

Caring Dads

Blackburn with Darwen Borough Council

Independent Evaluation Report

January 2022

Dr Lindsay Youansamouth

Dr Georgia Philip

Teigan Whiffing

“It’s a game changer... the only programme that’s worked” (Gary, Dad).

“One course to cover everything, not one for anger, one for DVA and one for parenting” (Sally, Caring Dads Facilitator).

“Caring Dads came in and they opened [his] eyes massively. I’ve seen the biggest difference” (Karen, Partner).

Acknowledgements

Our thanks and gratitude to the following people for their time and contributions:

- The fathers who so generously shared their life stories and their experiences of the Caring Dads programme;
- The mothers who also shared their experiences of being a partner of a man who had been involved in the Caring Dads programme, and their own life stories;
- The Blackburn with Darwen Caring Dads programme facilitators who helped us find men, partners and multi-agency professionals who participated in the evaluation and who themselves made valuable contributions to the facilitator focus group;
- Laura McKelvey for helping us to find men and partners, and for coordinating arrangements for the fathers' and mothers' interviews, as well as the facilitator and multi-agency focus groups and surveys;
- Tracy Lysons for overseeing the evaluation from a local authority perspective, including arranging access to the Caring Dads programme data, local authority children's case files, programme facilitators and multi-agency professionals;
- The professionals who participated in the multi-agency practitioner focus group and survey, sharing their perspectives of the Caring Dads programme;
- Emeritus Professor Marian Brandon for her advice and guidance throughout.
- The Lancashire Violence Reduction Network (LVRN) for funding and contributing to this evaluation.

The LVRN is a collaboration of public, private, third sector, community and lived experience organisations and individuals, which aims to prevent and reduce violence. More information about the LVRN is available via the following weblink: <https://www.lancsvrn.co.uk>



Definitions

Caring Dads: Caring Dads is a programme for fathers where there are concerns in relation to domestic abuse. Originating from Canada (Scott et al., 2006), the Caring Dads programme uses the man's role as a father to motivate him to change his behaviour and thereby reduce the risk of further harm to his child(ren) (McConnell et al., 2016). A central theory behind Caring Dads is that men will be more motivated to engage in an intervention, to address abusive behaviour, if the focus is primarily on their roles as fathers and relationships with their children.

McCracken and Deave (2012) provide a summary of key differences in outcomes of interest between Caring Dads and 'Duluth type' perpetrator programme. Key differences include:

- Caring Dads focuses on stopping the cross-generational transmission of violence towards women; perpetrator programmes focus on improving respectful relationships;
- Caring Dads aims to improve awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children; perpetrator programmes aim to increase support and decrease isolation for women;
- Caring Dads aims to support men to become resources rather than risks for their children; perpetrator programmes aim to reduce and prevent domestic abuse.
- Caring Dads aims to improve healthy fathering, it is not a perpetrator programme that focuses on improving women's safety.

In addition, Caring Dads differs from other generic parenting programme offers; it is unusual in terms of providing 17-weeks of support specifically for fathers.

Domestic abuse and violence: As outlined in the Domestic Abuse Act 2021:

Behaviour of a person ("A") towards another person ("B") is domestic abuse if –

- a) *A and B are each aged 16 or over and are personally connected to each other, and*
- b) *the behaviour is abusive.*

Behaviour is "abusive" if it consists of any of the following –

- a) *physical or sexual abuse*
- b) *violent or threatening behaviour*
- c) *controlling or coercive behaviour*
- d) *economic abuse*
- e) *psychological, emotional or other abuse*

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

Father: We took an inclusive approach to defining fathers, to acknowledge the range of fathering roles and relationships men may have with children. In this report, the term father refers to a birth father, step-father or a mother's partner. Some fathers lived with their children whilst they were involved in the evaluation, others did not. All but one father who participated in the Caring Dads Programme in Blackburn with Darwen were birth fathers to at least one child and had some form of contact with their child(ren) at the point of referral.

Mother: The term mother refers to the mother of a child whose father was referred to or participated in a Caring Dads programme. A mother may or may not be a father's current partner.

Father's partner: In the context of this evaluation report, we use the term partner to refer to a father's current partner. A father's partner was often, but not always, the mother to at least one of his biological children.

Father's ex-partner: The term ex-partner refers to a father's former partner. Father's ex-partners were also often, but not always, the mother to at least one of the father's biological children.

Contents

Acknowledgements.....	0
Definitions	2
List of tables.....	6
List of figures	7
1. Introduction and background.....	8
1.1. Prevalence of domestic abuse and impact on children	8
1.2 The importance of father involvement.....	10
1.3 Perceptions of fathers	10
1.4 The importance of co-parenting	10
1.5 Caring Dads programme	11
1.6 Previous evaluations	14
1.7 Current evaluation	16
2. Findings.....	21
2.1 Facilitator perspectives.....	21
2.1.1 Caring Dads Blackburn with Darwen	21
2.1.2 Programme set-up.....	22
2.1.3 Programme delivery	25
2.1.4 Multi-agency working	29
2.1.5 The impact of Covid-19 on delivery	31
2.1.6 Programme outcomes for fathers, partners and children	32
2.1.7 Programme challenges.....	39
2.1.8 The future of the Caring Dads programme	40
2.2 Multi-agency perspectives.....	41
2.2.1 Participant overview	41
2.2.2 Characteristics of fathers.....	42
2.2.3 Understanding of eligibility criteria	42
2.2.4 Barriers to engagement	43
2.2.5 Local support services for fathers	44
2.2.6 Relationships with the Caring Dads programme staff	44
2.2.7 Outcomes for fathers, (ex-)partners and children	45
2.2.8 Recommendations for the programme	47
2.2.9 Overall comments from multi-agency professionals	47
2.3 Fathers' perspectives	48
2.3.1 Characteristics of the sample of fathers and their life experiences.....	48
2.3.2 Reasons for taking part or declining to take part.....	51
2.3.3 Pre-programme expectations	53
2.3.4 Experiences of the programme – what helped and what hindered?	53
2.3.5 Post-programme reflections on outcomes and impact	55
2.3.6 Recommendations based on fathers' feedback	62
2.4 Partners' perspectives	62
2.4.1 Characteristics of the sample of mothers and their life experiences.....	63
2.4.2 Understanding of why their partner was referred	63
2.4.3 Reflections on post-programme outcomes and impact.....	64

2.5	Findings from children’s services and Caring Dads programme records	69
2.5.1	Referrals and attendance	69
2.5.2	Profiles of fathers.....	71
2.5.3	Profiles of children	76
2.5.4	Profiles of mothers	80
2.5.5	Outcomes for fathers	83
2.5.6	Outcomes for children.....	86
2.5.7	Examples of good practice.....	92
2.5.8	Barriers to engagement	92
2.5.9	Recommendations based on children’s case files and Caring Dads programme data ..	94
3.	Summary of learning and recommendations	95
3.1	Recommendations for engaging fathers	95
3.2	Recommendations for multi-agency working.....	95
3.3	Recommendations for children’s involvement.....	96
3.4	Recommendations for programme delivery and supervision for facilitators	96
3.5	Recommendations for data collection and record keeping	96
3.6	Recommendations for funding	96
4.	Conclusion	97
	References	100
	Appendix A: Goals and sessions during the 17-week programme	105
	Appendix B: Ethical considerations	106



List of tables

Table 1: Number of sessions attended by fathers	70
Table 2: Average number of sessions attended by fathers.....	70
Table 3: Demographic breakdown of dads who attended the programme by age and ethnicity ..	71
Table 4: Fathers and care arrangements for children.....	73
Table 5: Adverse childhood experience assessments for fathers	74
Table 6: Childhood adversities experienced by fathers (rounded figures)	75
Table 7: Age and gender breakdown of children.....	77
Table 8: Breakdown of children's ethnicities	78
Table 9: Children's characteristics	79
Table 10: Demographic breakdown of mothers by age and ethnicity	80
Table 11: Care arrangements for children by primary or shared, and who with	81
Table 12: Adverse childhood experience assessments for mothers	81
Table 13: Breakdown of ACEs for mothers who had an ACE assessment completed	82
Table 15: Outcomes for fathers who did not complete the programme.....	85
Table 16: Outcomes for fathers who did complete the programme	85
Table 17: Fathers' convictions	86
Table 18: Outcomes for children by level of change for those whose father completed the programme.....	89
Table 19: Outcomes for children by level of change for those whose father did not complete the programme.....	90

List of figures

Figure 1: Multi-agency participants by job role	41
Figure 2: Fathers' childhood experiences.....	48
Figure 3: Mothers' childhood experiences	63
Figure 4: Number of sessions attended by fathers who did not complete the programme.....	71
Figure 5: Fathers' relationship status at Time 1	72
Figure 6: Length of time father known to child / children	74
Figure 7: Fathers' experiences, comparing those who completed and those who did not complete the programme	76
Figure 8: Number of biological children per father at Time 1	77
Figure 9: Overview of children's ethnicities	78
Figure 10: Child protection plans, breakdown of categories	79
Figure 11: Number of mothers experiencing issues as adult.....	82
Figure 12: Percentage of fathers with improved outcomes, comparing those who completed the programme to those who did not	83
Figure 13: Percentage of fathers with worsened outcomes, comparing those who completed the programme to those who did not	84
Figure 15: Main caregivers (above 2%) at Time 2 (excluding those not recorded or deceased)	87
Figure 14: Main caregivers (above 2%) at Time 1 (excluding those not recorded or deceased)	87
Figure 16: Percentage of children with improved outcomes, comparing those whose father completed the programme with those who did not	88
Figure 17: Percentage of children with worsened outcomes, comparing those whose father completed the programme with those who did not	88

1. Introduction and background

1.1. Prevalence of domestic abuse and impact on children

For the year ending March 2020, an estimated 5.5% of adults aged 16 to 74 years (2.3 million) experienced domestic abuse (Office for National Statistics, 2020a); two-thirds of these victims were women (1.6 million women and 757,000 men) (Home Office, 2021a). The cost of domestic abuse is estimated to be approximately £66 billion for victims of domestic abuse in England and Wales, according to data for the year ending March 2017 (Home Office, 2021a).

Legislative changes to Section 31 of the Children Act 1989, via the Adoption and Children Act 2002, added a new category of '*impairment suffered from seeing or hearing the ill-treatment of another*', in recognition that children can suffer harm from witnessing domestic abuse. Additionally, under the Domestic Abuse Act 2021, children and young people are deemed to be victims of domestic abuse, as a result of seeing, hearing or otherwise experiencing domestic abuse between two people where the child is related to at least one of them, whether that be the victim or perpetrator.

The Children's Commissioner (2020) has estimated that 3 million children under the age of 17 live in a household where an adult has experienced domestic abuse, and 1 in 5 children see or hear what happened in cases of partner abuse. Datasets have shown that domestic abuse is the most common factor identified in social worker's assessments of children in need (Office for National Statistics, 2020c). In their 2020 annual report, the Child Safeguarding Practice Review Panel (2020) found that domestic abuse was featured in 42.6% of incidents involving serious harm and 41% of fatal incidents. For the high-risk cases of domestic abuse referred to Multi-Agency Risk Assessment Conferences (MARAC), there were an estimated 13 children for every 10 cases (2019-20), further highlighting the prevalence of children impacted by domestic abuse. However, data on the prevalence of children and young people experiencing domestic abuse, involving a relative is limited due to domestic abuse often being hidden, meaning that many children who experience domestic abuse are not identified and do not receive support.

Experiencing domestic abuse can lead to a range of devastating consequences for children, with factors such as the nature of their experience, age, gender, disability, race and socio-economic context having the potential to impact their experiences (Home Office, 2021b). Experience of domestic abuse is also recognised as an Adverse Childhood Experience (ACE). Research suggests that ACEs often overlap or occur in clusters; other ACEs include physical, psychological and sexual abuse, physical or emotional neglect or household dysfunction, such as mental illness, incarcerated relative, substance abuse and divorce (Asmussen et al., 2020).

Although each child's experience of domestic abuse will be unique and therefore each child should be recognised and supported as an individual, broadly speaking, parental conflict can impact negatively on a child's:

- Development

- Education outcomes
- Mental health (Holt et al., 2008; Stanley, 2011, Szilassy et al., 2017).

Psychological effects of experiencing domestic abuse can include:

- Feeling anxious or depressed
- Self-harm
- Changes in mood
- Difficulty interacting with others
- Becoming withdrawn
- Feeling fearful (Díez et al., 2018; Feinstein and Griffiths, 2014).

Physical effects can include:

- Higher rates of illness and fatigue
- Reduced physical growth
- Impact on nervous and hormonal systems (Feinstein and Griffiths, 2014).

Developmental effects of ACEs, such as parental conflict, can also affect a child's brain development and may impact:

- Executive functioning skills
- Brain architecture
- Overactive stress response (Garner et al., 2012; Shonkoff and Bales, 2011).

Domestic abuse can contribute to difficulty and/or confusing relationships with parents. Children who witness parental conflict may:

- Not have a strong bond with their parents
- Worry their parents will separate
- Hope the abusive or abused parent will leave the family home
- Be afraid of one or both of their parents (Feinstein and Griffiths, 2014).

Data released by the UK-based domestic abuse charity SafeLives (2019) suggests 60% of children living with domestic abuse experience behavioural difficulties and 52% experience issues with social development and relationships. Children who experience domestic abuse may also have an increased likelihood of engaging in behaviours such as smoking, drug use and early sexual activity (World Health Organization, 2020). Research indicates that children exposed to parental conflict are 4 times more likely to experience abuse in their own adult relationships; around half of adults (52%) who experienced abuse before the age of 16 years also experienced domestic abuse later in life, compared with 13% of those who did not experience abuse before the age of 16 years (The Crime Survey for England and Wales, as cited by the Office for National Statistics, 2020b).

In light of the prevalence of domestic abuse and potential short- and long-term impacts, it is vital that we develop effective ways to prevent domestic abuse, and children's exposure to domestic abuse.

1.2 The importance of father involvement

When fathers are positively involved with their families, children are said to benefit socially, emotionally, physically and cognitively (Allen and Daly, 2007; Wilson and Prior, 2011; Opando et al., 2017). A systematic review of 24 publications found that father engagement appears to reduce the frequency of behavioural problems in boys, psychological problems in young women, delinquency and economic disadvantage, and enhance cognitive development (Sarkadi et al., 2007). In support of the importance of father involvement, an Australian study focusing on how father-child time (in total and across activity types) relates to children's cognitive development found, from a large sample of 3,273 children, that the amount of father-child time spent on educational activities was associated with a moderate to large improvement in children's cognitive functioning, with similar associations found for highly and less-highly educated fathers (Cano et al., 2019).

1.3 Perceptions of fathers

Given that estimated figures indicate that two-thirds of domestic abuse victims are women (Home Office, 2021a), men and fathers are often labelled as perpetrators. More generally, in society, greater focus and value is placed on motherhood (Cabrera et al., 2018), compared with the 'deficit perspective' on fathers, which has been argued to portray them, particularly those involved with children's social care, as risky, dangerous, and superfluous (Fatherhood Institute, 2009). More recently, there has been greater recognition of fathers who are involved with children's social care, as vulnerable; they may pose risks arising from their vulnerabilities, but they should also be seen as at risk themselves (Philip et al., 2021). Research into fathers involved in recurrent local authority care proceedings highlights that the majority of fathers have backgrounds characterised by trauma, economic, social and emotional adversity and repeated loss (ibid). Support is therefore needed to help fathers to address the underlying causes of their difficulties and relationship problems, past and present.

1.4 The importance of co-parenting

'Co-parenting' refers to shared decision-making and the coordination of parenting activities between parents, including the extent to which mothers and fathers support or undermine each other's interactions with their child (Fatherhood Institute, 2014). The quality of interparental relationships, specifically how parents communicate and relate to each other, is recognised as a primary influence on effective parenting practices and children's short- and long-term outcomes, including mental health, academic achievement, physical health, wellbeing, employability, and future relationship stability (Harold et al., 2016). Research indicates that parents' emotional support and use of joint strategies are associated with more effective emotional regulation in children (Morris et al., 2017). The impact on children of poor interparental relationships has gradually led to recognition of a need for a more complex approach to preventing domestic abuse; one that considers interventions and support for both co-parents, in relation to interparental relationships, as well as the parenting relationship (i.e., mother-child and father-child relationships). Only targeting either the parental conflict or the parent-child relationship is argued to be unlikely to lead to sustained positive outcomes for children (Harold et al., 2016).

1.5 Caring Dads programme

Developed in Canada in 2001 by the University of Toronto and Canadian agency 'Changing Ways' (Scott et al., 2006), Caring Dads is a programme for fathers who have been in relationships involving domestic abuse. The programme uses a man's role as a father to motivate him to change his behaviour, in relation to domestic abuse, and reduce the risk of harm to their child(ren).

Eligibility criteria and expectations of fathers

As described on the Caring Dads website¹, the specific details about eligibility for the Caring Dads programme can vary but, it is recommended that the following eligibility criteria are met:

- Identification of concerns about abusive or neglectful parenting or exposure of children to domestic abuse.
- Contact² with at least one child. Contact can be supervised and can be minimal, e.g., 1-hour per week but is necessary for men to apply lessons learned in-group and for facilitators to gather a sense of the degree of change.
- Referral by someone who can follow-up on men's progress.
- Able to comply with the intake process, including attending a pre-programme meeting and showing willingness to discuss his situation.

Fathers referred to Caring Dads may have a range of other issues, most of which do not present a barrier to involvement. Exceptions are described as follows:

- Legal termination of parental rights has been initiated or fathers in the midst of family court proceedings that might result in loss of father-child contact.
- Severe alcohol and/or substance misuse.
- Low-risk fathers who have strong positive connections with their children and cooperative relationships with their children's mothers.
- Low cognitive functioning may be a barrier, although assistance should be given to men with literacy problems to participant in the group.
- Sexual abuse of children because of differences in the characteristics and offence cycles of fathers who have sexually abused children, compared to fathers who have perpetrated abuse or neglect towards their children, or domestic abuse to a partner or ex-partner.

Eligible fathers are expected to attend a two-hour weekly group session, facilitated by two workers – ideally one male and one female – for 17 weeks. Fathers receive weekly homework assignments. Assignments support fathers to critically consider their fathering, practice new parenting skills and relate respectfully to children's mothers. Individual cognitive behavioural assignments are also provided. Assigned homework

¹ <https://caringdads.org/faq>

² Note: Some practitioners refer to child contact as family time, although the meaning of the two terms are the same in the context of this evaluation report. We use the term 'contact' for consistency, as described in the Caring Dads programme information, unless referencing a direct quotation from a practitioner, in which case we use the term 'family time' to quote the practitioners' own words.

is reviewed regularly as part of group sessions. Successful completion of the programme is defined as having attended at least 14 out of 17 sessions.

Programme design

As summarised by the California Evidence-Based Clearing House for Child Welfare (CEBC, 2015), Caring Dads uses a combination of motivation enhancement, parent education, including skills training and behaviour practice, and cognitive behavioural therapy to:

- Improve men's recognition and prioritisation of children's needs.
- Improve men's understanding of developmental stages.
- Improve men's respect and support for children's relationships with their mothers.
- Improve men's listening and use of praise with children.
- Improve men's empathy for children's experiences of maltreatment.
- Identify and counter the distortions underlying men's past, and potentially ongoing, abuse of their children and/or children's mothers.

Essential components³

Group component

The Caring Dads programme consists of 17-sessions, 15 in-group and 2 individual (weeks 10 and 14). The recommended group size is 8 to 12 fathers.

- Motivational interviewing is used to engage men in examining their fathering (pre-programme meeting and three group sessions):
 - Examination of their unique experiences as fathers (e.g., historic, cultural differences) and of being fathered to develop discrepancy between their current and desired relationships with their children and families.
 - Introduction of the idea that their experience of their father included their father's treatment of their mother.
 - Setting of initial goals for intervention between fathers and group facilitators.
 - Beginning of homework assignments.
- Parenting education, skills training, role modelling, and behavioural practice to develop child-centred fathering (six group sessions):
 - Presentation of the parent to child-centred needs continuum to help monitor and shift behaviours towards those meeting child needs.
 - Education and application of information on child development and on the impact of abuse, neglect, and trauma on children.
 - Role modelling and practice in listening to, playing with, and reading to children.

³ Information sourced from <https://www.cebc4cw.org/program/caring-dads-helping-fathers-value-their-children/detailed>

- Emphasis placed on the need for respectful co-parenting with children's mothers and for supporting the mother-child relationship.
- Cognitive behavioural therapy to set and track individual goals for change among fathers (five sessions):
 - Self-identification of abusive and unhealthy parent-centred behaviours that fathers need to change in order to improve their relationships with their children.
 - Recognition of the integral connection between the safety and well-being of children and their mothers.
 - Individual goals set with men in group, or ideally, in individual meetings. Goals target empirically supported risk mechanisms for fathers' maltreatment of their children and/or children's mothers. Such mechanisms include anger/hostility/over-reactivity; family cohesion/co-parenting/domestic abuse; perceptions of the child as a problem, use of corporal punishment, harsh discipline and other aversive parenting behaviours, overall quality of parent-child relationships, self-centredness and misuse of substances.
 - Assignment of individualised homework and fathers' progress is tracked and modified as necessary by facilitators.
- Consolidating learning, setting realistic expectations, and planning for the future (three sessions):
 - Support is given while fathers consider the potentially long-term traumatic impact of their past behaviour on their children and/or their children's mothers and in setting reasonable relationship expectations.
 - Planning for maintenance of improvements made.
 - Support and referral provided for additional services, as necessary.

Associated programme components

- Systematic outreach to mothers to ensure safety:
 - Contact with children's mothers by programme staff or by those working in partnership to ensure women are informed about the programme.
 - Collaboration between professionals and with women to anticipate and work to avoid potential unintended negative consequences of men's involvement in intervention.
 - Provision of referral and of safety planning to children's mothers, as necessary.
- Collaborative case management of fathers with referrers and other professionals involved with men's families:
 - Clear community-based model for accountability to ensure that child safety and well-being is enhanced as a result of fathers' involvement in intervention.
 - Open communication between Caring Dads programme and other professionals working to ensure the safety and well-being of members of the family.
 - Joint meetings and planning in response to ongoing or increasing risk presented by father.

- Commitment to working collaboratively to support children.

Programme goals

The programme aims to achieve four key goals:

- 1) To develop sufficient trust and motivation to engage men in the process of examining their fathering.
- 2) To increase men's awareness of child-centred fathering.
- 3) To increase men's awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children.
- 4) Consolidating learning, rebuilding trust, and planning for the future.

A list of sessions and activities that work towards achieving the goals is presented in Appendix A.

1.6 Previous evaluations

Promising findings

Previous evaluations of the Caring Dad programme show promising findings regarding its effectiveness. A Canadian evaluation reported improvements in fathers' over-reactivity, hostility, neglectfulness and respect for the commitment and judgement of children's mothers (Scott and Lishak, 2012). Changes in co-parenting are particularly notable in light of previous literature on parenting interventions, which has tended to find lower effects on parenting alliance compared to parental wellbeing, parenting skills, parents' attitudes and child behavioural difficulties (e.g., Nowak and Heinrichs, 2008; Holmes et al., 2010).

An evaluation of the delivery of Caring Dads in Wales found a reduction in aggressive responses to people fathers interact with in general, including but not limited to women (McCracken and Deave, 2012). The main mechanism of change for the programme, as reported by the men and corroborated by facilitators and external professionals was that fathers were able to identify the impact that their behaviour has on their children (McCracken and Deave, 2012).

Hood et al. (2015) conducted an evaluation of Caring Dads in five different local authority sites in London. Analysis of interviews with fathers established concerns at the start of the programme in relation to emotional availability, psychological boundaries and undermining of the children's relationship with their mother. Responses at the end of the programme suggested that fathers had shifted to some extent towards more appropriate attitudes and parenting practices, particularly in terms of emotional responsiveness.

In 2016, the NSPCC (McConnell et al., 2016a) evaluated the programme in 5 sites located in urban and rural areas of Wales, Northern Ireland and England between October 2010 and October 2014. The mixed-methods design included pre- and post-programme measures to test the outcomes. The findings suggest that the Caring Dads programme led to a number of desired changes in the following areas:

- Fathers' attitudes and behaviours: towards their children, partners and professionals working with the family.
- Parenting: fathers generally found being a parent less stressful, interacting better with their children after attending the programme, being less likely to report dysfunctional interaction and perception of their children being difficult, improving their communication by shouting less and listening more, taking a more involved role in their children's lives.
- Co-parenting: fewer arguments at home, more cooperative co-parenting and improved communication.
- Domestic abuse: fewer incidents of domestic abuse, including six months after the end of the programme.
- Family mental health and wellbeing: indications of improvements to children's wellbeing and partners' mental health (e.g., depression and anxiety).
- Family circumstances: with case notes for almost half of fathers who completed the programme describing one or more positive changes, including removal of a child protection plan, maintaining positive contact between a father and child, having more frequent and/or less supervised contact, and benefitting from changes in a father's behaviour.

Taylor (2017) also evaluated the delivery of Caring Dads by a UK-based children's charity, reporting that potential risks to children appeared to reduce, as fathers and partners reported fewer incidents of domestic abuse, and fathers also reported reductions in parenting stress and improved interactions with their children. More recently, Diemer et al. (2020) published findings from delivery of Caring Dads in three sites in Australia. The Australian evaluation reported that the most significant change related to men's ability to reflect on abusive and harmful fathering practices. Fathers self-reported an improved ability to praise and show affection towards their children and both fathers and mothers reported improved fathering practices at the completion of the programme.

Limitations

There are some notable limitations to the previous research methods and findings. Scott and Lishak (2012) relied on self-reports from fathers, rather than multiple different informants, nor was there a follow-up post intervention. McCracken and Deave (2012) found that a number of men who participated in the evaluation of the delivery of the programme in Wales did not appear to accept responsibility for their own behavior or aggression towards women. Results from the multi-site evaluation of Caring Dads in London showed no significant changes in father involvement, parenting alliances or children's strengths and difficulties (Hood et al., 2015). Furthermore, while children's reports of rejecting behaviour from their father appeared to reduce, children tended to believe that their father's parenting style was more rejecting than he did (McConnell et al., 2016a). The NSPCC evaluation also illustrated that some fathers who complete the programme do not change sufficiently and their contact with families should continue to be monitored (McConnell et al., 2016a). Similarly, Taylor (2017) found that while children and partners described positive changes in fathers' behaviour, some fathers were reported to continue to pose a risk.

Recommendations

Recommendations from previous evaluations (McCracken and Deave, 2012; Scott and Lishak, 2012; McConnell et al., 2016b; Diemer et al., 2020) include:

- More rigorous research designs, including follow-up and involvement of several informants to be confident about the changes made and sustained change post-programme.
- Caring Dads should continue to seek 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.
- Referral procedures should be more explicit about the amount of information that should be shared at the outset, as there was some confusion about which agency should be checking men's records.
- Caring Dads participants should be individually monitored to capture any changes in attitudes or behaviours.
- Effort should be focused on improving retention on the Caring Dads programme.
- The delivery team having more time for supervision and reflection, as a group, with greater freedom to undertake further work with families as and when needed.
- A need for well-trained and highly skilled facilitators of groups.
- A need for sustained programme funding.

1.7 Current evaluation

Aims and objectives

This evaluation investigated the process, short-term outcomes and locality aspects of Caring Dads. The aim of the evaluation study was to investigate the outcomes and impact of the Caring Dads programme currently running in Blackburn with Darwen for families where there are concerns regarding fathers and domestic abuse.

Primary research questions:

- 1) What is the profile of fathers taking part?
- 2) What is the profile of children and mothers where fathers take part?
- 3) What are fathers' experiences of Caring Dads?
- 4) What are partners' perceptions of the impact of the programme?
- 5) What are professionals' perceptions of the programme and its impact on fathers, partners and children in Blackburn with Darwen?
- 6) What are the main challenges and enablers for implementation and sustainability of the programme in Blackburn with Darwen?

Evaluation design and methods

The evaluation involved quantitative and qualitative data collection and analysis, and both components included follow-up data and change over time.

The quantitative element captured retrospective data about families and fathers who had experienced the Caring Dads programme (objectives 1, 2, 3 and 6).

The evaluation team used a pre-prepared data collection schedule to collate and analyse information about all the fathers (N=118) who had been referred to the programme since its inception in November 2017 to December 2020, and whose files we were able to access, in order to answer the following questions:

- 1) What is the profile of the fathers, mothers and children?
- 2) What is the participation and attrition rate?
- 3) What are the short-term outcomes for fathers and children?

The qualitative element of the evaluation captured in-depth data about the experiences and perceptions of Caring Dads, for the fathers, partners and professionals involved (objectives 3, 4, 5 and 6).

