facilitators, to the other learning processes including in particular, their attitude towards their children:

Our group, a lot of the men had experienced severe domestic abuse as children..so we had an interesting session, thinking about how that might mean they are not able to think through..tend to act first. Getting them to think about their own reactions and brain development (Facilitator, time 3, year 1)

It's not just anger, it's power, control, looking at how the children are perceiving things as well. It's the thoughts, feelings, actions, triangle. (Facilitator, time 3, year 1)

There is a process..cognitive dissonance, where people say one thing but still think as they used to. But then if you keep on, the length of the programme allows the person to get beyond that.. One of ours said he knew how he saw his step daughters' father was not helping his relationship with her, so he was taking steps to try and make out he hadn't got the same feelings about her father, whereas underneath he still had the resentment.. But in his final review, he was coming up with 'no, I have changed how I feel about her father now..'..His beliefs are

changing, because the self talk are changing. (Facilitator, time 3, year 1)

This man said later that the facilitator being there, acting as a silent support, was a great help. He took ownership and this has huge impact on mother and she doesn't have to take the blame, it is an interaction, how have they contributed to the situation in her role. (Facilitator, time 3, year 2)

How did facilitators challenge the men in the group?

9.34 An interesting technique used by facilitators when responding to men who were resistant or negative was to deflect any criticism back to the 'group':

... one person who was quite negative, stuck it all the way through with 100 percent attendance and became very positive at the end..I used that in that session, saying 'it's not about us as facilitators, it's about what the group says'. So then if he was criticising, it was the group, not us, he was criticising! It made him think. (Facilitator, time 3, year 2)

9.35 The main technique in the sessions to challenging resistance or negativity particularly when men attempted to deflect blame, was to point out that the men were attending for *their* behaviour as this was one thing they *could* change. This approach was underpinned by the 'Wall' technique that men frequently reported as being helpful. This technique encourages the men to think of their behaviour towards others as bricks in wall that builds up to get in the way of positive outcomes.

9.36 Facilitators were also keen to monitor the way the men were using techniques such as time out.

Also, some people had used the techniques like time out, in a negative way..so they'd say 'I used to go when we started getting into a big argument..and I'd slam the door and go off'. And I'd say 'that's not time out, because you haven't put beforehand in place. If you think things

are escalating, we'll come back in 2 hrs and discuss something'. They'd be getting away from the situation, then getting back to someone who's waited at home fuming. (Facilitator, time 3, year 2)

9.37 The key approach to challenging men was to be able to discuss circumstances in the group and probe and question men's responses. The group situation was felt to be an important part of this process as it provided peer-led rather than professional feedback, which was felt to be more credible. The journey for men through the group work could be summarised as follows:

- Men examine their parenting styles and approaches
- Men build up trust within the group and with the facilitators
- Men learn to develop discrepancy between what is good parenting and their parenting
- Men identify their negative or destructive behaviours and the impact on children
- Men work together to help decide new ways of acting and responding in their situation.

9.38 The group dynamic could be an important factor in how well the process works. In Year two, in one group, the men were felt to be able to relate to each other because they were from similar backgrounds and experiences. One man in the group had a positive outlook and was open to change from the outset, this was largely because he was living with his children from a second marriage. He was able to 'practice' what he was learning with his children and report back the positive effects. Through this process and continued sharing of experiences (past and present) of fatherhood, the men began to think about their own childhoods and how those experiences had shaped them.

Through doing the fathering logs¹⁰ it helped them to think about what was going on in their own childhoods. (CDC facilitator, time 3, year 2).)

10 Interviews with women affected by Caring Dads

- 10.1 Interviews were conducted with nine women who had been in contact with the Partner Support Workers, not necessarily ex/wives/partners of the research participants. The interviews took place near to the time-3 interviews with men. Responses and findings have been generalised to preserve confidentiality. The purpose of the interviews was to gauge the impact that the course had on relationships, from the woman's perspective. It was also important to establish another vantage point, from which to corroborate men's accounts of the changes they had experienced. Interviews were transcribed and coded using Weft QDA. The coded responses have been synthesised in the narrative below.
- 10.2 Women were asked, where relevant, for their perspective about why the men were attending Caring Dads and their accounts of any abuse or aggression that had been experienced. The women were more explicit than the male respondents in their descriptions of the men's aggressive behaviour and in three cases, past physical violence, than the men had been in their discussions.
- 10.3 A common and strongly expressed view of the women was that it was important for them that the CDC programme allowed men to accept the violence and aggression and take responsibility for it. In one case, the client had not accepted responsibility, even at time three and this caused his ex-partner some concern for the viability of any continuing relationship between them.
- 10.4 Positive effects of the course were generally noted by all but one woman respondent in terms of control of aggression but not necessarily in accepting responsibility for past aggression. However, it was not always possible to verify the men's accounts of their behaviour with women

¹⁰ Fathering logs were diaries men were urged to keep on a weekly basis to detail challenges and successes in their interaction with their children or other children. The diaries were used in group discussion to promote discourse amongst the group.

respondents if they were not currently in a relationship with the men. The use of anger control techniques brought about mixed responses for women currently in relationships with CDC clients. It was felt that these techniques allowed tense moments to be passed without further aggression but there was still uncertainty about whether these techniques would result in long-term changes or whether they could always be relied upon to defuse situations.

