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# Oasis Project Reducing Parental Conflict Programme Evaluation: Final Report



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**An evaluation of the Oasis Project's  
Reducing Parental Conflict Programme of Services  
Final Report – January 2021**

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## Key Messages

1. Parents affected by substance misuse may experience multiple and complex challenges and have experience of previous trauma and adversity. A single intervention may not be sufficient to achieve positive, sustained change and service development needs to be considered in the context of wider service networks (Parents as Partners; Fathers Service).
2. Parents with a high level of need value opportunities for peer social support arising from group-based interventions. Robust assessment and screening in the initial stages play an important role in developing the conditions for positive peer support systems (Parents as Partners).
3. User-led and person-centred services are valued by fathers. Services should consider these approaches from the point of referral through to service conclusion to promote father engagement and service effectiveness (Fathers Service).
4. Parents are not a homogenous group and services and interventions should offer varied approaches to meet parents' diverse needs and preferences, including therapeutically informed responses and content that reflects their lived experience (Fathers Service).
5. Skilled facilitation and support are highly valued by parents, particularly in the presence of complex and co-occurring difficulties. Supports such as clinical and reflective supervision are important for a highly skilled workforce and promoting positive change in families (Parents as Partners, Fathers Service, Fathers Network).
6. Innovative approaches within traditional service systems should be carefully considered to ensure services are complementary and address service gaps. The perspectives of those receiving services can offer valuable insight (Fathers Service).
7. Professionals benefit from opportunities to reflect on their practice together to advance current practice and to respond to service gaps (Fathers Network).
8. Agencies working with parents with high levels of need should address the intersection of presenting problems, such as parental conflict and substance misuse. Professional development opportunities should enhance these efforts to avoid compartmentalisation (Project).
9. Agencies should consider how service development, implementation, and review strategies may need to be adapted for user-led services (Project).
10. Agencies need sufficient time to develop and implement new and innovative services and realistic timescales for pre-delivery development and post-delivery learning are important in promoting success (Project).

## Executive Summary

### Introduction

In March 2019 the Oasis Project was awarded funds through the Reducing Parental Conflict Challenge Fund, part of the Department for Work and Pension's Reducing Parental Conflict Programme, to develop and deliver innovative services to parents affected by substance misuse issues and professionals across East Sussex. The University of Sussex, Department of Social Work and Social Care, were commissioned by Oasis to undertake an evaluation of the project and its services.

The Oasis Reducing Parental Conflict Project was launched in April 2019 and focused on the development and delivery of three services: the Parents as Partners group-based intervention, the Fathers Service, and the Fathers Network. Services were aimed at reducing parental conflict and strengthening the role of fathers directly through services to parents and indirectly through the development of professional knowledge and skill. The purpose of the evaluation was to explore the impact of services on the lives of parents and families receiving these services and on the development of professional knowledge and skill about the needs and capabilities of fathers affected by substance misuse issues.

### The Oasis Reducing Parental Conflict project

The Reducing Parental Conflict Project delivered services across two project phases. The initial phase of the project (Phase One) was delivered from April 2019 to March 2020. The project was subsequently awarded additional funding to support an extended period of service delivery (Phase Two) from March 2020 to December 2020. Services provided in the primary phase of the project included the Parents as Partners intervention, a Fathers Service, and a Fathers Network. The Fathers Service and the Fathers Network were continued in Phase Two of the project and delivered virtually due to the pandemic.

The Parents as Partners programme is a 16-week group-based intervention for parents aimed at improving parental and family relationships. The Fathers Service, developed by the Oasis Project, provides user-led and person-centred parenting support and therapeutic support for fathers affected by substance misuse issues, due to their own use or that of a partner. The Fathers Network is a programme of locality-based forums providing professionals with structured reflective spaces to share their insights and learning about working with fathers to develop professional knowledge.

### Methods

A theory of change (Appendix 1) to inform the evaluation was developed in partnership with the Oasis Project identifying anticipated outcomes associated with interventions to reduce parental conflict and to support fathers.

The evaluation addressed the following research questions:

1. How do parents affected by substance misuse issues experience project interventions?
2. What is the perceived impact of the interventions on parental relationships, parental conflict, and father engagement?
3. What are the barriers and facilitators to positive outcome achievement among parents affected by substance misuse issues participating in project interventions?
4. What is the perceived impact of project interventions on professional knowledge about parenting with substance misuse issues and fatherhood?

Qualitative and quantitative methods were used and included the use of both quantitative measures (standardised measures; researcher developed instruments) and in-depth interviews with participants, project staff, and other key stakeholders. Qualitative data was analysed using NVivo software to identify over-arching themes in the data.

### Key findings

Services were small in scale but provided some useful initial findings to inform knowledge development related to improving outcomes for families in conflict and strengthening father engagement.

The Parents as Partners intervention was delivered to eight parents (4 parent dyads), all of whom participated to some extent in the evaluation. The Fathers Service was delivered to thirty-nine fathers across both project phases. Data was collected on twenty-three participants and, of these, four participated in in-depth interview. The Fathers Network included six events and thirty-seven attendees provided evaluation data for the evaluation. A further two individual interviews and one focus group was conducted with project staff and stakeholders.

Findings highlight the perceived benefits noted by individuals receiving the service, suggesting that services were effective in addressing, at least to some extent, some of the presenting difficulties. It is important to note that while many parent participants perceived positive change, resolution may not have been achieved given the complexity of historical and presenting difficulties. Therefore, it is important to consider these positive results in the context of a continuum of need and services.

While this evaluation is unable to confirm outcome achievement for most participants receiving the service, it is clear that some participants perceived improvement in some outcome domains. The Parents as Partners intervention was generally well-received by participants with a good level of engagement. Participants found the service helpful and participants identified some individual improvement in levels of parental conflict, parenting skills, family functioning, and pro-social behaviour. Participants noted related improvements in child wellbeing. Findings suggest the Fathers Service was beneficial and addressed an important gap in services for fathers. Fathers appreciated the diversity in approaches, both task-focused and counselling-based. Fathers interviewed identified individual improvement in their understanding of parental conflict and their role as fathers. Participants also identified improvement in parenting skills, family functioning, pro-social behaviour, and child wellbeing. Findings indicate the Fathers Network events were useful

and provided participants with some knowledge development in areas related to fathers affected by substance misuse issues.

1. Parents affected by substance misuse may experience multiple and complex challenges and have experience of previous trauma and adversity. A single intervention may not be sufficient to achieve positive, sustained change and service development needs to be considered in the context of wider service networks (Parents as Partners; Fathers Service).
2. Parents with a high level of need value opportunities for peer social support arising from group-based interventions. Robust assessment and screening in the initial stages play an important role in developing the conditions for positive peer support systems (Parents as Partners).
3. User-led and person-centred services are valued by fathers. Services should consider these approaches from the point of referral through to service conclusion to promote father engagement and service effectiveness (Fathers Service).
4. Parents are not a homogenous group and services should offer varied approaches to meet parents' diverse needs and preferences, including therapeutically informed responses and content that reflects their lived experience (Fathers Service).
5. Skilled facilitation and support are highly valued by parents, particularly in the presence of complex and co-occurring difficulties. Supports such as clinical and reflective supervision are important for a highly skilled workforce and promoting positive change in families (Parents as Partners, Fathers Service, Fathers Network).
6. Innovative approaches within traditional service systems should be carefully considered to ensure services are complementary and address service gaps. The perspectives of those receiving services can offer valuable insight (Fathers Service).
7. Professionals benefit from opportunities to reflect on their practice together to advance current practice and to respond to service gaps (Fathers Network).
8. Agencies working with parents with high levels of need should address the intersection of presenting problems, such as parental conflict and substance misuse. Professional development opportunities should enhance these efforts to avoid compartmentalisation (Project).
9. Agencies should consider how service development, implementation, and review strategies may need to be adapted for user-led services (Project).
10. Agencies need sufficient time to develop and implement new and innovative services and realistic timescales for pre-delivery development and post-delivery learning are important in promoting success (Project).

## Lessons and implications

**Integrated and Intersecting Service Development** - Service development needs to be considered in the context of the level of need presented and the wider service network to promote positive, long-term change. Where multiple and complex need exists, services should avoid compartmentalisation and recognise and attend to the intersection of presenting difficulties.



**Parent-Defined Service Provision** - Services should increasingly strive for authentic and meaningful user-led and person-centred approaches. These approaches are valued by parents and important in promoting engagement and positive change. Person-centred approaches should also recognise the diverse needs and preferences of parents and be sufficiently flexible to accommodate some variation in service response. Content should also be relevant and reflect their lived experience. Service innovations should elicit the views of parents to promote parent-defined services that address an unmet need. This requires consideration for how services are developed, implemented, and reviewed.

**Innovating and Sustained Change** - The implementation and learning phase of service development activity is essential for innovation and success. Funding and implementation timescales need to reflect these important stages. Referral and screening processes are also essential, particularly in group-based interventions where sustained peer support is key, and timescales should be sufficient to accommodate robust processes.