We carried out interviews and focus groups to seek the experiences and views of fathers, partners and professionals involved in Caring Dads. All individual interviews were semi-structured and offered with a high degree of flexibility in relation to timing, location and content. Interviews with fathers' and with their partners were by telephone or in-person.

Views of Caring Dads practitioners and manager: To gather the experiences of practitioners involved in setting up and facilitating the programme we undertook a focus group (N=6). In addition, we conducted an interview with one manager, who was also a trained Caring Dads trainer and trained facilitator⁴. The facilitator focus group, and facilitator and manager interview, were designed to answer the following key topics:

- 1) Challenges of implementation, delivery and sustainability.
- 2) Perspectives on impact of the programme on fathers, partners and children.
- 3) Experiences of working with the other professionals.
- 4) Hopes for the future of the programme.

Views of multi-agency professionals: To explore the joint working aspect of Caring Dads, we conducted a focus group discussion with relevant local professionals from agencies working in close alignment with Caring Dads staff. Due to significant difficulties in securing attendance at a focus group, we also conducted a survey, completed by multi-agency professionals who were unable to participate in the focus group. Multi-agency participants (total respondents, N=16) included: early help workers, family group conference coordinators, pupil wellbeing coordinators, recovery coordinators, residential workers, support workers, domestic abuse and violence workers and a school's coordinator⁵.

⁴ Any quotations from the interview with the manager/facilitator referred to in this report are referred to using a pseudonym and the staff member's role as a facilitator, in order to protect the manager's anonymity.

⁵ Roles described as defined by multi-agency participants themselves.

The multi-agency focus group and survey were designed to answer the following key questions and topics:

- 1) Which fathers are referred to the programme and why?
- 2) Are there any challenges in referral and take-up? If so, what are they?
- 3) Perspectives on the impact of the programme on fathers, partners and children.
- 4) Experiences of working with Caring Dads staff;
- 5) Hopes for the future of the programme.

Views of fathers: We undertook in-depth interviews with a cohort of fathers (N=6) taking part in Caring Dads. This involved a Time 1 interview early on in the programme, follow-up contact via text and/or phone during the programme, and a Time 2 follow-up interview approximately six months after the programme ended.

The interviews with fathers were designed to answer the following key questions:

- 1) Pre- programme experiences, including journey leading to children's services involvement and referral to the programme.
- 2) Motivation for taking part or reasons for declining to take part.
- 3) Pre-programme expectations and hopes.
- 4) Experiences of the programme and what helped or hindered.
- 5) Post-programme reflections on impact (positive or negative) of Caring Dads on self, relationships with others and parenting approaches.
- 6) Post-programme work with other agencies.
- 7) Hopes for the future.

Views of partners: We undertook in-depth interviews with partners (N=3) of fathers involved in Caring Dads. Recruitment was negotiated with the relevant Caring Dads practitioners. The interviews gathered partners' views of Caring Dads and, indirectly, information about its impact on the couple's children. The interviews with partners were designed to answer the following questions:

- 1) Pre-programme experiences, their understanding of why their partner was referred.
- 2) Pre-programme expectations and hopes.
- 3) Any changes noticed whilst their partner was on the programme.
- 4) Post-programme reflections, impact on relationships and behaviours, as partner and/or father.
- 5) Hopes for the future.

Ethics

The evaluation received ethics approval from the School of Social Work Research Ethics Committee, University of East Anglia. We also obtained ethical clearance, via local governance procedures, from Blackburn with Darwen Borough Council.

Participation was voluntary for facilitators, the manager, multi-agency professionals, and fathers and partners. Careful set-up work and liaison was undertaken to negotiate the fine details of the approach needed to administer the survey, extract the data from

children's services case file records and recruit fathers and partners for the interviews. Appendix B provides additional information about ethical considerations.

Challenges and limitations

Covid-19

The main challenge was presented by the global pandemic, particularly the several national and local lockdowns during the lifetime of the evaluation.

The impact of Covid-19 led to:

- Delay in the timescales for the evaluation.
- Delays and challenges in meeting some of the fathers, partners and multi-agency professionals in-person.
- Revisions to ethics applications, in order to adapt the evaluation in light of the changing context.
- Additional local authority and university risk assessments being developed to protect the safety of local authority staff, researchers and participants.

The evaluation team, funding body and local authority were able to adapt the timescales for the evaluation and work flexibly and responsively with participants. This included delaying the start date of the evaluation, following Covid-19 local authority risk assessments, devising a research risk assessment approved by the University of East Anglia, carrying out interviews via telephone, and putting social distancing measures in place once it became possible to meet participants in-person.

Fathers who did not complete the programme

Despite the persistent efforts of the Caring Dads programme staff, we were unable to recruit any fathers who had declined or not completed the programme. However, a number of the fathers who did take part in interviews had previously declined involvement in the programme, offering valuable insights into why a father might decide not to take part, at a particular point in time, and why he might change his mind at a later date. The data extraction element of the evaluation also enabled us to explore outcomes for fathers and their children, for men who did not complete Caring Dads.

Partners and ex-partners of fathers

Despite the persistent efforts of the Caring Dads programme staff, we were unable to recruit any ex-partners of fathers who had fully completed, partially completed or declined to take part in Caring Dads. In addition, we were only able to recruit a small sample of current partners of fathers who had completed the programme. These partners, who were all also mothers to at least one of the father's children, may have had more positive perspectives of the changes their partner made, in comparison with the views of ex-partners.

Children's voices

Due to financial and time limitations of this evaluation, children's voices and outcomes were not captured directly from children themselves. Instead, the information about outcomes for children was obtained indirectly via multi-agency professional reports and children's social care case records, such as one-to-ones between social workers and children.

Data access and quality

For the quantitative data element of the evaluation, the research team were reliant on children's social care and early help data. It was beyond the scope of this evaluation to access and analyse multi-agency (e.g., police, health and education) recording systems directly. As a result, the quantitative data analysis and findings are based on children's records only, therefore access to and quality of the data is reliant on information which has been shared by other agencies with the local authority, as well as what has been documented by local authority practitioners, usually social workers. For example, data about offending and reoffending is based on information shared, in the form of Protecting Vulnerable People notifications and Police National Computer information, between the police and local authority.

Strengths of the evaluation

A key strength of the interviews with fathers and partners is that we were able to build a rich picture of their past lives and how these have changed over time (or not) during a father's involvement with Caring Dads, through the Time 1 and Time 2 in-depth interviews, and interim follow-up contact.

Although the number of fathers and partners who took part in the qualitative interviews was not a large sample size (9 fathers and 3 partners), we were able to access and include a much larger sample for the quantitative analysis (118 fathers, 311 children and 145 mothers). In addition, the ethnicity (i.e., 76% 'White') of the sample of fathers accessed for the quantitative element of the evaluation was broadly reflective of the general population of Blackburn with Darwen (i.e., 70% 'White').

Whilst previous evaluations of Caring Dads (e.g., Scott and Lishak, 2012; Diemer et al., 2020) have relied completely or heavily on self-reports from fathers, and did not include a follow-up post intervention, the evaluation of Caring Dads Blackburn with Darwen drew upon multiple different informants, and included pre- and post-intervention comparisons, with the post-intervention follow-up taking place approximately six months after the Caring Dads programme concluded.

Through the case record data we were able to make comparisons between fathers who had completed the programme and those who were eligible and similar, in terms of characteristics, but who (1) were referred but did not take up a place; and (2) those who were referred and started but did not complete the programme⁶.

⁶ Note: Fathers are deemed to have 'fully' completed the programme if they attend 14 or more sessions.

Overall, the evaluation has generated important qualitative and quantitative insights about fathers who are referred to and take part in Caring Dads, Blackburn with Darwen.

2. Findings

In what follows, we present findings from the qualitative aspects of the evaluation first, namely the findings from the interviews and focus groups with the Caring Dads programme facilitators and manager, multi-agency professionals, fathers and partners. We then present our analysis of the Caring Dads programme and children's services data, which formed the quantitative element of the evaluation.

2.1 Facilitator perspectives

2.1.1 Caring Dads Blackburn with Darwen

Funded by the Blackburn with Darwen Borough Council, the Caring Dads programme was first delivered in Blackburn in November 2017 and to date 14 programmes have been delivered to over 127 fathers. Programme feedback suggests that Caring Dads has been very well received by fathers and anecdotally workers feel the programme is having positive impact on families, however, to date no local evaluation has taken place.

Caring Dads is delivered entirely in-house alongside other day-to-day roles, by workers within the Early Help Service, on a rolling programme basis. The Caring Dads facilitators also work as Early Help and Support Managers and Family Support Workers. Currently, there is an Early Help and Support Manager who oversees the Caring Dads programme delivery and ten staff who are trained to deliver the programme.

Local implementation

The Caring Dads facilitators use the Caring Dads Programme Manual to deliver the programme. The programme sessions take place at local children's centres; the exact location for each programme is decided based on the addresses of fathers referred to each individual programme. Programme sessions are delivered outside of core hours (i.e., 9.00am to 5.00pm) if fathers are working or have other commitments throughout the day. The fidelity of the programme is seen as very important and all trained facilitators are careful to follow the written handbook; this ensures that each group of fathers are provided with similar opportunities to engage with the material.

Partner involvement

While the programme is focused on fathers, other workers in Blackburn with Darwen's early help and children's services work concurrently with partners and children to provide them with direct support and make referrals for multi-agency support and liaison.

with programme facilitators about anything significant. The Caring Dads programme facilitators keep in regular contact with key professionals working with the family to monitor risks and progress whilst the father attends the programme. In addition, other practitioners may check-in with, report back or follow-up with queries by contacting the Caring Dads facilitators about a father's referral or progress on the programme.

2.1.2 Programme set-up

Experienced, passionate, committed and determined facilitators

All the facilitators, who participated in the focus group, had been approached, by the Head of Early Help or the Early Help Manager, to take part in the Caring Dads facilitator training. The facilitators were strategically selected based on their prior experience, which included a combination of working with fathers, supporting parents to develop parenting skills, working with domestic abuse perpetrators, and delivering group work and/or training.

Get the people involved that are going to love it and nurture it... and that's a ripple effect, isn't it? Because everybody then wants to know "What's Caring Dads about?" (Sally, Facilitator).

Not only did the facilitators all have significant prior experience, but facilitators had transferrable skills in terms of engaging parents, particularly fathers. Being able to develop and sustain relationships over time was described as a fundamental skill, given the 17-week nature of the programme and the need to build trust and break down barriers when working with men. There was a strong sense of enthusiasm, passion and commitment shared by all the facilitators in terms of both working with fathers and also leading group sessions.

...previously I've always been involved with groupwork and I've always really, really, really, really enjoyed facilitating groups over the years. So, it was really nice when this came around as well to actually work with dads on their own as well (Gill, Facilitator).

Several facilitators explained that alongside their experience, skills and interest in the client group (fathers) and type of support (groupwork), they were chosen to become a facilitator for the Caring Dads programme because of their reputation for achieving positive outcomes for children and families through their work with fathers.

Although the majority of facilitators were female, the Caring Dads staff unanimously agreed that it beneficial to have one male and one female facilitator delivering each group. The male-female pairing was felt to be important for modelling respectful relationships, including challenge, exchanging different views and perspective taking. In addition, having at least one male deliverer offered opportunity for man-to-man connection between a male facilitator and a father.

...one of the things that the programme does advocate for is for a male to deliver the programme, and right at the very beginning we did have a number of males that facilitated. So it was really good to do that pairing, but equally, what was hugely beneficial was the male facilitator giving the female facilitator

the right to take that role and really share with dads how you do that in a way that doesn't involve the use of bad language [and] threatening behaviours (Sally, Facilitator).

Training

The enthusiasm of facilitators was also reflected in training being well-received and welcomed as more opportunity to do proactive and focused work with fathers.

...you really, really got that appetite for it right away. It's the way it was delivered and the manual and, you know, I'll always remember them saying "You can pick this book up and you can deliver it". But there was a real buzz and, you know, that buzz came from it was a really enjoyable course to be part of, but equally this was something that were going to be for our dads in Blackburn with Darwen, you know, and we'd not had that... So I was bitten by the bug right away (Sally, Facilitator).

The Caring Dads facilitator training was delivered in-house and consisted of a 'train-the-trainer' approach. Train-the-trainer is a framework for training people to enable them to train other people; the intention being that attendees learn how to deliver the programme and also train other facilitators to deliver the programme. First, the Head of Service for Early Help and Family Support and a Principal Social Worker attended the trainer's training. The initial training was delivered by the author of the Caring Dads Manual, providing valuable access to first-hand information. They then trained managers and family support workers from the Early Help and Support Service. The Caring Dads Programme Manual was described as a helpful source to familiarise facilitators with the content of the programme and planning for each session.

Caring Dads facilitator training takes place over two days, which facilitators agreed was about the right amount of time and was comparable to the training timescales for facilitating other programmes, such as HENRY⁷ and the Graded Care Profile⁸. A large proportion of the training involves smaller group work, which was viewed as beneficial in terms of being able to share ideas and learning. The training involved practical examples and role play, with feedback provided, for example, about use of body language when working with men.

There was a lot of feedback from when we did the activities. Like, how you could have approached it differently. Like the role plays, how you would maybe even sit differently. Like, rather than sitting face-to-face, you'd sit with, you

⁷ The HENRY group programme is a universal parenting programme, otherwise known as 'Healthy Families: Right from the Start'. It is for parents of children between the ages of 0 and 5. HENRY is delivered in children's centres and aims to improve outcomes for both children and their parents, including improved diet, increased physical activity and improved parental skills and emotional wellbeing (Early Intervention Foundation, 2019).

⁸ The Graded Care Profile is an assessment tool designed to help practitioners identify when a child is at risk of neglect. The Graded Care Profile assists professionals to measure the quality of care being given to a child in respect of physical care, safety, love and esteem on a graded descriptive scale (NSPCC, 2018).

know, like facing the audience both of you but just like on a bit of an angle. Just eye contact, that sort of thing (Anthony, Facilitator).

Practical application of learning was seen as one of the most important aspects of the training, as participants took turns to practice delivering a particular session. The local training also provided opportunity for the trainers to consider which facilitators would work best together, as well as which facilitators would work best with which cohort of men.

These group facilitators, you know? You've got to get that right, right from the start, really. Because otherwise if it's not there, then the group can feel that in the dynamics. And I think we've been really fortunate that we've been able to pair that up in the right way (Sally, Facilitator).

Overall, there was a clear sense of positivity about the Caring Dads training, which supported facilitators to develop competence, confidence and enthusiasm for delivering the programme.

Referrals and pre-programme meetings

All referrals for the Caring Dads programme come via children's social care. A referral form is completed by a social worker and the form is sent to a dedicated e-mail account managed by the Caring Dads staff. The Caring Dads e-mail account also serves as a mechanism for ongoing communication between the referrer and the Caring Dads facilitators, throughout the programme and after it has ended.

Before a father takes part in the programme there is a screening process, carried out by the child's social worker and Caring Dads facilitators in relation to a man's level of risk, vulnerability and likelihood to commit to the programme. Facilitators saw the screening process as crucial to retention, describing how at the point of referral fathers should be in a situation where they can commit to the 17-week programme.

Any fathers who are not able to take part in the programme on their first referral are kept on a list and considered again, as a priority, for another opportunity on a subsequent programme. Social workers can also refer the fathers back again if they feel they are ready to take part at a later date and facilitators always check-in with social workers to gain their perspective as to whether the father is in a suitable position to be approached again, to take part.

Whilst the referrals are all social work-led, and come directly from social workers, there is often a collective, multi-agency decision made that the father is going to be put forward for the programme, for example during a child protection conference or associated core group meeting. All fathers who take part in the programme are required to have contact with their child(ren). Fathers who do not have any contact with at least one of their children are referred to domestic abuse services (e.g., the local Wish Centre for the Make a Change programme) instead (see Section 1.5 for further details about the eligibility criteria for the programme).

The Caring Dads team have also been known to be contacted by fathers directly who wish to self-refer to the programme. In such cases, facilitators liaise with the child's

social worker to seek their agreement and support for the father taking part in the programme. The Caring Dads facilitators see self-referrals as evidence of how providing a service explicitly and directly for fathers serves to motivate some men to be proactive in engaging and seeking out support for themselves.

Pre-Covid-19, the Caring Dads team aimed to invite approximately 20 fathers to join each programme. This number allows for a degree of non-attendance at the start and attrition over the 17 weeks. Once the number of potential fathers on the programme list reaches around 20, the team begin planning to deliver the next programme.

Before the first group session begins, individual pre-programme meetings take place with the fathers who have been referred. Pre-programme meetings are the foundation of the Caring Dads programme; an approach to programme facilitation that was new to the Early Help and Support Service when the Caring Dads programme was introduced, but one that has since been embedded into the delivery of other programmes (e.g., 'Henry'¹). During the pre-programme meetings motivational interviewing and relationship-building with facilitators begins.

The pre-programme meetings, between fathers, social workers and Caring Dads facilitators, are seen as critical for information sharing. These initial meetings provide an opportunity to set out clear expectations of the fathers and have direct conversations about the reasons for the referral. A frank and open approach sets the precedent for respectful, non-shaming and honest dialogue with men, right from the start. Early information sharing, in the presence of the father, makes men aware that facilitators and social workers are in close contact and share information with one another. The pre-programme meetings are also used to explain the nature, structure, and content of the programme to fathers, and to encourage fathers to ask questions or raise any concerns.

It's not just a course on domestic abuse, it's not just one on parenting; it's not just one that focuses on building relationships – it covers everything! (Anthony, Facilitator).

Facilitators described how right from the beginning, the number of referrals indicated a clear demand for the programme, with the Caring Dads staff finding that they were inundated with referrals, so much so that they started delivering programme alongside programme. Planned groups consistently recruited successfully enough to run. Only once did one group have to merge with another in order to be viable.

2.1.3 Programme delivery

The group sessions usually begin two weeks after the pre-programme meeting. A couple of days before the first session, facilitators will telephone call each father to remind them about the programme, check if they are still planning on attending and ensure that they have the facilitators contact details so that they can make contact if, for some reason, they are unable to attend.

Timing and location

Early on when the Early Help Service began delivering Caring Dads, it became apparent that the facilitators would need to be flexible in terms of running programmes. Key considerations include the timing and location of each programme. As part of the set-up phase, when referrals are received, the Caring Dads facilitators explore when and where that group would be best to take place, taking into consideration whether the dads are working and what hours they work, as well as looking up the fathers' addresses. As a result, some programmes run during the daytime and some programmes run during the evening. In terms of the location, ideally the venue is somewhere easily accessible, where fathers do not need to bike or walk long distances to attend. However, it was also acknowledged that some fathers did travel to attend the programme, and that this could be considered as evidence of their commitment.

We made the commitment that wherever the dads predominantly lived or if the dads were in work or had commitments throughout the day, because attending child protection conferences, child in need meetings, we would do that outside of core hours (Sally, Facilitator).

Facilitators recounted that, when there had been difficulty securing a room at a particular Children's Centre, funding had been agreed by a social worker, to support fathers to pay for public transport to attend the programme. Ensuring that the programme is accessible was described as crucial to not setting fathers up to fail. Being careful, responsive, and flexible about the location of programmes was part of establishing a respectful and trusting relationship with fathers from the outset, showing them that engagement is a two-way process, with the onus being on both practitioners and fathers.

Breaking down barriers by building trust – among the group of fathers, as well as with facilitators – particularly for men who have been 'told' to do the programme (e.g., advised by a social worker or instructed as part of public law proceedings) was described as key to sustaining men's attendance. There was a clear sense that, where possible, the Caring Dads team worked hard to mitigate barriers to engagement and improve retention.

Every time we're considering a group delivery, we're thinking about what barriers do we need to remove? And if there were ever a need for a crèche provision, we would have put a crèche provision in... If you want that engagement then you've got to think "Well, we can do that – we've got the structure, we've got the system, but what would be the barriers for those people?", rather than having that report that says "Non-engagement, non-engagement". Well actually, did you really consider how easy this programme is to be accessed? Knowing we're asking dads to come out at a time when it is tea-time, aren't we? If we don't feed them then no doubt we will lose them (Sally Facilitator).

Social, emotional and physical setting

Consistency in the social, emotional, and physical environment, including who facilitates the programme for a particular group of fathers, supporting men to feel

comfortable talking about their feelings and emotions, and the location of that programme, was seen as an important factor in enabling men to feel at ease, safe and be able to engage in the programme. Facilitators had learnt how important a consistent, informal physical setting was, based on feedback provided by fathers, as men explained how it enabled them to feel relaxed, and to be able to open-up and discuss sensitive topics.

Like that initial meeting with the dad, building that relationship up. What we did in the pre-programming meeting, they met each one of the facilitators. There was two main ones delivering it, but we'd always have a backup member of staff. Then there wasn't any different faces right from the very start. I think that's really important, because it's not them telling the story, experiences over and over. They know actually if I was off on annual leave or whatever in that 17 weeks, they knew the person filling in as well. So that's really, really important (Hannah, Facilitator).

...one day we had to be in a different room and the dad was, like "I really don't like this room" – we were taking them back to their childhood and things like that. And it was like "We're really not comfortable". And it was really odd because [usually] we were in just the children's library. But they love that environment... it's just important to take into consideration [that] it's not that really formal setting...they liked the more informal, relaxed sort of environment (Gill, Facilitator).

As well as considering the physical setting for the delivery of the programme, facilitators developed a careful and responsive approach to the needs of fathers on an emotional level. Showing empathy and not judging men was seen as key to establishing a sense of psychological safety. Taking a non-judgemental approach also involved focusing on men's strengths, identities, and roles as fathers, rather than condemning them as perpetrators of domestic abuse.

...having that empathy – you get an insight into their world and what it is for them. I think that time that the facilitators give and how they present in a way that's non-judgemental, that's not always keep bringing up the behaviours to the partner or to the wife, really enables those dads to feel that they are in a safe environment where they can share, but equally they can take away a lot. And that's what matters (Sally, Facilitator).

...we know that they are perpetrators, but we're not going to keep talking like that. We're going to look at you as a dad. We're going to look at your child – how does your child feel? (Hannah, Facilitator).

Flexibility in delivery and providing support for fathers

The 17-week timescale for the programme was reported by programme staff as important to enable time to build relationships with the men; getting to know them, their interests and their learning styles. By building relationships with fathers, facilitators were able to tailor their delivery approach to suit each individual cohort and each individual man. Facilitators described a need to create and sustain routine, structure, and consistency for the group, and in following the programme manual, but at the

same time balancing this with being responsive to particular group dynamics and individual needs.

Whilst all the programme content was felt to be very relevant, facilitators explained that they go into more detail about certain aspects if they think it is beneficial for the particular group or at a father's request to repeat a particular topic. Most of the content was reported to be deliverable in different ways: as a whole group, in pairs or individual activities. The flexible approach to delivery meant that if there were quiet or shy fathers in a group, the facilitators could suggest individual tasks or working in pairs, before feeding back to the whole group, which enabled men to build their confidence and get the best out of the programme. It was also seen as important to be attuned to individual men's learning needs, in order to provide appropriate support and adjust the delivery of the programme, for example some fathers who take part in the programme experience significant difficulties with reading and/or writing, and therefore require some additional one-to-one support.

Naturally, some men were reported to be more vocal than others. Conscious of supporting positive group dynamics and encouraging all attendees to get involved in the sessions, facilitators ensured time for a regular, weekly 'check-ins', whereby each father would provide an update on how the past week had been for him. The weekly check-in, which happened at the beginning of each session, was viewed by facilitators as a valuable opportunity for men to talk and listen to each other as, from one week to another, the father may not have opened up to anyone else. Through check-in discussions, men were able to acknowledge the good and the bad, reflecting on their behaviours and progress, sharing their experiences with peers, practising their listening skills, as well as offering support to one another.

At the end of the programme, facilitators made recommendations for further support for fathers, by referring and signposting men on. Signposting to further support often related to a father's mental health, wellbeing and substance 'misuse', with direct referrals into other local services, such as Minds Matter and Inspire.

...we work with a lot of agencies and actually we've got dads to this place – what's the next part of your journey? The group facilitators have brought in different services to talk to dads, whether that's moving into employment, training, you know? They wrap those services around (Sally, Facilitator).

Facilitators' learning and support

Alongside the Caring Dads Programme Manual, which provides helpful guidance and expectations, there was a general consensus that facilitators learnt as they went along; getting to know what works, adapting their approach and sharing learning with each other through regular facilitator check-in forums. In the early stages of running the programmes, the facilitator check-in sessions were led by the Head of Early Help and the Early Help Manager who met with the facilitators on a weekly basis, to offer supervision and talk through any challenges. Now that the programme is more established, often the facilitators meet amongst themselves, as they continue to reflect and share learning.

In summary, facilitators described a number of factors that were conducive to the successful delivery of the programme, including:

- 1) pre-programme meetings.
- 2) respectful, non-shaming and honest relationships.
- 3) timing and location.
- 4) physical, emotional and social safety.
- 5) focusing on men as fathers not perpetrators.
- 6) flexibility in delivery to suit each cohort and each individual father.
- 7) support for fathers.
- 8) supervision and regular facilitator check-in meetings.

2.1.4 Multi-agency working

The Caring Dads facilitators indicated strong working relationships, and effective communication, with other multi-agency professionals and services, including probation, health, drug and alcohol services, schools, family support workers, family time workers, independent reviewing officers and social workers. These close working relationships, with other professionals, helped enable men's attendance on the programme, as well as ensuring additional support was provided to fathers, outside of the 17 programme sessions, to complement their learning on the programme.

...we had those conversations with the social worker and said "Look, the cost of paying for a taxi for this person" – we've got that really strong alignment with children's social care, that they understand that actually if that's part of something that's going to make an impact for the child, then they're going to work with us. Most of those dads that access the Caring Dads programme have got a family support worker that's within our service – So, the facilitator's then having conversations to say "This week he was really quiet. Next week's programme is about – you know, I'd really suggest that you help preparing with this", or "He's thinking about" – so just, you know, that support again (Sally, Facilitator).

An important aspect to multi-agency working was ensuring that there was a coordinated approach to working with fathers. This was seen as important so that, for instance, men were not being expected to engage in multiple programmes at the same time, thereby avoiding imposing unreasonable expectations and further eroding trust and cooperation.

...there is that wider relationship, especially when you come to health, schools and probation linking up and having that check-in with them. The probation service run a programme which is quite similar, the Building Better Relationships programme. So, they would not necessarily put a family, a dad forward for that if they were on the Caring Dads programme, because it's not that over-anticipation. There's usually a check-in around what's a realistic expectation, so you've not got one service putting them forward as well as another. So, there is lots of multi-agency working. It is very coordinated in advance (Kelly, Facilitator).

This joined-up approach meant that fathers were only expected to engage in one programme at a time unless they chose to, or it was agreed that it would be beneficial. The programme that a father was referred to was the one that was deemed to be the most suitable programme for the father at that point in time, based on a mutual decision between the social worker and the father.

We wanted to make sure that dads were going on the right programmes that were available in the borough, rather than a plan that said “Dad needs to attend, dad needs to attend” and actually he ends up attending nothing... I remember the meetings that we used to have, bringing [name of multi-agency colleague] in and speaking about that... again it’s partnership working (Sally, Facilitator).

Close working relationships, multi-professional communication and information sharing were also seen as highly important in terms of ongoing monitoring of the progress being made by men.

...it’s good as well that we know some of the people that are already supporting them. So, if they’ve got a family support worker or if they’ve been working with one of the people that are delivering one of the parenting programmes, we all speak to each other. We all share information. And you know, as Anthony said, if they’ve got somebody that supervises their family time, they’ll say “Oh, they were doing this in family time this week” or “They were talking about what they’d learnt in Caring Dads this week” (Sarah, Facilitator).

As previously mentioned in Section 2.1.2 (‘Programme set-up’), the pre-programme meetings set a precedent for an open working relationship with fathers, and to show that information sharing between professionals happens on a regular basis. This ensures that fathers are fully aware of multi-agency discussions taking place, without going about those conversations ‘behind their back’, which could jeopardise their trust. The process of information sharing between multi-agency professionals enables facilitators to receive updates from other practitioners who work with the men in between each of the 17-week Caring Dads sessions. The fact that facilitators are privy to information, from other workers, means they can check-in with fathers, pre-empting any issues and providing positive feedback about progress made. Being aware of up-to-date contextual information about a father’s life also means facilitators can ask fathers if they want to talk about any significant events, in advance of the next session on their own, and to clarify if the father would feel comfortable sharing what has happened during the session with the rest of the group or not.