- 10.5 Where women had continued involvement with men through contact arrangements, they were able to see any improvements in the way the men acted during hand over times or on the telephone when arrangements were being organised.
- 10.6 Women respondents were able, in the most part, to corroborate the positive changes in men's understanding of the impact of their behaviour on their children. This resulted, it was reported, in less aggression towards and more respect shown by the men towards the women, when discussing them with their children. The impact of the past violence and aggression on their children was of great concern for the women respondents and they were particularly keen to protect their children from exposure to this in the future. In many cases, the women wanted to allow their children to see their fathers (if there were contact issues) and were aware of the importance of a father in their children's lives. However, this was balanced by the need for children's safety and the need to prevent them from being put under stress. In this regard, it was felt in all but one case that Caring Dads had helped and would enable future constructive contact between children and their fathers.
- 10.7 Respondents did not report any changes in the men's parenting skills other than a marked difference in their ability to control aggression. The control of aggression was put down to an increased awareness, brought about through Caring Dads, of the impact of the men's behaviour on their children.
- 10.8 Women respondents were also very positive about the support they received from Caring Dads partner support workers. This was reported to help women feel less isolated as a result of their difficult relationships. Respondents described that receiving emotional support and advice

allowed them to move on from their past experiences and to reduce any guilt they may have felt over ending relationships or taking legal action to reduce contact.

- 10.9 In particular, it was reported to be helpful that the Partner Support Worker explained to them the purpose of Caring Dads and the progress that men may have been making, so that they felt informed about developments that could be important in their lives. Women also reported that they were given practical advice on how to maintain safety if it were needed, and advice and resources on different family or child issues as they arose.

11 Perspectives of other professionals involved in the lives of Caring Dads clients

- 11.1 Eight professionals who were also involved with Caring Dads clients over the two years of the programme were interviewed. Their involvement with clients was fairly limited and restricted to initial referral after which their cases were closed.
- 11.2 Respondents were very supportive of the Caring Dads programme, particularly explaining that it meets a gap in the provision of services for men with violence or aggression problems. This is particularly the case for court services whose aim is to keep families in contact with each other, as far as it is safe to do so. It was felt that the Caring Dads programme was particularly helpful for men with higher levels of aggression and more extreme histories of violence than CAFCASS was used to working with. It was felt that Caring Dads allowed men to remain calm enough to enter into complex and challenging negotiations regarding children and contact arrangements.

'he's a new man. His attitude has changed dramatically; he is much more focused on the children and their needs and has learned a huge amount about how to put them first. The perspective that he is coming from has changed significantly'. (professional, referring agent, year 2)

He really did learn to be more open and more prepared to talk about things. (professional, referring agent, year 1)

11.3 However, it is noted that in one case, a referring agent gave an account of a client's behaviour leading up to his involvement with Caring Dads that differed from the client's own account. There were clear discrepancies between both, suggesting that the Caring Dads client had minimised his behaviour, particularly towards his children – downplaying the extent to which he had used them to gain leverage in arguments with his ex/wife/partner. At time three, the man's perspective had not changed at all and he had not assumed more responsibility in his narrative about why he was attending Caring Dads. Despite this, the professional, who continued to be involved in his case throughout the process, was impressed with the changes to his behaviour, if not his beliefs or self-description.

12 Standardised tests at time three (post Caring Dads)

12.1 The scores for the Parenting Stress Index are given in table 6. There were marked changes in the scores for the respondent experiencing high levels of overall stress and a high P-CDI score at time 1. All respondents for whom we have two complete sets of results experienced reductions in total levels and stress.

Table 6: Scores for the Parenting Stress Index at time three

Defensive Reasoning	Parental Distress	Parent-Child Dysfunctional Interaction (P-CDI)	Difficult Child	Total Stress
18	23	12	14	49
15	24	20	23	67
17	27	13	19	59
12	18	19	21	58
18	33	19	25	77
14	26	20	26	72
7	16	14	17	47

12.2 Results for time three in the Paulhus Deception Scale (PDS) (ref) are given in table 7 below. The right hand column provides an interpretation of the results based on an examination of the subscales.

Table 7) Time three PDS scores*

Total score	Interpretation from subscales
68	Likelihood of deceptive answers
41	Likely to be accurate
33	Likely to be accurate
70	high likelihood of socially desirable answers
49	Likely to be accurate
49	Likely to be accurate
90	High likelihood of socially desirable answers, and possible narcissistic tendencies in responses.

One respondent did not give a PDS score at time three.

12.3 From time one scores, four out of six respondents showed an increase in total PDS scores. Two respondents indicated much less likelihood of socially desirable responses and their total PDS scores reduced, in one

case considerably. In total, 42% respondents at time 3 gave socially desirable responses, compared to 40% from time one.

12.4 Scores for treatment motivation are given in table 8 below.

Table 8) Time three scores for motivation to engage in treatment

	external reason	internal reason	help seeking	confidence
	3.2	4.4	7	6.2
	1	6.5	5.3	4
	1.7	4.3	6	6.4
	2.7	5.9	3.8	4.8
	2	2.2	2.6	4.6
	3.7	6.3	6.6	5.6
	1	5.3	7	5.8
Total	2.2	5.0	5.5	5.3

Analysis of results

12.5 T-tests for paired samples were conducted of the results, comparing time 1 and time 3 scores for the Parenting Stress Index. There was a statistically significant reduction in levels of Parent-Child Dysfunctional Interaction (P-CDI) scores ($t(5)=2.4$, $p<0.05$). This gives a medium effect size of 0.41. There were also statistically significant reductions in the 'difficult child' (DC) scale between pre- and post-intervention tests ($t(5)=1.9$, $p<0.01$), a medium effect size. The results also show a non-significant reduction in the overall Parenting Stress Index scores ($t(5)=1$, $p>0.05$). There was also a non-significant reduction in the Parental Distress scores ($t(5)=0.85$, $p>0.05$).