**Professional Knowledge and Skill is Key to Positive Change** – Professional knowledge and skill is fundamental to service effectiveness when working with high needs populations and should be nurtured and developed through opportunities for reflective spaces for guidance and support, including clinical supervision when required. Further spaces to learn and reflect together provide opportunities to cultivate new ideas and innovation.

## Introduction

Family life presents many challenges including parental conflict, but this can be particularly complex for families when parents in the home have substance misuse difficulties. Research highlights the adverse effects parental conflict can have on both parents and children in the home and the importance of supports and services for families (Grych and Fincham, 1990; Harold, et al., 2016; Pote, et al., 2020; Reynolds et al., 2014). For fathers, access to necessary supports and services can be difficult to achieve with helping systems historically focusing attention on women as mothers (Panter-Brick et al., 2014). Further, while services and supports intended to address parental conflict are available, little is known about their effectiveness in addressing the additional complexities of parental conflict with families where current or historical substance misuse is present. Similarly, while there is an increasing awareness of the importance of services and supports for fathers including those in families where substance misuse is an issue, these are often limited in scale and supply. In response to these challenges, the UK Department for Work and Pensions Challenge Fund, Supporting Disadvantaged Families programme was launched to inform the development of innovative practices to improve the evidence-base for effective parenting and father support interventions for families to address parental conflict and the role of fathers.

As part of this national effort, the Oasis Project, a Brighton-based agency with over two decades of experience in supporting families with drug and alcohol support and treatment services were awarded funds through the DWP Challenge Fund to provide a range of services and supports for families in East Sussex. Services delivered aimed to develop knowledge in the effectiveness of interventions to strengthen parental relationships and to test innovative approaches to engaging with fathers. Services for professionals also aimed to develop knowledge among front-line professionals across East Sussex about the needs of fathers, and specifically affected by substance misuse issues.

The Oasis Reducing Parental Conflict project delivered services across two project phases. The initial phase of the project (Phase One) was delivered from April 2019 to March 2020. The project was subsequently awarded additional funding to support an extended period of service delivery (Phase Two) from March 2020 to December 2020.

Services provided in the primary phase of the project included the Parents as Partners intervention, a Fathers Service, and a Fathers Network. The Fathers Service and the Fathers Network were continued in Phase Two of the project and delivered virtually due to the pandemic.

The Parents as Partners programme is a 16-week group-based intervention for parents aimed at improving parental and family relationships. The Fathers Service, developed by the Oasis Project, provides user-led and person-centred parenting support and therapeutic support for fathers affected by substance misuse issues due to their own use of that of a partner. The Fathers Network is a programme of locality-based forums providing professionals with structured reflective spaces to share their insights and learning about working with fathers to develop professional knowledge.

The Department of Social Work and Social Care at the University of Sussex were commissioned to undertake an independent evaluation of the Oasis Reducing Parental Conflict project. The purpose of the evaluation is to better understand the impact the project has on improving the lives of parents affected by substance misuse issues and their children, specifically reducing parental conflict, and strengthening the role of fathers. The evaluation also explores the project's impact on the development of professional knowledge and skill about the needs and capabilities of fathers affected by substance misuse issues. Evaluation findings are intended to contribute to the development of knowledge about how to improve outcomes for families in conflict, the enablers and barriers to success and the conditions required to replicate success. Findings will also support knowledge development on effective strategies to strengthen father engagement and the role of fathers in families.

## Literature Review

Arguments and parental conflicts are normative parts of couple relationships and family life (McCoy et al., 2009). However, the way conflict is expressed impacts on a parent's and a child's well-being (Harold et al., 2016). Conflict can either be constructive or destructive according to how it is managed and how children react (Reynolds et al., 2014). Persistent, unresolved, destructive conflict drains a parent's emotional resources and puts children at greater risk of emotional and social problems (Mooney et al., 2009). Couples coping with multiple pressures and distress are more likely to experience discord leading to conflict (Reynolds et al., 2014). Parental distress is almost three times more likely for workless couple-parent families (DWP, 2017). It is for this reason that the UK Department for Work and Pensions launched a programme of innovative evidence-based interventions delivered by local organisations.

Constructive conflict involves calm discussion and problem-solving. It is characterised by warmth, affection, mutual respect, and positive regard (Cummings and Davies, 2002). Conflict managed in this way can often provide children with pro-social behaviour which they may model (Goeke-Morey et al., 2007). Resolution is not necessary, but research has found it beneficial (Harold and Sellers, 2018). Increasing such constructive inter-parent interactions predicts improvements in child-adjustment (Cummings et al., 2008).

On the other hand, destructive conflict can involve withdrawing, the overt 'silent treatment' (Ablow and Measelle, 2009), verbal and physical hostility and aggression, and in the most extreme cases, domestic violence (Goeke-Morey et al., 2003). Destructive conflict is characterised by both poor emotional control and emotional unavailability, as well as contempt, coercion, and lack of respect (Hetherington, 2006). Destructive conflict is most detrimental when frequent, unresolved, intense or about the children (Cummings and Davies, 2010). If children feel that they are the source of disagreement, they will often feel responsible and ashamed (Goeke-Morey et al., 2003; Shelton and Harold, 2007).

### Stressors that can lead to parental conflict

The main stressors that can lead to parental conflict are:

- **Intergenerational transmission** (Casey, 2012) – How adults experienced family life as a child will impact how they currently communicate and function as a family. A propensity for conflict can be passed from one generation to the next (Reynolds et al., 2014). Genetic factors cannot solely explain this (Harold et al., 2011).
- **Disadvantaged socio-economic circumstances** – Poverty affects mental health and can precipitate conflict (Harold et al., 2011; Harold and Leve, 2012). However, children are affected if they experience high levels of destructive conflict, regardless of their parents' socio-economic status (El-Sheikh et al., 2008).
- **Family stress** – Crucial transitional moments in family life, such as worklessness, becoming pregnant, becoming a new parent, children starting or changing school, and separation or divorce, can have a cumulative effect causing discord and destructive parental conflict (Cowan and Cowan, 2003). Also, events such as social

work intervention can cause parents stress and dissatisfaction (Wilkins and Forrester, 2020).

- **Poor parental mental health** – In particular, parental depression can increase conflict, and children are more likely to internalise and blame themselves (Papp et al., 2007; Cummings and Davies, 2010). Poor parental mental health is more prevalent in families that experience unemployment, debt and relationships distress (DWP, 2017).
- **Substance misuse** – Although relatively under-researched, some findings suggest that parental substance misuse is correlated with family conflict, and children’s emotional and behavioural problems (Keller et al., 2008; Keller et al., 2005; Horgan, 2011). Children are also more likely to witness inter-parental violence (Fals-Stewart, O’Farrell, et al., 2004). Whilst most previous studies have been large longitudinal cross-sectional studies, they employ linear modelling and so cannot completely address the complexity between parental drinking and child outcomes. For example, many fail to differentiate between maternal and paternal drinking effects on family functioning. For this reason, there have been calls for future research to more fully account for alternative dimensions of family functioning and relations as possible explanatory variables (Keller et al., 2008). Similarly, it is recommended that any targeted interventions for substance misuse with parents should include a component on parental conflict (Kelley and Fals-Stewart, 2002).

### The impact of parental conflict on parents

Parental conflict has a direct impact on the inter-parental relationship quality. This includes couple satisfaction, commitment, communication, respect and consensus (Pote et al., 2020). Sustained negative social exchanges are also known to make people feel physically sick or in pain. They can also weaken an individual’s immune system (Newsom et al., 2008).

It is known that inter-parental conflict can affect parenting (Reynolds et al., 2014). This systemic ecological perspective is typically known as the ‘spill-over’ effect (Grych, 2005; Casey et al., 2017). However, the specific processes of parental functioning underlying this correlation are only partly understood (Cummings and Davies, 2010). For example, very little is known about how parental conflict can impact on the communication of emotions between parents and their children (Visser, 2016).

### The impact of parental conflict on children

For children, the adverse consequences of destructive parental conflict include the increased risk of internalising and externalising problems (Grych and Fincham, 1990). Internalising behaviours includes depression, anxiety, withdrawal, low-self-esteem, inhibition, and in the most extreme cases, suicidality (Harold et al., 2016). Externalising behaviours include aggression, hostility, non-compliant, destructive and anti-social behaviours, vandalism, and verbal and physical violence (Erath and Bierman, 2006; Reynolds et al., 2014).

These long-term difficulties of poor child psycho-social adjustment affect not only a child's mental health. Difficulties also extend to low cognitive and intellectual ability and academic problems (Harold et al., 2007). There is a correlation between children who experience high levels of parental conflict and low academic achievement. Parental conflict can also affect social relationships with teachers and peers (Parke et al., 2001). Other difficulties with interpersonal skills can extend to their sibling relationships (Stocker and Youngblade, 1999).