As an ongoing process, the facilitators described reflecting on the success of the programme with other professionals, and with fathers, about what works and what could be done differently to improve the programme. The facilitators felt this joint reflection and informal evaluation was valuable and part of maintaining good working relationships with multi-agency professionals. Influenced by strong relationships, there was a sense that having the Caring Dads programme running in the local area had contributed to a more father-inclusive approach, and a more strengths-based way of working with men, recognising that – with appropriate support – fathers can make positive changes that benefit their children and families. The positive influence of the Caring Dads programme was described to extend beyond the Early Help Service, leading to improvements in ensuring fathers are included in children’s services

processes. Practitioners' recognition of the wider benefits of Caring Dads to staff attitudes, practices and outcomes for fathers, children and families further strengthened the support for the programme.

Although it was felt that most social workers, employed by the local authority, had a good understanding of the Caring Dads programme, regular efforts were made by the Caring Dads staff to ensure that this knowledge was up to date by attending children's social care team briefings. At regular points in time, particularly if there has been a new cohort of social workers recruited, Caring Dads facilitators go back and explain the programme again; this ongoing process was viewed as necessary to sustain support and referrals to the programme.

As previously mentioned in Section 2.1.3 ('Programme delivery'), at the end of the programme, facilitators made recommendations, referrals and signposted men on. Making referrals and knowing which services might be appropriate to signpost men on to was another example of multi-agency working. Facilitators described a dynamic between the Caring Dads and the Make a Change programme (perpetrator programme), in that often men participating in the Caring Dads programme had often either already taken part in the Make a Change programme previously or went on to take part in it after the Caring Dads programme. The facilitators felt that it was better for men to take part in the Caring Dads programme first, as it puts them in a better position to be more receptive to the Make a Change programme. Other services signposted to include those running in the children's centre, which build skills in relation to parenting (e.g., Henry and Baby Incredible Years), as well as local community offers such as playgroups. Part of the skill of facilitation was seen as being able to identify and focus on a father's strengths, but also helping him to accept what he may still need to do following the programme; leaving men with a realistic and balanced message, not one that detracts from the progress they've made or knocks them back.

2.1.5 The impact of Covid-19 on delivery

The Caring Dads programme continued to run face-to-face during the pandemic, with risk assessments and social distancing measures in place. Facilitators ensured that they contacted fathers before they attended each programme session, to make sure that they were okay and had not experienced any signs or symptoms of Covid-19 or been in contact with anyone who had tested positive for the virus.

The group sizes were reduced to a maximum of six fathers, plus facilitators. Fathers continued to attend, despite the uncertainty presented by the pandemic, and both the facilitators and fathers reported the benefits of the smaller group set-up.

There was only six that started the programme. And I found that more beneficial in terms of getting to know the dads. Having that time to actually have the full conversations rather than whipping round and doing like a limited check-in with everyone (Anthony, Facilitator).

In response to the restrictions posed by the pandemic, and in order to follow national guidelines and local risk assessments, the facilitators adapted some of the programme methods, such as the role-play exercises, by using videos, facilitators acting or

completing a written exercise instead. These changes made to the mode of delivery or teaching methods were not viewed as impacting on fathers' learning or engagement.

The facilitators strongly felt that the programme was not suitable to be facilitated entirely on-line. In part, this perspective was due to the length of the programme and sustaining engagement but also because of the benefits of the in-person group dynamics, mutual support and learning from one another. It was not believed that the same outcomes would be achieved if the programme had been delivered virtually.

In terms of learning from Covid-19, facilitators felt that the smaller sized groups had been an inadvertent benefit in that fathers reported enjoying having more time to talk about their week and share what had gone well, as well as what had gone less well. In order to sustain the smaller numbers, given the volume of referrals usually received, there would either need to be more facilitators or more programmes running concurrently.

2.1.6 Programme outcomes for fathers, partners and children

When asked what the 'best' thing is about the Caring Dads programme, the facilitators unanimously agreed that it was the "*changes that you see in the dads*" (Sarah, Facilitator). All the facilitators were in agreement that men who complete the programme make "*amazing changes*" (Gill, Facilitator) and show "*massive turnaround*" (Hannah, Facilitator). Changes were reported to occur early on in the programme, with one of the key positive outcomes, brought about by the group nature of the programme, being the formation of positive relationships with peers, facilitators and other professionals. Further examples of changes made by men included improvement in engagement with services, as well as men's self-confidence and self-care. The impact and outcomes for fathers, partners and children are discussed further in what follows.

When they first come in, they're all really shy and they're in the mood of "I don't really want to be here, I'm only here because my social worker's told me to". I mean, even by about week four and five, we already see a massive change. And to see the relationships building between the dads. I mean, on our last session, they didn't want to go. They didn't want to think that "Oh, we're not going to see each other again". And the support... (Sarah, Facilitator).

You see that turnaround...he had had his hair cut, he'd shaved his beard. He'd changed the way he looked, [the way] he felt. And we acknowledged it – "You look really smart today. Are you feeling smart?" "Feel miles better" and you could just see that click in him after that week where previously he wouldn't look me in the eye (Kelly, Facilitator).

Improved self-understanding and self-awareness

A number of facilitators described how the programme supports men to improve their self-understanding and self-awareness. The early sessions begin by exploring men's histories, their childhoods and their own upbringings. Through tracing back their life journeys and talking about their early experiences, fathers learn about their own

parenting and reflect on how their experiences have influenced their views and behaviours as adults, parents, and partners themselves. This learning enables them to improve their self-understanding, as well as motivating them to break the intergenerational cycle, for example of abuse and/or neglect.

Through the delivery of the programme, the facilitators challenge what some of the men may have accepted as the norm, supporting them to realise that they should not have experienced some of things they have and enabling them to see things differently for the first time. A number of facilitators commented on how receptive men are to learn; fathers were described as particularly fascinated about childhood, so much so that they often request to hear more about child development or the same content again and again. The men's learning enables them to understand "*Gosh, I am like I am because of maybe that and that experience*" (Hannah, Facilitator), equipping them with better self-awareness and reducing self-blame. Once they recognise the reason for their feelings and behaviours – and often that they are not necessarily to blame for the origins of these – it becomes easier for fathers to accept professional concerns, opening up a door to address behavioural and psychological issues that they have often been unaware of or denied, and moving to a position where they want to change and become a better father for their own children.

...you see that shift. You see it – it happens in front of you. And I always say, "Come week 10 when you're sitting down and making plans, that behavioural change has happened" (Sally, Facilitator).

Improvements in substance 'misuse' and mental health

Another change made by some fathers included reduced alcohol issues and improvements in their mental health. Alcohol was recognised by deliverers of the programme as a coping mechanism for some men, however through Caring Dads, as they learnt to recognise and accept the difficulties they faced, men began to understand the importance of addressing substance 'misuse' issues, in order to be a better father. The following case study was shared as an example of the changes made by a father.

Case Study 1

...we had a guy – gosh, alcoholic, domestic abuse. He was living in a house and his partner had gone to foster care with the baby, but by the end of our programme he was being able to visit her in placement, then visited out in the community. His alcohol use had massively, massively reduced. His mental health was better because he felt like he was being listened to. He was engaging with services. And in the end, they went to a mother and baby [unit] together.

So that were a massive turnaround for that guy who – he's got a previous child that he can't even see because of how he was. And that's how that guy used alcohol as his coping mechanism all the way through. His family was like that, but he started to know that and realise, you know, "I'm not going to touch alcohol – I'm going to do something different to manage myself". But it's things like that... Understanding what changes they've got to make themselves in order to be able to be a better dad (Hannah, Facilitator).

Improvements in parenting and relationships with children

The learning about parenting, child development, childhood and expectations of children was described as eye opening and powerful for fathers, particularly in terms of supporting men to understand that when they are with their partners, even if they are not speaking to one another, a child can sense the atmosphere and their parents' feelings. Discussions about mentalisation for children were then able to be built upon to discuss more sensitive topics around domestic abuse, moving on to improve men's understanding that even if a child is not present in a room, the child can hear, a child might not be able to talk yet, but they can see when domestic abuse occurs. As men's learning, knowledge and understanding improved, facilitators reported observations about the positive knock-on impact on their parenting.

...like the child-led play. It was oblivious to them to start with, and then a couple of the guys that were on the group that we ran, I supervised some of their contacts with the children. And I could see them putting it into practice. I could see them walking in the room and letting the child pick an activity for them to join in. Whereas before it would have been "Right, come on – let's get the football and go and have a game of football". It was "Oh, do you want to do some colouring? Right – let's do some colouring, then". And you could see the change in them (Anthony, Facilitator).

Case Study 2

I worked with a dad and he had [an] eight-month-old baby. Very young mum and dad. And when we sort of went through responses of child development, when you're engaging with them, "They don't just smile. They're smiling because you're smiling. How does that make them feel when you're holding your baby in your arms and you're touching your baby and talking to your baby? How do you feel that baby feels?"

And we talk around all that, and that to him, it was like "I just love it". And he was saying "I stop and think now when I hold my baby boy what I'm doing, what I'm giving him when I'm smiling at him, when I'm showing him things, facial expressions." And he said, "It's just amazing."

So that to me was really empowering, when we can give them a glimpse, really, sometimes in their very busy world, of the children, really and what they mean to the children, and what they are to the children (Gill, Facilitator).

Improved relationships with professionals and wider family members

Generally, when men began the Caring Dads programme, their relationships and opinions of professionals were reported as negative, however through the delivery of the Caring Dads programme and challenging men's perceptions, fathers were observed to alter their beliefs about professionals, with some men coming full circle in their perceptions and building very positive relationships.

...all the time we're working in a systemic way that's saying to dads "That's your child's social worker – you need to work with your child's social worker, not against them" (Sally, Facilitator).

The relevance of a man's childhood experiences was described by facilitators as important in understanding why a father may hold biased perceptions of professionals. One facilitator shared the example of how a father hated services because in his eyes they had missed all the times that he was abused by his own mother when he was a child, leaving him with a profound lack of trust. In addition to the negative influence of their own childhoods, facilitators also acknowledged that most of the men perceived their child's social worker as a threat, in terms of having the power to remove their children.

One way that facilitators support men to alter their beliefs is by carefully challenging the fathers. Facilitators counteract the negative talk by guiding men to recognise all the positive things that the social worker has done support them and highlighting examples of how the social worker had recognised their strengths. Supporting men to see the social workers in a more positive light enables them to change their perceptions.

When we were challenging him, saying "Actually, look at all the things that are positive that this social worker's done for you. There are positive reports they've put in the assessments that have gone through, all the things that they're saying that you're doing well". And it was kind of getting it to flip it on its head and say for him, eventually he admitted that yeah, the social worker had helped him and she wasn't as bad as he first made out that he thought she was (Anthony, Facilitator).

At the same time as challenging men's perceptions, the Caring Dads programme content includes exploring thoughts, feelings and actions, enabling fathers to start to think more positively. Anthony described the difference that it makes:

...each week you could see his barriers were coming down, and he was saying "Oh yeah, she's done something this week". It was a positive, you know? "I've had a good conversation with the social worker this week. Oh yeah, they've come in to see us in group and we had a really nice chat". Whereas five weeks prior to that he was "She's a waste of space, can't stand her, she's a this, that and the other". And just changing his way of thinking, changed the way he was behaving towards the social worker. And obviously we had a really positive outcome for him (Anthony, Facilitator).

The Caring Dads programme also offers a space to enable men to reflect on their own behaviours and actions. Supporting men to reflect involves acknowledging fathers' perspectives but teaching them the importance of interacting in a respectful manner, and being accountable and responsible for their actions, thereby improving their social skills, interpersonal interactions and building respectful relationships with professionals. Over the weeks of the Caring Dads programme and through building relationships, it becomes evident that the men are putting their learning into action, as they begin advising each other on how to behave and respond in different situations.

In turn, the changes men made were recognised and celebrated, encouraging them to continue to sustain the changes in their thoughts and behaviours.

...“You know, if you go into – whatever meeting you’ve got with your social worker, can you see how you come across? Yes, you’re frustrated, you’re angry, you’re upset. But actually, going into that meeting with your back up already, screaming and shouting isn’t going to get the outcome. You’re going to be asked to leave the room and then you’re not even going to get your point across”. It’s about teaching them that right manner – “You can have your opinion, you can have your views on things, but you don’t have to scream and shout at somebody or be really rude”. And by the end of it, I think through building that relationship up with the dads, you see certain things click, they’ll then say to the other dad “Actually, mate, you was really out of order then. I wouldn’t have done that – I’d have done that. And maybe that’s why your social worker’s reacted like that”. They respect that better, hearing it from another dad (Hannah, Facilitator).

Rather than going in and blowing up, they would sit in and then it’s that respectful engagement, isn’t it? So, the social worker started to form a different opinion because they could have a conversation with them. Because they weren’t facing with this hostile person. I think that respect is a big part of it (Kelly, Facilitator).

Honesty, non-shaming practices and a strengths-based approach were described as integral to developing positive, trusting relationships to support men to make changes. A number of facilitators spoke about the importance of praising men and recognising their progress, motivating fathers to want to continue with the programme and make positive changes. The praise received by men in relation to changes they had made also came from social workers and their children themselves, with examples provided of how children had been observed to tell their dads how proud they are of them, for completing the programme and managing their emotions differently, including not losing their temper or shouting.

Whilst acknowledging the past, rather than dwelling on previous negative behaviours, the programme focuses on supporting men to move forwards. Facilitators’ model non-judgemental practice and forgiveness, encouraging men to also reflect on their own judgements of others and potential feelings of resentment and bitterness, for example, towards a social worker, parent or ex-partner.

You don’t fluff things. You’re very clear and set a very clear guide – “Well, this is this and this is the way that you behaved. This is what it leads to”. And I think that’s sometimes how they then begin to – “There’s no shame around it, because that was the past. That happened. I acknowledge it. I want to move forward” (Kelly, Facilitator).

The view shared by the facilitators was that one of the benefits of Caring Dads is that it can better prepare men for engaging with other services, programmes and professionals post-Caring Dads. Facilitators described how after completing the programme men were in a better position to open up to professionals, have increased

trust in services and feel more confident about engaging with and seeking out further support independently.

Case Study 3

Gary used to lie on the sofa and pretend he was asleep every time I went – and I was also his family support worker – when I went for a visit. So, to physically see him stand up tall make eye contact, the impact on the children was positive, in as much as he changed the way that he behaved to impact the children. The children were not with him, in his care... The children were with his mum, but Gary had to work on building that relationship so that it impacted on his children.

He removed the anger, he removed the hostility, started looking at “I did this, I’m responsible. I can change, I can move things forward”. So, what you then had was a person who was making eye contact, having a conversation, taking a pad and a pen into, writing things down, coming back to things, asking questions.

But you also then had someone who was working on his own relationship with his mother, and that went back to his childhood. It was a difficult childhood... He’s moving on to be a peer mentor. So, what he’s looking at is being a good dad, but being – he calls it “A more successful adult”.

You think about the family time, the way that he behaves, they’ll have a better positive relationship with their carer as they move on because they’re able to communicate more effectively. So that is always going to have that impact on that child (Kelly, Facilitator).

Improved relationships with partners and co-parents

A new-found sense of accountability was also evident in facilitators’ descriptions of how men begin to take responsibility for past and ongoing events, in contrast to having previously blamed their partner or a co-parent for concerns raised by children’s social care.

Dad’s opinion was “It’s mum’s fault. I haven’t actually done anything wrong”. What he came to realise was, he played a part in not protecting the children by actually not stepping in any sooner and safeguarding the children and taking them out. And that was his kind of accepting responsibility bit he didn’t do before. That was a good example of accepting responsibility (Sarah, Facilitator).

At the end of the Caring Dads programme, some men bring their partners along to a celebration event, which provides a valuable opportunity to hear the men’s partner’s perspectives of the changes they have made.

Partners can tell us first-hand how he’s changed. [It’s] good to know that actually dad’s spoken to his partner about it, or together they try and put

changes in place. Sometimes, so we have dad on this particular programme and then mum might be on another programme. So, they're changing together. They become better at co-parenting (Hannah, Facilitator).

The content of the programme includes a session on co-parenting, supporting men to develop positive strategies to improve relationships with their partners, where there have been concerns about domestic abuse. By supporting men to understand their partner's perspectives, appreciate their position and roles, they develop respect for the mother of their child and implement new strategies to avoid conflict.

It's getting to see each other's perspective. Caring for your children all day is tiring. That is a full-time job. Being out at work is a full-time job. "When I walk in the door, I just want five minutes to sort myself out". Whilst mum is saying "I've had the kids all day and need a break" – and you're looking at the relationship and looking at, well, what does both need? When he comes in from work, she's had no adult conversation and that was something he'd never thought about, what it would be like, parent with two under-tuos all day, how she would feel. There is a lot of work around that relationship, that co-parenting relationship, whether that's together or as separate. You do get that feedback from the dads themselves, the next week where "I walked in the door, I went in to do this, she went in to do that" and when they came back together there was no argument that night. There was no, you know, "I sat in my room, she sat in hers". You could see them come closer together (Kelly, Facilitator).

Case Study 4

One of the dads, him and his partner, they had a really volatile relationship, to the point where he'd walk in after work. He'd done, like, shift after shift. He'd go in and they'd just argue, and over things as simple as, like, there was no fizzy drink at home or anything. So, I said to the dad, "Why don't you take a can of Coke home with you and give it to your wife? Just let her know that you've thought about her and you've got her something because you wanted to and show that little bit of respect".

And he said the positive he got out of it was there wasn't an argument. It was a nice – "Oh, have you had a good day at work?" Nice conversation. And there wasn't an argument. It was just "Right, you've had a drink. I'm going to have a brew. Going to sit down for five minutes and then we'll put the kids to bed". And you could see that that meant the world to him. It meant the world to her as well because he'd actually thought about her. Not just as the mum to his children but actually as a person. And you know, that little bit of respect (Anthony, Facilitator).

In summary, key outcomes reported by facilitators included improvements in:

- 1) Relationships with peers, professionals, children, partners, co-parents and wider family members.
- 2) Parenting skills.
- 3) Self-confidence and self-care.

- 4) Self-reflection, self-awareness and self-understanding.
- 5) Reducing substance misuse.
- 6) Mental health.

2.1.7 Programme challenges

The overall viewpoint of the facilitator group was that there are more external factors that led to attrition, rather than internal factors to do with the programme. The facilitators described six key areas of challenge in relation to delivering the Caring Dads programme:

- 1) **Scheduling pre-programme meetings:** organising pre-programme meetings proved difficult in terms of coordinating busy diaries between all three parties; fathers, social workers and facilitators.
- 2) **Time needed for planning and preparation:** because of the care required to plan each week's session. Preparation included debriefing between facilitators after each session, in order to reflect and plan for the next session and planning to adapt the delivery approach where necessary and appropriate.
- 3) **Following the Caring Dads Programme Manual:** facilitators were conscious of ensuring that they kept to the model outlined in the manual. It was viewed as important to be able to balance creativity in delivery, whilst adhering to the model. The regular check-in forums (see p.28 for further information) were seen as a useful arrangement to remind facilitators about the importance of the programme design, whilst sharing any learning about implementation.
- 4) **Local context and relationships:** Blackburn with Darwen is a small area and facilitators are conscious that fathers attending the programme may know or be connected to one another. During one programme there was significant tension and then verbal conflict between two fathers. The facilitators responded to this by supporting one of the fathers to move to another group running concurrently and by addressing the conflict directly with each man. That said, generally, the consensus was that negative relationships between fathers were rare. Fathers were reported to develop positive and constructive bonds, be very supporting of one another and sometimes become friends outside of the programme, swapping numbers and meeting up on weekends. Encouraging positive peer relationships was seen by facilitators as another key dimension of delivering the programme successfully.
- 5) **Maintaining consistency in facilitators:** the Caring Dads team also highlighted the challenge of ensuring consistent staff were available to deliver the programme for the full 17 weeks, including the availability of two main facilitators (ideally, one male and one female) for each programme and a third, 'back-up' facilitator for any weeks for events such as sickness, emergencies or annual leave. In particular, it had proved challenging to ensure that male facilitators were available, an area for improvement that the Early Help Service is already looking to address.

6) **Retention of fathers:** there was recognition of a challenge in terms of keeping fathers engaged, especially in the first few weeks of the programme. In general, factors that influenced retention, from the perspective of facilitators, were:

- fathers securing employment that clashed with the programme.
- changes in a man's working pattern.
- a significant life event, such as a family bereavement.
- imprisonment.
- severe mental health issues.

2.1.8 The future of the Caring Dads programme

The facilitators saw the Caring Dads programme as sustainable in terms of staff enthusiasm, enjoyment and commitment; they expressed their passion for the programme and wanted to continue to deliver it. It was seen as important to roll-out the programme on a wider scale, offering training to more people in order to build capacity to deliver the programme to more fathers. As previously discussed, facilitators described the need to train more men to become facilitators, with the male-female facilitation model seen as a strength and need for the effective delivery of the programme. Facilitators also felt there was opportunity for better promotion of the programme to staff and also to fathers.

Continuation of the Caring Dads programme was seen as crucial because it encompasses parenting, child development, relationship work, addressing abusive behaviour and developing accountability. This multi-dimensional approach was viewed as a key benefit, in terms of value for money and buy-in from fathers, with it being easier to commit to one programme, not three. Reporting on men's perspectives, facilitators talked about Caring Dads not being a perpetrator programme in their eyes, it is more holistic, and strengths based.

One facilitator felt that the Caring Dads programme should be part of an early help offer, as a preventative service, not an intervention (reliant on referrals by children's social care only), although there was also consideration by the group that this would affect the 'mandate' to attend and make it easier for men to opt-out or decline.

Summary of plans for the future and sustainability of the programme included:

- Rolling out the training to more facilitators (e.g., training staff in the family support team).
- Training more male facilitators to ensure that, whenever possible, each Caring Dads programme is facilitated by a male and female facilitator.
- Training more trainers who can deliver training to new facilitators.
- Further promotion of the work the Caring Dads team are doing, to raise awareness of the programme.
- Continue to capture the impact of the programme, via programme reports and further evaluation work.

In terms of wider roll-out across the whole of a pan-Lancashire footprint, facilitators advised that there would need to be good coordination and shared understanding

between different local authority systems and processes in order for a scale-up to be effective. The below key points provide a summary of factors that facilitators suggested were important for scaling-up the programme on a wider footprint (e.g., across different local authorities):

- Having a lead who strongly believes in the programme and will drive it with passion.
- Building on current systems to embed the programme (e.g., family support service).
- Identifying champions who will take ownership of the delivery of the programme (e.g., committed family support workers);
- Having fathers come along and talk about their experiences of the programme from their own lived experience perspective.

2.2 Multi-agency perspectives

The aim of the multi-agency focus group and survey was to capture different professionals' experiences of the Caring Dads programme, including the impact of the programme, and how the programme might be improved moving forwards. Whilst initially we set out to carry out a single focus group, there were significant difficulties in securing attendance from multi-agency representatives, despite setting more than one date for focus groups to take place. In the end, one focus group was facilitated, for 3 participants, and a questionnaire was disseminated to multi-agency professionals who could not attend, which resulted in 13 additional respondents (N=16 in total). The findings below provide a summary of the combined multi-agency responses from both the focus group and survey.

2.2.1 Participant overview

The figure below shows the breakdown of participants by job, as they described their roles.

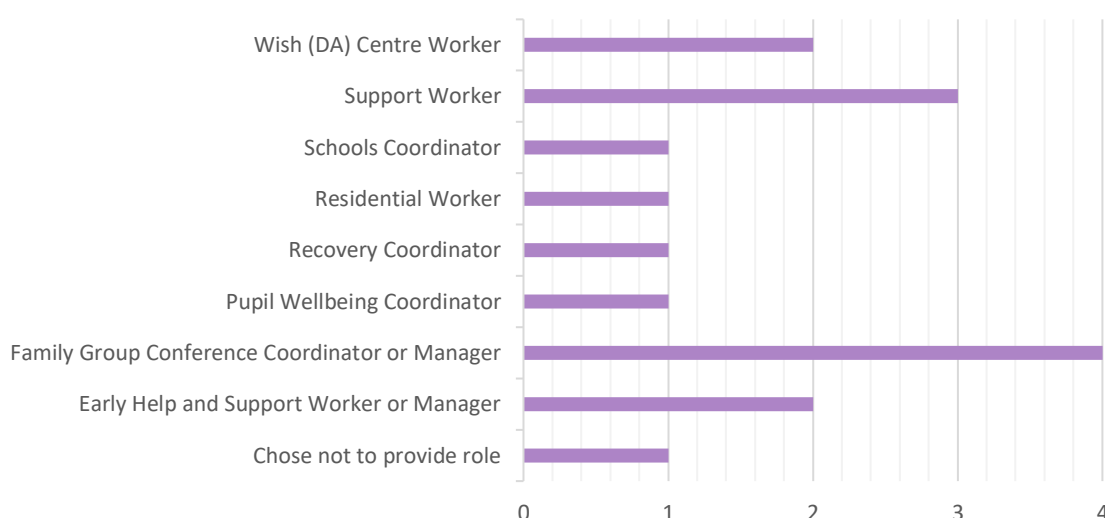


Figure 1: Multi-agency participants by job role

Of the 16 multi-agency professionals, only 2 had made direct referrals to the Caring Dads programme. One professional had not made a direct referral but had signposted to the programme, and a further three had not referred directly or signposted to the programme, but had been involved in multi-agency decision-making about referring a father. Given that referrals usually only come directly from social workers, the figures were as expected.

2.2.2 Characteristics of fathers

The six respondents who had referred – or been involved in referring – men to the Caring Dads programme described fathers as having the following characteristics when the referral was made:

- Alcohol and substance misuse difficulties;
- Involved in parental conflict;
- Perpetrator of abuse towards partner and/or children;
- Denial of behaviours;
- Lack of understanding of own behaviour on children;
- Poor mental health and emotional wellbeing;
- Lack of confidence;
- Inexperienced in parenting;
- Positive attitude;
- Stay at home dad;
- Very motivated to make changes.

The descriptions of men's characteristics were both positive, as well as highlighting reasons for why men had been referred to the programme.

2.2.3 Understanding of eligibility criteria

Six of the thirteen participants who completed a questionnaire were unsure of the inclusion and exclusion criteria or did not answer the question. This suggests there may be work to be done in terms of improving multi-agency professional understanding of the criteria for the programme. The remaining 13 multi-agency professionals, who took part in the focus group and survey, described the inclusion criteria as:

- 1) Abusive behaviour: domestic abuse or abuse towards children;
- 2) Child contact: fathers need to be having contact with their children, weekly family time in the role of a parent;
- 3) Motivation to change: demonstrate they want to make some changes;
- 4) Acceptance of difficulties with their behaviours: some understanding of their behaviour needing to improve.

Multi-agency professionals also noted that men who had been involved in sexual offending or child sexual exploitation (present or historic) were not eligible to take part in the programme.

Other responses from professionals who completed questionnaires contradicted one another, with some professionals answering that addictions and poor mental health were inclusion criteria, whilst other respondents reporting that alcohol and substance 'misuse' and mental health problems were exclusion criteria for the programme. Some further clarity in terms of the eligibility and exclusion criteria might be useful in this respect.

In terms of needing to have contact with a child, one focus group attendee described the flexible approach taken by the Caring Dads workers, in terms of some fathers only having telephone or video contact with children, but still being able to take part in the programme. Ideally, the father would be seeing at least one child, at least every other week, as a minimum in order to practice implementing strategies learnt as the programme progresses, however in light of Covid-19 and restrictions with social distancing and lockdown measures, the programme team had flexed the criteria around face-to-face contact, at least for the short-term to take into account the context of the pandemic.

It was noted that a father's attendance at the Caring Dads programme was often part of a child protection plan, a schedule of expectations, or ordered by Court. Some fathers involved in cases at child in need level had also attended the programme. For all men taking part, there was recognition from the focus group attendees that a risk assessment was carried out, in terms of exploring how a father would be able to interact in a group programme and the safety of facilitators and others men. Aggressive behaviour or histories of violent offences were not in themselves a reason to exclude a father from taking part in the programme, an individual judgement would be made as to whether, the point of referral, the father is able to commit to the programme, shows acceptance of his abusive behaviour and is ready to make changes.

For some fathers, the abusive behaviour was noted to be historical, with no present concerns and public law proceedings already having been concluded. As an example, a father had been granted full-time care with his children as it was the mother who was assessed as being a risk to the children. He was signposted to the programme, not because of any present abusive behaviour, but because it was felt that the content would be beneficial for him in terms of learning about child development and child-centred fathering.

2.2.4 Barriers to engagement

A key reported barrier to engagement was a father having work commitments that clashed with the programme; this aligns with the perspectives of the Caring Dads facilitators. In addition, other potential barriers reported were: substance 'misuse', lack of motivation, ongoing domestic abuse, low confidence, childcare difficulties, lack of accountability, stigma and accessing the programme (e.g., practically getting there).