12.6 When comparing the effect sizes with other interventions with similar goals and treatment aims, these effect sizes are consistent. Evaluations of other similar programmes report medium effect sizes for a preventative parenting programme (Scott S., 2003) for parent-defined problems. Targeted approaches for high risk families have reported effect sizes of 0.5-0.9 and 0.29 which are medium to large (Shaw et al, 2006, Morowska et al, 2006, Grietens, no date). Again, the Caring Dads

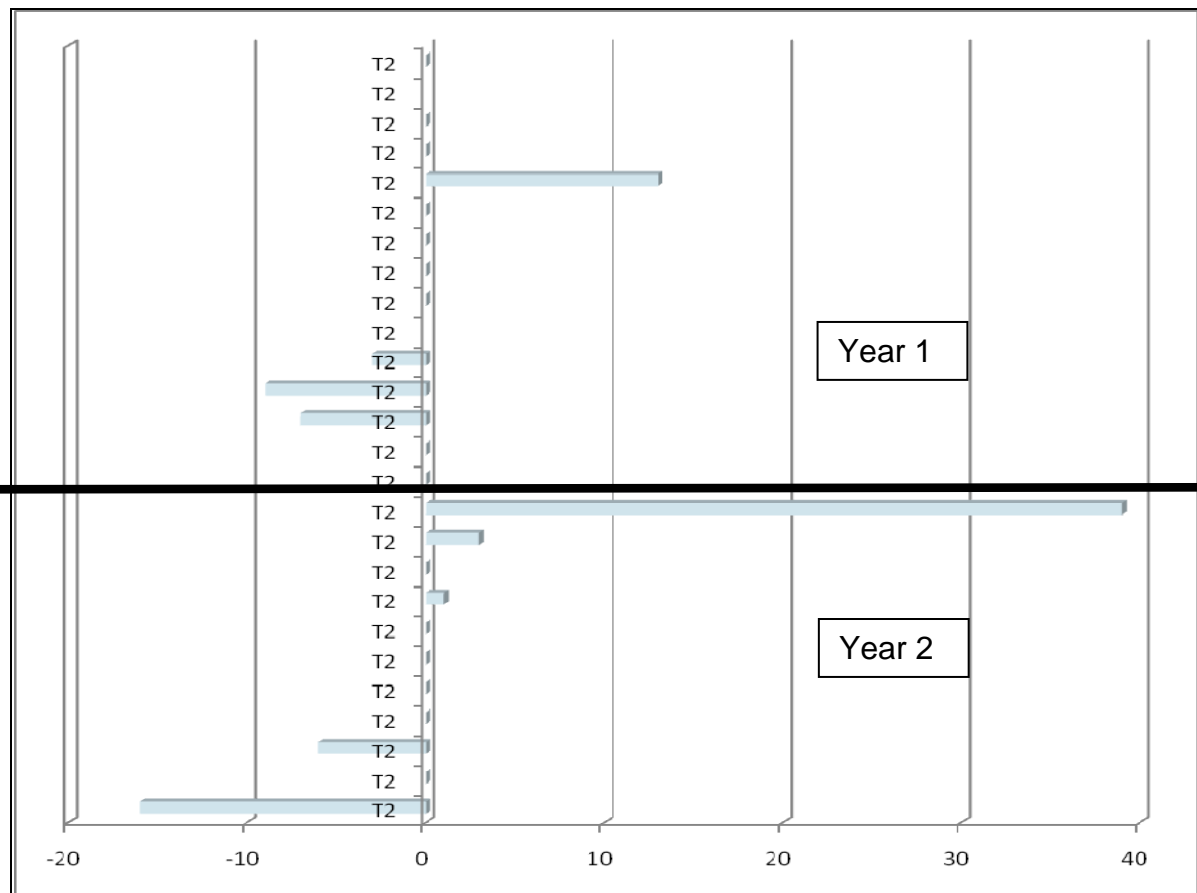
effect size is consistent with these parenting programmes that are aimed at reducing risk of abuse and neglect.

12.7 The improvements on the P-CDI scale are particularly interesting for the Caring Dads programme as this relates to the parents' perceptions that their child does not meet their expectations and that their interactions with the child are not reinforcing them as a parent. One of the goals of the CDC programme is to improve the interactions with the child and to teach parents developmentally appropriate expectations, so the P-CDI score would seem particularly relevant. The scores on this sub-scale should be interpreted with scores on difficult child sub-scale. There were clear improvements, particularly in one case, in scores relating to 'difficult child' and in P-CDI and in this case, it is likely that the parent's relationship and dealings with a child with particular learning and developmental difficulties may account for the improvement in the P-CDI score.

Controlling Behaviours Inventory time 3

12.8 CBI Scores for time 3 are given in figure 2 below

Figure 2) Controlling Behaviour Inventory scores time 3, Year 1 and 2)



12.9 Scores were given by respondents indicating the extent to which a number of situations had occurred in their relationships. Caution should be exercised in interpreting these results however, because they only relate to men who were currently in relationships. The CBI questionnaire asks men to respond if the situations occurred 'in the last month'. If a man hasn't seen their partner then the questions would not apply.

12.10 T-tests for were applied on the two data sets (time 1 and time 2), for both years. The scores between time 1 and time 2 are significantly 'improved', i.e. there is a reduction in controlling behaviours ($t=2.3$, $p<0.05$).