Research has also examined the impact on a child's physical health (El-Sheikh et al., 2008). Parental conflict experienced children are more likely to engage in risky health-related behaviours such as smoking, substance misuse and early sexual activity (Tschann et al., 2002). Sleep problems, fatigue, digestive issues, reduced growth, headaches, and abdominal pains are also well documented (El-Sheikh et al., 2008). Emerging research also points to the influence of inter-parental conflict on children's specific neurobiological processes, their autonomic nervous system, and their hormonal mechanisms (Cummings and Davies, 2010).

The impact of parental conflict on children may be carried through into later life (Harold and Sellers, 2018). It can significantly affect overall life chances and increase the risk of relationship problems (Grych, 2005). Children are more likely to perceive themselves and their worlds negatively (Du Rocher Schudlich and Cummings, 2003). They are more likely to be withdrawn and actively avoid situations and relationships where they feel they may be drawn into the conflict. Importantly, this conflict is more likely to be repeated across the generations (Narayan et al., 2017). Therefore, parental conflict must be managed constructively to improve the children's family lives and well-being today, and to promote family relationships for tomorrow.

### Father involvement in parental conflict research and interventions

Until recently, fathers have been missing from parental conflict research and interventions (Cowan and Cowan, 2019). Fathers have a distinctive role to play, which directly and indirectly, affects sustained child outcomes (Cowan et al., 2018). New studies show that whilst a father's presence is associated with lower risks for many child problems, parenting quality is more important than the quantity. Fathers who demonstrate a combination of warmth, responsiveness, and structure, decrease the risk of children's emotional and behavioural problems (Cowan and Cowan, 2019).

Current research also suggests that when fathers are included in interventions, there are benefits for paternal relationships and parenting. Nevertheless, an international review of fatherhood interventions found that systematically evaluated interventions are still uncommon (Panter-Brick et al., 2014). This highlights the gaps in knowledge of how best to support fathers in individual and group interventions.

### Interventions to reduce parental conflict

The Parents as Partners intervention was founded in the US by Cowan et al. (2005; 2009; 2011). It is a 16-week evidence-based specialist intervention that is delivered to both parents. The programme aims to reduce parental conflict, improve parenting skills, increase pro-social behaviour and improve families' social capital.

Two feasibility studies of Parents as Partners were conducted in the UK (Casey et al., 2017; Cowan and Cowan, 2019). Although they were undertaken by the programme developers, they reiterate US findings that the programme reduces couple conflict. This, in turn, can reduce anxious and harsh parenting and ultimately leads to better child outcomes.

The Parents as Partners programme is based on a large body of international research that has amassed over several decades (Casey et al., 2017). This concludes that the most effective inter-parental conflict interventions utilise a family systems approach that includes both parents (Harold et al., 2016). Interventions should also focus on behavioural skill-based training alongside information provision (Reynolds et al., 2014). Overall, group-approaches are more effective than individual sessions and can produce long-term effects (Cowan et al., 2011). Compared to participants receiving individual sessions, group participants feel less alone, are less blaming, and are more open to other perspectives. Individual sessions are successful in improving knowledge but are less helpful for couples to devise better communicative strategies specific to their particular situations (Blanchard et al., 2009).

Lastly, the Parents as Partners programme utilises a flexible and diverse approach recommended for any intervention. This is especially applicable for at-risk and marginalised communities (Cowan et al., 2011). It can provide a balance between universal prevention programmes and those designed for distressed individuals (Blanchard et al., 2009) with specific issues such as substance misuse (Fals-Stewart, Kelley, et al., 2004).

Studies support the idea that parents' relationships play a causal role in both parent-child relationship quality and children's health, social development, and academic achievement. Stressors such as worklessness and substance misuse, directly and indirectly, impact on parental relationships. Therefore, interventions should decrease destructive conflict and include both partners, whilst addressing the couple's relationships, surrounding stressors, and their parenting.

### The Reducing Parental Conflict project evaluation

The purpose of the Reducing Parental Conflict project evaluation is to better understand the impact the project has on improving the lives of parents affected by substance misuse issues and their children. The interventions and activities focus on reducing parental conflict and strengthening the role of fathers. In addition to parents being the target for intervention, the project also aimed to impact the community by increasing the knowledge of professionals about the needs and capabilities of parents affected by substance misuse issues, and fathers specifically. The evaluation addressed the following research questions:

5. How do parents affected by substance misuse issues experience project interventions?
6. What is the perceived impact of the interventions on parental relationships, parental conflict, and father engagement?
7. What are the barriers and facilitators to positive outcome achievement among parents with substance misuse problems participating in project interventions?

8. What is the perceived impact of project interventions on professional knowledge about parenting with substance misuse issues and fatherhood?



## Methods

The evaluation approach was informed by a realist evaluation methodology with an emphasis on understanding what works for whom, when, where and why, taking into account whether there are any unintended side-effects. Study methods focused on both process outcomes (understanding how the programme work) and impact outcomes (subjective measures of change). Service delivery and outcomes for each service were examined as part of the evaluation, as well as the effectiveness of over-arching project delivery.

A theory of change (Appendix 1) to inform the evaluation was developed in partnership with the Oasis Project identifying anticipated short, medium, and long-term outcomes associated with interventions to reduce parental conflict and to support fathers.

Short-term outcomes for parents include:

- increased understanding of the causes and consequences of parental conflict and conflict resolution,
- increased understanding of the role of fathers in the healthy development of children, and
- increased motivation to continue making positive life changes.

Short-term child outcomes include:

- decreased observation of parental conflict, and
- increased positive father engagement.

Medium-term parent outcomes include:

- decreased parental conflict;
- improved parenting skills;
- improved family functioning;
- increased pro-social behaviour;
- improved social capital;
- reduced substance or alcohol use; and
- increased engagement in substance or alcohol treatment.

Medium-term child outcomes include:

- increased wellbeing (physical and emotional)
- decreased professional safeguarding concerns, including step down in Child Protection status.

Anticipated outcomes were also identified for professionals. Short-term outcomes include:

- increased understanding of the needs of parents affected by substance misuse issues;
- increased positive perception of the capabilities of parents affected by substance misuse issues;
- increased understanding of the role and needs of fathers;

- increased understanding of effective support and interventions for parent affected by substance misuse issues.

Professional outcomes in the medium-term include:

- improved engagement with parents affected by substance misuse issues, including early intervention;
- improved engagement with fathers;
- increased focus on parents affected by substance misuse issues and fathers service provision.

Ethical approval for both the initial phase (Phase One) of the project and the extension period (Phase Two) was obtained from the University of Sussex Research Ethics committee (REC) to ensure necessary safeguards were in place for research participants and to ensure all legal and ethical requirements were met.

Study methods were developed in consultation with the Oasis Project, and as service delivery plans for each intervention were finalised. Initial study methods, most notably data collection methods using standardised measures, were revised in response to project staff feedback and in recognition of project and staff resource constraints. Study methods were further revised in response to the pandemic and related government restriction with a transition from in-person data collection (i.e. interviews) to telephone using Skype for Business or virtually using Microsoft Teams or Zoom, based on participant preferences.

## Data Collection

All parents receiving the Parents as Partners or Fathers Service interventions were invited to participate in the evaluation study. At the start of both services, service delivery staff provided parents with an information sheet with details about the study and a consent form. Professionals attending a Fathers Network event were also invited to participate in the study and provided with an information sheet and signed consent. Service delivery, Oasis Project staff with service delivery oversight, and other key stakeholders involved in contributing to project implementation and oversight were also invited to participate and received an information sheet and signed consent.

Data collection methods included standardized measures, researcher developed questionnaires, in-depth interviews (individual, couples), and focus groups.

All participants across the interventions and services (Parents as Partners, Fathers Service, Fathers Network) were invited to complete relevant measures and questionnaires. Initial data collection plans included the selection of a further subset of parents in both the Parents as Partners and Fathers Service for in-depth interviews. Due to the relatively small number of parents receiving the Parents as Partners intervention, all parents were invited for in-depth interview. In the case of the Fathers Service, convenience sampling was used to identify fathers for in-depth interview in both Phase One and Phase Two of the project. All service delivery staff and Oasis Project staff with direct oversight responsibility were invited to participate in in-depth interviews with professional stakeholders selected through convenience sampling.

## Parents as Partners Intervention

Mixed methods data collection was used including the use of standardized measures to evaluate pre-post intervention impact and in-depth interviews with parent dyads to capture a more nuanced understanding of the intervention process and impact.

Pre- and post-test standardized measures administered to parents captured change in outcome-related constructs. A set of instruments and demographic form were administered to each participant by service delivery staff at the start of the service (Assessment Period <Week 1) following assessment to establish suitability for the intervention. Measures were again administered at the end of the intervention (Week 16). Instruments measured parental conflict, parental communication, parent wellbeing, and child wellbeing. A researcher-developed instrument to measure conflict observed by the child was also administered at the same time points, and at intervention midpoint (Week 8). Weekly attendance data was also collected by service delivery staff to capture participant engagement and service completion.