Practitioners recognised that significant events or the situation with their children might also impact on a father's motivation to take part, for example if the children have just been taken into care, some fathers feel that it is too late; that professionals do not believe in him, that whatever he does, it will not make a difference. Meeting the fathers can help to overcome some of their worries, in terms of reassuring them that they can

achieve positive outcomes from completing the programme. Another mechanism for securing fathers' engagement was getting them to attend a session where fathers who have completed previous programmes speak to the new cohort and explain the things they have learnt, how the programme helped them personally and what they achieved from being involved.

A couple of the focus group attendees recalled examples of where a father had a significant breakdown in his mental health, one who became physically unwell and another father who received a custodial sentence following the pre-programme meeting; all these fathers went on to complete a later programme. It was clear from the multi-agency professional contributions that suitability to complete the programme could change over time.

2.2.5 Local support services for fathers

For fathers who were not deemed to be suitable to take part in the programme, other multi-agency referrals and support is put in place. For example, the father might have a family support worker involved who engages the father in one-to-one sessions about recognising the impact of adult behaviours on children, he may be signposted for support around mental health or wellbeing before taking part, or he may be referred to another programme focused more explicitly on the perpetration of domestic abuse.

Multi-agency professionals were asked what other support services, groups and programmes were available in Blackburn with Darwen, specifically for fathers. No participants were aware of any specific parenting services just for fathers, only more general programmes open to both mothers and fathers, namely Healthy Relationships, Henry, Strengthening Families and Safer Parenting.

Seven respondents spoke or wrote about the Wish Centre, a specialist local domestic abuse service offering advice and support for families, which delivers services for perpetrators of domestic abuse. In particular, four multi-agency professionals referred to the 'Make a Change' programme delivered by the Wish Centre. One participant referred to 'Shine Coaching', a goal orientated approach aimed at reducing anger and conflict, and improving mental health and wellbeing, exclusively for men and another couple of participants referred to the Incredible Years Baby and Incredible Years Toddler programmes.

Respondents commented on a need for a follow-on group specifically for fathers who have completed Caring Dads, to continue to build their confidence, socialise with other fathers and learn or sustain new skills. The view was that there would be increased attendance in a group just for fathers, as in courses aimed at 'parents' the majority of attendees are mothers and fathers feel unwelcome.

2.2.6 Relationships with the Caring Dads programme staff

Eight questionnaire respondents reported only occasional interaction or no direct contact with Caring Dads programme staff, however the social worker or family support worker usually provides an update about how a father is progressing on the programme. The remaining five respondents had regular contact with the Caring Dads workers. Those who did have contact described the facilitators as always open to

discussions about the suitability of referrals, very knowledgeable, very approachable and friendly, and available to be contacted for advice (e.g., how fathers can be supported) either directly or via social workers when needed.

2.2.7 Outcomes for fathers, (ex-)partners and children

Multi-agency professionals described the outcomes for fathers, partners and children who take part in the Caring Dads programme. A couple of the focus group attendees shared their perceptions that the programme had most impact for fathers at the 'higher' level of involvement with children's social care, at pre-proceedings and public law proceedings stage of involvement, attributing the impact to the 'mandated' nature of the programme, meaning that there is more at stake for the father for not completing the programme.

Reported outcomes for fathers:

- Improved motivation to change;
- Improved understanding of what is appropriate behaviour and what is abusive behaviour;
- Improved recognition of the impact of their behaviour on their child;
- Improved recognition of the impact of their behaviour on their partner;
- Improved responsibility for their actions;
- Improved self-awareness (e.g., more mindful of own actions and the impact of his actions);
- Improved strategies to deal with conflict;
- Improved strategies to manage feelings (e.g., of aggression);
- Improved behaviours;
- Improved outcomes for families (e.g., family reunited);
- Improved self-perceptions;
- Improved appreciation of their children;
- Improved confidence in caring for their children;
- Improved self-esteem in terms of own parenting capacity;
- Improved social support through peer relationships developed with other fathers on the programme;
- Improved understanding of own childhood and of being parented;
- Improved understanding of child development and children's needs;
- Improved relationships with children;
- Improved parenting (e.g., more child-centred);
- Better role-models for their children;
- Improved support for partners from fathers;
- Improved understanding of partners needs and managing relationships (e.g., if partner in a bad mood, approach her later);
- Improved understanding of and sense of parental responsibility.

...we have Family Group Conferences where a parent's not fit to attend because they're not able to manage themselves. The whole process of Caring Dads, it teaches them to manage themselves appropriately, so he's not this aggressive man anymore, he's just able to put his opinion across or his views (Rachel, Family Group Conference Manager).

Outcomes for partners and ex-partners:

- Rebuilding couple relationships (e.g., moving back to the family home);
- Improved co-parenting (e.g., more consistent parenting styles and working as a team);
- Reduced conflict;
- Improved feelings of safety;
- Improved emotional wellbeing;
- Improved ability to communicate with one another (e.g., discuss issues rationally and reduction in issues escalating);
- Reduced stress and anxiety;
- Improved feelings of support;
- Improved quality of life.

...it helps with them and the partners and there's less conflict between them, or they're working together co-parenting better, so that massively has an impact on the Family Group Conference and the family plan (Rachel, Family Group Conference Manager).

Outcomes for children:

- Improved relationship with father (e.g., child's needs put first, more attentive to their children, more child-focused parenting).
- More quality of care and responsive fathering (e.g., improved understanding from father of what his child needs from him as a parent).
- Reduced exposure to conflict.
- Reduced exposure to inappropriate adult behaviour.
- Improved safe care and feelings of safety.
- Increased child contact.
- Improved emotional wellbeing.
- Improved quality of time together / contact (e.g., more child contact, unsupervised contact).
- Improved children's social care outcomes (e.g., child able to remain in both parent's care; move from parenting assessment unit to own family home).
- Improved attachment relationships.

- Improved feelings of father being committed to them (e.g., older children feel father is doing the programme for them and they are proud of their father).
- Reduction in adverse childhood experiences (e.g., domestic violence and abuse, parental separation, parental mental health issues).

When the dads come in, we notice a big change in completing the course. They're very attentive to the babies and they don't take them for granted. We notice they love getting up doing the night feeds, they enjoy getting them ready, playing with them – You can see a massive difference in them, the way they talk about being perpetrators, they're accepting of everything that they've been through and they know that they are in charge of what they do now. They're a lot more calm and relaxed. Because again, that trust from Caring Dads. They are more likely to come to us if they are struggling, if they do need extra support, which is really positive (Helen, Residential Worker).

2.2.8 Recommendations for the programme

The majority of multi-agency professionals did not suggest any improvements that could be made to the programme; those (five) participants that did proposed that:

- More professionals should be able to make referrals;
- Children's wishes and feelings should be included in the pre-programme planning and where possible children should take part in some sessions;
- There could be closer working relationships with schools, so school staff are aware of which fathers are taking part in the programme, and could identify other suitable fathers to take part;
- Existing leaflets should be made available to more agencies and information could be shared in multi-agency meetings to raise further awareness of the programme and keep multi-agency professionals informed of the dates of programmes;
- The size of groups should be (re)considered, as fathers had reported to professionals they preferred smaller groups;
- Looking to other agencies to support facilitation to ensure there are enough male facilitators trained, as well as female facilitators.

2.2.9 Overall comments from multi-agency professionals

Overall, the responses and additional comments section of the questionnaire highlighted that multi-agency professionals were of the perspective that the Caring Dads programme achieves good outcomes for fathers, mothers and children, with respondents describing the programme as “*powerful*” and bringing about “*significant positive impact for families*”. The Caring Dads programme records were viewed as a useful source of information for professionals, agencies and processes (e.g., Court hearings, probation and better judging a father's suitability for supported accommodation). There was a consensus amongst the multi-agency focus group participants that the Caring Dads programme brings fathers to the surface more, rather than just focusing on mothers. Multi-agency professionals were clearly in support of

the programme continuing and were grateful that it helps evidence fathers' abilities to make positive changes.

2.3 Fathers' perspectives

2.3.1 Characteristics of the sample of fathers and their life experiences

Broadly, the qualitative sample of six fathers corresponds with the quantitative data findings in terms of a number of characteristics, however, through in-depth interviews, we were able to gain deeper insights into men's lives, in order to grasp more detail about fathers and their journeys leading to involvement with children's social care and referrals to the Caring Dads programme.

Age: The age of the fathers ranged from 26-49 (average age of 34) when they began the programme.

Ethnicity: The majority of the qualitative sample of fathers were of White British ethnicity. One was Pakistani.

Early childhood experiences: All the fathers described one, but often several, adverse childhood experiences (ACEs). In addition, fathers recounted other difficult and/or traumatic experiences. Figure 2 provides a summary of the fathers' experiences.

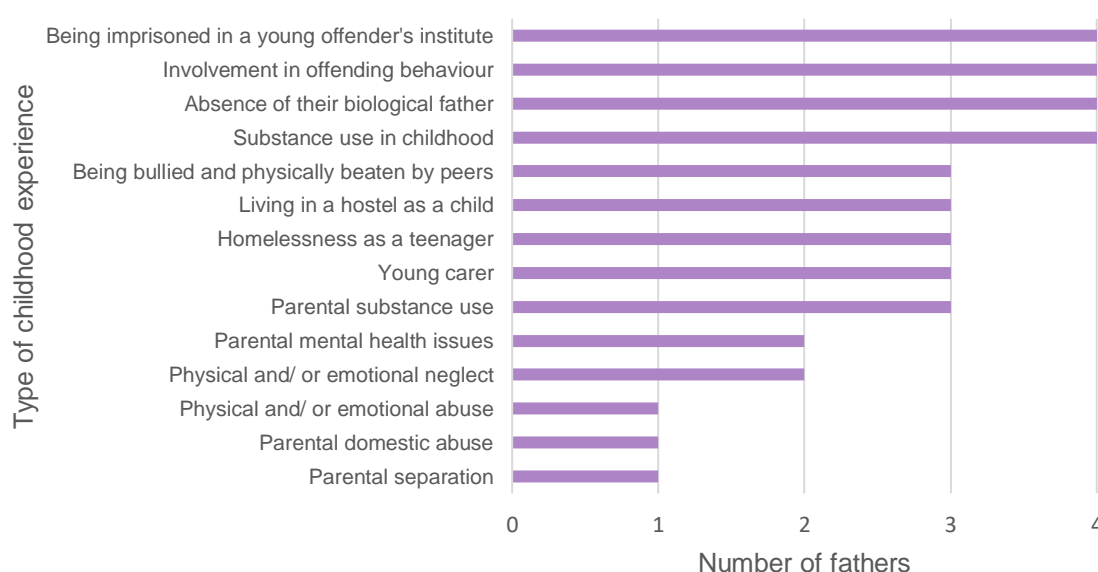


Figure 2: Fathers' childhood experiences

The majority of the fathers described feeling scared, anxious, hurt and/or angry at some point during their childhood, and for some men these feelings remained throughout their childhoods and adult lives. Only one father felt that he had a good childhood.

Family size: All six fathers had birth children, with either one (3), two (2) or three mothers (1). The number of biological children per father ranged from 1-6. The average number of birth children was three. Two fathers also had step-children, with one having one step-child and the other having two step-children.

Relationships with partners: All six fathers had experienced relationship difficulties, for five out of six of the fathers, these relationships issues had led to the father separating from a previous partner, who was also the mother to at least one of his children. Three out of six fathers were in a couple relationship, remaining with the same partner at both Time 1 and Time 2. The length of their current couple relationships varied from 2-13 years. On average, fathers in couple relationships had been together over 7 years. All three fathers who were in couple relationships described their relationships as strong and supportive of one another, although they acknowledged that all relationships can present challenges at certain times. The other three fathers were single at both Time 1 and Time 2.

Relationships with children: Relationships with children were complex and varied over time, across sibling groups and in relation to re-partnering. Only 1 of the fathers was living with their children at Time 1, but 5 out of 6 of the fathers described how the quality of their relationships and contact with their children had improved by Time 2, with 2 fathers living with at least 1 of their children full-time. Contact arrangements were often shaped by child protection and care proceedings, but also by separation from a previous partner. Five out of six of the fathers had some form of face-to-face contact with at least one of their children, often with contact arrangements moving from supervised at Time 1 to unsupervised, or supervised by family members, rather than the local authority, by Time 2.

Relationships with wider family members: Five out of six father described having strained or estranged relationships with both or one of their parents. These experiences of difficult relationships had often begun in childhood and continued into the fathers' adult lives. Despite feeling that their parents had often not provided good care for them during their own childhoods and therefore having a lack of a close bond or trust in their parents, some fathers felt dependent on parents for support with their children, due to work commitments or in terms of outcomes of care proceedings, such as Special Guardianship Orders.

Employment: Five out of six of the fathers were unemployed and in receipt of some form of welfare benefits at Time 1. Two of those fathers described having lost previous jobs due to substance misuse issues. By Time 2, four fathers were employed; three full-time, one part-time.

Housing: Three out of six of the fathers were living in council or social housing at both Time 1 and Time 2, two were in private-rented accommodation, and one was living in support accommodation. Two of the fathers were attempting to move between Time 1 and 2, due to bedroom tax being imposed after the removal of children but had been unsuccessful in the council bidding process by Time 2.

Mental health: Five out of six of the fathers described experiences of mental health issues. Often fathers had suffered with their mental health since childhood, following childhood trauma and/or adversities. The most common reported issue was

depression. One father had severe mental health issues, which had resulted in him being sectioned in the past. Three fathers also described having attempted to support their partners, or a close family member, in relation to their own mental health issues, including depression, post-natal depression, anxiety and bi-polar, finding that this involvement had taken its toll on their own mental state. Five out of six of the fathers described the strain on their mental health as a consequence of involvement with children's services, particularly the fathers who had been through care proceedings and experienced child removal, or felt they had no choice but to agree for their children to be taken into care via Section 20. All five of these fathers described the pain and damage to their mental health.

Substance use: Four out of six of the fathers disclosed having misused substances, most had used more than one type of substance, including cocaine (3), cannabis (2), amphetamines (2) and alcohol (2). All four of these fathers had begun using substances in their childhoods and had continued to do so as adults; a couple were still using at by Time 2, whilst the other two fathers had stopped. Fathers expressed drug use as a way to 'switch-off' and cope with emotional pain. Most fathers had co-used with a partner or ex-partner at some point in their lives. Couples had often returned to using substances after the removal of children, feeling like all hope was lost and as a way to cope with loss, grief and shame.

Domestic abuse: All six fathers had been involved in relationships characterised by domestic abuse at some point in their lives. Five out of six of the fathers had been accused of being perpetrators of domestic abuse, four towards (ex-)partners and one towards his mother; four out of five of the fathers admitted to the abuse, one upheld that he had been falsely accused by his (ex-)partner in an attempt to prevent him from having contact with his children. Three out of six of the fathers described also having been victims of domestic abuse; two in relation to partners and the third at the hands of his mother. Three fathers had completed a perpetrator programme before being referred to the Caring Dads programme. Out of the four fathers who described having been perpetrators of domestic abuse in the past, there was only one father who described ongoing domestic abuse in his relationship at Time 1; both him and his partner concurred that the abuse had stopped by Time 2, and no further domestic abuse concerns had been raised via police reports or children's social care for this couple by Time 2.

Offending: Four out of six of the fathers had an offending history. Offending histories included actual bodily harm, grievous bodily harm, battery, affray, robbery, breach of a non-molestation order, breach of a restraining order, criminal damage, threatening behaviour and child neglect. All four fathers with offending histories had received a prison sentence for one offence at Time 1, but none of the fathers had been convicted for any further offences by Time 2. Two out of the four fathers with offending histories had served their sentences as young offenders.

Risks of harm to children: The reasons for children's services involvement and referrals to the Caring Dads programme were varied and complex. Some fathers had long-standing histories of involvement with children's services, including child protection (4) and care proceedings (3), with previous and current concerns often also being in relation to the children's mother (5). Previous care proceedings had varying outcomes, including home placements (1), long-term foster care (1) and adoption (1).

Two of the fathers had no previous involvement with children's services. At Time 1, for five out of six of the fathers, concerns of emotional abuse had been raised in relation to at least one of their children. In addition, concerns of neglect were raised in relation to two out of six of the fathers, both of whom had been arrested for child neglect. Domestic abuse, substance misuse and mental health issues were common features in most of the fathers' lives.

2.3.2 Reasons for taking part or declining to take part

Five out of six fathers felt reluctant to take part in Caring Dads when they were first approached. Three of those reluctant fathers stated that because referrals had been made by their children's social worker or had been requested by the court, in relation to public law proceedings, they were obliged to attend in the end. The fathers described fearing they would be judged negatively if they did not take part, and that there would be consequences in terms of decisions relating to their children, such as child contact and child placements, if they did not agree. Four of the fathers spoke of how they had been offered a place on the programme on numerous occasions but had turned this down before eventually agreeing to attend.

Reasons for declining to take part included:

- **Feeling accused of being a 'bad' parent** by a social worker, when being asked to attend the programme, this had annoyed some fathers and put them off attending.
- **The name of the programme** had also put some fathers off agreeing to attend. Fathers described how the name 'Caring Dads' could sound judgmental, giving the impression that they were being accused of not being caring towards their children.
- **Not knowing enough about the programme**, or having enough information provided to them, when a social worker first asked a father to attend.
- **The commitment involved in attending**, such as the length of the programme (17-weeks), feeling too busy with other competing priorities and being concerned about how they would find the time to attend.
- **The large group size** put some fathers off.
- **Not feeling ready** to face up to their issues, such as mistakes made in terms of parenting and past relationships.
- **Dealing with various traumatic issues** around the same time, including the recent removal of children from their care or news of a terminally ill family member.
- **Lacking confidence and feeling too vulnerable** emotionally to be told or admit to themselves to being a 'bad' parent, which would mean a further knock to their already low self-esteem.

I never wanted to do it. I've turned it down for the past two years. I had resistance with that Social Worker, so I didn't really want to do anything that she wanted to tell me to do. It was also the name. At first that made me hesitant. I thought, are you trying to make me out like I need to go on a course about how to become a caring dad? I used to think automatically in me head, "I am a caring dad". Even now I say "I've got a group about the kids on Wednesday", I

don't say to people "Oh I'm on Caring Dads". What would have also made a difference is having the information that I had when I first went to my pre-appointment. That's when they told me more about it. I was like, yeah, I'll do it (Darren, Dad).

When they first said you can go on this course to improve your parenting, I felt like they were just having a dig. Are you trying to say that I'm a bad parent or something like that? So, I'll be honest, I didn't want to do it. I couldn't be bothered doing it, I couldn't be bothered to be sat there in a room with 20 odd people, because they did it in big groups back then. But then I thought, it is just men and there isn't nothing out there for dads (Chris, Dad).

For one father, a conversation with a family support worker, who he had worked with in the past, and who he trusted, convinced him to take part. He explained how his confidence and self-esteem was so low, that he did not feel that he could ever be a 'good' father and therefore there was little point trying. These negative self-perceptions were countered by the family support worker who persuaded the father that he was worthy of investing time in himself, and that in turn, he might feel better, as well as improving his parenting. Another father finally decided to take part in the programme after reconsidering that he did have things to learn about being a parent. Hearing more information from facilitators, and directly from other fathers who had completed previous Caring Dads programmes themselves, also contributed to men's thinking that there might be value in taking part. The fathers who had completed previous programmes spoke to the men who had been referred, sharing how they too had felt reluctant to take part but had ended up enjoying, and learning from, the programme. Those fathers who initially declined to take part in Caring Dads were all re-approached, and all ended-up agreed to take part.

They said to me, "If you do it for you then things will follow". I finally realised that I needed to change my ways. I needed to know how to be a better parent, see where I've gone wrong, see what I can change to move forward (Gary, Dad).

When they said it was – was it 14, 15 weeks, I were like, "What?" I said it to me mum "I know how to be a dad –". And then the more I thought about it, I just thought "You know what? If I can do something, one extra thing for them [the children], then that proves that I can be a good dad". And, they'd [the facilitators] said that a lot of dads have been on it and came in exactly the same, saying that they didn't really want to do it, but halfway through they said "I'm quite enjoying it". One lad came. He was on the earlier one. He came in and talked about it. He started off on it and he was not for it, but then he seemed to gain confidence through it. He talked about his experience on the course. So, then I just sort of stopped being stubborn and thinking that I knew everything and just did it (Graham, Dad).

Motivations and reasons for agreeing to take part:

- Believing there is no perfect parent and that everyone can learn something from the programme.
- Wanting to become a better parent for the sake of their children.

- Doing something that might benefit the father himself.
- Convincing professionals, fathers themselves and their children that they can be a good father.
- Taking up the opportunity to be involved in a programme, just for fathers, and spending time with and learning from other men.

I do it for me and my kids. There's only a few Caring Dads [programmes] around. "We're actually privileged to actually be able to go somewhere and learn". You don't have to be a bad parent to learn on the course, everybody can learn something (Graham, Dad).

I did it for two reasons and pretty much two reasons only. One was for me to increase the chances of getting my children back in my care, and secondly, just to genuinely become a better dad, or a more caring dad really (Will, Dad).

2.3.3 Pre-programme expectations

Most of the fathers had taken part in other parenting or domestic abuse perpetrator programmes previously, so felt they had some understanding of what it might be like to do the Caring Dads programme. After attending the pre-programme meetings, the fathers understood that programme would focus on their role as a father and as a co-parent. For some of the fathers, previous negative experiences of classroom learning, and other domestic abuse perpetrator programmes, had tainted their expectations when referred to Caring Dads. Some fathers attributed their pre-programme apprehensions to thinking the Caring Dads approach, such as group-work and 'classroom' learning, would not suit them.

I'm more of a hands-on person, so sitting in a classroom talking isn't my thing at all. Like I couldn't sit behind a desk and do a job like answering the phone or paperwork. It's not me. And, at the time, you just think, this is going to be like every other fucking course. But it's actually not. It's not like every other course, it's not at all (Chris, Dad).

2.3.4 Experiences of the programme – what helped and what hindered?

Gary described how he found the first couple of weeks difficult, so much so that he told his partner that he did not see himself completing the full 17-weeks, but with encouragement and support from his partner and the facilitators, he persevered and continued to attend. Then after around week four or five, he felt his confidence start to grow, the content suddenly "clicked" and, from then on, he started to take the information onboard and put his learning into practice.

I just went in. Sat there and just nodded my head and smiled. But then after a bit where I sat there and I started to engage and I were the vocal one of the group. I don't normally speak but it brought me out of my shell and then we had such a good bond (Gary, Father).

There were four key factors that fathers described as contributing to their positive experiences of the programme:

- The focus being on men, as fathers, not as perpetrators.
- Small group sizes.
- The peer support aspect.
- The approach of facilitators.

The fathers explained that it was refreshing to have a programme, exclusively for fathers, especially one where the primary focus was not on labelling them as perpetrators of domestic abuse, despite all the fathers, except one, acknowledging that their past behaviours towards (ex-)partners had been abusive.

Fathers felt strongly about the size of the groups. All the fathers who had taken part in groups during Covid-19 described unanimously how, due to government restrictions and local authority risk assessments, for example, in relation to social distancing and group sizes, that they had inadvertently benefitted from being able to attend a programme with just a few other fathers (i.e., five to seven men in total).

...because it's a small group, some of the groups are 25, 25 people and we all said that we'd hate it to have 25 on the course because, you know, there's only 7 of us, 6 or 7 of us on the course, so you get to know the 6 or 7. But if there was 25 on the course, you would listen to about 6, 7, 8 peoples' stories and then you would just switch off, listening to 20 odd peoples' stories and getting to know that individual person who has told you the 25th story would be very hard to keep a track of. Being in a small group we seem to bounce off each other so it's a lot better (Graham, Dad).

Linked to the small group sizes, the peer support aspect of the programme was seen, by all the fathers interviewed, as crucial to its success. Benefits of the peer network included fathers not feeling isolated, being able to share their experiences of being involved with children's services and court proceedings, the ability to seek and provide each other with advice, feeling inspired by other fathers, and more vocal fathers being able to take the lead and encourage other less confident fathers to open-up, after disclosing their own stories and mistakes.

I'm not one for talking that much about my – if I've got any issues or problems, I just tend to keep them to myself, try and brush them under the carpet, pretend it's not happened but when I go to this course I've found that talking and listening to other people's stories and how they're involved with it, I find it helpful (Will, Dad).

The best thing is it being a support network and knowing that you're not in it on your own. The main thing I like about it is, it's not just me in that position, there's other dads there. And you hear the dreams of other dads and you feel inspired and want to hear more about their lives, and it makes you look at yourself and think, "Well you know something, if they can do it, I can do it" (Darren, Dad).

Fathers reflected on the approach of facilitators, explaining how the staff were all 'down to earth', they appreciated their upfront and direct manner, and the calm environment that facilitators created, in terms of the sessions not feeling too formal but relaxed. Fathers interviewed noted that ensuring everyone had chance to talk and

contribute, and that they did not feel judged or belittled, enabled them to feel comfortable and more confident to open-up.

Kelly was ace - She was very, very direct – in a nice way – but very firm and I needed that. I found myself being really honest with her. We've always had a good bond (Gary, Father).

All but one of the fathers struggled to think of downsides to the programme, only wanting to share positive feedback. The other father (Darren) talked of three key factors that he would change in terms of the location, transport arrangements and background checks. For Darren, the location had not been convenient for him, in terms of having to travel a significant distance to get to the children's centre, where the programme was being delivered. He expressed how it would have been a four to five-mile walk and that he was not able to walk that far, due to physical health problems. Darren was not working at the time, his income was already stretched, and he felt that it would have been helpful to be offered a bus pass or money for the bus fare. He reported how another father on the programme was in a similar situation but chose to cycle to save paying for transport. However, as the programme was being delivered at the end of Autumn and into Winter, the weather turned cold and often very wet, and it was much harder for them both. These two fathers paired up and decided to share the cost of a taxi to and from the group sessions. Although Darren and the other father had managed to find a way to get to the programme, he felt that other men might drop off the programme because of the location, distance and needing to arrange, and pay for, travel.

The same father also shared how he would have preferred to know which other men were due to take part, before attending week one. The reason being was that he had turned up to the first session and realised that another man, who he had pre-existing conflict with, was also attending. This father described how they were close to fighting so he had ended up leaving, acknowledging that it could have ruined his chances of taking part, and that it had portrayed him in a bad light right at the outset. The father recognised there were likely to be complexities in terms of confidentiality, around sharing details of fathers due to attend. However, he wondered whether fathers could be asked to disclose any significant conflict with other men at the pre-programme meeting or whether fathers could give consent for their names to be shared with other attendees. Despite having a challenging start to the programme, Darren appreciated that he was able to be transferred to another group that was running concurrently and was keen to emphasise that he had thoroughly enjoyed, benefitted and learnt from the programme.

2.3.5 Post-programme reflections on outcomes and impact

All six of the fathers agreed that it was worth taking part in Caring Dads and that they would recommend completing the programme to other fathers. Five out of six men felt that they had experienced significant changes and positive outcomes as a result of taking part. Key areas of change related to:

- Perceptions of professionals and services.
- Taking responsibility.
- Motivation to become a better parent.

- Self-understanding, self-awareness and self-reflection.
- Thoughts, feelings and behaviours.
- Opening-up and having a space to feel able to talk.
- Partner relationships.
- Confidence and proactivity.
- Co-parenting.
- Parenting and reclaiming fatherhood.
- Outcomes for children.
- Acceptance.
- Knowing about and accessing other support.
- Post-programme work with other agencies.
- Hopes for the future.

The sixth father voiced that he had hoped to have full-time or shared care with his children at the end of the programme, but that outcome had not been achieved. Although all the other fathers described beneficial outcomes to themselves and their families, there may be some work to be done in terms of supporting fathers to understand the realistic outcomes that can be expected to be achieved from the programme. There are also some limitations to the impact the programme can have in terms of influencing decision-making in local authority care proceedings.

Perceptions of professionals and services

One of the key areas of change related to fathers improved perspectives of professionals, which in turn impacted positively on their attitudes towards, and engagement with, public and third sector services (e.g., children's social care, domestic abuse services and wellbeing services). For half of the fathers, their negative perceptions of professionals stemmed back to their early childhood experiences, whereby they felt let down by professionals, which had impacted on their trust of those in authority and that professionals would (be able to) do anything to help them.

I've seen some stuff I should never have seen. But back then, social services was a lot different. It wasn't how it is now. If the social services were there for me, I would have been took away, but they weren't there for me. I used to have a problem with authority, all throughout my life I've always had a problem with authority (Darren, Dad).