13 Summary

13.1 Caring Dads is a new programme and approach for Wales in that it meets a gap in services for families and men who have been violent or aggressive. Social work researchers have for some time charted the lack of focus on men's needs and deficits in working with families to promote child welfare (Featherstone, 2009). In the case of domestic violence, and working with families to overcome this, the foremost need has been to ensure that women are safe. Typically this has meant finding women safe places, removing them and their children from family homes. More recently many have argued, more reasonable responses include providing alternative safe choices, and changes in legislation to include better protection of women from harassment so that they may remain in their own home. This approach recognises the importance of stopping and preventing domestic abuse by intervening in the behaviour and attitudes of the perpetrators, rather than focusing just on the woman. These arguments provided the motivation for the Welsh Government and CAF/CASS Cymru and Probation/NOMS Cymru in piloting Caring Dads. Our evaluation, therefore, centred on the question, 'Does Caring Dads change men's abusive attitudes and behaviours and prevent them from harming their children and partners?'

13.2 In this regard, there is good evidence that the men on a CDC programme will become better fathers to their children, thus refraining from being a problem and becoming more of a resource for their children.

13.3 The issue of women's safety and working to ensure that women survivors of abuse benefit from the programme was an essential consideration of the research. This follows advice from the Canadian programme developers who found that the Caring Dads programme must be part of a coordinated community response to domestic violence if it is to be effective: If women are failed by the programme then the programme has failed. This research found that there is less evidence that clients' attitudes towards women and relationships with women had become more positive than there was of men's ability to control their

anger in response to perceived obstructions, particularly surrounding contact arrangements and disputes over children. Women respondents in this research were reticent about the benefits of such changes for them, although they recognised that this constituted a clear improvement in terms of their children's interactions with their fathers.

13.4 It was apparent that many of the men felt a clear sense of guilt about the abuse and conflict which had led to them being a Caring Dads participant. The guilt was connected with a realisation of the impacts of their behaviour on their children, this realisation was brought about through the group discussions with Caring Dads facilitators. It was also connected to reflecting on the childhood they had experienced themselves, which were often traumatic. Even for those research participants who had attended other courses such as anger management or courses for alcohol abuse, there was a strong sense amongst participants that they were addressing issues in depth that they had not worked on before. This finding was the same across the two client cohorts, although there was a 'higher' level of violence in the client histories of the year two group.

13.5 The outcomes detected for men were corroborated by accounts from the women respondents to the research, who had received support from the Partner Support Workers. The large majority of men who had been through the course and took part in the research felt very grateful to the facilitators and were pleased to have been through the course. Many looked forward to attending the course because it offered them the support that they described as not being available elsewhere in their lives. In the words of one facilitator:

'the men have to deal with their pain, they can move from their pain to guilt that they can work with'(Caring Dads facilitator).

13.6 This sentiment is illustrative of the overall approach of the Caring Dads programme where men were offered a supportive intervention within clear boundaries of responsibility (for abusiveness). The journey towards better outcomes was defined through the qualitative research as follows:

- Men examine their parenting styles and approaches
- Men build up trust within the group and with the facilitators
- Men learn to develop discrepancy between what is good parenting and their parenting
- Men identify their negative or destructive behaviours and the impact on children
- Men work together to help decide new ways of acting and responding in their situation

13.7 This was clear from the stated programme themes, such as exploring the men's relationships with their own parents, in the group work approach and non-judgmental style that both facilitators and clients identified. The style marks a departure, in theory at least, from what have been until recently, mainstream domestic violence perpetrator programmes which does not consider the intervention to be therapeutic but rather, re-education. This is not to say that the Caring Dads approach is naturally opposed to current dominant models of dealing with violent or aggressive men: in reality 'therapeutic' approaches go hand in hand with psycho-educational approaches such as Duluth. Indeed much of the course material used on Caring Dads was taken from Duluth resources.

The main mechanism of change for the programme, as reported by the men respondents and corroborated by facilitators and external professionals, was that the men were able to identify the impact that their behaviour has on their children.

A key finding from this research, which should be highlighted as a learning point for any future programme, is that a number of men who participated in the research (which is itself a small sample) did not appear to learn to accept their responsibility for their own behaviour or aggression towards women. However, many of the men did. This supports the finding from the international symposium on Caring Dads that Caring Dads works on some but not all men. However, all the men who had been through the course and took part in the research demonstrated improvements in their aggressive behaviour and also their awareness of the impact of their behaviour on their children. To this end, the programme has met some of its key objectives.

- 13.8 However, it was not possible to verify the effects of the changes in men's behaviour with women who were partners or ex-partners for all those involved in the research.
- 13.9 It is important to state that although it is not possible to verify the benefits for women's safety and wellbeing of the CDC programme, there were good processes in place for ensuring that women were not put at increased risk from men's involvement in Caring Dads. There were no reports of incidents of violence whilst the CDC programme was running, although this is not possible to verify with the partners/ex's of all men and this is a clear limitation of the study. Risks appeared to be well managed, particularly through the use of the Partner Support Worker. However, many women did not take up the support on offer to them so it was difficult to monitor the risks to them. Where partners or ex-partners are not engaged with Support Workers, strategies should be in place to ensure that the risk levels men present are closely monitored throughout the programme and this may mean gathering information from police, probation, social services and court services on an ongoing basis. Protocols should be developed further to ensure that for all women, including those not being seen by the Partner Support worker, are risk assessed not just once but continuously. This may be difficult to achieve if women refuse the support of the Partner Support Worker, in which case, men may need to be risk assessed individually at frequent points throughout the programme.
- 13.10 The task of managing the risks posed by Caring Dads clients would be significantly improved if other professionals involved in the men's' lives continued to be involved and take responsibility while the man is on the programme and beyond. This did not appear to be the case for either of the years being evaluated. Through no fault of the Caring Dads staff, sharing of information to monitor risk has not always happened. In the case of Social Services, cases tended to be closed once a referral to Caring Dads had been made. In the case of CAFCASS Cymru, workers could only remain involved if their cases were still 'live' and they continued to have 'jurisdiction' or if the CAFCASS worker had an order from the court to do work with the client.