Parental conflict was measured using the 17-item *Parental Conflict Questionnaire*, developed by the Department for Work and Pensions, The Challenge Fund. Separate questionnaires are available for parents in a relationship and for parents who are separated. Parental communication was measured using *The Couple Communication Questionnaire*, a 27-item questionnaire developed by Cowan & Cowan (1990). Parent wellbeing was measured using the *Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM)*, a 34-item measure of psychological wellbeing domains including *subjective well-being, symptoms, functioning and risk* (<https://www.coreims.co.uk/index.html>). *The Strengths and Difficulties Questionnaire* (SDQ; Goodman 1997) was used to measure child wellbeing, a 25-item instrument was completed by a parent to evaluate their child's *emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior*. Where more than one child was present in the home, the SDQ was completed on the oldest child aged between 2-17 years old. *The Parental Conflict Observation (child)* questionnaire was developed by the research team to collect data on the number and type of incidents of parental conflict observed by child/ren in the home.

Semi-structured, in-depth interviews were conducted within thirty days of the service end date to explore participants' experiences and perceptions related to the intervention and its impact. In-person interviews with parent dyads were initially planned, but due to Covid-related government restrictions interviews were conducted by telephone and audio recorded using Skype for Business. Because most couples were living together and at home due to the pandemic, joint interviews were conducted. Interviews explored parents' experience of the intervention and perceived impact on an individual (parent, child) and family level. All interviews were conducted by a single member of the research team and lasted between forty-six and ninety-three minutes. Interviews were audio recorded using Skype for Business.

## Fathers Service

Mixed methods data collection using pre-post intervention standardized measures and in-depth interviews were also used to evaluate Fathers Service process and impact. A selection of measures, also used for the Parents as Partners intervention, were administered to capture change related to father's wellbeing (CORE-OM) and, where appropriate, child wellbeing (SDQ). Where more than one child was present in the home, the SDQ was completed on the oldest child aged between 2-17 years old. In circumstances where a father was not living with their child and contact was limited, the SDQ was not administered. Participants completed the measures at the beginning and end of the intervention. In Phase One of the project, these were administered to parents in person by service delivery staff. In Phase Two, the measures were completed with parents over the telephone due to the pandemic, with service delivery staff recording parent responses. Where participants were in receipt of both the Parents as Partners and Fathers Service interventions, methods were integrated to avoid duplication and measures were administered according to the Parents as Partners timepoints and the in-depth interview addressed both interventions.

Semi-structured, in-depth interviews were conducted at the end of the intervention to explore participant experiences of the intervention and perceived impact. During both Phase One and Phase Two, interviews were conducted by telephone in response to the pandemic. The interviews were conducted by a single member of the research team and ranged from 40-55 minutes. Interviews were audio recorded using Skype for Business.

#### Fathers Network

Participant attending a Fathers Network events were invited to complete a researcher developed instrument to capture their views on pre- to post-event knowledge development. Participants were invited to assess their pre- and post-event knowledge (11-point Likert scale from *no knowledge* to *excellent knowledge*) in five areas: *engaging with men in their role as fathers; the role of fathers in their children's lives; the potential contribution of fathers to their children's wellbeing; the capabilities of parents with substance misuse histories; the unique needs of parents with substance misuse histories*. Participants were also invited to rate the extent to which these areas were addressed in event content (8-point Likert scale from *not addressed* to *addressed in depth*).

#### Project & Service Delivery

Service delivery staff (n=2) providing the Parents as Partners, Fathers Service, and Fathers Network service participated in individual interviews to explore intervention processes and anticipated outcomes. Semi-structured interviews were conducted using Zoom and, where this was not possible, by telephone using Skype for Business. The interviews were conducted by a single member of the research team and lasted seventy-six and ninety-nine minutes in length.

A one-hour focus group involving project staff and referring professionals as stakeholders (n=2) was conducted at the end of the project. A semi-structured interview guide was used to explore the experiences and perspectives of participants on over-arching project delivery,

outputs, and processes to provide a more comprehensive understanding of the interventions and associated outcomes.

### Data Analysis

Audio-recorded interview data was transcribed by a professional transcription service with a confidentiality agreement in place. NVivo software was then used by the research team to identify codes, categories, and themes in the data. Descriptive analysis of the quantitative data from standardized instruments and questionnaires was also undertaken by the research team.

## Findings

Findings for each intervention include quantitative results and qualitative accounts of participants' hopes and expectations, perceived strengths and challenges, and perceived outcomes. Pseudonyms are used in place of participant names and some identifiable details not pertinent to study findings have been changed or removed.

### Parents as Partners

The Parents as Partners service was delivered during Phase One of the project to four parenting couples. Participants (*see Table 1*) included an equal number of male and female participants, all of whom identified as White British and were not currently employed and in receipt of benefits. Three of the couples were living together and one couple were separated and co-parenting. Across the four couples, there were 1-5 children in the household.

**Table 1: Participant Demographics**

Gender	Female = 4 Male = 4
Age	Not reported = 5 Age 40-49 = 3
Ethnicity	White British = 8
Employment	Not working in receipt of benefits = 8
Number of Children	1-2 child/ren = 6 3-5 children = 2

Of the 16 weekly sessions offered, the mean attendance for all parents (n=8) was 91% (SD 7.61), with participants missing between 0-4 sessions.

Of the four couples participating in the service, two couples (n=4) completed all standardized measures and were interviewed; one couple (n=2) completed all standardized measures but did not participate in the interview; and one couple (n=2) did not complete post-test measures but participated in the interview. Of the three parent dyads interviewed, two had completed the full 16-week intervention and one ended their involvement in the final weeks.

### Parents Hopes & Expectations

Qualitative interviews indicate that while participants were not certain of what to expect at the point of referral and assessment of readiness, participants had broad areas they hoped would be improved as a result of the intervention. All participants interviewed recognized their relationship difficulties and, for some couples, these difficulties were also recognized by Children's Services. Those interviewed were receptive to the service and hoped it would improve their circumstances. Parents discussed this in relation to a desire to improve their communication or for their partner to better understand their perspective.

Some parents also discussed their relationship difficulties in the context of particular parenting challenges and thereby hoped for improvement in both their relationship and parenting effectiveness:

*'We were having issues in our relationship because we started growing apart because [of parenting] we were so stressed out... It got to the point ...where we weren't even talking to each other, we were literally [parenting], and would spend the rest of the time isolating ourselves to calm down'* (Rebecca).

### *Perceived Strengths of Intervention*

Participants identified three primary areas they found to be most helpful or valuable including facilitation, curriculum structure and group process.

#### *Facilitation*

Participant perceptions of the facilitators was largely positive, and comments related to the effectiveness of co-facilitation; the engagement skills of facilitators; and the facilitators skills and knowledge related to groups and parental conflict. Participants felt both facilitators created a positive and non-judgmental environment in the sessions that encouraged them to be more open and able to share, *'it made it so much easier for me to share and be open, because I felt like – not even at one point I was getting judged at all...'* (Theo).

Relatedly, participants felt the facilitators' communication and engagement skills contributed to more positive and effective sessions with facilitators described as *'nice'*, *'easy to talk to'*, *'fun'*, and *'cool'*. Participants also felt the facilitators were *'really knowledgeable with the information and the way [the facilitator] can view things as well'* (Thomas), which helped participants to understand their experiences and difficulties in new ways. Overall, participants felt that the knowledge and skill of the facilitators played a substantial role in the perceived quality and effectiveness of the intervention:

*'I do feel that if [Facilitator A] or [Facilitator B] wasn't there, or you had a different two people, it would have been completely different. Both of them made it so much easier and so much better'* (Theo).

#### *Curriculum structure*

Some participants also found the structure of the curriculum helpful, which related to the perceived effectiveness of its delivery by facilitators, with sessions described as *'fun'* and *'a good laugh'*. One participant noted, *'most of it was delivered as quite a laugh, [an] entertaining kind of way. It was like playing while learning, kind of, situation for most of it'* (Thomas).

## Group process

Participants interviewed were particularly positive about their experience of being in a group with others who shared similar experiences and challenges. For some participants this provided greater context for their difficulties, which they found reassuring, *'The most helpful was finding out that I wasn't alone in all of it. That there are other parents out there that are going through the same difficulties that we were having which was helpful'* (Rebecca).

Another participant stated that knowing that others had similar difficulties helped them to be more 'open and honest' about their difficulties, *'[It] was nice to be able to share stuff that I wouldn't normally share with other people...it makes you have this confidence where you feel like you can talk to people because of what they're going through'* (Theo). Although most parents felt able to be more transparent as a result of the group membership and could *'go there and just talk about anything'* (Jessica), one participant highlighted the extent to which participants can be open in a group setting has its limitations, *'we can all sit down and share these views and share our problems, some of them don't really want to open up and share the real problems...'* (Brian).