Five out of six of the fathers talked of how, before taking part in the programme and during the early group sessions, they believed that children's services were there to remove their children, and that there was little a father could do to alter that. Some fathers felt completely helpless and therefore, even after agreeing to take part, were convinced that the Caring Dads programme would make little difference to their lives. Men's perceptions, of children's services existing to remove children, were partly influenced by anecdotal stories from other parents and feeling in fear of the worst-case scenario. After hearing alternative stories from other fathers who had experienced children being placed with them, either in relation to child protection concerns about the children's mother, or because of positive outcomes from care proceedings, fathers began to change their perspectives. In addition, facilitators highlighted examples of support that social workers had provided or offered them.

Fathers acknowledged that they had tended to focus on the negatives, overlooking or forgetting about support that had been provided. Facilitators also shared and reinforced positive feedback that had been passed on by family support workers, family time workers and social workers, with fathers feeling better knowing that discussions about them were often positive and acknowledged the changes they had made.

When I first started on Caring Dads, I didn't really see my point in being there. I'd disagree and I'd stir the pot a bit. And then about week eight or nine, that's when the change started happening and the things that we were working through on the course, it started to make me open my eyes and realise, I understand why they took the kids. I used to have a misconception of social services, they just want to take your kids. But they just want what's best for my kids and that's the best thing that's come out of this course for me. My perception of the social services has changed. I want happiness for my kids and they want happiness for the kids, so we've got to work together (Darren, Dad).

Improved self-understanding, self-awareness, self-reflection, responsibility and motivation

Part of the process of fathers changing their perspectives about professionals was related to the programme content, particularly in relation to child development, listening to children and child-centred parenting. This led to improved understanding about parenting and improved recognition and accountability for why children's services had raised concerns and why, for some fathers, children had been removed from their care. All of the fathers shared how aspects of the programme had opened their eyes, that they had previously thought that they were doing things right by their children but had come to reflect on significant mistakes. Fathers came to recognise and engage with the value of learning more about and improving their parenting. They also described how the programme led to improved self-understanding, self-awareness and self-reflection, and in turn, motivated them to invest in becoming better fathers.

Some of the things I've learnt about myself. I thought, when I went there, do I really need this, should I be here, I don't feel like I need to. Then I thought, you know, am I going to be able to share some of my stories in front of other people, but it's just made me think, yeah, I have. I've just learnt different bits and bats about myself along the way, and I've realised that I've not been the father that I thought I had. I thought I'd been a really good dad throughout, but, you know, I haven't, and it's give me a bit of a kick up the arse to see, there is things that I need to change badly to become a better father, and this course has helped me realise that. Since doing the course, I have realised that, you know, I have made mistakes (Will, Dad).

Practicing positive self-talk and improved thoughts, feelings and behaviours

Linked to improved self-awareness and self-understanding, four out of six of the fathers referred specifically to learning and content that focuses on thoughts, feelings and actions, and positive self-talk. Fathers felt that this new learning had been

particularly beneficial and had led to them actively making an effort to challenge and change their thoughts, feelings and actions. The quotation below is an example provided by one father about how he had applied his learning to his own life.

I've learnt the difference between what your feelings are, what your thoughts are and what your actions are, and how, if you change what you're thinking, it's going to change what you feel, and then it's going to change the actions. When I've been drunk or if I've been out, sometimes I just do things without thinking and then I end up in trouble. We've learnt to give yourself a positive self-talk first, talking to yourself before you do things, have a think in your head, 'If I do that this might happen' or 'If I don't do this that might happen'. It's to realise what thoughts you're having, and then how to change your actions regarding your feelings and your thoughts. It challenges the way you're thinking about things. I can go into a situation where, I could have had a row with my missus, or say if I've had a bad experience at work or somebody's ticked me off, I'm already in a bad mood because that's happened. Now I've come home, Paige is home with the kids and I've already got thoughts in my head which are negative and I feel angry about that, so my actions are going to rub off on Paige, whereas if I changed my thoughts before I come into the house and say 'Look, that's happened at work, leave that at work', change my thoughts when I come in and my feelings, I'm going to come in and I'm going to give off a completely different vibe, and therefore the actions are going to be completely different, my mood's going to rub off differently. I used to take it out on people when they've done absolutely nothing wrong. If you change your thoughts before you enter that situation the outcomes and the actions are going to be different. So that's something I've learnt (Will, Dad).

Improved confidence and proactivity

Whilst two fathers felt confident at the beginning of the programme, the other four had lacked confidence and self-esteem when they were first referred. As the weeks went on, one father described how he'd "*come out of [his] shell*" (Gary, Dad) through taking part in the programme. Feeling at ease with peers and facilitators was a key factor that contributed to men opening-up and developing the self-confidence to share their experiences, in relation to their life histories, as well as current situations. Learning about child development and child-centered parenting had supported fathers to recognise and validate their own strengths, but also to work at improving aspects of their parenting. The child development content also boosted their confidence as they felt more knowledgeable about being a father. As a father's confidence grew, it appeared that his motivation also increased, and he became more proactive in terms of his involvement with children's services. Examples included not feeling stupid asking questions where they did not understand information and following up on queries where they did not feel fully informed, such as about a change of a social worker or details about child-contact arrangements.

Improved couple and co-parenting relationships

Learning about thoughts, feelings, actions and positive self-talk was also related to improvements in couple and co-parenting relationships. Four out of six fathers described positive outcomes in terms of improved investment in their relationships with

partners and/or improvements in co-parental relationships, with partners or ex-partners. One father described how he came to realise that he and his partner had focused so much on their children, when they had been returned home from foster care, that they stopped focusing on themselves, as individuals, but also as a couple. As a result, their own wellbeing had suffered, as had their relationship, and eventually the couple relapsed and turned back to using substances, resulting in their children being removed again, prior to the father taking up a place on the Caring Dads programme. All four of these fathers wished they had been equipped with the knowledge they gained from Caring Dads at an earlier point in their lives.

[We'd] stopped spending time with each other and looking after our own emotional wellbeing. Because the only thing that mattered to us was the kids, the kids, the kids, and that was the be all and end all really. I think we didn't realise that it was still important to talk and communicate, which we stopped doing (Chris, Dad).

In terms of co-parenting, fathers shared how the programme had supported them to realise that it is crucial to work at and invest in developing amicable, or at least 'bearable' relationships with their children's mothers, particularly if they were no longer a couple. Five out of six fathers talked of making an effort to apply their learning for the benefit of their children. The sixth father reported that there had been no interparental conflict since he completed the programme, but he did not have contact with his children's mother. Examples of changes that the fathers made included speaking positively to their children about their mother, encouraging the children to be open with their mother about their feelings, avoiding conflict, respecting children's mothers' role and contribution, apologising to ex-partners, forgiving ex-partners and facilitating contact between children and their mothers.

No matter how hard I try and get away from it, like I used to, it's still always going to be my kids mum. And if anything is ever wrong with my kids' mum, it affects my children, it affects my children massively. I want [my children] to witness that, they know now that we get on, so that's a good thing for them (Darren, Dad).

I don't know who's told her to make all this stuff up, but I have talked to her about it since and she said "I was in a bad place and I'm sorry". We used to meet in a contact centre, but as soon as the court had finished – All contact now goes through me. So, the mum comes here [to the father's house] and sees the children (Graham, Dad).

Improved parenting and reclaiming fatherhood

All six fathers spoke of improving their parenting as a result of their learning from the Caring Dads programme. Examples of improvements to parenting often related to spending more time with their children, ensuring the time spent with their children is quality time, making efforts to enter the child's world through child-led play, talking to their children more about their thoughts and feelings, listening to their children more, and prioritising their children over other aspects of their lives. Three fathers spoke of making apologies to children for their past behaviours and mistakes. In addition, two fathers had become motivated by their involvement in Caring Dads to try to reclaim

their fatherhood with previous children, who they had lost contact with, either due to the outcome of care proceedings or because of an acrimonious separation from an ex-partner. For one of those fathers, this had led to him meeting up with his son for the first time in years.

I'm finding out how to fix things. Met son for the first time in years and I told him honestly what had happened. I never sugar-coated things and this is what I've learned from "Caring Dads". So, basically, I said, "Yes, I stuffed up. Yes, I did this" (Gary, Dad).

In turn, the positive changes that fathers had made were described by fathers as having positive impacts on their children. Fathers reported improved outcomes for children relating to progress at school, their openness about their feelings and emotions, feeling happier and less worried, regular contact and spending more time together, no further exposure to parental conflict or domestic abuse, better quality time with their father and mother and more consistent routines.

They came to the house, they've seen how the kids have progressed at school and how they've progressed here and how they were getting on and the things that I were doing (Graham, Dad).

Whilst not all the fathers had children in their care by Time 2, the fathers all appeared to have greater acceptance of the circumstances and outcomes for their children. Rather than thinking about what the fathers want for themselves, they talked of how considering what is best for their children had enabled them to come to terms with the outcomes from children's services involvement and court proceedings. Although difficult to accept, a number of fathers acknowledged that they had learnt that sometimes what is best for their children is not necessarily what they would want as a father for themselves but that their children's stability and happiness should come first, above their own wants and needs.

The main thing is the stability of the children. Would it be worth uprooting them again? And so, for us, we have to put their needs first. They're stable, they're happy, they're settled. Just because we're doing well doesn't mean we should uproot them again (Gary, Dad).

It is what it is, isn't it? They're settled at school, they're with their Nana, they're happy now, that's all that matters to me (Darren, Dad).

Another key benefit reported by a number of fathers was becoming more informed about what other support is out there, and how they can access it. Fathers shared how their improved knowledge of services, assistance from facilitators in terms of referrals and improved respect and trust for professionals had influenced them to become involved with other agencies post-programme. One father described being previously embarrassed about using services, particularly if he had already received help and then things had not gone well, for example when he had relapsed. He had been ashamed to go back and admit he was not coping again. Instead, this father had ended up turning to drugs to manage his painful emotions. Since receiving support through the Caring Dads programme, as well as other services, such as Inspire, he and his partner felt they are better able to seek and persist with getting help, even if that means

asking again and again. A number of fathers had become motivated to access support via their GP (e.g., for anti-depressants to stabilise their mood), or the local drug and alcohol service. After previously refusing to engage, two fathers also went on to agree to attend programmes run by a local domestic abuse service: one focused on relationships and the other about domestic abuse more specifically. Other fathers had never considered support services but came to recognise the importance of investing in their own health and wellbeing in order to be able to fulfil their fathering role.

I've just gone to my doctors yesterday and said 'Look, I've got a lot of stuff on, going on in my head, and I can feel my thoughts and my feelings changing a little bit, and I'm starting to get a little bit – you know, waking up with anxiety again. I'm just not – I can feel myself changing slightly and again I'm taking it out on people that mean the most to me when it's not right'. So I banged my doctors and I've got an appointment with him tomorrow (Will, Dad).

The main thing with me is, is knowing that I can always get help. I'm quite, very knowledgeable about parenting, my children's needs and respecting their beliefs and stuff like that. For me, it was more the fact that I used to lock myself away and that and not speak about it to anyone. I've been able to open up. I started changing myself then, right, I've opened my eyes and I've realised, I've made positive changes to my own self (Darren, Dad).

At the Time 1 interview, all the fathers said they tended not to think about the future and did not have hopes or specific goals or plans. As part of the programme sessions, fathers explained that they had discussed next steps with facilitators, who had supported them to set goals that they wanted to achieve post-programme. As a result, each of the fathers spoken to did have a clear plan in mind by Time 2; all of whom felt more positive and expressed having more hope than they had done prior to taking part, even for fathers who did not have children living in their care. For two fathers in particular it was about being more realistic in terms of how they imagined, set and prioritised goals for the future; not running before they could walk. Three fathers expressed having been inspired by the Caring Dads programme to go on to take part in other programmes or study.

Now it's small goals, small steps. Get one goal done and then the next. Changing a negative into a positive, now we've got a little bit of extra time to get things done. Like jobs. Volunteering. I'm at the gym at the minute. A fitness course run by the recovery service for 26 weeks. The plan is to get that done. That ends in March. My name's down for peer mentoring in March. And then I'm going to go down the route of trying to help men – young dads. I want to earn my right to get my own qualification, my own skills and give something back (Gary, Dad).

I need to sort my alcohol consumption now and my drug intake. I'm going to go back and do my Inspire. It all started with me doing this Caring Dads (Darren, Dad).

In summary, whilst all but one father was initially reluctant to take part in Caring Dads, by the end of the programme all six fathers spoke highly of the programme describing the benefits to their learning, the feeling of being supported from peers, facilitators and

other services, the changes they had made during and since attending, and the positive impacts on their children, partners and co-parents. Fathers were passionate about ensuring that the programme continues to be available for other fathers and families to benefit from.

It's a game changer... the only programme that's worked (Gary, Dad).

2.3.6 Recommendations based on fathers' feedback

- Being approached to take part in the programme by a professional that a father has a good and trusted working relationship with can positively influence their decisions to take part.
- Be clear that all parents have something to learn, there's no perfect parent and therefore all/any father can benefit from taking part in the programme.
- If possible, encourage fathers' partners to support fathers to attend and talk about the programme so they can learn from each other and together.
- Consider continuing with smaller sized groups post-pandemic.
- More funding to run more groups, on different days and in different locations.
- Inform fathers from the outset that there is flexibility in the programme, including programme times and days of the week and how the course is taught can be adapted, that much of the content is practical (e.g., homework activities with children and role play), and that help can be given (e.g., with reading or if a translator is needed).
- Be conscious of other issues or events a father might be facing when approaching him to take part in the programme.
- Ask fathers before beginning the programme of any particular relationship difficulties with other fathers, to avoid putting men with pre-existing conflict on the same programme.
- Provide fathers with more information about the programme in advance of the pre-programme meeting could influence their decision-making about taking part, including providing clarity about how the Caring Dads programme differs from other programmes and why in particular, this programme is worth taking part in.
- Continue to re-approach fathers who initially decline to take part.
- Be mindful that fathers with low self-esteem and self-worth may lack confidence and motivation to take part. Take time to explain to fathers why it is worth investing time in themselves, for their own benefit and for their children and families.
- Consult with fathers and children's social care to ensure that fathers are able to physically get to the location of the programme, ensuring that where necessary and possible, fathers are offered support in terms of transport, such as the cost of a bus fare.

2.4 Partners' perspectives

We undertook interviews with three current partners of fathers involved in Caring Dads. The interviews gathered partners' views of the Caring Dads programme and information about its impact on the couple and their children. All of the partners were interviewed on two occasions, at Time 1 and Time 2. Two of the women were mothers

to all of their partners children. The third woman had two children with her current partner; a father who had taken part in Caring Dads. This mother also had one child from a previous relationship and the father, in this case, had four other children to his ex-partner.

2.4.1 Characteristics of the sample of mothers and their life experiences

Age: The age of the mothers ranged from 28-35 (average age of 31) when their partners began the programme.

Ethnicity: Two of the mothers were White British, the third was Pakinstani.

Early childhood experiences: The three mothers who took part in interviews had varying childhood experiences, including parental separation (3), family conflict (2), physical and/or emotional abuse (1) and parental mental health issues (2). In addition, one of the mothers had experienced an arranged marriage as a child, two had involvement with children's services as children themselves, all three had absent biological fathers growing up, and one mother had been abandoned by both her parents, resulting in her being raised by extended family.

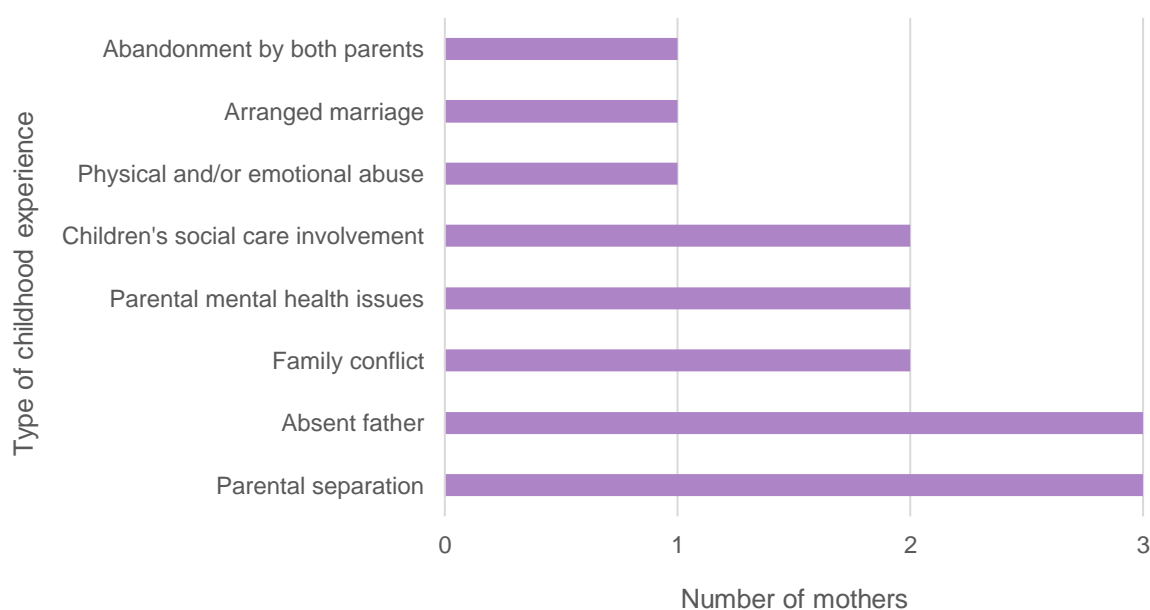


Figure 3: Mothers' childhood experiences

Adult life experiences: Adverse experiences had continued into adulthood for two of the three mothers, including mental health issues, homelessness, domestic abuse, drug addictions, periods in and out of rehabilitation, unemployment and removal of children from their care as a result of public law proceedings or private agreements with family.

2.4.2 Understanding of why their partner was referred

All three mothers knew that their partner had been referred to the Caring Dads programme because of concerns in relation to domestic abuse and the fathers'

parenting. All the women expected the programme to be a mixture between a parenting programme and a domestic abuse perpetrator programme, based on their knowledge of other programmes that existed in the local area and information their partner had shared with them about the programme.

Two of the women spoke of how their partner was reluctant to take part in Caring Dads initially, in part because the father felt they were being pushed into attending by a social worker. Both of these women had actively encouraged their partners to attend the programme, for a number of reasons: because they felt it would be good for their partners to spend time with other fathers; because they felt there could be benefits in terms of their partner's parenting; and because they were concerned it might have a negative impact on professionals' decisions about their children if their partner did not take part. The women were hopeful that their partners would enjoy spending time with other fathers in similar situations and that through attending, professionals would see that their partners do have the potential to be good fathers; all three partners believed in their partners parenting abilities.

One of the women shared her perspective that a father needs to be ready, motivated and committed to complete Caring Dads, similarly to other service interventions. She related this comment back to her own personal experience of doing various drug and alcohol programmes but not benefitting from those programmes until she was genuinely committed to wanting to change.

2.4.3 Reflections on post-programme outcomes and impact

All three women spoke positively about the changes their partners had made, the learning fathers had gained from the programme and the beneficial outcomes and impacts that had resulted from their partner's completion of Caring Dads.

Shared learning

Fathers were reported to have regularly shared with their partners what they had learnt during the group session that week. Two out of three mothers explained how their partners had taken learning from the programme and passed on that learning to them. As a consequence, these mothers felt able to support their partner to implement some of the Caring Dads strategies. One example given was allowing their partner to take time out when needed, without feeling offended that he did not want to spend time with her. Other examples of applying Caring Dads programme techniques themselves were women practicing positive self-talk and not acting on impulse. One mother reported how family members had commented on improvements in both her partner's and her own behaviours.

He were giving me advice. Telling me I were right stressed coming home and he'd say, "Right, I want you to go in that room and take a few minutes out and then come back in when you're ready to talk". I'm very chaotic. Very impatient. "I can't do it!" kind of thing. It was something really simple like putting this car seat in. And a few months ago, I wouldn't have done it. I'd have been like, "I can't do that – it's stressing me out!" And I'd get very worked up. And my mum's like to my sister, "Ain't she more chilled out. Ain't she more listening to people

rather than jumping in and getting all worked up". Now I sit back and listen and then think about my response before I speak (Karen, Partner).

Improved couple relationships and co-parenting

None of the partners interviewed disclosed any ongoing concerns in relation to domestic abuse. Two of the partners had no concerns in terms of relationship difficulties since the father had taken part in the Caring Dads programme, the other partner explained that whilst there was still tension between her and her husband, at times, the difference was that they were better able to work through issues together. In fact, from this mother's perspective, it was often the father who was more equipped to remove himself from the situation and support her to manage her emotions.

I think him going out, he'll drive/walk, but then he'll be like "ring me when you've calmed down". The more I ring, he won't answer. Then eventually I know that I need to chill out and calm down, take a deep breath kind of thing and then ring him. We had a situation like this yesterday actually. He'll be like "you need to calm down and then we'll talk". So, we do know how to work through it now (Sofiya, Partner).

One mother felt that she had in fact been verbally abusive to her partner. She explained how before her partner had taken part in Caring Dads, she had treated him as a "pushover" and would "bully him" to do all the housework, as well as looking after the children. However, through Caring Dads, this father had increased his own self-confidence and the dynamic of their relationship had changed. This mother saw the change as positive and felt that it had given her a wake-up call, in terms of her own past behaviours and taught her to value her partner more.

In addition, all three mothers described how after taking part in Caring Dads, their partners had gained an improved capacity to support them emotionally. Two mothers felt this was down to the father's own improved ability to manage his emotions, as well as using positive self-talk and thinking before acting. This, in turn meant these women felt better supported when struggling to cope with difficult situations, or to see other people's perspectives, such as that of family members or professionals. Both women described how they came to realise that, although they might not agree with the social worker's opinions or decisions at times, they could accept that they were doing their job. In the example below, Karen describes the changes her and her partner have made, referring to the example of how they coped with finding out the news that her mother and father-in-law had decided that her and her partner were not part of their Covid-19 'bubble', and therefore would not be able to see their children on Christmas day.

There've been massive changes in his thinking and behaviours. Massive differences in the way he handles himself, more patient and calmer. He were always looking at things negatively before, he's now turning things into a positive. His behaviours have impacted on mine in a positive way, I'm also thinking more positive now. I saw the change in the first five to six weeks. One day I broke... I were crying my eyes out. I was like, "This isn't fair and I'm not happy about this". And I put the phone down and Gary was like, "You can handle this two ways. You can kick off – ring her up saying "you're' this and

that". Or you can sit back and say, "I've done my best for my kids this year. I've got them everything they need. I've supported them all year. I've never missed contact. I've tried my hardest. It's alright. It's OK. It's fine. We understand". And we did. We're still going to see them at the park next week so we're going to have FaceTime Christmas morning. It's fine. The kids will have a good Christmas". And that's the way I look at it... That's come from Gary being at "Caring Dads" because a lot of the situations that have been happening in the last 12 months or 18 months – could have easily reacted in us using or flipping out and it's just thinking about it differently I think and being able to cope with our emotions (Karen, Partner).

The mothers spoke highly of their partner's (co-)parenting abilities, providing examples of how they felt they had always taken an active role in parenting. Two mothers reported how their partners had, at times, been the primary caregivers to their children due to their own mental health issues, were a hands-on, loving fathers, and had improved their confidence as a parent by taking part in the programme. The following quotation provides an example of where a father had become an excellent support to his step-children and that his positive involvement in their lives had been recognised by professionals and the children themselves.

She [the social worker] thinks Will's brilliant. Daisy was a bit unsettled at school, she kept running round and running out, she's got ADHD, my oldest child, and the reports recently from school are saying how well Daisy's settled down and Will has a big impact on Daisy and how well he cares for her, and she speaks highly of – all of them [her children] speak highly of Will (Paige, Partner).

Improved communication, mental health, wellbeing and emotional regulation

Two of the mothers interviewed referred to their partner's temperament and emotional regulation improving. These women described their partner's past reluctance or refusal to acknowledge that they needed help. However, by attending the group sessions, partners believed that the men became much more accustomed to recognising, communicating, and expressing their feelings to peers, facilitators and their partners.

I think – especially for Gary – his temperament – saying that he was coping – saying that he was OK. "I'm fine. There's nowt wrong with me". Keeping everything inside about his feelings – anything – he would just keep everything in to the point where then he would burst in the end. I don't see that any more (Karen, Partner).

The women appreciated their partner's new openness to talking about feelings and emotions because they felt it benefitted the men, but also because it meant that there was now a two-way dialogue and improved communication between the couple. Better understanding of each other's emotional and mental states enabled partners to provide better support and provide advice to one another.

Improved self-awareness, self-reflection, confidence, responsibility and improved relationships with professionals

Other changes reported by women included improvements to their partner's communication, confidence, approach to working with professionals, acceptance of mistakes, taking responsibilities for things they have done wrong in the past and better extended family relationships.

One mother, Sofiya, shared how her husband had talked, for the first time, about what had happened leading up to the removal of their children as part of the Caring Dads group sessions. Sharing his experiences, talking to other fathers, and receiving feedback from professionals, had enabled him, and then her, to realise that, their past claims to having recovered from drug addiction were mistaken and had brought about devastating consequences.

We were so over the moon they were home, we were going out, we were doing stuff. We were busy with them, and absolutely just loved having that life back, because nothing else mattered at the time. We took our eye off the ball and ended up started using again. Threw ourselves into parenting thinking, we've got to make it up to these kids because they were away from us for eight months. We now realise we took our eye off the recovery side of it, because there were times where I was busy, and I wasn't able to do like Zoom meetings at Inspire and stuff, you know, to still carry on engaging. Because I thought well kids are home, we know what we've got to do, we're not going to do it again. But then obviously we messed up. Didn't pay much attention to our relationship and our emotional well-being (Sofiya, Partner).

Another mother, Karen, shared how she had previously blamed professionals, particularly the children's social worker, for the removal of their children. Karen had believed that children's services had failed her, her partner and their children. However, seeing her partner taking responsibility, and being accountable for what had happened in the past, also encouraged her to self-reflect and acknowledge that her own behaviours and decisions had not always been in the best interest of the children.

When the kids were going through foster care, everything was social's fault. Everything was everyone's fault – not his own – not ours. Gary's always been very, very stubborn and the way he's thinking has always been he's right and that's it. Social services got involved. He's very bad with authority but it just completely changed... half way through Caring Dads he actually held up his hands and said, "I was wrong. I was really wrong". And I've never heard him say that in 36 years. Finally he actually said, "Look, this is my fault. Well, our fault let's say. Our fault". I wasn't coping. I think it's made us realise that it were about us two – changing our ways. When you started "Caring Dads", for me, that's when everything came into perspective. We didn't realise that, during that binging, we weren't coping. It wasn't fair on the kids. And I think you finally realised, doing Caring Dads, that you weren't coping. You thought you were coping. He genuinely thought that me being in bed all the time and him having the kids was normal until "Caring Dads" came in and they opened your eyes massively. I've seen the biggest difference. My mum and dad have seen a different human being. Gary's really shy, quiet. But, last six months he's right

loud. Really chatty. And, I've seen the social worker and my first thought were, "I'd love to say something to her. You've failed me". That's how I felt but it's not true. Now we've realised where we went wrong – the way that people respond back to us is so much different – especially family. You know, we accept the responsibility. My mum and dad have never heard me say, "I picked drugs over my kids" but unfortunately I did. Unfortunately, I kind of did (Karen, Partner).

The same mother went on to explain that, prior to Caring Dads, her partner tended to give off the wrong impression to professionals, in part down to his direct manner but also in terms of his mannerisms and raised voiced, which his partner acknowledged could be interpreted as aggressive.

Gary's always been very honest – haven't you – with what you thought and feel. I'm a bit more like, "Yes, I'll do that – no I won't" – I sugar coat stuff a bit. if she [the social worker] said something and he didn't agree with it, he'd tell her. And she didn't like it. And she just took a dislike to us from that first go. The way that you came across was very angry – in his vocals – so I think they clashed completely and I think, through doing Caring Dads I think you realised that maybe your mannerisms towards her and behaviour were wrong (Karen, Partner).

By taking onboard learning from Caring Dads, Karen described how Gary made a conscious effort to think before he acted, as well as having improved his self-awareness when interacting with professionals. In turn, the couple had been able to develop an improved working relationship with their children's social worker. One of the mechanisms for change, as described by two mothers, was the support provided by facilitators, which helped them to see that professionals can be trusted and can provide support. Positive relationships with the Caring Dads facilitators provided a starting point for fathers to build trust with other professionals too.

Acceptance

The mothers interviewed also reported that fathers were better able to accept situations or legal decisions relating to their children, because of the Caring Dads programme. Whilst it was often a hard process to reconcile that children may not return home, for at least the foreseeable future, mothers described that, as couples, they were better able to support one another to come to terms with what was deemed best for their children, at that time, even if it is not what they would want for their family in an ideal world.