- 13.11 Caring Dads workers themselves point to weaknesses in the risk management processes. It was felt that the referral form should be more explicit about gaining consent from men to share all information that was held by the referring agency. In some cases, when information is not shared completely by the referring agency at the start, it has led to men being reassessed or refused.
- 13.12 The Canadian response to the issue of multi-agency risk management has been to move toward a systemic multi-agency case management approach. This is likely to be a more effective model for ensuring that all risks are monitored and accounts of behaviour and changes are corroborated. It is also vital for making accountable those men who are known to be violent who drop out of the CDC programme. Unless the agencies to whom they are known follow them up, these men may slip through the net as CDC staff have no authority to do so. However, a major problem with this approach is that cases which do not reach statutory thresholds are not prioritised by already stretched services.
- 13.13 The primary response in correcting for this systemic weakness requires statutory agencies to review their procedures to take account of the safety needs of children and women that these gaps in joined-up services create. An alternative response may be a multi-agency panel of non-statutory professionals, including voluntary sector staff, who are able to monitor progress made by the men attending Caring Dads. This panel could draw in expertise from agencies, such as Women's Aid, to provide facilitators with additional input and advice on working with the men. It may also be a useful approach to continuously assess men on an individual basis using standardised tests and in-depth interviews about their relationships and difficulties they may be having. This would augment the current pre- and post-intervention assessments that are currently completed with each Caring Dads client. The interviews may also help to identify men whose motivation to engage in the programme may be weakening so that they can be encouraged to remain on the programme.

14 Conclusion

- 14.1 The data produced in this evaluation suggest that Caring Dads has promising effects and has resulted in some positive changes in men's behaviour towards their children as well as in their levels of aggression and hostility to those surrounding them. This has resulted in some statistically significant changes in standardised test scores relating to the way that children and parents interact as well as in controlling behaviour. However, the samples are small and the results come with a health warning about the way that the Controlling Behaviour Inventory (CBI) scores can be interpreted¹¹. Importantly, there was no control group or matched comparison group who did not receive an intervention so it is not possible to attribute the changes observed to the activities of the Caring Dads programme.
- 14.2 Effect sizes are small to medium and consistent with other preventative parenting programmes. Motivation to engage in treatment was high amongst the men at the initial stages of the CDC programme, particularly internal motivation and confidence in treatment. When comparing pre- and post-motivation 'scores' these motivations remained high but also improved. The changes men reported, and that were corroborated by facilitators, professionals and partners/ex-partners, appear to be as a result of identifying the impact of their behaviour on their children and learning techniques for controlling their emotions. However, there is less evidence that Caring Dads can bring about an attitudinal change in terms of accepting responsibility for violence or aggression towards women. Men continued to feel bitterness towards the women's role in any custody issues they were having. The men's positive responses to the child-centred focus of the programme suggest the parenting of their children became safer and more nurturing and this included a greater awareness of the need to avoid abusive behaviour towards the children's mother. A similar shift in the men's attitudes towards women, which would suggest the programme improves women's safety, was not as evident. This finding, in part, reflects the

¹¹ For example, the CBI applies to situations 'in the last month' whereas many men do not have contact with their partners.

steep challenge for a relatively short programme in improving child and woman protection, which may be a longer term project.

Recommendations

- 14.3 Caring Dads should continue to be developed, learning from the evaluation and from evidence from other existing research about the effectiveness of domestic violence perpetrator programmes. This is called for not only by staff and programme clients but also professional agencies who make referrals.
- 14.4 Caring Dads should continue to seek the support from other professionals involved in client's lives so that risks can be monitored more effectively and structures and procedures should be put in place to formalise inter-agency roles and responsibilities.
- 14.5 Referral procedures should be more explicit about the amount of information that should be shared at the outset – there was some confusion about which agency would be checking men's records.
- 14.6 Programme managers should ensure that referring agencies have adequate information about the programme and the outcomes it works towards. It cannot be assumed that workers in referring agencies read the programme literature.
- 14.7 Where it is not possible to continue to engage statutory agencies in monitoring men's risks and progress, the programme may consider involving other agencies such as voluntary sector staff working with the men.
- 14.8 CDC clients should be more frequently and individually assessed and monitored to establish their motivation for treatment and to account for any changes in attitude or behaviour, particularly if their ex or current partner is not receiving support from the Partner Support worker.
- 14.9 Effort should be focussed on improving retention as the group work element of the Caring Dads programme was felt to be successful: this element is diminished if the group size dwindles.
- 14.10 The programme should consider new materials and content taken from best practice in domestic violence perpetrator programmes to address

men's attitudes towards and feelings of entitlement from women and to do more to encourage responsibility for violence and aggression towards women. Materials should be continuously revised to be up to date and relevant to the local context. Working in partnership with agencies that have particular experience of working with domestic abuse perpetrators is likely to be beneficial to this end.

- 14.11 Staff should be given adequate time to consider the course materials for each session so that they are able to ask questions of peers and supervisors about the material in advance of the sessions.
- 14.12 Adequate time should be given to allow staff to assess the information provided on each client that is referred well before the course is due to commence. (minimum 2 weeks).
- 14.13 Where women have chosen not to receive the support of the Partner Support worker, a continued effort should be made to make contact with her to monitor the risks that she may be exposed to. Although this is currently the case it should be continued as a priority.