Participants also valued their group membership as it provided them with the opportunity to make friends and establish an informal network of support. These positive and supportive relationships, according to participants and facilitators, developed quite early in the intervention and provided an opportunity for both advice and support from others and friendship. These relationships contributed to a positive environment where participants enjoyed attending each week:

*'I suppose when [we] had a good day or a good week, we would come in and then we'd say [to the group] that some good things have happened, and then we'd be looking really happy. You know, actually going to a group with people we could trust, I suppose'* (Jessica);

*'...both of us are missing it, just for the weekly, social go-and-have-a-laugh-with-the-nice-group-of-people aspect of it. It was a nice little thing on Tuesday afternoon, we always knew we were going to have a laugh and have a chat with people that were worth talking to and, yes, we, kind of, miss it now'* (Thomas).

## Perceived Areas for Development

Participants were invited to share their views on areas they perceived as less helpful and insights about how the intervention could be further improved. Participants were generally positive about their experience and the impact of the intervention so most did not readily identify areas for development. However, some participants did identify the need for greater balance or focus in specific areas as related to the curriculum and delivery.

Some participants would have preferred the opportunity to spend more time in the sessions as a couple rather than in individual or whole group activities:



*'most of the couples work was individually or what we thought was right and wrong, or what we thought was acceptable and not acceptable. I feel like if we did it more as a couple, like the couples work as couples, we would then be able to talk about it and then we'd both be able to come up with a solution, not, "Oh well, this is what I think happened," and then you'd see...that's completely different to what [my partner] said, I feel like, if we did couples work, we should talk about it and we should see what we came up with as a couple' (Theo).*

Participants identified that this structure may have been necessary to reduce in-session conflict, but this was not always achieved:

*'we would go to the group and we'd be fine, but if I'd say something that's against [my partner], and then obviously he'd say something, it would cause a little bit of conflict, because obviously it's only one person telling one side of the story, like I did' (Jessica).*

Participants recognised their often complex histories and were also aware of the limitations to addressing these challenges in depth in a group format and with a curriculum that addressed different topics each week:

*'Because it's only two hours a week and three other couples and obviously we all need a voice...and our problems could take two hours so obviously you're considering the other partners as well, so it's pretty much like okay, we'll probably deal with that another time (Brian).*

While participants found the intervention helpful, some felt that individual therapeutic counselling for couples may have been more addressing their difficulties, *'we needed counselling between us to actually help us out, but only focusing on us, not other people around us'* (Jessica).

The group composition included both cohabiting and non-cohabiting parents. Parents who were not cohabiting reported some challenges in engaging with content that focused on single-household issues, such as the division of labour related to domestic tasks, childcare, and parenting.

Participants also felt that greater support related to substance misuse would have been useful as this was a criterion for eligibility. While facilitator interviews indicated scope within the sessions to explore the theme of substance misuse, some participants felt targeted support would have been helpful, *'some people don't necessarily have help...and...it would be nice if they could offer some way to either help or talk about [substance misuse]'* (Theo).

#### *Parents as Partners Perceived Outcomes*

All participants identified short-term outcomes, which they attributed to receiving the intervention. These included outcomes related to participants individually, as couples, and

as a family. Participants also felt these outcomes, in turn, had a positive impact on their children.

### Individual-level outcomes

Individual-level outcomes reported by participants included increased confidence and increased social support. One participant shared in their interview how the experience of talking openly with others about their difficulties has given them more confidence, *'I wouldn't have normally shared with people what I did, mainly due to confidence...it makes you have this confidence where you feel like you can talk to people because of what they're going through, the similarities and stuff'* (Theo). The same participant also described how this has extended to other circumstances and contexts, *'it's made me more vocal to people out on the street. I can talk to people now, so I do think it has helped with a lot of social stuff that I didn't have, and it's made me a lot more open'* (Theo, Couple B). Other participants were more confident and empowered as a result of their improved knowledge and understanding of how to better address their relationship difficulties.

Most participants identified new friendships and an enhanced support network as a result of the 16-week intervention, which is exemplified in one participant's statement, *'We're all friends now and carried it on, and obviously we all know we're having difficulties of different kinds so it's created a nice little support group between us all'* (Thomas). At the time of interview, all participants had organised a private group on social media to maintain communication, often daily, and were making plans to meet in-person as a group.

Standardised instruments (CORE-OM) were administered to measure pre- to post-test change in parent wellbeing. Results were inconsistent with participants identifying both positive and negative change. One of the six participants completing pre- and post-test measures achieved reliable positive change from clinical levels to healthy range across domains (*wellbeing, problems/symptoms, functioning, risk*). Some participant scores indicated negative change, but this was not supported by their qualitative accounts. These inconsistent results could be due to social desirability bias at pre-test with participants feeling more able to provide an accurate account at post-test after trusting relationships were developed. Negative change could also be due to a greater self-awareness at post-test, which may be suggestive of other findings.

### Relationship-level outcomes

Participants consistently identified relationship-related outcomes. The outcomes related to improved communication and decreased conflict.

Participants did not consistently identify an improvement in the overall strength or stability of their relationship as a result of the intervention. Some participants (both in-tact and separated couples) expressed uncertainty about the future of their relationship, but felt the service was valuable in helping them to identify and acknowledge some of the underlying issues that contributed to their high-conflict relationship. Some participants also described an increased awareness of their own needs and aspirations for a healthy relationship in

future: *'...it made us more visual and more open about what we can do and who we want to be with...Like, we don't have to be together if we don't want to be'* (Theo).

All participants identified some improvement in communication or reduction in conflict. Some participants described an improved awareness of both their own needs and the needs of their partner, which has contributed to better communication and less conflict: *'It did have an impact obviously, made me think I needed to get my head out the sand and try and stop thinking about me, and try and be a little bit considerate of others. I'm still trying, still got a long way to go'* (Diana).

For some participants, this improved awareness helped them to communicate more fully about the emotional aspects of their relationship:

*'I think it made us have less conflict, because we understood – well, kind of understood each other's feelings. I mean, there was a day not long after one of our groups that we [talked] for nearly an hour, just speaking about each other's feelings. So, I think the group definitely helped with that'* (Jessica).

Participants provided a range of descriptions and examples highlighting more open and more frequent communication. Diana described it as being *'a lot more open and honest'*; Rebecca described it as *'hav[ing] a conversation again like we did when we first met and not sitting in silence'*.

For Thomas, improved communication was about being able to prioritise good communication over the stresses of daily life, *'We're definitely managing to talk a lot more now, no matter how stressed out we are...So, it was literally just stress getting in the way of us talking, but we've managed to work around that so it doesn't matter how stressed out we are we still manage to communicate with each other now'*.

Participants described their improved communication as an effective strategy in preventing or de-escalating conflict. For one couple, this involved managing situations of conflict differently: *'Well, we don't straight away shout at each other...we genuinely talk about it...I think all conflict is sorted out relatively quickly and with ease. It's not hard. It's not difficult anymore'* (Theo).

Some couples described spending more time together as a couple because they were more confident it would be a positive experience. For in-tact couples, this involved talking or watching a television programme together. For separated couples, this involved more outings and activities because the 'awkwardness' of being together, but not in a relationship, had diminished.

Participant responses on conflict and parental communication measures at pre-test and post-test indicated either no change or improvement in how they or their partner solved day-to-day problems and on issues of disagreement, with almost no participants reporting a deterioration across items.

Some participants noted a decrease in involvement or concern from Children's Services during the intervention and identified their improved communication and reduced conflict as a potential contributing factor:

*'I mean there is no conflict now as much as there was before...hence Social Services [closing our case] and everything else...Well we're a lot more open now...whether that's down to this project or not or whether it's like made us realise that we need to really get our arses in gear. So maybe in hindsight, it could have had that impact (Diana).*

#### Child- & Family-level outcomes

Participants identified a positive impact on children in the home resulting from the improved communication and reduced conflict. Some participants felt their children were happier as a result of witnessing less conflict and improved communication: *'[Our child] sees that we're a lot calmer and there's not much tension around...[they] just seems happier because we're happy being around and we're not so tense'* (Rebecca).

In addition to circumstances improving for couples, participants also described an improved awareness of the negative impact of conflict on the children and modifying their behaviour accordingly: *'I think we sort of try and handle it as quietly and as subtly as possible...'* (Theo). One participant described how some of the learning from the course has informed new communication strategies with their child: *'we definitely tried being a bit more understanding and patient with [our child] since the start of the course. Pretty much by putting into practice [with our child] all the things we have with each other'* (Thomas).

Participants also felt the increase in positive time spent with each other extended to more positive family time with their children. For one family, this meant more and better family time, *'Normally we used to go out for just odd days out and recently we haven't been able to, so it's like we play a couple of games or sit and watch stuff, it's just been fun spending time as a family'* (Rebecca). For another family, it was about doing more together because they had more confidence in it being a positive experience, *'We've done more stuff together. We can go out for meals [as a family] and stuff without there being an issue as well'* (Theo).

The researcher-developed instrument measuring observed conflict also identified reductions in observed conflict by children in the home with all participants reporting a decrease in conflict from pre- to post-test with no participants reporting observed conflict at post-test.