So, we have decided that, for now, the best thing to do is co-parent [with SGO carers] because, in time, they might ask – they will ask to come home – we know this – if we carry on doing what we're doing. I think it would be very selfish to say, "We're well. You're coming home" (Karen, Partner).

In summary, the three mothers who took part in interviews described a number of outcomes of Caring Dads, bringing about positive changes in terms of:

- Shared learning, as a couple.
- New coping strategies for dealing with stress and emotions.

- More positive thoughts, feelings and behaviours (e.g., reduced acting on impulse).
- Improved couple relationships, including no further domestic abuse, reduced conflict, ability to work through issues together, improved emotional support.
- Improved co-parenting with partners and with children's carers.
- Improved parenting, including taking on a caring roles for step-children.
- Improved relationships with extended family.
- Improved relationships with professionals.
- Improved self-awareness and self-reflection.
- Improved confidence.
- Improved sense of responsibility, accountability, and remorse for past actions.
- Greater acceptance of legal outcomes for children.

2.5 Findings from children's services and Caring Dads programme records

The following section presents quantitative results⁹ from Caring Dads Blackburn with Darwen, for 14 programmes delivered over a three-year period, from the programme's inception in November 2017 to December 2020. Data was extracted from children's services records at two time intervals: Time 1, the start of the programme; and Time 2, 6-months following the end date of the programme.

Data was accessed for fathers who completed the programme and those who did not. The findings cover three key areas: (1) referrals, attendance and completion figures; (2) the profile of fathers, children and mothers; (3) outcomes for fathers and children.

2.5.1 Referrals and attendance

From November 2017 to December 2020, a total of 125 fathers were referred to Caring Dads Blackburn with Darwen. The programme records show that on average nine fathers were referred to each individual programme. Of the 125 fathers documented as having been referred, a couple of fathers were repeat cases (i.e., same father recorded twice) and files for a minority of fathers' children were not able to be accessed for Time 1 and/or Time 2. Some children's records were locked, due to reasons relating to their circumstances, or they had moved to a different local authority area and therefore the Blackburn with Darwen records had ceased when the child had moved on.

Of the 118 fathers referred, 51% of dads completed the programme, meaning they attended a minimum of 14 out of the 17 sessions. The 51% attrition from referrals is comparable to the 37-59% attrition rate for the multi-site evaluation of Caring Dads in London (Hood et al., 2015). For a minority of fathers, the number of sessions attended

⁹ All the figures presented are rounded figures, either to one decimal place or a whole number or percentage. Where the overall sample size is under 100, both numbers and percentage results are provided, to show the scale of the findings. Where the overall sample size is over 100, often only percentages are provided to highlight the proportion of fathers, mothers and children effected, rather than the raw number / count.

as recorded in the Caring Dads attendance database¹⁰ did not match the number of sessions attended according to children's case file records, in terms of weekly session records. For fathers whom there was discrepancy in the two data sources, in relation to the number of sessions attended, a researcher cross-checked the Caring Dads database with the Caring Dads end of programme reports to clarify whether or not a father had completed the programme. Based on the clarified data, Table 1 presents a breakdown of the number and percentage of fathers who (1) did not start the programme; (2) started but did not complete the programme; and (3) completed the programme.

Table 1: Number of sessions attended by fathers

Number of sessions attended	Number of fathers
0 (did not begin the programme)	29 (25%)
1 to 13 (started but did not complete the programme)	28 (24%)
14+ (completed the programme)	61 (51%)

Of all 118 fathers referred, the average number of sessions attended was 10. Those who started but did not complete the programme, attended an average of 6.4 sessions, whilst those who completed the programme attended an average of 14.4 sessions. Of all the fathers who started the programme, regardless of completion, the average number of sessions attended was 12.6. See Table 2 for a breakdown of average number of sessions attended by fathers. Of the 49% of fathers who did not complete the programme, the most common week fathers stopped attending was week 3 (see Figure 4).

Table 2: Average number of sessions attended by fathers

Number of sessions attended	Average number of sessions attended
All fathers referred	10.0
1 to 13 (started but did not complete the programme)	6.4
1+ sessions (all fathers who started the programme)	12.6
14+ (completed the programme)	14.4

¹⁰ An excel file of all fathers referred to Caring Dads Blackburn with Darwen.

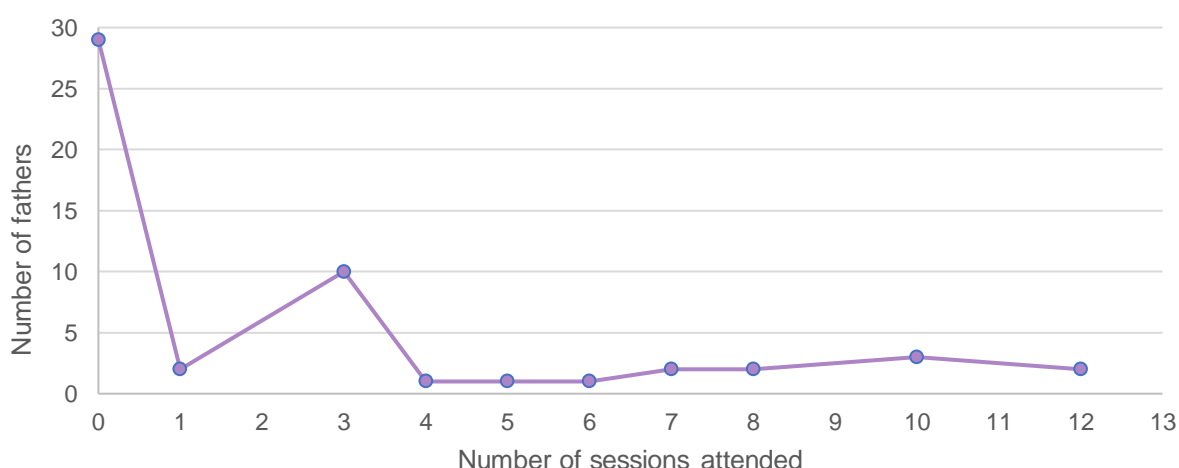


Figure 4: Number of sessions attended by fathers who did not complete the programme

2.5.2 Profiles of fathers

Demographics

The eldest father referred to the programme was 61 and the youngest was 17. The average age of fathers referred was 33. According to children's social care records, most fathers referred to the programme were 'White' (76%), followed by 'Asian' (19%). Table 3 displays a more detailed overview of the breakdown of fathers' demographics. This data is broadly similar to the general population of Blackburn with Darwen, with 70% being 'White'¹¹. For a minority of fathers, there was discrepancy in their ethnicity, as recorded in the Caring Dads database, and children's services records. For this reason, the Table below displays only 'high-level' data, in terms of the ethnic groups for England and Wales¹².

Table 3: Demographic breakdown of dads who attended the programme by age and ethnicity

	<18	18-25	26-33	34-41	42-49	50-57	58-65	Unrecorded	Total
White		11%	39%	15%	7%	2%	1%	1%	76%
Asian			8%	6%	5%				19%
Mixed White		1%							1%
Unrecorded	1%		1%		1%	1%		1%	5%
Total	1%	12%	48%	21%	13%	3%	1%	2%	118

¹¹ <https://www.lancashire.gov.uk/lancashire-insight/population-and-households/population-and-households-2011-census/population-by-ethnicity/>

¹² <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups>

Fathers' relationships

At Time 1, slightly under half the fathers were single (47%), whilst over a third were in partnerships (36%). Of the fathers with partners, 22% were co-habiting and 14% were not living together. Of the whole sample of fathers referred to the programme, 13% were recorded as married. For a small proportion of fathers (3%) their relationship status was unclear. See Figure 5 for overview of fathers' relationship status' at Time 2.

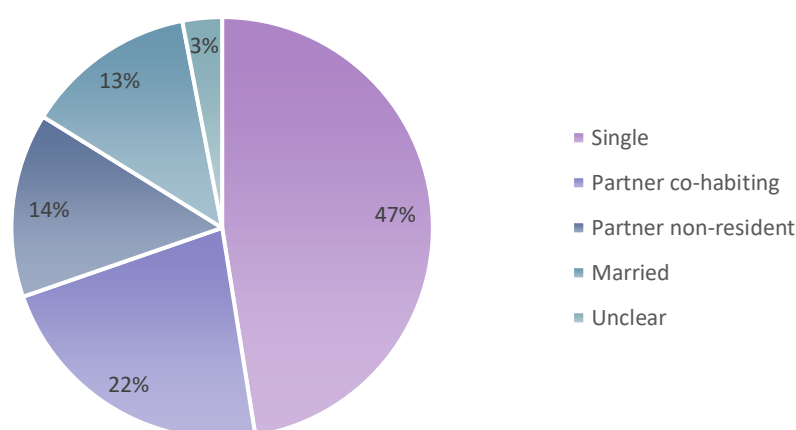


Figure 5: Fathers' relationship status at Time 1

Of the 118 fathers, 117 were biological fathers (some of whom were also step-fathers) and one was solely a step-father. At the point of referral to the programme, a minority (17%) of fathers had, at some point in their lives, had primary care of one or more of their children. Most fathers (88%) had, at some point in their lives, had shared care of at least one or more of their children. Of those fathers who had experienced shared care, childcare was most often shared between the father and the child's mother (74%), as a result of informal or formal arrangements, including outcomes from private or public law proceedings. Over a quarter of fathers (26%) had also experienced shared care with a local authority, via an interim care order or full care order for example. A smaller proportion of fathers (9%) had experienced shared care with the child's mother *and* another family member, such as the child's grandparents, an aunty and/or an uncle, in relation to either informal or formal arrangements, such as a special

guardianship order. Table 4 provides an overview of fathers' experiences of child care arrangements¹³.

Table 4: Fathers and care arrangements for children

Care of child	Yes	No	Unrecorded
Primary	17%	51%	32%
Shared	88%	5%	7%
Mother only	74%		
Local authority ¹⁴	26%		
Other family ¹⁵	9%		

Parental responsibility (PR) status was found to only be formally recorded, in a consistent location in the children's services database, for 51% of fathers. Of those fathers who had PR status recorded, the majority (82%) had PR for at least one of their children.

A high proportion (79%) of fathers had always been known to all their children, meaning that they had been known to their children on a permanent basis since a child's birth. For fathers with multiple children, sometimes there were different lengths of time that the father had been known to each child, often related to a father's relationship with their child's mother. A very small proportion (1%) of fathers had always been known to one child but had no contact with their other child. Similarly, a very small proportion of fathers (1%) had a casual relationship with one of their children, an established relationship with another child, yet had always been known to their third child. A small proportion (3%) of fathers had a casual relationship with all of their children and for another small proportion of fathers (4%) the records about the length of time they had been known to their children were unclear. A slightly larger percentage (10%) of fathers had an established relationship with their children. Only one father had never had contact with one of his children, although this father had always been known to his other child. Figure 6 provides an overview of the length of time fathers had been known to their child(ren).

¹³ Note: Some fathers had experienced multiple combinations of shared care for their children, at different points in their life.

¹⁴ Includes local authority and mother.

¹⁵ Includes other family and mother.

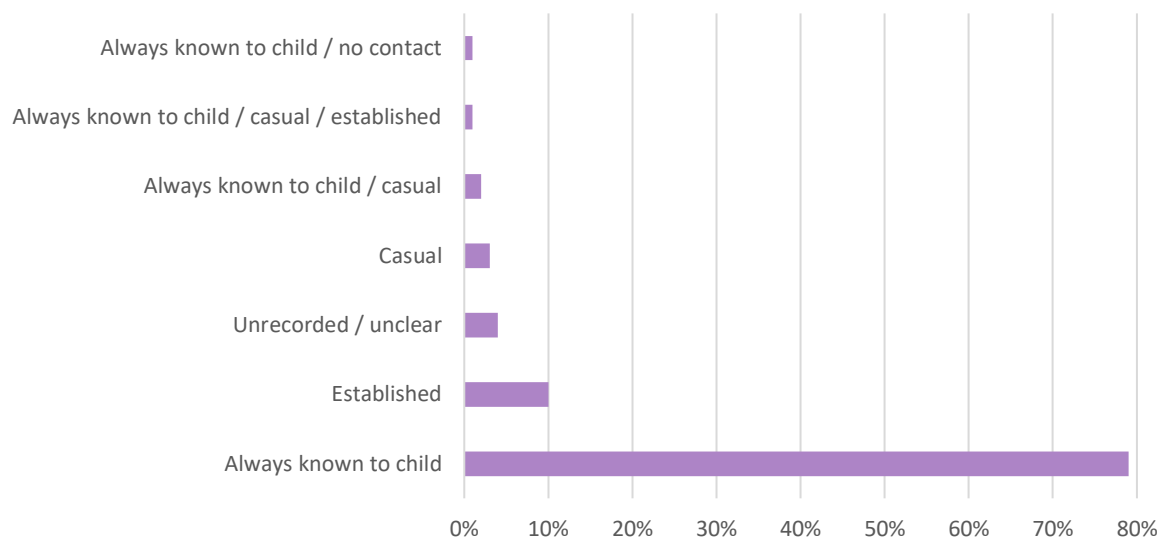


Figure 6: Length of time father known to child / children

Characteristics and experiences

Of those fathers who had an Adverse Childhood Experiences (ACEs) enquiry completed, and the details of that assessment were found in the children's files (see Table 5 below), the average number of ACEs for fathers who completed the programme was three, whilst those who did not complete had experienced slightly fewer ACEs (two) on average. These figures indicate that having more ACEs is not necessarily a barrier to completing the programme, in contrast, fathers who have experienced a slightly greater number of ACEs, on average, were more likely to complete the programme. For some fathers, a supervisor had advised a social worker or a family support worker to complete an ACE enquiry during supervision, but the details of that assessment were unable to be found (i.e., it was not clear whether the ACE enquiry had been carried out with a father or not).

Table 5: Adverse childhood experience assessments for fathers

ACE assessment	Count	% of fathers
ACE(s) recorded	28	23.7%
ACE assessment not completed or not found	90	76.3%

Out of those who had an ACE assessment completed and data was able to be retrieved, the most commonly recorded adversity in childhood was parental divorce (N=11, 39%), followed by domestic abuse (N=10, 36%) and emotional abuse (N=10, 36%). Approximately one third (N=9, 32%) of fathers who had an ACE enquiry recorded had experienced children's services involvement themselves as children. Parental substance abuse (N=7, 25%), physical abuse (N=6, 21%), physical (N=6, 21%) and emotional neglect (N=5, 18%), and parental bereavement (N=5, 18%) were also common features of fathers' early lives. Table 6 below provides an overview of the prevalence of various childhood adversities experienced by fathers.

Table 6: Childhood adversities experienced by fathers (rounded figures)

Childhood adversity	Completed programme - Yes	Completed programme - No	Total
Divorce	9 (32%)	2 (7%)	11 (39%)
Domestic abuse	6 (21%)	4 (14%)	10 (36%)
Emotional abuse	8 (29%)	2 (7%)	10 (36%)
Children's social care involvement	6 (21%)	3 (11%)	9 (32%)
Substance abuse	4 (14%)	3 (11%)	7 (25%)
Physical abuse	5 (18%)	1 (4%)	6 (21%)
Physical neglect	5 (18%)	1 (4%)	6 (21%)
Parental bereavement	4 (14%)	1 (4%)	5 (18%)
Emotional neglect	4 (14%)	1 (4%)	5 (18%)
Mental health issues	3 (11%)	1 (2%)	4 (14%)
Incarceration	3 (11%)	1 (4%)	4 (14%)
In care	1 (4%)	2 (7%)	3 (11%)
Sexual abuse	1 (4%)	1 (4%)	2 (7%)

Further adversities in fathers' early lives, which were recorded for a minority of men, included them being adopted, absent parent/parental abandonment, poverty and/or debt, familial criminality and going missing as children.

Figure 7 provides an overview of the experiences of fathers in their adult lives. The most common experience for those fathers who completed the programme was domestic abuse perpetration (N=51, 84%), followed by criminal involvement (N=23, 38%) and the father being reported as a risk to children (N=12, 20%). All other factors were only experienced by less than 20% of the fathers who completed the programme. Similarly, the most common experience for those fathers who did not complete the programme was also domestic abuse perpetration (N=42, 74%), followed by criminal involvement (N=22, 39%). Slightly under one third of fathers, who did not complete the programme, had also experienced drug misuse (N=19, 33%), alcohol misuse (N=18, 32%) and mental health problems (N=17, 30%). In addition, around one fifth of fathers who did not complete the programme had experienced being incarcerated (N=12, 21%) and being reported as a risk to children (N=11, 19%).

In general, there were more similarities than differences between fathers who completed the programme and those who did not. For factors, such as criminal involvement, risk to children, domestic abuse perpetration, mental health issues and communication difficulties, there were minimal differences in prevalence between the two groups of fathers (those who did complete and those who did not complete the programme). That said, the higher proportion of experiences of being incarcerated, alcohol issues, drug 'misuse' and severe mental health problems may be important factors in explaining why some fathers did not complete the programme.

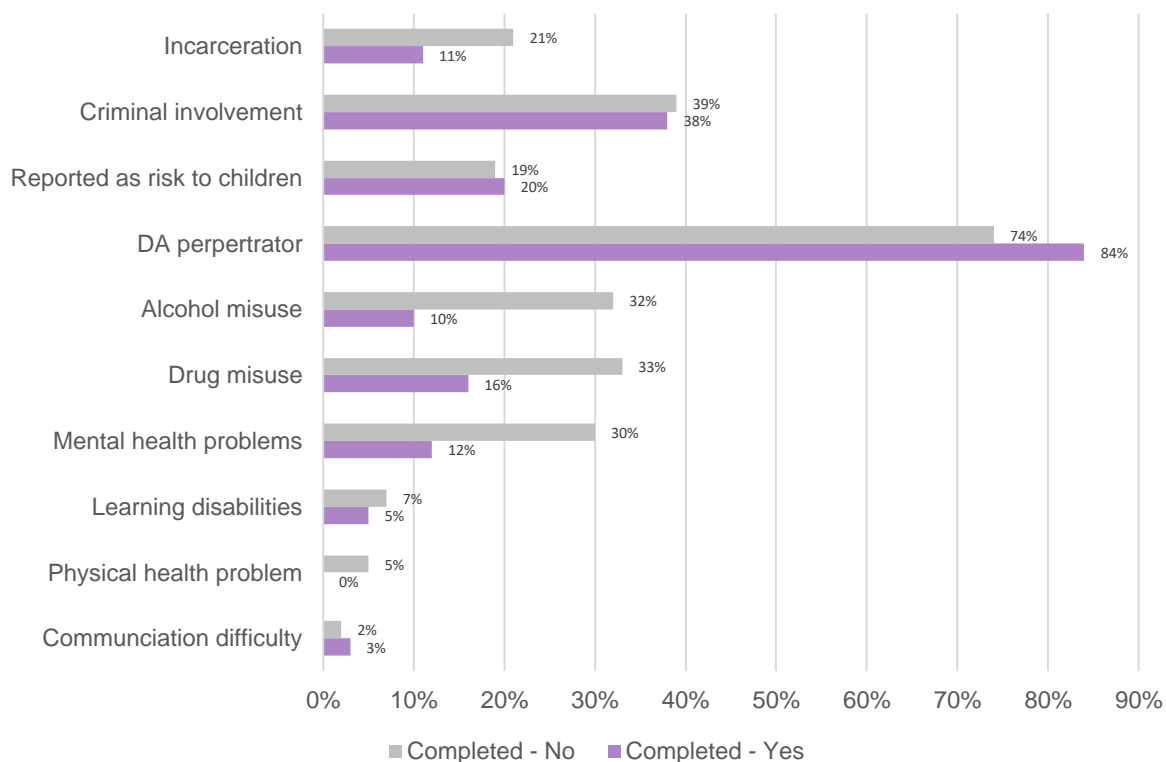


Figure 7: Fathers' experiences, comparing those who completed and those who did not complete the programme

In addition, of all the fathers referred, records indicated that 3% (N=4) had experienced financial difficulties, 3% (N=4) had ADHD (suspect or diagnosed), 2% (N=2) had been homeless at some point in their lives or were at risk of being, 2% (N=2) were described as having chaotic lifestyles and a further 5% (N=6) had experienced a least one of the following: gambling, loss of a child, links to far-right groups, anti-social behaviour, sexual offences, missing persons, anger management and behavioural difficulties. No fathers were recorded as being victims of domestic abuse, despite 10% of mothers having information recorded about having been perpetrators – often as well as victims – of domestic abuse. This raises an important point about more regular recording of a father's victim status in relation to domestic abuse to provide a more balanced understanding and portrayal of the dynamics of couple relationships.

2.5.3 Profiles of children

Demographics

In total, the 118 fathers referred had 311 children. The highest number of biological children to 1 father was 8, and the lowest was 0, with the father's referral to the programme being in relation to his step-children only. The majority of fathers (76%) had between 1 and 3 biological children. The average number of biological children per father was 2.7, illustrating that certain assumptions about fathers involved with local authority services having multiple children are not evidenced by the data. Figure 8 provides an overview of the number of biological children per father, at Time 1.

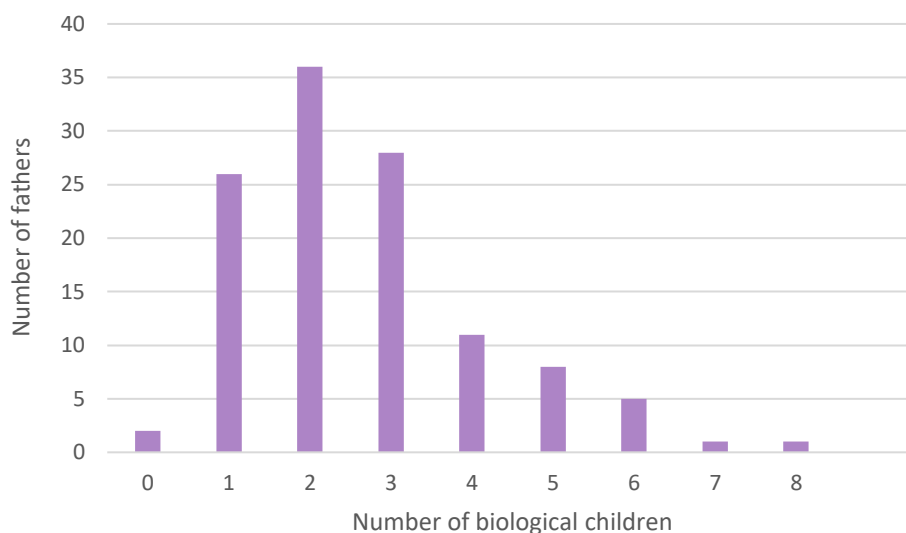


Figure 8: Number of biological children per father at Time 1

Of all the 311 children, just over half were male. The youngest child on the programme was 0 ('unborn'), and the eldest (excluding adult children) was 17. The average child's age was 6.2 years old and the most common age group was under 5s (N=152, 49%). The least common age groups were unborn (N=9, 3%) and over 16s (N=28, 9%). See Table 7 for a full breakdown of children's ages.

Table 7: Age and gender breakdown of children

	Male	Female	Unknown	Total
Unborn	1%	2%	0%	3%
<5	21%	28%	0%	49%
6-10	17%	11%	0%	27%
11-15	14%	3%	0%	17%
16+	7%	2%	0%	9%
Unknown	2%	1%	0%	3%
Deceased	0%	0%	0%	0%
Total	54%	45%	1%	100%

According to children's services records, most children whose fathers were referred to the Caring Dads programme were 'White' (61%), followed by 'Asian' (26%). Although the figures were similar to that of fathers, there was a slightly higher number of 'White' fathers (76%) and lower number of 'Asian' fathers (19%), compared to children's ethnicities, which may be related to recording practices. There were often more specific details recorded for the ethnicities of children, for example whether the child was 'White British' or 'Asian Pakistani' in the children's services records, than there were for fathers or mothers. Figure 9 and Table 8 provide a fuller breakdown of children's ethnicities.

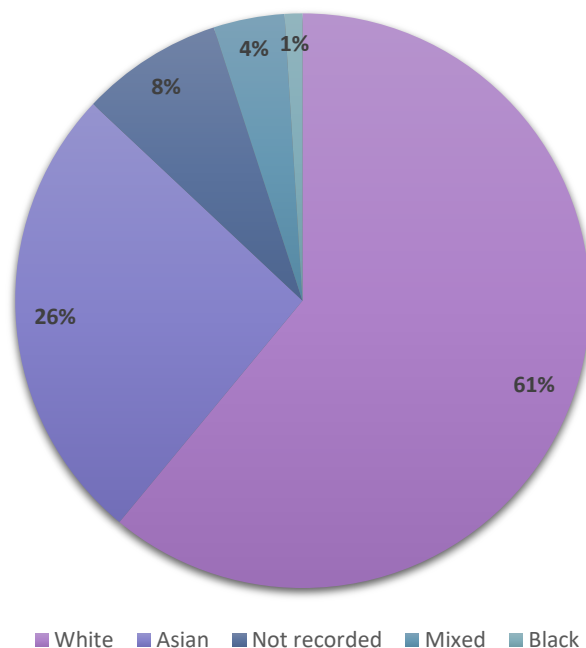


Figure 9: Overview of children's ethnicities

Table 8: Breakdown of children's ethnicities

Ethnicity		% of Children
White		61%
	White British	59%
	White Polish	2%
Asian		26%
	Asian (only ethnic information noted)	3%
	Asian Pakistani	22%
	Asian Indian	1%
Black		1%
	Black Other	1%
Mixed		4%
	Mixed White and Asian	3%
	African Indian	1%
Not recorded		8%

Children's characteristics and experiences

Table 9 shows the breakdown of types of issues faced or presented by children. Of the 311 children, the most common issue documented was emotional and behaviour difficulties (N=59, 19% of children). In addition, records show that 5% (N=16) of children experienced developmental delay, 4% (N=12) had a learning disability, 4% (N=12) had been a missing person or were recorded as at risk of going missing, and 4% (N=12) of children had Autism or ADHD. A small proportion of children had been involved in criminal behaviour (2%, N=6) and sexualised behaviour (1%, N=3).

Table 9: Children's characteristics

Type of difficulty	Percentage of children affected
Emotional and behavioural difficulties	59 (19%)
Developmental delay	16 (5%)
Physical disability or physical health problem	12 (4%)
Learning disability	12 (4%)
Reported as a missing person or at risk of going missing	12 (4%)
Autism or ADHD	12 (4%)
Criminal behaviour	6 (2%)
Sexualised behaviour	3 (1%)

Child protection plans

At Time 1, out of all 311 children, 63% (N=196) of children were recorded as being on a child protection plan. Of those children on a child protection plan at Time 1, 54% (N=106) were on a plan for emotional abuse, 37% (N=73) for neglect and 9% (N=18) for physical abuse (see Figure 10). In addition, in 79% (N=155) of child protection plan cases at Time 1, domestic abuse was recorded as a concern.

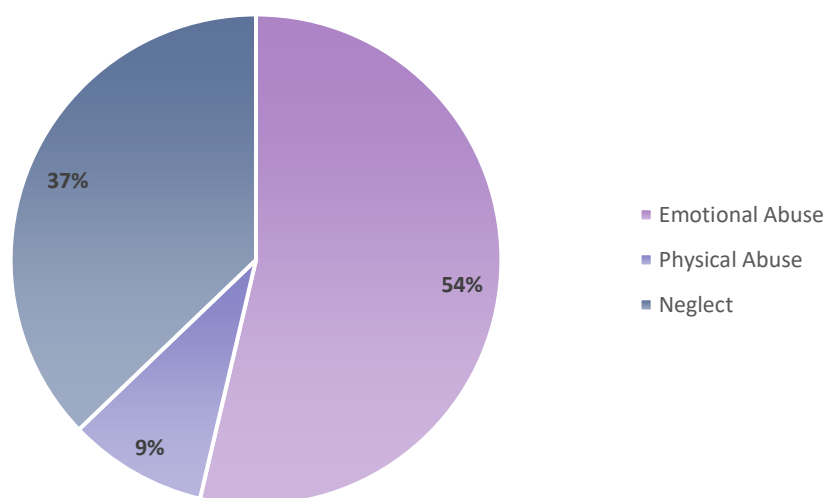


Figure 10: Child protection plans, breakdown of categories

The other 37% (N=115) of children who were not on a child protection plan at Time 1 were on a child in need plan, the case had stepped down to universal services, the case had closed to children's social care, or in a minority of cases, the children had moved to a different local authority so their records could not be accessed. Of the children who were not on a child protection plan at Time 1, some children had records of histories of being on a child protection plan prior to Time 1 for neglect, emotional abuse or both emotional abuse and neglect, and other children had transferred to Blackburn with Darwen from a different local authority and may have been open to child protection plans in the past but those records were not able to be accessed for this evaluation.