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Appendix A

Table 1) Intervention and control group research design: options considered by the research team.

Potential control group	Reason for rejection
Comparing outcomes for a group of men who had not been accepted on the programme	Impractical to gain their consent; also not matched to intervention group in terms of suitability for treatment.
A group of men waiting to start the Integrated Domestic Violence Programme but who were on the waiting list and not yet received an intervention	This was attempted but there was no take up amongst the IDAP group.
Randomisation of men to different groups (intervention/control) deemed suitable for the programme.	Impractical as control (non-intervention) group would unlikely to agree to research. Low numbers of referrals so, unlikely to achieve sufficient numbers in control group.

APPENDIX B

Caring Dads and Women's Safety: making the most of best practice

Introduction: this document sets out the commonalities and differences between Caring Dads processes and aims and those of other approaches for ensuring the safety and wellbeing of women and children who have been exposed to domestic abuse.

Summary of findings

Our overall contention is that Caring Dads and Duluth type approaches towards domestic abuse are not mutually exclusive. We do not argue in the main report of the Caring Dads evaluation that 'Duluth' models are more effective at ensuring women's safety (in any case, evidence on 'what works' is limited and debated). We acknowledge that Caring Dads has slightly different outcomes of interest and a more specific client group than that of Duluth type approaches. We recommend improvements that could be made to Caring Dads processes, these may derive learning from Duluth type models.

Importantly, our research was not a comparative study of approaches towards domestic abuse, thus, we do not compare Caring Dads to the Duluth model for example. Reports of effects in this evaluation relate to improvements in parenting stress and not risks of abusiveness towards women.

However, it is useful to illustrate the differences between Caring Dads and other common approaches which broadly are based on Duluth model principles. For brevity, we draw on the UK programme of perpetrator programmes, Respect, which are, broadly, Duluth based, to point out divergences and commonalities.

1) What are the main outcomes of interest for Caring Dads and ‘Duluth type’ approaches?

Caring Dads	‘Respect’ perpetrator programmes success indicators <i>from women’s perspectives*</i>
Stop the cross-generational transmission of violence towards women	Respectful/improved relationships
Increase awareness of child-centred fathering	Freedom to interact with family and friends
Increased awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children	Support/decreased isolation
Men become resources rather than risks for their children	Enhanced parenting
	Reduction or cessation of violence and abuse
	Man understanding the impact of domestic violence.
Differences: mainly concerning process	
The importance of discussing healthy fathering before challenging abusive fathering	

*Source: Westmarland, Kelly, Chalder-Mills, 2010: Domestic Violence Perpetrator Programmes. What counts as success? Key findings from research into Respect affiliated programmes

2) What approaches are there to domestic abuse?

What are Duluth type approaches?

- Typically, in Duluth style approaches the relationships between values and expectations, thinking and emotions (including anger), and domestic violence are explored, and non-violent alternatives are taught through the systematic examination of self-talk and reflection. Further treatment goals address the offender’s high levels of interpersonal dependency and resulting jealousy and possessiveness, and aim to

increase the offender's responsibility for their own behaviour (Bowen and Gilchrist, 2004).

- A Psycho-educational approach (Babcock et al 2002/4)
- Facilitators lead consciousness-raising exercises to challenge the man's perceived right to control or dominate his partner. A key tool of the Duluth model is the "Power and Control Wheel," which illustrates that violence is part of a pattern of behaviour 'including intimidation, male privilege, isolation, emotional, and economic abuse, rather than isolated incidents of abuse or cyclical explosions of pent-up anger or painful feelings' (Babcock et al, 2002/4)
- The Duluth Model engages legal systems and human service agencies to create a distinctive form of organized public responses to domestic violence. It is characterized by: clearly identifiable and largely shared assumptions and theories about the source of battering and the effective means to deter it (Duluth Model website)

Other approaches

- CBT tend to make violence the primary focus of treatment and treats it is a learned behaviour, thus non-violence can be 'learned' (Babcock et al, 2004)
- Trait and individual psychological approaches – an extension of CBT identifies certain character traits, personality profiles, behavioural deficits, or combination of these, that can reliably distinguish DVA perpetrators from other men. (Jennings and Murphy, 2000)

However, there is a great deal of overlap between these approaches and one is not necessarily exclusive of the other.

- **The Coordinated Community Response (CCR) or Coordinated Joint Agency Response.** This is now strongly promoted in the Welsh Assembly domestic abuse strategies and implementation plans. The CJAR is aligned with Duluth in the sense that Duluth encourages shared practices and agreement across justice and support agencies to create a public response to domestic abuse.

3) What approaches are effective?

Whether domestic violence perpetrator programmes 'work' is contested by researchers, policy makers and practitioners. Some evaluations have concluded they do reduce violence, whereas others claim they do not and may even make things worse. Much of the disagreement is related to three issues: variations in methodological and analytical approaches; disagreements over the interpretation of data; and differing definitions of what the term 'works' means (Westmarland et al, 2010)

However, some studies permit comparisons to be made in terms of programmes' effectiveness:

- Recent evidence from a review of two randomised controlled treatment trials of Duluth model interventions suggests that the Duluth model has limited effectiveness at reducing incidents of violence (McMurran and Gilchrist, 2008).
- Court ordered Duluth type interventions have also been shown to have small effect sizes at reducing violence (Babcock et al 2002/4)
- Feder and Wilson's review (2005) of court mandated programmes found showed modest effects on official reports of abuse whereas there was no effect for victim reported outcomes
- Corvo et al (2009) also found small to no effect sizes across a number of mainly Duluth type approaches. They also argue that Duluth model programmes can violate professional ethics, particularly with court mandated programmes, in that mental health and substance misuse issues present in perpetrators are often ignored.
- CBT alone may not be effective at reducing the likelihood of violence. Gender perspectives should be included. However, these are more difficult and time-consuming to teach (McCracken and Deave, 2009)

4) Conclusion

The evidence of effectiveness of the Duluth approach or indeed, any approach to reducing domestic abuse, is difficult to interpret due to methodological differences in study designs as well as the diversity in the way that programmes are implemented and the models they pursue.