The Child Strengths and Difficulties measure was used to evaluate child wellbeing at pre- and post-test were less consistent. Results highlight differing views among parental dyads about child wellbeing at pre- and post-test with half of participants observing improvement in their child's strengths and difficulties overall and across individual domains (*pro-social, hyperactivity, emotional problems, conduct problems, peer problems*). The other half of participants identified less or no improvement across individual domains, and two parents

reporting lower overall SDQ scores at post-test, though some small variation in scores is expected.

### *Service Delivery Staff Perceptions*

Service delivery staff interviews supported some of the perspectives provided by parent participants and provided some additional insight on the delivery of the Parents as Partners intervention. Facilitators were positive about the way in which participants developed relationships early in the intervention and how these supported the work throughout the 16-week intervention. Facilitators observed group members as being comfortable with one another, holding each other to account, and bringing each other along in the process by being both challenging and supportive to each other. One facilitator noted the high levels of attendance and participation throughout the 16-week intervention: *'It is really nice and they were really respectful of coming on time and stuff like that [this population] can be quite chaotic so the fact that they were all committed was really good'* (Facilitator 1). This was, in part, attributed to the group relationships:

*'...they sort of came for each other as much as they did for themselves so they would say things like, "Oh, I wasn't going to come today but I didn't want to let the group down." [and] if they didn't turn up one week and came the next week the other participants would go, "Why weren't you here? We all made it, why didn't you?" ...and they really held each other, and they were really open and honest in front of each other so that was lovely'* (Facilitator 1).

Facilitators felt that the setting for the intervention was also conducive to effective group work, noting the care and attention to environmental conditions in the planning stage. The group met in a comfortable space with food/drinks provided and childcare available, which provided a *'safe and inviting'* space for participants to be *'held by us and comfortable'*.

Facilitators had mixed views on the Parents as Partners intervention, both in terms of its overall quality and structure. While both facilitators agreed that the intervention was generally good, there was some difference of opinion about the uniqueness of this intervention compared to others. While one facilitator felt the intervention was comparable to other parenting programmes delivered, the other facilitator felt it offered a unique blend of approaches and content:

*'...it is a mixture of different modalities in terms of therapy, different approaches in terms of couples counselling, different approaches in terms of parenting, and I think it's a strength that it mixes it all together in one way but it also separates it into different domains and chunks it for couples or co-parents – I think that's brilliant'* (Facilitator 2).

Facilitators perceived the highly structured content (while allowing room for some flexibility) as presenting some limitations. The scope to address particular topics in more depth is largely at the discretion of participants and specific to the issues experienced in their relationship. Time constraints further limited capacity for in-depth exploration of

particular topics. Facilitators noted that a more directive stance could have been taken with parents, but this would have required a change in approach and finely tuned co-facilitation.

Both facilitators perceived some misalignment between the curriculum and target population, specifically parents with substance misuse histories experiencing parental conflict. For one facilitator, this related to the need for more opportunity to address some presenting issues in more depth and, for the other facilitator, the need for the curriculum materials to be representative of the population receiving the intervention. While facilitators certainly felt the curriculum, content was valuable to participants, one facilitator noted the incongruence with some curriculum content and participants complex and challenging life experiences. For example, in one video the scene includes a middle-class family with the father returning home from work as a solicitor and having an argument in the kitchen. One facilitator described participants as not connecting with the video stating, *'You call that arguing? That's not arguing'*.

The other facilitator indicated that, given the complexity of issues presented, participants would have benefitted from more time and flexibility to explore issues in more depth and achieve greater resolution through an adapted curriculum format, alongside supplemental services (1:1 and/or couples work), or alongside additional services as appropriate (e.g. domestic abuse, substance misuse treatment):

*'I think [participants] would have liked to have discussed more about the drug and alcohol issues that they had, perhaps more in-depth about domestic violence. I guess things that are a little bit more difficult to deal with in a group session...they thought we were going to really dig deep and I didn't feel that the programme did that at all'* (Facilitator 1).

Both facilitators recognized the importance of effective co-facilitation but had distinct approaches to the curriculum. One facilitator adopting a more therapeutically based style, and highlighted the importance of clinical supervision preparation, and reflection on both co-facilitation and group dynamics as a parallel process in order to promote a safe and productive space. While co-facilitation went generally well and was viewed positively by parents, one facilitator felt it was important to ensure a shared perspective in co-facilitation.

Both facilitators identified some potential positive change in participants as a result of the intervention and, while recognizing the parents' complex challenges, hoped that improvements could be sustained over time. These areas identified by facilitators were reflective of participants own comments and included a greater awareness of their own behaviour and its impact, a better understanding of their relationship, improved communication, and a calmer approach to parenting:

*'I couldn't say whether they significantly altered their behaviour but just an awareness of what they were like and how that impacted on their children, I think that would be the greatest impact'* (Facilitator 2).

*'...if they started to communicate better in the group and be more honest and open with each other they could take that away. They also had some tools around how*

*to treat each other with respect...how they can support each other and back each other up when they're dealing with their children...So hopefully they've taken some of them away and just a little bit more understanding about where the other person is coming from' (Facilitator 1).*

## Fathers Service

The Fathers Service was delivered during Phase One and Phase Two of the project to 39 fathers. Forty-one fathers were referred to the service, with 17 referrals received in Phase One (July 2019-March 2020) and 24 referrals received in Phase Two (April 2020-December 2020). Of the 41 referrals, only two referrals did not progress beyond referral due to non-engagement.

Referral source data from Phase Two indicate most referrals were received from Children's Social Care (n=15). Other referrers included self-referrals (n=1), Oasis (n=3), probation (n=3), and other drug and alcohol services (n=2). Information provided by service delivery staff indicated that over half of fathers were actively involved with Children's Services, with at least 11 involved due to child safeguarding concerns and at least 8 involved as their child(ren) were considered children in need.

Available data on the nature of referrals indicated a range of issues as the reason for referral, including communication/relationship difficulties (n=17), substance/alcohol misuse related difficulties (n=7), parenting (n=11), and substance/alcohol misuse by partner (n=3). Additional referral data indicates that approximately a quarter of those referred were in a relationship that involved domestic abuse.

Demographic data (see *Table 2*) was available on 31 participants with all fathers identify as White British (92%) or White Other (8%). Over two-thirds of fathers were aged between 18 and 25 years.

**Table 2: Participant Demographics (n=31)**

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Gender	Male = 100%
Age	18-25 = 34% 26-35 = 29% 36-45 = 22% 46-55 = 15%
Ethnicity	White British = 92% White Other – 8%

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Sessions were delivered flexibly and based on the needs of the fathers, but largely categorized by service delivery staff as parenting support/advocacy or therapeutic support, though a more expansive range of work was undertaken. During Phase One, sessions were conducted in person and during Phase Two this changed to telephone or online due to the pandemic.

Service delivery staff report that fathers received, on average nine sessions with service delivery ranging from one to twenty-three sessions. Interviews with service delivery staff indicate that the variability in number of sessions offered was largely guided by the fathers and the nature of their support requirements, though this was initially limited to three sessions in the early days of the project. In some circumstances, one session was sufficient while other issues required a more in-depth response.

Two service delivery staff were involved in Phase One of the project, and one staff member in Phase Two. Both staff members also delivered the Parents as Partners intervention. Each staff member had unique expertise, one was a trained counsellor and the other a trained drugs and alcohol support worker, which informed their approach.

Of the 41 fathers referred and 39 fathers receiving a service, 23 fathers agreed to participate in the study and be included in data collection. Project staff reports indicate that some fathers referred did not participate in the study due to a very limited number of sessions planned and, in Phase Two, the additional barriers of remote working and service delivery. Of the 23 participating, 14 participants completed all pre- and post-test measures (CORE-OM & SDQ), 4 participants completed only the pre- and post-test measures for father wellbeing (CORE-OM), and 5 participants completed only pre-test measures (CORE-OM & SDQ).

Pre- and post-test CORE-OM data to measure parental wellbeing was completed by 18 participants. Pre-test only data was available on an additional 6 participants. Participant scores at pre-test indicated wellbeing scores in the healthy range and below clinical levels (14=Healthy; 4=Low; 3=Mild). Only three participants had pre-test scores at clinical levels (1=Moderate; 3=Moderate Severe)

Overall change scores for most participant completing pre- and post-test measures (14/18) indicated positive change. Of the 15 participants, four achieved positive, reliable change. Of the three participants presenting with pre-test scores at clinical levels, post-test scores indicate positive reliable change for all three, with one participant achieving reliable and significant improvement below clinical levels in relation to overall wellbeing. Of the four participants indicating overall negative change, three scores were in the healthy range at post-test. One participant's change score indicated negative, reliable change at clinical levels during both pre- and post-test, which may be explained by external factors or conditions.

Change across the four individual domains (subjective wellbeing; problems and symptoms; functioning; risk) also indicated positive change for many participants. Of the 18 participants, 14 participant pre-post test scores indicated improvement in functioning; 10 participant scores indicated improvement in problems and symptoms; and 10 participant scores indicated improvement in subjective wellbeing. In the domain of risk, most participant scores (n=11) reflected no risk at both pre- and post-test. A further 4 participant scores indicated improvement.