2.5.4 Profiles of mothers

Demographics

The 118 fathers referred to the programme were recorded as having children to 145 mothers, meaning that on average men had fathered children to only 1 mother. This data counters negative stereotypes of men fathering large numbers of children to numerous women. Of these 145 mothers, two were deceased at Time 1 of the programme.

Of those mothers whose age was recorded, the eldest was 49, and the youngest was 17. The average age of mothers was 31, which is 2 years younger than the average age of fathers (33) referred to the programme.

Similarly, to fathers and children, the most common recorded ethnicity was 'White' (60%), followed by 'Asian' (7%). In the case of mothers, almost one third (31%) did not have their ethnicity recorded in the children's services records. The reason why data relating to ethnicity was able to be obtained for fathers was that where children's records did not document a father's ethnicity, the Caring Dads programme database did in 100% (N=118) of fathers' cases. Table 10 provides a demographic breakdown for mothers.

Table 10: Demographic breakdown of mothers by age and ethnicity

	<18	18-25	26-33	34-41	42-49	Unrecorded	Total
White		14%	26%	11%	2%	7%	60%
Asian		1%	2%	4%			7%
Mixed		1%	1%				2%
African					1%		1%
Unrecorded	1%	3%	10%	9%	2%	6%	31%
Total	1%	19%	39%	24%	5%	13%	145

Relationships with children

In comparison to the 17% of fathers who had experienced primary care of their children, 59% of mothers (of children whose fathers were referred to the programme) were primary caregivers to their children. Similar to fathers (88%), most mothers (81%) had, at some point in their lives, had shared care of at least one or more of their children. Of those mothers who had experienced shared care, childcare was most commonly shared with the child's biological father (68%), in relation to informal or formal arrangements. Just less than a third of mothers (32%) had experienced shared care of their children with a local authority, for example, via an interim care order or a full care order. A similar proportion of mothers (10%) compared with fathers (9%) had experienced shared care with another family member, including a child's grandparents, aunt or uncle, in relation to either informal or formal arrangements. See Table 11¹⁶ below for a breakdown of care arrangements for children, as experienced by mothers.

Table 11: Care arrangements for children by primary or shared, and who with

Care of Child	Yes	No	Unrecorded
Primary	59%	14%	27%
Shared	81%	3%	16%
Biological father	68%		
Local authority ¹⁷	32%		
Other family ¹⁸	10%		

Characteristics and experiences

At both Time 1 and Time 2, 1% of mothers (N=2) had a recorded conviction relating to:

- 1) Offences against a child (N=1, Time 1)
- 2) Other offences of violence (N=1, Time 1)
- 3) Drug or alcohol related offences (N=1, Time 2)
- 4) Other offences of violence (N=1, Time 2)

Of those mothers who had an ACE assessment completed (28%, compared to 24% for fathers), and the details of that ACE assessment were found in the children's files (see Table 12 below), the average number of ACEs (3) was the same as for fathers who completed the programme.

Table 12: Adverse childhood experience assessments for mothers

ACE assessment	Count	% of mothers
ACE(s) recorded	41	28.3%
ACE assessment not completed or not found	104	71.7%

¹⁶ Note: Some mothers had experienced multiple combinations of shared care for their children, at different points in their life.

¹⁷ Includes local authority and father.

¹⁸ Includes other family and father.

For those mothers who had an ACE assessment completed, the most commonly recorded ACEs were physical neglect (N=13, 32%), emotional neglect (N=13, 32%) and parental separation (N=13, 32%). See Table 13 below for further information:

Table 13: Breakdown of ACEs for mothers who had an ACE assessment completed

Adverse childhood experience	Count	% of Mothers
Physical neglect	13	32%
Emotional neglect	13	32%
Parental separation	13	32%
Household substance 'abuse'	12	29%
Physical abuse	11	27%
Household mental health issues	10	24%
In care	9	22%
Sexual abuse	9	22%
Household domestic abuse	9	22%
Emotional abuse	9	22%
Incarceration of a close family member	6	15%

In addition to the adversities listed above, a number of mothers had childhood experiences of children's social care involvement (N=22, 54%), being missing from home (N=3, 7%), homelessness (N=3, 7%), parental absence or abandonment (N=3, 7%), parental bereavement (N=4, 10%), child sexual exploitation (N=7, 17%), poverty (N=2, 5%), poor familial relationships (N=2, 5%), bullying (N=1, 2%), truancy (N=1, 2%), witnessed death (N=1, 2%) and forced marriage (N=1, 2%).

In terms of mothers' adult life experiences, a large proportion (68%, N=99) had experienced domestic abuse, followed by mental health problems (44%, N=64) and drug misuse (28%, N=41). See Figure 11 for further information about mothers' adult life experiences.

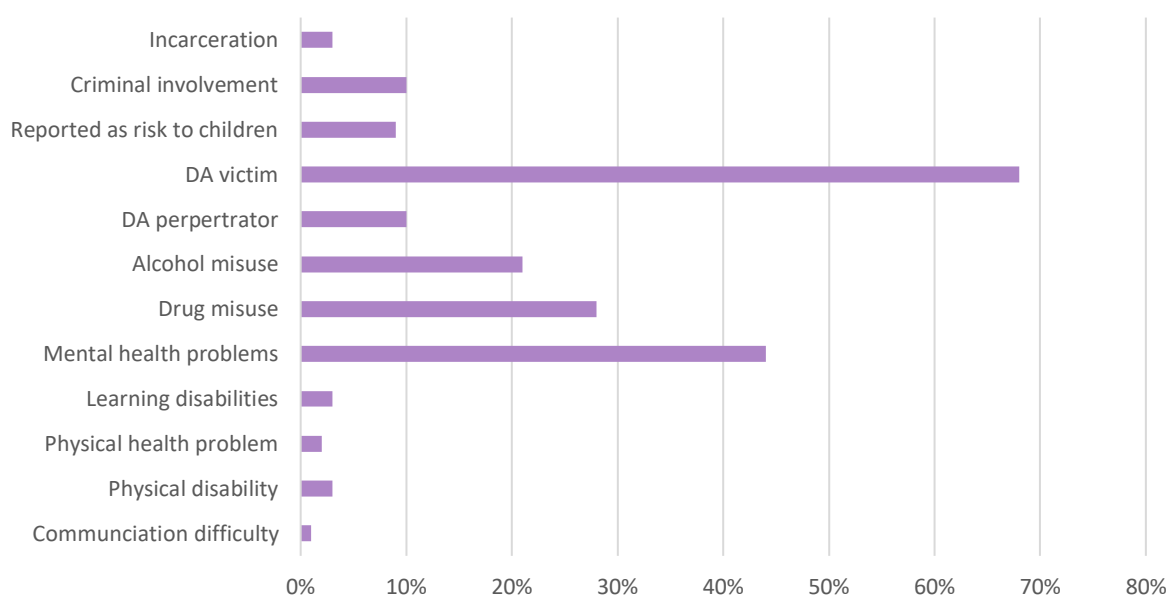


Figure 11: Number of mothers experiencing issues as adult

2.5.5 Outcomes for fathers

Figures 12 and 13 present the proportion of fathers who saw improved and worsened outcomes, comparing outcomes for those who completed the programme and those who did not. Fathers who completed the programme (N=60, 51%) had a much higher proportion of improved outcomes. The most common positive outcome for fathers who completed the programme was a change in contact with a child (N=45, 75%), followed by co-parenting (N=43, 72%), couple relationships (N=41, 69%) and engagement with professionals (N=31, 52%). Similarly, the proportion of fathers with worsened outcomes was much higher in the group that did not complete the programme. Out of the fathers who did not complete the programme (N=58, 49%), on average, there were 6 fathers who saw a negative outcome for each factor listed in Figure 13; this compares to an average of 1 father who saw a worsened outcome out of those who had completed the programme.

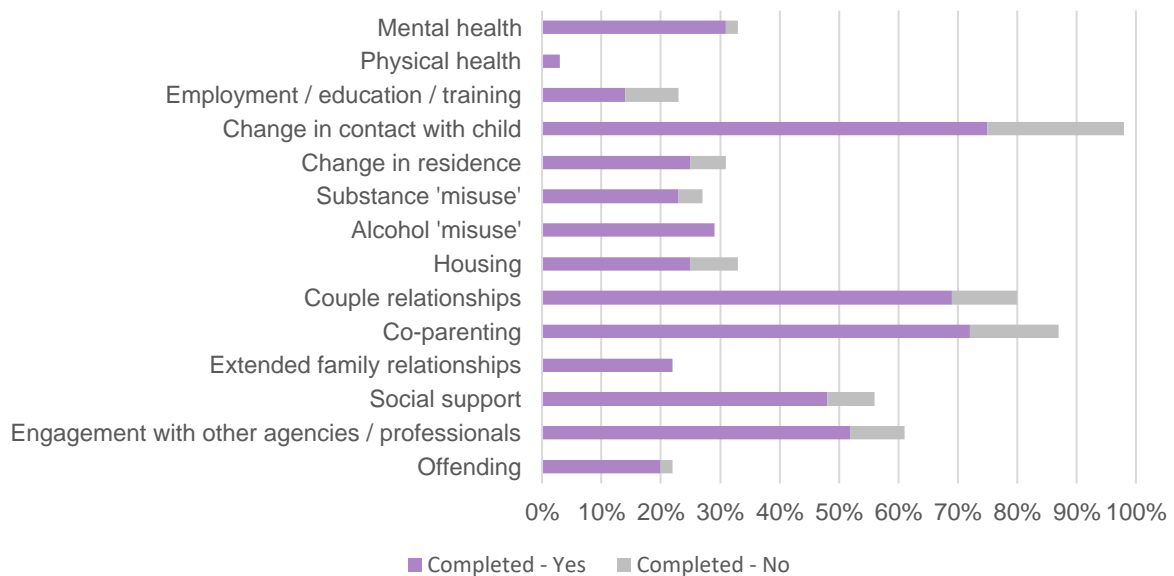


Figure 12: Percentage of fathers with improved outcomes, comparing those who completed the programme to those who did not

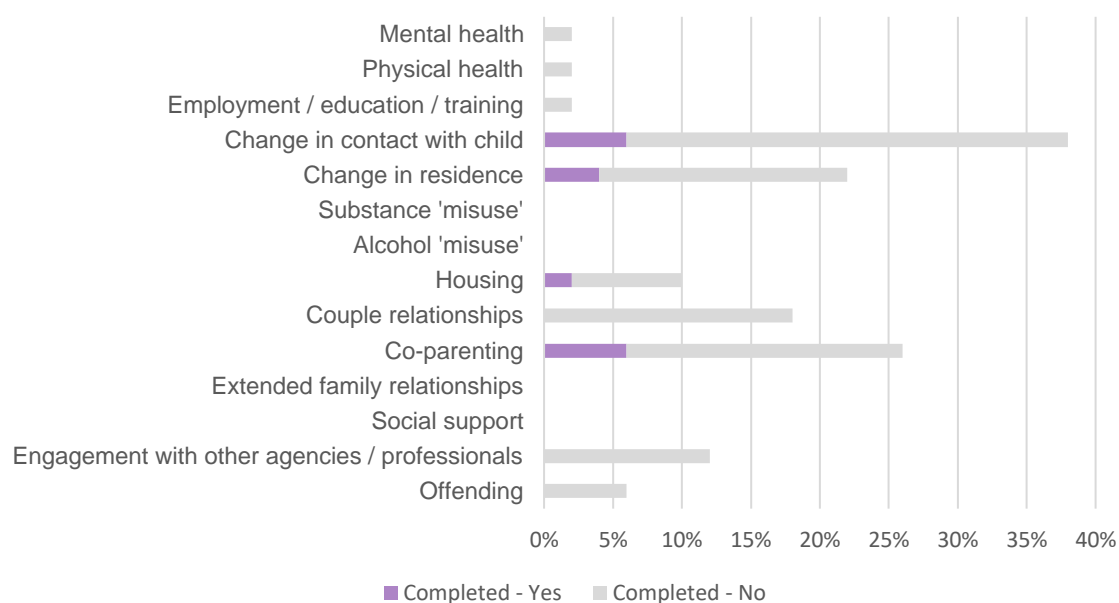


Figure 13: Percentage of fathers with worsened outcomes, comparing those who completed the programme to those who did not

Some outcomes had more recorded evidence than others. The reasons may be related to the focus and aims of the Caring Dads programme and because some of the outcomes rely on multi-agency data sharing. The outcomes with the most recorded evidence were a change in child contact, co-parenting and couple relationships. The outcomes with the least recorded evidence tended to be physical and mental health, offending, employment, education and training, alcohol and substance misuse, extended family relationships, social support and housing. That said, for some fathers there was indication of some indirect benefits on these outcomes. For example, of those fathers who completed the programme and whose employment status was recorded, 66% were employed (part-time, full-time or self-employed) at Time 1; by Time 2 this figure had increased to 72%. Although the outcomes recorded fit with the aims of the programme, there is increasing interest in taking a holistic view of outcomes for parents and whole families. In addition, the qualitative data captured as part of this evaluation tells us that factors such as employment status, can impact on a father's self-esteem and mental wellbeing, as well as family income; all of which are important factors in terms of parenting and child outcomes. It may therefore be worth taking a more holistic view of outcomes and more systematically recording a wider range of outcomes of interest.

Table 14: Outcomes for fathers who did not complete the programme

Completed	Mental health	Physical health	Employment / education / training	Change in child contact	Change in residence	Substance misuse	Alcohol misuse	Housing	Couple relationships	Co-parenting	Extended family relationships	Social support	Engagement with other agencies / professionals	Offending
No evidence	58% (38)	85% (55)	60% (39)	6% (4)	32% (21)	68% (44)	66% (43)	48% (31)	8% (5)	6% (4)	57% (37)	42% (27)	32% (21)	72% (47)
No significant change	11% (7)	12% (8)	26% (17)	14% (9)	40% (26)	9% (6)	5% (3)	26% (17)	23% (15)	17% (11)	22% (14)	11% (7)	15% (10)	8% (5)
Improved / increased	31% (20)	3% (2)	14% (9)	75% (49)	25% (16)	23% (15)	29% (19)	25% (16)	69% (45)	72% (47)	22% (14)	48% (31)	52% (34)	20% (13)
Worsened / decreased	0% (0)	0% (0)	0% (0)	5% (3)	3% (2)	0% (0)	0% (0)	2% (1)	0% (0)	5% (3)	0% (0)	0% (0)	0% (0)	0% (0)

Table 15: Outcomes for fathers who did complete the programme

Up to Time 1, 20% (N=24) of fathers had a recorded conviction relating to the below:

- 1) Domestic abuse against the child's mother (N=11)
- 2) Offences against a child (N=1)
- 3) Drug or alcohol related offences (N=4)
- 4) Other offences of violence (except domestic abuse) (N=15)

Did not complete	Mental health	Physical health	Employment / education / training	Change in child contact	Change in residence	Substance misuse	Alcohol misuse	Housing	Couple relationships	Co-parenting	Extended family relationships	Social support	Engagement with other agencies / professionals	Offending
No evidence	68% (36)	87% (46)	81% (43)	8% (4)	47% (25)	77% (41)	81% (43)	64% (34)	26% (14)	15% (8)	79% (42)	77% (41)	40% (21)	83% (44)
No significant change	28% (15)	11% (6)	4% (2)	30% (16)	25% (13)	19% (10)	19% (10)	19% (10)	40% (21)	45% (24)	21% (11)	15% (8)	36% (19)	4% (2)
Improved / increased	2% (1)	0% (0)	9% (5)	23% (12)	6% (3)	4% (2)	0% (0)	4% (2)	11% (6)	15% (8)	0% (0)	4% (2)	9% (5)	2% (1)
Worsened / decreased	2% (1)	2% (1)	2% (1)	40% (21)	23% (12)	0% (0)	0% (0)	9% (5)	23% (12)	25% (13)	0% (0)	0% (0)	15% (8)	4% (2)

The 24 fathers had committed 31 offences in total. By Time 2, only 2% (N=1) of fathers who completed the Caring Dads programme had a new recorded conviction, although it should be noted that the follow-up period was only 6-months post-programme and some fathers may have gone on to or may go on to be convicted of a further offence after 6-months post-programme completion. In addition, the criminal conviction records rely on the data that has been shared between police and children's social care; it may be that in some cases information sharing had not occurred. In comparison, 28% (N=8) of fathers who did not complete the programme had a conviction by Time 2; comprising of 14% (N=4) of fathers who did not take up a place on the programme and 14% (N=4) of fathers who began but did not complete the programme.

Table 16: Fathers' convictions

	Time 1				Time 2				Percentage change from Time 1 to Time 2 (all offences)
	DA against child's mother	Other offences against a child	Drug or alcohol related offences	Other offences of violence	DV against child's mother	Other offences against a child	Drug or alcohol related offences	Other offences of violence	
0 (did not start the programme)	7	0	2	2	4	1	0	2	-36%
1-13 sessions (started but did not complete)	1	0	1	3	0	0	1	1	-60%
14+ sessions (completed)	3	1	1	10	1	0	0	1	-87%

Whilst the quantitative data indicates that fathers who took part in the programme achieved better outcomes for a range of factors, than fathers who did not complete the programme, the findings should be interpreted with caution. Whilst the fathers traits were similar to begin with, there is some data to suggest that a larger proportion of fathers who did not take part in the programme had more severe mental health issues, and a higher number had experienced incarceration, alcohol and substance issues, to begin with.

2.5.6 Outcomes for children

When comparing who each child was living with, and who their caregivers were, at Time 1 (start of the programme) and Time 2 (6-months post-programme), 64% remained living with the same caregiver(s). For 21% of children, their living arrangements had changed and for the remaining 14% the records were unclear about their living arrangements at either Time 1 or Time 2, for example because the child had moved local authority area or the case had closed to children's services.

At Time 1, 38% of children were living with, and cared for by, their mother. Meanwhile 21% of children were living with both their mother and father, and 8% were living with just their father. This means that in total, 29% of children were living with their father, in some form, at Time 1. A minority of children lived with grandparents (9%) or foster carers (5%). At Time 2, 38% of children were still living with, and cared for by, their mother. Meanwhile, a slightly higher percentage were living with, and cared for by, both their mother and father (25%) or just their father (9%). So, in total, 34% of children were living with, and being cared for by, their father in some form at Time 2. At Time 2, 10% of children were living with grandparents and 6% lived with foster carers. Figures 7 and 8 provide an overview of child living, and caregiver arrangements, at Time 1 and Time 2.

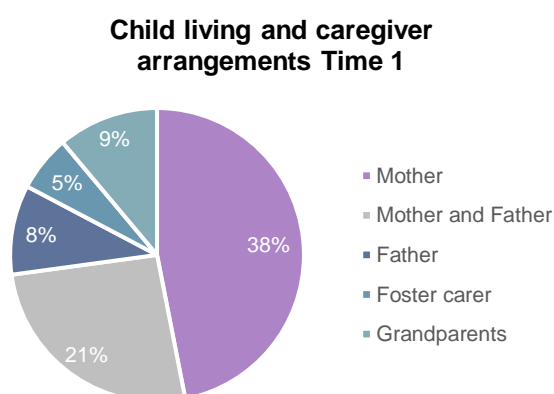


Figure 15: Main caregivers (above 2%) at Time 1 (excluding those not recorded or deceased)

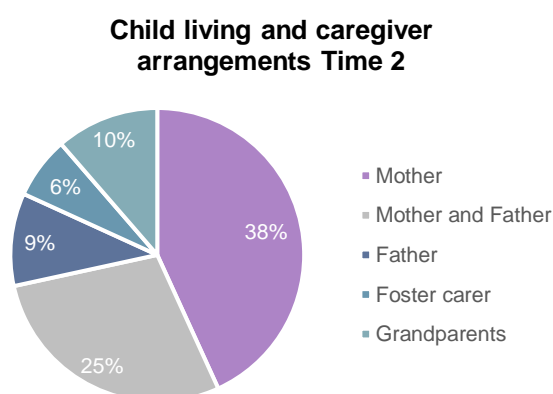


Figure 14: Main caregivers (above 2%) at Time 2 (excluding those not recorded or deceased)

Of the 64% of children who remained living with the same caregiver at Time 1 and Time 2, 28% lived with their father, as their sole carer or in relation to shared care arrangements, most commonly with the child's mother. The remaining 72% of children remained with either their mother, foster carers, adoptive parents, grandparents or other family member, such as an aunt.

Of the 21% of children whose caregiver changed from Time 1 to Time 2, 49% had moved from not living with their fathers at Time 1 to living with them at Time 2. A further 10% of children remained primarily in the care of their father, but some aspect of shared care arrangement had changed; either in terms of the introduction or ending of shared care with a mother, grandparent or other family member.

Figure 16 and Table 18 show the proportion of children who saw improved outcomes and worsened outcomes, comparing outcomes for children whose fathers completed the programme and those who did not. In general, children whose father completed the programme experienced a much higher proportion of improved outcomes. The most common positive outcomes for children whose fathers completed the programme were improvement in their relationship with their father (73%), professional concerns (68%) and the status of their children's social care case (66%). Similarly, the proportion of children who with worsened outcomes was much higher for children whose father did not complete the programme (Figure 17 and Table 19). The most common worsened outcomes for children whose father did not complete the

programme were a deterioration in their relationship with their father (26%), an increase in professional concerns (26%) and escalation in the status of their children's social care case (25%)

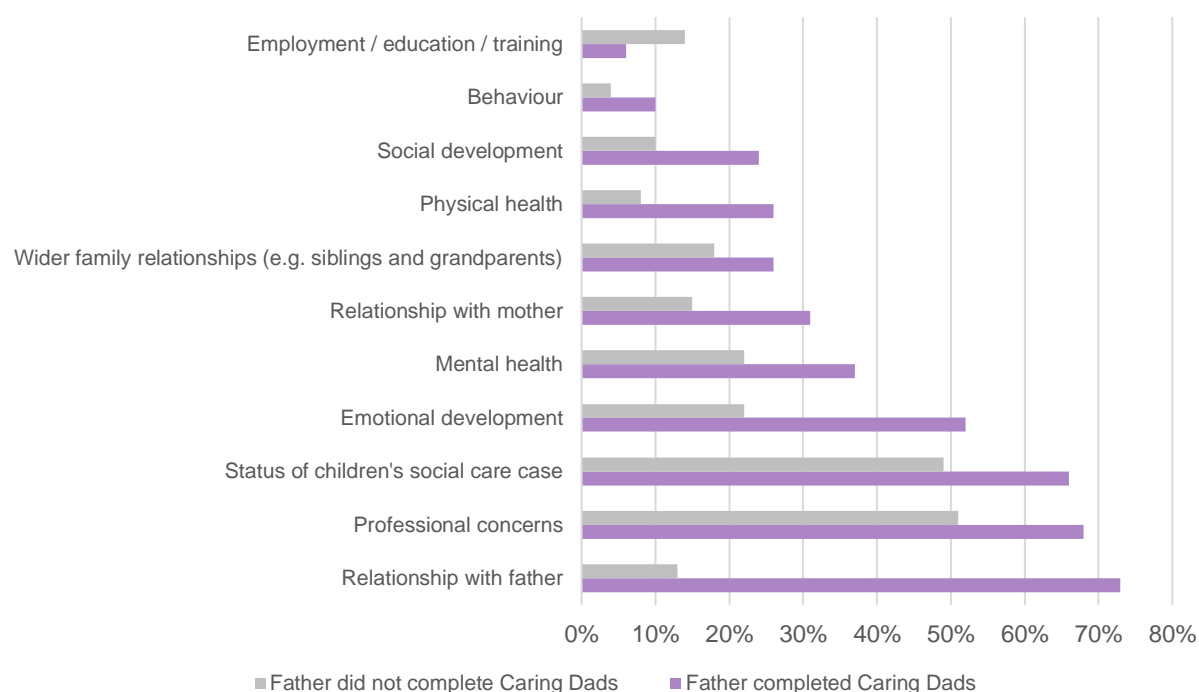


Figure 16: Percentage of children with improved outcomes, comparing those whose father completed the programme with those who did not

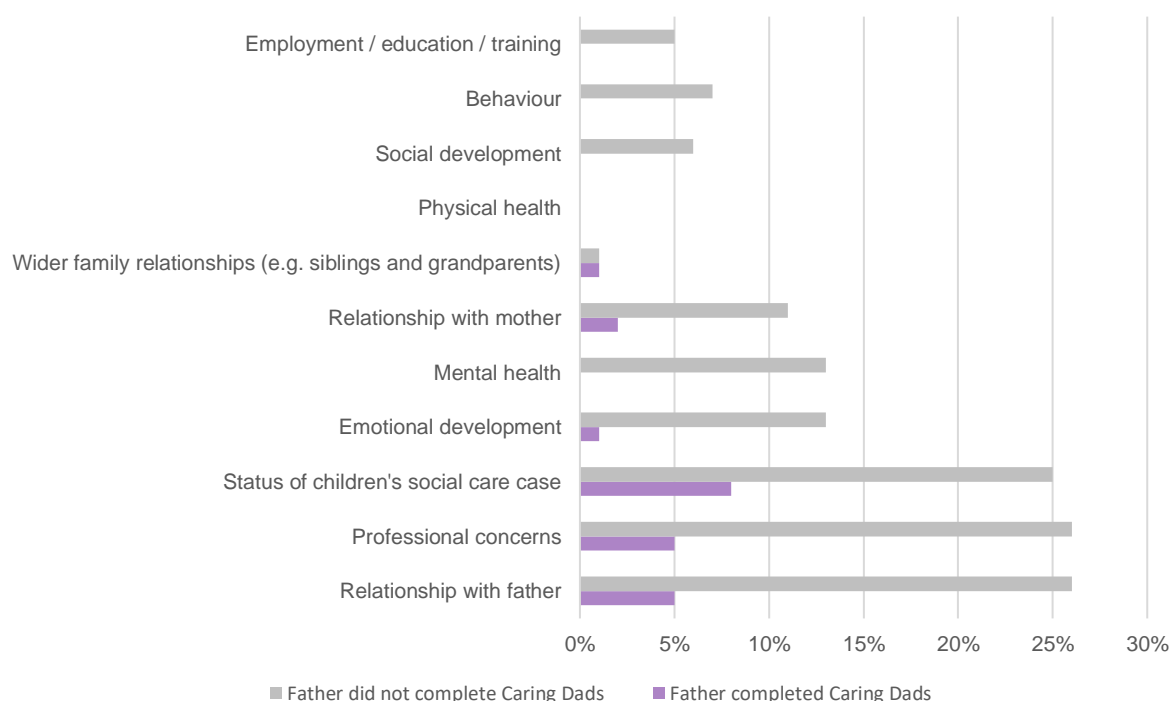


Figure 17: Percentage of children with worsened outcomes, comparing those whose father completed the programme with those who did not

Similarly to the outcomes for fathers, the low percentage of children who had positive or worsened outcomes in certain areas, such as their physical health, does not necessarily equate to a lack of change but means that for some outcomes there was little or no evidence recorded. Tables 18 and 19 provide a breakdown of the percentage of information documented for children in relation to improved and worsened outcomes, highlighting that for several outcomes, there was a large percentage of children for whom no there was little or no evidence recorded. The outcomes with the most recorded evidence were status of children's social care case, relationship with fathers, social and emotional development, and professional concerns. The outcomes with the least recorded evidence were wider family relationships, education, training and employment, and physical health. That said, for some fathers there was indication of some indirect benefits on these outcomes. For example, information was not recorded in relation to changes in relationships with wider family, such as siblings and paternal family members, for 51% of children, but 26% of children did see an improvement in this area. Again, the outcomes with the most recorded evidence fit with the primary aims of the programme, but it may be worth taking a more holistic view of children's outcomes and more systematically recording a wider range of outcomes of interest in the future.