Notwithstanding this, Caring Dads has been controversial not specifically because of the programme content but because of its location within the services and agencies working with domestic abuse victims. A central concern has been that Caring Dads is not a perpetrator programme, therefore it cannot increase women's safety. However, the following points must be made on this front:

- 1) Men are referred because they have been abusive towards their partners or ex partners
- 2) The programme addresses the violence, including the use of the Duluth Power and Control Wheel
- 3) Caring Dads and perpetrator programmes are not mutually exclusive – many CD clients are also IDAP clients or another programme
- 4) There is a risk management strategy in place within Caring Dads, this may be strengthened through the recommendations in the evaluation, but it does exist
- 5) Outcome measures for 'success' for programmes to change abusive men's behaviour are being revisited in the current research into the effectiveness of Respect-affiliated programmes (Westmarland et al, 2010). This recommends moving away from simple measures of repeat victimisation towards qualitative victim-reported changes.

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Appendix C: Findings of a rapid review of the literature

Six bibliographic databases were searched for relevant articles and programme literature for Caring Dads was reviewed¹². Selected articles and literature were reviewed according to several themes. The key findings from the literature are summarised below

Theories of fathering and child abuse and neglect:

- High-risk parents are more likely to ascribe negative intent to their children's behaviour, believing that their children are misbehaving on purpose, perhaps to annoy, frustrate, or deliberately disobey the parent (Ateah and Durrant 2005; Haskett et al. 2003; Paz Montes et al. 2001). The ascription of negative intent to child behaviour is also associated with unrealistic expectations of children and greater perceptions of child problems (Haskett et al. 2003).
- Domestic violence may impact negatively on a woman's ability to develop authority and control over her children and these difficulties can endure after separation from the violent family member (Whelan and Holt 2007).
- Parents' understanding and beliefs about their children may be divided into those that are aimed toward the child, such as intent and responsibility (Ateah and Durrant 2005; Dadds et al. 2003; Haskett et al. 2003; Joiner and Wagner 1996; Paz Montes et al. 2001), and those that are aimed at themselves, such as parental self-efficacy and level of control (Bugental and Happaney 2001; Katsurada and Sugawara 2000; Teti and Gelfand 1991).
- A history of difficult interactions between a parent and child can affect the perception of subsequent child behaviour and might lead to negative interpretations and attributions (Strassberg 1995, 1997).
- Higher levels of coercive ('authoritative' style) parenting may be connected to decreased feelings of control amongst parents (Bugental and Happaney 2001) and poor self-efficacy (Teti and Gelfand 1991). Lower levels of self esteem might also be related to depression and gaps in social resources, as often seen in at-risk parents.
- Parenting schemas are thought to be helpful concepts by which to understand parents' experiences and actions (Azar et al 2005). Schemas are beliefs and assumptions that influence how one organises, interprets and responds to past and novel events. Thus, past experiences of one's own childhood, and culturally based understanding of parenting and punishment will be important factors in how a parent responds to parenting situations.

Research into the causes and psychology of negative parenting has focussed, some argue, unduly on the mother to the neglect of the male role (Peckover and Featherstone, 2007; Strega et al 2007). Although studies of the causes of

¹² The following search terms were used to find relevant articles: Child* abuse* , Neglect, Parental violence, Child maltreatment, Family violence, Cognitive behaviour therapy, Intervention, Evaluation, Fathers, Men

child abuse have produced some important data on mothers and what works in terms of breaking the cycle of abuse, fathers have been consistently ignored (MacDonald, 2001). Mayer et al (2003) argue, '*very little work has been done to investigate the links between fathers and child neglect.*' Other authors emphasise the impact of abuse on child development and the value of studying maltreatment in the context of children's relationships, not only with their biological mothers but with biological fathers and father figures as well. However, more evidence is needed on the quality and longevity of the relationships between these men and their partners and their surrogate children, to understand their roles and impact more fully. Dubowitz et al (2000, p138), insist, '*Fathers should not be ignored in analyses of the multiple, interacting factors contributing to child maltreatment.*' In their ground breaking study of fathers and child neglect (based on a sample of 244 families, where interviews and observation took place with 117 fathers), Dubowitz et al found that, in low-income communities, many men play important roles in their children's lives even if they do not live in the home. Both the quality of the relationship and father's involvement seem to be more important than the biological relationship of the father or where he resides. The study suggested an association between greater father involvement and a lower risk for neglect. Fathers' sense of effectiveness was associated with lower neglect ratings, which suggests the need for safeguarding work to help men develop a sense of competency and efficacy as fathers. They suggest that the pressing question, '*may be how to encourage fathers to be more involved with their children in ways that are optimally nurturing*' (Dubowitz et al, 2000, p.138). Marshall et al (2001) examined some possible effects of the presence and quality of parent-child interaction of fathers and father figures on the behaviour of young children in a sample of families reported to child protection services. The presence or absence of a father or father figure seemed to make little difference in child behavioural problems at age 4. However, lower levels of aggression and depression were observed for children by age six if an adult male in some form of father-like relationship was present in the child's life. There is clearly a child protection and child-welfare case for working with fathers to ensure that healthy contact is maintained.