The Child Strengths and Difficulties Questionnaire (SDQ) measure was used to evaluate child wellbeing at pre- and post-test. Pre- and post-test SDQ data to measure child wellbeing was completed by fathers in respect to their child and, where more than one



child was in the home, the oldest child. Fathers separated from their child and who had more limited contact only were not required to complete the measure. Fourteen participants completed both pre- and post-test measures. Five participants completed only the pre-test SDQ measure.

The SDQ scores are categorised, for below clinical levels, as *close to average* and *raised*. Scores above clinical levels are categorised as *high* and *very high*. Participants' total difficulty scores at pre-test for the majority of participants' children were below clinical levels (15=average; 2 slightly raised) with two children's pre-test scores above clinical levels (very high). For those participant with total scores below clinical levels at pre-test (n=17), all but four participants score within the close to average or raised across all domains (*prosocial behaviour, hyperactivity/inattention, emotional problems, conduct problems, and peer relationship problems*) The domains of *hyperactivity* and *conduct problems* were the areas in which the four participants scored above clinical levels.

Results at post-test were consistent with pre-test scores with most participants remaining below clinical levels with some slight variation to original scores. Of the two participants with pre-test scores at clinical levels, change scores reflected improvement with one child achieving positive, clinically significant improvement.

Qualitative in-depth interviews were conducted with a subset of participants (n=4) to elicit their views on both service impact and process. Two participants received the in-person service during Phase One and two participants received the telephone-based service in Phase Two. One of the participants also received the Parents as Partners intervention.

#### *Participant Hopes & Expectations*

As with the Parents as Partners intervention, participants did not have specific and fixed views about what they hoped to gain from the service. All participants interviewed described a readiness to improve their current circumstances and hoped the service would help to achieve this change. For one participant, this was being '*stuck in a rut*' for a number of years and hoping the service might help him to do '*something different from what [he] was doing*' (Jake). Participant descriptions included a range of issues related to their need for support and included: substance misuse treatment, mental health, relationship difficulties, child separation, child welfare involvement, parenting, low self-confidence, Covid-related issues, bereavement, goal-setting, and social isolation.

#### *Perceived Strengths of Intervention*

Participants interviewed appreciated the flexibility and user-led approach to the service, specifically that the service was open to fathers with a broad eligibility criteria that enabled participants to take a lead role in defining the problem. Underlying this was the recognition that fathers' services were in short supply, '*fathers do need more help in any way possible, as in the age-old thing of the mum always seems to get looked after more*' (William).

Participants also perceived an openness and flexibility in the focus and structure of individual sessions. Interview participants described sessions that were user-friendly and

person-centred, delivered by skilled staff who were *'easy to talk to'*, all of which helped them to engage fully. For one Phase One participant, the informal in-person sessions felt relaxed, which was especially important for his recovery,

*'the one-to-one meeting and having a coffee and stuff like that, it's nice because it was relaxed and it really suited me at the time because obviously it was not long after a relapse, feeling a little bit kind of sensitive and raw, not particularly in the greatest of physical states at that point either'* (Jake).

The informal, non-threatening structure of the telephone sessions were similarly appreciated by a Phase Two participant, *'no offence to [the facilitator] but they are a disembodied voice at the end of the phone...I'm at home so I just made myself comfy, made sure I had privacy and we'd just kind of talk through stuff'* (Paul).

Although participants described the sessions as informal and unstructured, providing participants freedom and flexibility, participants recognised the sessions had a clear focus and purpose. One participant described this as a thread which, for him, was related to the relationship difficulties he was experiencing:

*'It's like there's been a thread that's been running through that time and that thread is me noticing things happening and going, "Ooh, I can talk to [the worker] about that [in our session]. Ooh, that was an interesting reaction that I just had to somebody saying something." So it was like there was this little thread that just ran through this sixty minutes once a week where all these little things that sometimes I might have dwelt upon and worried about or tried to ignore and then things get worse, there was the time and the place that was there so I could talk that through without any judgment'* (Paul).

Importantly, this thread was user-led and person-centred, something that some participants did not experience from other services, *'I think the difference...was that [the Fathers Service] was... it just felt like it was me-centred and me-led with gentle nudges from [the worker's] experience of helping people.'* (Paul)

Similarly, other participants valued having a session exclusively for them, after having previous experiences with groupwork, which they found less helpful:

*'...as an addict going to AA or any of those kind of things, just recovery groups in general, I tend to not fit in very well...I got accused of being aloof and all these kind of things from people, I was really a bit upset and shocked by it because I've never thought of myself like that...I felt like an outsider.'* (Jake)

Participants also valued the positive, solution-focused approach of the service delivery staff. Participants interviewed described the sessions as looking forward, rather than *'lots of introspection and looking back'* (Jake) or *'go[ing] back to my childhood'* (William). This forward-focused approach also provided scope to adopt a more holistic perspective, something that is not always possible with some mental health and substance misuse treatment services:

*'[addiction services are] about reduction and health and all the rest of that kind of stuff. [In the Fathers Service] we talked about my relationship with [my partner] and the kids...I'm going to be sad when I don't get to speak to him.'* (Paul)

All participants interviewed were either in receipt of other services or in the process of being referred to additional services, related to mental health, substance misuse, or parental conflict. Participants were consistently of the view that the Fathers Service filled an important gap not offered by other services. Complementary to these other services, participants described the individualised emotional support as helping them feel *'cared for'* (William) and providing the time and space *'to think about...things [and to] think things through because I didn't really have anyone else to talk to'* (Jake). Importantly, participants recognized the staff members' skillset as being key to the perceived effectiveness of the session, *'[the worker] is obviously really well knowledgeable as well with the information and the way [they] can view things as well'* (Thomas).

The perspectives of Phase Two participants suggests that in-person and telephone sessions were both valued, but for different reasons. While participants acknowledged in-person offers a better quality interaction, one participant felt the convenience of a remotely-delivered service meant that he was more likely to take up the service: *'I generally don't put myself too far up the priority list, so if it felt like that was taking too big a chunk out of a day to do a thing that was essentially just about me...I don't know if I would've been as receptive [to in-person sessions]'* (Paul).

#### *Perceived Areas for Development*

Participants highlighted areas related to service publicity, funding, and structure of the sessions as potential areas to address in future. With regard to publicity, some participants were informed of the service by word of mouth and felt a better publicized service may have had a wider reach and benefitted more fathers.

Some participants expressed concern at the time-limited nature of the service based on funding. Participants approaching the end of the service due to the project conclusion noted disappointment and concern given the lack of services available to fathers. Participants related this to their own mental health and recovery, *'If [the service] had just kind of dried up, say, two months ago, just stopped, then I think...I'd be worried that I'd be relapsing.'* (Paul). For another participant with a history of suicide attempts, concern was expressed about others like him not having a similar service to access for emotional support.

While all participants interviewed appreciated the informal structure of the sessions, some participants noted that some fathers may require more structure and balance, *'I have to admit, I do have a tendency to be rather a haphazard person and so sometimes informality can help but on the other scale of things, sometimes a little bit of rigidity does me good'* (Jake).

## Fathers Service Perceived Outcomes

Participants identified positive change as a result of the Fathers Service, both individually and in their family relationships. Due to the individualised and person-centred nature of the service, perceived benefits varied widely but generally related to improved view of self and improved capacity to address personal difficulties. For another participant, the benefits were more practical in finding ways to balance individual and family needs.

### Individual-level outcomes

Some participants interviewed described feeling more confident and having an improved self-belief. For one participant this related to efforts to improve his mental health:

*'[the service] has given me a bit of confidence back...after each session [the facilitator] says to me, "What are you going to do after our call, are you going out anywhere...?" and I think, "Well actually, yeah, I could go out for a walk" and I do that just to get some fresh air'* (William).

For the same participants, this also related to his role of father to his child with whom he is currently separated: *'it's given me a little bit of self-belief back that I'm not useless and I was a good dad while I was there and I'm still [a] father'*. For this father, this confidence meant more hope and optimism for the future, *'[The worker] put it in a way that made me feel confident that I will see [my child] again [and] has given me hope...and that's really important to me'* (William).

Another participant perceived an improved self-awareness that helped to shift some negative thinking that was preventing him from moving forward while in recovery: *'it had managed to take me out of myself at a time when I wasn't managing to do it and made me think about other things so that was good ...even if [you] think you're self-aware you can sometimes get stuck in your own self-rigidity'* (Jake).

One participant described improved wellbeing: *'It just feels better... If I could bottle it and sell it then that'd be wonderful but it's kind of quite ethereal, it is more of an overall general warmth'* (Paul). Another participant valued the individual time and space away from the pressures of family life, which he found restorative: *'it was also, like, a guaranteed once a week break that I could guarantee getting out the house and having time away as well. So, it helped in multiple ways'* (Thomas).