Table 17: Outcomes for children by level of change for those whose father completed the programme

Completed	Employment / education / training	Status of CSC case	Professional concerns	Behaviour	Social development	Emotional development	Mental health	Physical health	Relationship with father	Relationship with mother	Wider family relationships (e.g., siblings, paternal family)
No evidence	72 (41%)	17 (10%)	27 (15%)	30 (17%)	25 (14%)	26 (15%)	34 (19%)	45 (25%)	22 (12%)	28 (16%)	90 (51%)
No significant change	95 (54%)	29 (16%)	21 (12%)	129 (73%)	110 (62%)	57 (32%)	78 (44%)	86 (49%)	17 (10%)	91 (51%)	39 (22%)
Improved / increased	10 (6%)	117 (66%)	120 (68%)	18 (10%)	42 (24%)	92 (52%)	65 (37%)	46 (26%)	130 (73%)	54 (31%)	46 (26%)
Worsened / decreased	0 (0%)	14 (8%)	9 (5%)	0 (0%)	0 (0%)	2 (1%)	0 (0%)	0 (0%)	8 (5%)	4 (2%)	2 (1%)

Table 18: Outcomes for children by level of change for those whose father did not complete the programme

Not completed	Employment / education / training	Status of CSC case	Professional concerns	Behaviour	Social development	Emotional development	Mental health	Physical health	Relationship with father	Relationship with mother	Wider family relationships (e.g., siblings, paternal family)
No evidence	60 (45%)	10 (7%)	16 (12%)	27 (20%)	22 (16%)	23 (17%)	21 (16%)	36 (27%)	22 (16%)	23 (17%)	64 (48%)
No significant change	48 (36%)	24 (18%)	14 (10%)	93 (69%)	90 (67%)	65 (49%)	66 (49%)	87 (65%)	59 (44%)	76 (57%)	45 (34%)
Improved / increased	19 (14%)	66 (49%)	69 (51%)	5 (4%)	14 (10%)	29 (22%)	29 (22%)	11 (8%)	18 (13%)	20 (15%)	24 (18%)
Worsened / decreased	7 (5%)	34 (25%)	35 (26%)	9 (7%)	8 (6%)	17 (13%)	18 (13%)	0 (0%)	35 (26%)	15 (11%)	1 (1%)

Qualitative examples of positive outcomes for fathers who completed Caring Dads, and their children

The following information was obtained from children's case files and Caring Dads end of programme reports.

Engagement <i>Time 1 'father avoidant' of working with children's social care, Time 2 'much more engaging'.</i>	Acceptance of issues <i>'Moved from a position of downplaying concerns and being defensive to taking onboard advice from professionals and implementing that advice'.</i>	Self-reflection and self-awareness <i>'Dad has become more reflective and developed improved self-awareness (e.g. body language and tone of voice)'.</i>
Confidence <i>'Dad reported feeling more confident following the programme'.</i>	Parenting <i>'Improved understanding of the impact of domestic abuse on children'; 'Dad now understands that children should hear positives about both parents'.</i>	Quality contact <i>'Started spending more quality time with children and celebrating children's achievements'.</i>
Living situation and conditions <i>Separated from family at Time 1, full-time care of children again at Time 2, father back living in the family home; 'Home conditions much improved'.</i>	Relationships with children <i>'Engaging in activities to build relationship with step-son (e.g., helping him with homework)'.</i>	Relationships with partners <i>'Investing more in maintaining a healthy couple relationship (e.g., spending more 1:1 time with partner)'.</i>
Coping strategies <i>'Using coping strategies learnt from Caring Dads to manage frustration and prevent conflict with partner'.</i>	Domestic abuse <i>Time 1 'domestic abuse allegations'; Time 2 'no further domestic abuse allegations'.</i>	Future plans and goals <i>'More realistic goals'; 'Improved hope and aspirations for the future'.</i>

'There appears to be a real shift in [dad's] journey through Caring Dads, whereby he appeared quite resistant in the early stages, however appears more open and willing to talk about issues at home. No further [domestic abuse] incidents reported' (Caring Dads End of Programme Report).

'Dad has been brought up not to trust authorities, began to trust the social worker, made it easier to work with CSC because of this trust' (Caring Dads End of Programme Report).

2.5.7 Examples of good practice

In terms of examples of good practice, the data analysis of children's services and Caring Dads programme records identified eight key themes:

- 1) **Allowing fathers chance to catch-up on content, if missed:** Where fathers had missed sessions, due to being unwell for example, facilitators arranged to cover the missed content with the father the following week instead.
- 2) **Flexibility in the facilitators' approach:** Facilitators tailored activities to suit the fathers' personality and/or learning style.
- 3) **Trauma-informed approach:** Tasks were adapted in light of fathers' experiences of trauma and adverse childhood experiences, such as for fathers who were unable to talk specifically about their own fathering, other than their father having been absent throughout their childhood.
- 4) **Father-inclusivity:** The local authority sought to assess the mother and father as a couple following involvement with Caring Dads, rather than as separate carers.
- 5) **Financial support:** The social worker offered to refund a father's transport costs for attending the programme.
- 6) **Accessibility of the programme:** The same interpreter was secured throughout to provide consistency for the father.
- 7) **Believing in fathers:** Case records clearly highlight that the family support worker believed in the parents' ability to change.
- 8) **Persistent approach to engaging fathers:** The father was offered a place on the programme again after initially refusing and went on to complete the programme.

2.5.8 Barriers to engagement

In terms of examples of barriers to engagement, the data analysis of children's case files identified 12 key themes:

- 1) **Ongoing trauma:** Some fathers had recently experienced the removal of a child.
- 2) **Alternative support already in place or offered:** Some fathers were already engaging in a range of different support services and programmes, in relation to domestic abuse and substance 'misuse', for example.
- 3) **Childcare:** Some men experienced difficulties getting childcare either for one-session or on multiple occasions. This was an issue for a few single fathers in particular.

- 4) **Disagreement with referral:** Some fathers were confused as to why the programme had been recommended; from the father's point of view he was not a perpetrator of domestic abuse.
- 5) **Father's group behaviour:** A very small minority of fathers presented challenging behaviour during sessions, such as questioning facilitators and swearing.
- 6) **Readiness:** Some fathers did not feel ready to take part in a group session and preferred to access one-to-one support first.
- 7) **Time commitment:** There were noted challenges in fathers balancing multiple priorities, including work commitments, other programmes, children's social care meetings and public law proceedings.
- 8) **Lack of hope:** Some fathers felt powerless to change the situation and were of the perspective that the programme would not bring about any form of desired change.
- 9) **Lack of trust:** Some fathers lacked trust in professionals, and it was noted in a number of cases that fathers perceived the decisions made by professionals to be unfair.
- 10) **Not meeting the criteria:** For a number of fathers, the father met the eligibility criteria at the point the initial referral was made but their situation later changed, meaning they were no longer eligible, for example if the fathers' children refused contact.
- 11) **Mental or physical health issues:** Some fathers were experiencing significant mental distress, such as anxiety, that prevented them from feeling able to attend and participate.
- 12) **Accessibility:** Some fathers did not wish to travel to another location/area to complete the programme but said if there was a programme closer to home, then they would complete it.

For some fathers, the above barriers to engagement resulted in missing only one or two programme sessions. For other fathers, the issues meant that they ended up withdrawing from the programme, missing too many sessions to complete the programme (i.e., missed more than three sessions) or not taking up a place on the programme to begin with. For some fathers, no details were recorded as to why the man had missed sessions or not engaged in the programme.

2.5.9 Recommendations based on children's case files and Caring Dads programme data

- 1) Ensure Caring Dads programme attendance records are accurate and consistently recorded in programme records, children's case files and end of programme reports.
- 2) Opportunity to improve recording of parental responsibility for fathers.
- 3) Clearer documentation of Adverse Childhood Experience assessments, and consistent storage of those records, so the information can be easily accessed.
- 4) Fathers' victim status in relation to domestic abuse should be more regularly recorded.
- 5) Reasons for missed sessions and withdrawal from the programme to be more regularly recorded, to see if any steps can be taken to improve engagement and retention.
- 6) Consider taking a more holistic view of outcomes and more systematically recording a wider range of outcomes of interest beyond those that are the direct focus of the Caring Dads programme.

3. Summary of learning and recommendations

The following section of the report draws together the learning from the different elements of the Caring Dads Blackburn with Darwen evaluation, offering a summary of recommendations relating to the following key themes: (1) engaging fathers; (2) multi-agency working; (3) voices of children; (4) programme delivery and supervision for facilitators; (5) data collection and record keeping; and (6) funding.

3.1 Recommendations for engaging fathers

- Men to be approached about taking part in the programme by a professional that the father has a good and trusted working relationship with.
- During the initial approach, explain how any father can benefit from taking part in the programme, as all parents have something to learn.
- Take time to explain to fathers why it is worth investing time in themselves, for their own benefit and for their children and families.
- Provide fathers with more information about the programme in advance of the pre-programme meeting, including providing clarity about how the Caring Dads programme differs from other programmes and why in particular, this programme is worth taking part in.
- If possible and appropriate, encourage fathers' partners to support men to attend and talk about the programme so they can learn from each other and together.
- Inform fathers from the outset that there is flexibility in programme times and days of the week.
- Be conscious of other issues or events a father might be facing, when approaching men to take part.
- Continue to re-approach fathers who initially decline to take part.
- Ask men before beginning the programme of any relationship difficulties with other fathers, to avoid putting men with pre-existing conflict on the same programme.
- Consult with fathers and children's social care to ensure that fathers are able to physically get to the location of the programme, ensuring that where necessary and possible, fathers are offered support in terms of transport (e.g., cost of the bus fare).
- Make fathers aware that how the course is taught can be adapted, that much of the content is practical (e.g., homework activities with children and role play), and that help can be given (e.g., with reading or if a translator is needed).
- Continue to work on improving engagement and retention.

3.2 Recommendations for multi-agency working

- Opportunity for closer working relationships so multi-agency staff are aware of which fathers are taking part in the programme, and could potentially identify other suitable fathers.
- Consider the option for multi-agency professionals to make direct referrals.

- Work on further Caring Dads programme awareness raising, for example leaflets to be made available to more agencies and further information to be shared in multi-agency meetings, including clarity about the criteria for the programme.
- Keep multi-agency professionals informed of the dates of programmes.

3.3 Recommendations for children's involvement

- Ensure children's wishes and feelings are included in the pre-programme meetings.
- Consider ways in which children might be included in some aspects of the programme, such as the programme celebrations.

3.4 Recommendations for programme delivery and supervision for facilitators

- The size of groups should be (re)considered. Fathers reported they preferred smaller groups so that they could develop closer relationships with facilitators and other each other.
- Continue to ensure that there are well-trained and highly skilled male and female facilitators available to deliver groups, which is likely to mean recruiting and training more facilitators, and potentially recruiting facilitators from other agencies.
- Continue to ensure that the delivery team have time for supervision and reflection, as a group.

3.5 Recommendations for data collection and record keeping

- Work on improving recording practices:
 - Ensuring up-to-date information, and consistent documentation and storage of that information, so the details can be easily accessed, and further evaluation and learning can be readily collated;
 - Particularly in relation to parental responsibility, Adverse Childhood Experience assessments, fathers' domestic abuse victim status' and reasons for missed programme sessions and withdrawals;
 - Ensure Caring Dads programme attendance records are accurate and consistently recorded in programme records, children's case files and end of programme reports;
 - Continue to capture and monitor data for individual Caring Dads participants to capture any outcomes.

3.6 Recommendations for funding

- More funding to run more groups, on different days and in different locations.
- A need for sustained programme funding.

4. Conclusion

Building on the learning from previous Caring Dads evaluations (e.g., Scott and Lishak, 2012; Diemer et al., 2020), this evaluation has included follow-up data and involved multiple informants to understand and increase confidence in any changes made and sustained post-programme. Overall, the evaluation of Caring Dads Blackburn with Darwen has found promising evidence of change (up to six months post-programme), based on mixed-methods data for fathers involved between November 2017 and December 2020.

A focus group with the Caring Dads programme facilitators and an interview with the Caring Dads programme manager illustrated that Caring Dads can bring about positive improvements in the following areas: fathers' relationships with children, partners, co-parents, wider family members, peers and professionals; parenting skills; self-confidence, self-reflection, self-awareness and self-care; substance 'misuse'; and mental health.

Findings from a multi-agency focus group and survey supported the outcomes described by Caring Dads programme staff, as well as identifying further benefits brought about by fathers' involvement, including improvements in fathers' motivations to change; recognition of the impact of their behaviour on their children and partner; understanding of child development and children's needs; appreciation for their children; confidence in caring for their children; responsibility for their actions; and strategies for managing conflict and difficult emotions. Multi-agency professionals also reported benefits of the programme for mothers and children, including improved feelings of safety and support, reduced exposure to conflict and inappropriate adult behaviour, and children feeling that fathers were more committed to them after completing the programme.

Following a sample of fathers' journeys from the beginning of the Caring Dads programme, to six-months post-programme, indicated that Caring Dads can help fathers to develop more positive perceptions of, and working relationships with, professionals; acquire greater understanding of their thoughts, feelings and actions; and increased recognition of responsibility for their behaviours. Additionally, fathers' self-reports described benefits of engaging in Caring Dads in terms of having the opportunity to open-up about their experiences and emotions and spend time with other fathers; sparking their motivation to reclaim fatherhood; learning about how to access further support; and developing goals and hopes for the future. However, the qualitative data also found that fathers' expectations of the Caring Dads programme may need to be managed, in terms of the limited impact it can have on influencing decision-making in local authority care proceedings. There may be further work to be done in terms of supporting fathers to understand the realistic outcomes that can be achieved by completing the programme.

Mothers' interviews described how fathers had improved their parenting, including taking on more proactive roles with children; self-awareness; confidence; sense of

responsibility; and remorse for past actions. Mothers also observed fathers developing greater acceptance of children's social care and public law proceedings outcomes. Indirect benefits to the women were described, in terms of men sharing their programme learning, and together couples improved their understanding of each other's perspectives and needs, developing new coping strategies and ways to manage conflict together. Notably, only a small sample of partners were involved in the evaluation, due to difficulties in recruitment within the evaluation timescales. In addition, the partners who were involved were all current partners of fathers who had completed the programme. Whilst considerable efforts were made to include ex-partners, this was not possible, and it is acknowledged that ex-partners of men who either completed the programme or did not completed the programme, may have had less positive experiences of the impact of Caring dads on theirs and their children's lives.

Caring Dads programme records, end of programme reports, and children's case file data provided examples to support the outcomes illustrated by Caring Dads staff, multi-agency professionals, fathers and mothers. The records provided evidence of improvement in children's social care concerns, including cases where fathers had been reunited with their children and children's mothers, moving back into the family home, after completing the Caring Dads programme, and/or cases where there had been no further domestic abuse incidents or concerns identified post-programme.

Quantitative data obtained from children's case files indicated that the Caring Dads programme contributes to positive outcomes for fathers, with the most common outcome being a positive change in contact with a child, followed by improvements in co-parenting, couple relationships and engagement with professionals and other agencies. However, the quantitative findings also identified that for a minority of fathers there were worsened outcomes in terms of child contact and co-parenting, as well as a negative change in residency and housing despite completing the programme (although the latter two factors are not a focus of the Caring Dads programme). For some fathers completing the Caring Dads programme, it may still be that their involvement with children needs to continue to be monitored. A lack of improvement in certain aspects of fathers' lives, and in their contact with their children, indicates that some fathers will need to continue to receive support in order to make positive changes, and, importantly, to sustain those changes over time. Comparing data on fathers' pre- and post-programme also indicated that Caring Dads may support fathers to make positive changes that reduce the likelihood of recidivism. It should also be acknowledged that there were fathers who experienced positive outcomes, without completing the Caring Dads programme, as would be hoped in terms of their involvement with children's services, meaning that some of the positive changes identified are not necessarily or solely a direct outcome of the Caring Dads programme itself. Absence of a control group means that we cannot guarantee that the changes made by fathers were a direct result of their involvement in Caring Dads. Nonetheless, the case file data does contribute to the promising evidence of positive impact of the programme.

Future evaluations of Caring Dads would benefit from a longer follow-up period and revisiting both the qualitative and quantitative data at regular intervals. Data linkage would also be beneficial, for example between children's social care records and police records, in light of the current evaluation being limited in relying on information

sharing between police and children's social care, in terms of conviction rates. Another area to be considered for future evaluations, and a limitation of this research, is the lack of direct inclusion of children. Due to the scope and timescale of this evaluation, children's voices and outcomes were not captured first-hand; data on outcomes for children were obtained indirectly via multi-agency professional reports and children's social care records, which documented children's feelings based on one-to-ones with social workers, for example.

To conclude, this evaluation does provide evidence that the Caring Dads programme can bring about positive change for fathers and their families in Blackburn with Darwen. The evaluation showed that men referred to Caring Dads had experienced a range of adverse life experiences, in both their childhoods and adult lives, and that their needs were often multiple and complex. Involvement with children's services was often related to concerns related to a child's mother as well as father, meaning that a range of interventions may be required to benefit children and to bring about positive and sustainable change for the whole family. In this context, this evaluation found that Caring Dads represents an important service to provide both challenge and support to men as fathers and as partners. The evidence presented does indicate impact on improving men's parenting, couple functioning, and relationships with professionals, and so, a reduction in the risk of abusive behaviour. Whilst further and longer-term evaluation is needed to increase the evidence-base, findings from this evaluation are promising. The qualitative data from the perspectives of professionals, fathers and mothers, and the quantitative data from programme records and children's case files, combined to produce a compelling case for the value of, and need for, this father-focused and strengths-based service. The recommendations drawn from these multiple perspectives and from the research team, point to some clear actions that could strengthen the positive impact of Caring Dads but also its sustainability.

References

- Adoption and Children Act 2002. London, HMSO.
- Allen, S. M., & Daly, K. J. (2007). *The effects of father involvement: An updated research summary of the evidence*. Centre for Families, Work & Well-Being, University of Guelph.
- Asmussen, K., Fischer, F., Drayton, E., & McBride, T. (2020). *Adverse childhood experiences: What we know, what we don't know, and what should happen next*. London, Early Intervention Foundation.
- Cabrera, N. J., Volling, B. L., & Barr, R. (2018). Fathers are parents, too! Widening the lens on parenting for children's development. *Child Development Perspectives*, 12(3), 152-157.
- California Evidence-Based Clearinghouse for Child Welfare (CEBC) (2015). *Caring Dads: Helping Fathers Value Their Children*. Available at: <https://www.cebc4cw.org/program/caring-dads-helping-fathers-value-their-children/detailed> (Accessed 17 June 2021).
- Cano, T., Perales, F., & Baxter, J. (2019). A matter of time: Father involvement and child cognitive outcomes. *Journal of Marriage and Family*, 81(1), 164-184.
- Children Act 1989. London, HMSO.
- Children's Commissioner (2020) *Sowing the seeds. Children's experience of domestic abuse and criminality*. Available at: https://s3-eu-west-2.amazonaws.com/victcomm2-prod-storage-119w3o4kq2z48/uploads/2020/03/Sowing-the-Seeds_final_web.pdf (Accessed 7 July 2021).
- Diemer, K., Humphreys, C., Fogden, L., Gallant, D., Spiteri-Staines, A., Bornemisza, A., & Vercoe, E. (2020). *Caring Dads program. Helping fathers value their children. Three Site Independent Evaluation 2017-2020*. Melbourne, University of Melbourne.
- Díez, C., Fontanil, Y., Alonso, Y., Ezama, E., & Gómez, L. E. (2018). Adolescents at serious psychosocial risk: What is the role of additional exposure to violence in the home?. *Journal of interpersonal violence*, 33(6), 865-888.
- Domestic Abuse Act 2021. London, HMSO.

- Early Intervention Foundation (2019). *HENRY*. Available at: <https://guidebook.eif.org.uk/programmes/henry> (Accessed 5 May 2021).
- Fatherhood Institute (2009). *Commissioning Father-Inclusive Parenting Programmes: A Guide*. Available at: <http://www.fatherhoodinstitute.org/uploads/publications/444.pdf> (Accessed 3 June 2021).
- Fatherhood Institute (2014). *Research Summary: Co-parenting and Early Childhood Development*. Available at: <http://www.fatherhoodinstitute.org/2014/fi-research-summary-co-parenting-and-early-childhood-development/> (Accessed 3 June 2021).
- Feinstein, L., & Griffiths, A. (2014). *Early intervention in domestic violence and abuse*. London, Early Intervention Foundation.
- Garner, A. S., Shonkoff, J. P., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., & Wood, D. (2012). Early childhood adversity, toxic stress, and the role of the pediatrician: Translating developmental science into lifelong health. *Pediatrics*, 129(1), 224-231.
- Harold, G., Acquah, D., Chowdry, H., & Sellers, R. (2016). *What works to enhance interparental relationships and improve outcomes for children?* London, Early Intervention Foundation.
- Holmes, E. K., Galovan, A. M., Yoshida, K., & Hawkins, A. J. (2010). Meta-analysis of the effectiveness of resident fathering programs: Are family life educators interested in fathers? *Family Relations*, 59(3), 240–252.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child abuse & neglect*, 32(8), 797-810.
- Home Office (2021a). *Domestic Abuse Act 2021: Overarching Factsheet*. Available at: <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet> (Accessed 30 July 2021).
- Home Office (2021b). *Domestic abuse: draft statutory guidance framework*. Available at: <https://www.gov.uk/government/consultations/domestic-abuse-act-statutory-guidance/domestic-abuse-draft-statutory-guidance-framework#fn:98> (Accessed 20 October 2021).

- Hood, R., Lindsay, J., & Muleya, W. (2015). *Caring Dads: Multi-site evaluation in London 2013-2015*. London, Kingston University and St Georges, University of London.
- McConnell, N., Barnard, M., Holdsworth, T., & Taylor, J. (2016a). *Caring Dads: Safer Children Evaluation Report*. London, NSPCC.
- McConnell, N., Cotmore, R., Hunter, D., & Taylor, J. (2016b). *Caring Dads: Safer Children. Learning from delivering the programme*. London, NSPCC.
- McCracken, K. and Deave, T. (2012). *Evaluation of the Caring Dads Cymru Programme*. Cardiff, Welsh Government Social Research.
- Morris, A. S., Criss, M. M., Silk, J. S., & Houlberg, B. J. (2017). The impact of parenting on emotion regulation during childhood and adolescence. *Child Development Perspectives*, 11(4), 233-238.
- Nowak, C., & Heinrichs, N. (2008). A comprehensive meta-analysis of triple P-positive parenting program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, 11(3), 114–144.
- NSPCC (2018). *Implementation evaluation of Graded Care Profile 2*. Available at: <https://learning.nspcc.org.uk/research-resources/2018/implementation-evaluation-deliver-graded-care-profile-2> (Accessed 6 July 2021).
- Office for National Statistics (2020a). *Domestic abuse prevalence and trends, England and Wales: year ending March 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2020> (Accessed 3 July 2021).
- Office for National Statistics (2020b). *Child abuse extent and nature, England and Wales: year ending March 2019*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childabuseextentandnatureenglandandwales/yearendingmarch2019> (Accessed 3 July 2021).
- Office for National Statistics (2020c). *Characteristics of children in need*. Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020> (Accessed 3 July 2021).
- Opondo, C., Redshaw, M., & Quigley, M. A. (2017). Association between father involvement and attitudes in early child-rearing and depressive symptoms in

- the pre-adolescent period in a UK birth cohort. *Journal of affective disorders*, 221, 115-122.
- Philip, G., Bedston, S., Youansamouth, L., Clifton, J., Broadhurst, K., Brandon, M., & Hu, Y. (2021). 'Up Against It': Understanding Fathers' Repeat Appearance in Local Authority Care Proceedings (Full Project Report).
- SafeLives (2019). *Children's Insights England and Wales dataset 2015-18. Specialist children's domestic abuse services*. Available at:
<https://safelives.org.uk/sites/default/files/resources/Children's%20Insights%20national%20dataset%2036%20months%20to%20April%202018.pdf>
 (Accessed 4 July 2021).
- Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta paediatrica*, 97(2), 153-158.
- Scott, K. L. & Lishak, V. (2012). Intervention for maltreating fathers: Statistically and clinically significant change. *Child Abuse and Neglect*, 36, 680-684.
- Scott, K., Kelly, T., Crooks, C., & Francis, K. (2006). *Caring dads: Helping fathers value their children*. Victoria, Trafford.
- Shonkoff, J. P., & Bales, S. N. (2011). Science Does Not Speak for Itself: Translating Child Development Research for the Public and Its Policymakers. *Child Development*, 82(1), 17-32.
- Stanley N. 2011. *Children Experiencing Domestic Violence: A Research Review*. Research in Practice: Dartington.
- Szilassy, E., Drinkwater, J., Hester, M., Larkins, C., Stanley, N., Turner, W., & Feder, G. (2017). Making the links between domestic violence and child safeguarding: An evidence-based pilot training for general practice. *Health & social care in the community*, 25(6), 1722-1732.
- Taylor, J. (2017). Caring Dads Safer Children: Families' perspectives on an intervention for maltreating fathers. *Psychology of Violence*, 7(3), 406-416.
- The Child Safeguarding Practice Review Panel (2020) *Annual Report 2020. Patterns in practice, key messages and 2021 work programme*. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984767/The_Child_Safeguarding_Annual_Report_2020.pdf
 (Accessed 20 September 2021).

Wilson, K. R., & Prior, M. R. (2011). Father involvement and child well-being. *Journal of paediatrics and child health*, 47(7), 405-407.

World Health Organization (2020). *Violence against children*. Available at:
<https://www.who.int/news-room/fact-sheets/detail/violence-against-children>
(Accessed 21 July 2021).

Appendix A: Goals and sessions during the 17-week programme

Goal 1:	To develop sufficient trust and motivation to engage men in the process of examining their fathering.	
Session 1:	Orientation	Programme overview
Session 2:	Considering fathering	Genograms. Family experiences
Session 3:	Developing discrepancy	My goals. Continuing to develop discrepancy
Goal 2:	To increase men's awareness of child-centred fathering.	
Session 4:	Child-centred fathering	Continuum of parenting behaviour. Responsive and unresponsive praise
Session 5:	Building relationships with our children	Review of praise. How well do you know your children?
Session 6:	Listening to children	Listening to children. Relationship-building challenges
Session 7:	Fathers as part of families	Setting a good example. Appreciation for my children's mother
Session 8:	Eliminating barriers to better relationships	The connections between thoughts, feelings and actions
Session 9:	How are children different from adults?	Understanding child development. Practical applications
Goal 3:	To increase men's awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children.	
Session 10:	Recognising unhealthy, hurtful, abusive and neglectful fathering behaviours	The other end of the continuum: child maltreatment. A closer look at emotional abuse
Session 11:	How am I responding to my children's needs?	Emotional abuse and neglect as forms of abuse. Problem solving for parents exercise
Session 12:	Relationship with my child's mother	Problem solving for parents continued. What children learn from abuse and controlling fathering
Session 13:	Problem solving difficult situations	Abuse of children's mothers. Problems solving for parents continued
Goal 4:	Consolidating learning, rebuilding trust, and planning for the future.	
Session 14:	Decreasing denial and minimisation	Taking responsibility for the past
Session 15:	Rebuilding trust and healing	Moving into the future. Rebuilding trust
Session 16:	What about discipline?	Summarising alternatives to punishment. Defining discipline
Session 17:	Wrapping up	Review of main concepts. Where am I going from here?

Source: Scott et al., 2006, p.13

Appendix B: Ethical considerations

Informed consent

Information sheets and consent forms were provided to and signed by all participants involved in the evaluation. Initial consent from fathers and partners was sought by a relevant Early Help Service practitioner to see if they would be interested in a telephone approach by a researcher to discuss involvement in the evaluation.

Informed consent to take part in interviews and contact over a longer period of time, differs from agreeing to take part in a one-off interview. The longer time period of involvement was explained to participant who were informed that they could withdraw from the evaluation at any point without explanation. Since it was difficult for some participants to fully understand and commit to continuing contact over time, consent was revisited with fathers and partners at regular interviews, and was seen as a process, rather than a single event.

Caring Dads staff briefings provided advice regarding the principles of voluntarism that were fundamental to all aspects of the evaluation, including recruitment of fathers and partners, and the process of seeking consent. As a token of thanks, fathers – and partners where they were also involved in interviews – were provided with a £20 voucher at the beginning and end point of their involvement (£40 voucher in total).

Managing the research relationship with fathers and partners

We had clear protocols in place for managing the ongoing research relationship with fathers and partners, and this included explaining – and reminding – participant about the limitations of confidentiality. As part of seeking informed consent, we discussed with each participant that the researcher would need to report to the relevant agency any information suggesting immediate risk to a child or adult. The researcher for the father and partner interviews applied a high degree of reflexivity during the research process, using supervision, team meetings and debriefs to address any ethical considerations as they arose. In addition to considering the safety and welfare of participants, the researcher also remained astute to recognising their own personal safety and welfare. Accordingly, the evaluation team was guided by the Social Research Association's Code of Practice for the Safety of Social Researchers and used regular communication and weekly or fortnightly supervisions and team meetings with the Principle Investigator to discuss and reflect on the challenges and insights arising from the evaluation.



School of Social Work, University of East Anglia,
Norwich Research Park, Norwich, Norfolk, NR4 7TJ
social.work@uea.ac.uk

www.uea.ac.uk/web/groups-and-centres/centre-for-research-on-children-and-families