How can men build a healthy fathering approach?

In the absence of stable and enduring social definitions, the social structure of "fathering" is seen as particularly sensitive to the context in which it exists (Doherty, Kouneski, & Erickson, 1998). The multiplicity of definitions and images of the father role, some of them contradictory, allows contemporary fathers to construct their fathering but also leads them to experience confusion, distress, and inner conflicts. Changes in family structure and gender relationships, a rise in the number of single-parent fathers, an increase in fathers' child-care responsibilities and in women's workforce participation, along with increased recognition of the needs and rights of fathers who don't have custody have all brought about a diffusion of norms regarding fathering. What is apparent within these changes is that a cultural shift has occurred over the past 20 years where fathers are expected to be directly emotionally and practically involved in hands-on caring for their children and men in general seem to have internalised these values and expectations (Featherstone, 2009).

The fathering style of abusive or neglectful fathers

Attempts have been made to learn about the fathering of violent men by relying on their partner's reports (e.g., Holden et al., 1998; Levendosky & Graham-Bermann, 1998) or on research findings regarding the general characteristics of violent men (Bancroft & Silverman, 2002). This is methodologically problematic because it does not include men's accounts of their own experiences (Guy Perel and Einat Peled 2008). It is vital that the perspectives of fathers themselves are explored; this evaluation sought to do this by exploring with them their experiences of and attitudes to fathering, as well as their difficulties and problems.

Violent men's fathering differs from that of non-violent men (Perel and Peled, 2008). For example, violent men were found to engage more in punitive behaviours and less often in positive parenting behaviours than non-violent men. However, they also were indistinguishable from non-violent men in other aspects of their fathering, such as in the amount of time they spent with their children or in their monitoring standards and actions. Violent men who are fathers who tend to be:

- rigid and authoritative (Bancroft & Silverman, 2002),
- uninvolved in their children's lives, negligent of their basic needs (including those thwarted by the violence; Holden & Ritchie, 1991; Sterenberg et al., 1994),
- self-absorbed and possessive of the child (Ayoub, Grace, Paradise, & Newberger, 1991),
- manipulative (Bancroft & Silverman, 2002; Vock, Elliot, & Spironello, 1997),
- physically punitive but not physically affectionate (Holden & Ritchie, 1991).

In addition, various negative characteristics of the fathering of violent men are described in the context of divorce proceedings. The most salient of these is the father's view of his children as a means for continuing his attempts to exert control over his wife's life and abuse of her (e.g., Eriksson & Hester 2001; Geffner & Pagelow, 1990; Harne & Radford, 1994; Hooper, 1994; Saunders, 1994; Vock et al., 1997).

The evidence demonstrates the need to work with fathers to improve parenting styles, even where there has been conflict in the family. It also points to areas where work on changing behaviour should focus and where behaviours need to be addressed to improve father-child relations.

APPENDIX D

International Symposium on Caring Dads practice

Symposium findings

Main theories of change

Following discussion of findings from research and practice teams, the following definitions of Caring Dads were developed to help shape our 'theories of change' for the programme:

Caring Dads is:

- An intervention programme for fathers who have mal-treated their children and/or exposed them to abuse of their mothers. This means:
- There will almost always be an overlap with domestic abuse. Evidence suggests domestic abuse is the most common factor in child death/ serious harm
- Mal-treatment includes physical and emotional abuse and neglect (including serial relationships)
- Those who are known to have sexually abused their children at point of referral will be excluded from the programme.
- An attempt to turn men from being a risk to being a resource for their children
- An attempt to promote in fathers respectful, non-abusive, co-parenting relationships with their children's mothers.
- Child centred;
- A way to address areas of conflict and abuse about child related issues in fathers' relationship with mothers. It considers domestic abuse from the perspective of their identity as a father (not just a man).

Caring Dads is not:

- A programme for teaching strategies to deal with problems in child rearing.
- An approach aimed at developing equality in relationships (from a feminist perspective).

- Aimed specifically at a reduction in child behaviour problems through behaviour management. This programme does not teach child behaviour management.
- It does not teach anger management to fathers.
- It does not help men learn skills to stop being abusive of children's mothers.

Figure one below provides details of different experiences and issues in implementing Caring Dads in Canada and London.

Figure 1 Summary of Caring Dads projects.

London: IDAP have run several Caring Dads groups through Probation and some through other agencies (for example social care). The team have trained workers in London, Ireland and South and East England through a 5 day training course. There have been some difficulties in securing agreement over system processes with local external stakeholders for example, some were not entirely satisfied with child safety systems and processes.

Canada: Parenting programmes traditionally in Canada do not tend to have a collaborative look at risk, whereas Caring Dads is different in this regard. It is not expected that all men will benefit from the Programme. For the Canadian team, Caring Dads is conceived as seeking to improve fathers' ability to parent and if this is not possible – then to use the 'system' of care and support agencies, which Caring Dads is a part of - to promote the safety of children. The focus for risk assessment and outcome measuring is on improved outcomes for children.

Outcomes that Caring Dads researchers and professionals should seek to measure:

The symposium identified outcome measures that would be best placed to measure the successes of the project against its theories of change. The indicators and outcomes were agreed that, as a result of Caring Dads, men should:

- become less hostile and angry towards agencies, children and children's mothers
- be less over-reactive to children's misbehaviour
- be motivated to being mindful about their fathering

- be more respectful and non-abusive in their relationship with children's mothers
- be more involved with and child centred in their relationship with their child