### Child- & Family-level outcomes

Participants interviewed described ways in which the Fathers Service positively impacted their partner or children in the home. For one participant, an improved self-awareness helped him to become more open with his children about his recovery, which he felt has improved their relationship and helped them to be *'more open as a family'*:

*'A very positive thing that's come out of it ... is that they are now much more aware of what it means to be an addict, that it's not like it is on the telly most of the time'*

*and also I'm more aware of their feelings in relation to it...And as I say, it's made us all more relaxed about it as well, that it's not a taboo subject anymore, so I think that's really good' (Jake).*

Another participant described an improved relationship with his partner, and making more time for each other, which has helped his partner move forward: *'[my partner] and I have a better relationship because we're happier together... because she's less worried she's less stressed and less anxious and therefore she has been able to let go of a lot of [negative feelings]...'*. This improved relationship has, in turn, benefitted the whole family, *'...I think the way it helped the kids most was by helping [my partners] and I have a better relationship because we're happier together' (Paul).*

One participant not currently in contact with his child identified how the Fathers Service has strengthened his identity as a father and his commitment to be a part of his child's life:

*'I am a dad but at the moment I'm not being a dad to her because I'm not there...I know I do have certain rights but if I didn't have this [service] it would make you feel even more that you've got no rights and you're just a nothing...I will never walk away from [my child] and I've got to fight to see [them] and I will see [them] ...' (William).*

#### *Service Delivery Staff Perceptions*

Service delivery staff interviews provided similar perspectives to those of the fathers interviewed and revealed some additional insights into the benefits and challenges of delivering a fathers-led service. Service delivery were positive about the service, both in terms of its innovative approach and its capacity to address an important gap in service. One staff member described the service as the most innovative aspect of the project due to the individualised and user-led nature of the service,

*'...to have that freedom, so every single case was different, every single one that we worked with what we were offering them was completely different. And for me, that is really beneficial because it's really client-focused; they know what they need a lot better than we do, they are the experts in their lives and you could be truly client-focused with that so I really enjoyed doing that work' (Worker 2).*

With this individualised approach came some challenges in planning the work. No formal assessment was required, but rather goals were identified at the start of the work. While this provided the opportunity for innovation, this was more complicated when fathers were referred by an external agency: *'Orientating one's goals at the beginning isn't always the best way of proceeding if the referral is from Social Care and they're very likely to be a little bit defensive and minimizing and so on' (Worker 1).* As a result, one staff member perceived the initial stages of the intervention as being somewhat unclear at times.

Despite these challenges, the benefits of a fathers-led approach from the point of referral was clear to staff: *'for them to be able to share their narrative with me has some cachet in*

*itself, is useful, in a way that I'm not judging them and relating it directly always to their parenting in that way...I think that has some value'* (Worker 1). This was in clear contrast to the dominant service-led approach experienced by many requiring services, *'we were given autonomy...to hear their voice and for them to decide what they need, rather than us saying, "Right, we're going to deliver that to you." It was more a case of, "Right, what's going on with you? ...What is it that we can do to support you to improve your situation?"* (Worker 2).

During Phase Two of the project, the Fathers Service was more clearly defined and referred to as a therapeutic and parenting support service. While therapeutic support services were valued by some fathers, as noted in these findings, staff recognized that this may not be suited to all fathers, reinforcing the need for a varied approach, *'I wanted to work therapeutically and I believed I could. The reality is that most of the dads aren't therapy-ready and they're not wishing that, it's not the right thing for them. It may not ever be the right thing for them, a talking therapy'* (Worker 1).

Parenting support and advocacy presented some interesting dilemmas for the staff, particularly related to the extent to which the Fathers Service was independent from Children's Services. This lack of clarity presented itself at the point of referral:

*'I would receive a referral and I'd say to the referrer, "I'm going to share the content of this referral with the dad," I'd speak to the dad and say, "Look, we're speaking confidentially" and yet there would be a CP plan and yet I would have a discussion with the social worker outside of that confidential framework with the dad. So, it's a bit naive of me to think I could work offering unconditional positive regard and still be accountable to the system, to social workers ultimately'* (Worker 1).

This uncertainty continued as the work progressed as exemplified in one case, *'...I kind of ended up being more like a family support worker really but without a clear remit... I mean, I can talk about parenting but I'm not as accountable, it's not a directed piece of work...'* (Worker 1).

The advocacy remit within the service provided a much-needed support to fathers, given their limited engagement with Children's Services. Staff described this work as including a range of activities: providing personal support at meetings; supporting communication between the father and Children's Services, and supporting fathers to maintain their engagement with Children's Services:

*' what I was doing was kind of keeping them within the system...[for] some there was just sounding-off about the social worker, feeling judged, which they are, and taking things personal, which they will do, and given them a bigger sense or a bigger picture of the system. Yeah, just helping them navigate that process*

*really...So that, just keeping them in the loop really and giving them a bit of time and space to acknowledge what they're going through...' (Worker 1).*

## Fathers Network

Data was collected on 37 Fathers Network participants across both Phase One and Phase Two. Phase One included four events in the Hastings (n=2), Eastbourne (n=1), and Newhaven (n=1) area. Twenty-four attendees participated in the study during Phase One. Of these, over half of attended the Hastings events (n=13), over one-third attended the Newhaven event (n=7), and four participants attended the Eastbourne event. Phase Two included two online events in August 2020 and December 2020. Thirteen participants agreed to participate during Phase Two, most of whom attended the December event (n=9).

The sessions were delivered as interactive, reflective sessions and focused on how the attendees' values and belief systems inform their approach to working with fathers. The sessions also addressed the challenges of fathers as service recipients in order to develop participants' understanding of the experience of fathers. Some events also included guest presenters who worked in fathers-related services with these presenters sharing information and participating in reflective discussions with attendees. Sessions were intended to be attended as a one-off session for attendees, so events adopted the same format across most sessions.

Sessions were facilitated by two service delivery staff, both of whom also delivered the Parents as Partners and Fathers Service intervention. Both staff were positive about their experience of delivering the session and felt that it addressed an important need among professionals in the community:

*'the idea was about mixing the personal and professional self in terms of one aspect was your own values in work, another aspect was your values in terms of your dad, and then mixing those together and thinking, "Well what is there in terms of you engaging with dads now, what barriers do you have, what baggage might you have that might help or hinder..." For me it got more like...group therapy, more people able to share stuff, which was good' (Facilitator 2).*

Overall, facilitators perceived the network events as having a positive impact on attendees through their observations and participant feedback during the events,

*'...people did say, "I didn't really think about it like that," so there was a skill that was passed on and coming up with ideas because quite often it's very easy just to dismiss fathers...and a lot of the professionals that came to those networks were working with children and they would just work with the mother, and if dad was out the way much better because it's easier. So about them being an equal parent and...not shutting them out...' (Facilitator 1).*

Quantitative measures reflected improved knowledge across most participants. All but three participants (92%) reported knowledge development in at least one domain, with most participants reporting an increase in knowledge across multiple domains. Participants'

pre-event knowledge varied from almost no knowledge to above average knowledge, with mid-range mean knowledge scores across domains. Mean scores (see Table 3) indicate participants were most knowledgeable in the area of *the potential contribution of fathers to their children’s wellbeing*, and less knowledge in domains related to parents with substance misuse histories (*capabilities of parents with substance misuse histories; the unique needs of parents with substance misuse histories*). The most substantial knowledge gain was in the domain engaging with men in their role as fathers with a mean change of 2.05 points. Pre-post knowledge change among individual participants ranged from 0-6 points across domains. Increases in pre-post event knowledge also corresponded with participant views on the extent to which domain topics were addressed in the event, suggesting that a greater focus elicited greater knowledge development.

**Table 3: Fathers Network Pre-Post Event Knowledge Development**

<i>Knowledge Domain</i>	Pre-Event Knowledge (M)	Post-Event Knowledge (M)	Pre-Post Change (M)	Domain Addressed in Event (M)
<i>Engaging with men in their role as fathers</i>	5.35	7.43	2.05	5.81
<i>The role of fathers in their children’s lives</i>	5.92	7.59	1.66	5.78
<i>The potential contribution of fathers to their children’s wellbeing</i>	6.08	7.89	1.81	5.71
<i>The capabilities of parents with substance misuse histories</i>	4.55	5.75	1.36	4.30
<i>The unique needs of parents with substance misuse histories</i>	4.33	5.48	1.15	4.22

### Overall Project Delivery

A focus group interview with a programme management staff member and project advisory board member from a partner agency explored aspects of project implementation and delivery, and considered lessons learned to inform future service delivery.

Focus group participants were generally positive about the roll out of the project, which was led by a relatively small project team (one Project Lead and one Research Lead) in the early stages of the project and was subsequently guided by the Project Advisory Group (PAG). The PAG was influential in the early stages of implementation by further defining and adapting project services as needed to ensure delivery within required timescales, such as the change from a Fathers Champion to a Fathers Network. The PAG also played a key role in networking with professionals to ensure service information reached targeted populations. One participant noted the additional challenges arising from promoting a not previously-delivered service and giving considered thought to who needed what information, ‘...to my knowledge Parents as Partners hasn’t been done before, a direct dedicated father service hasn’t happened before in that area...so it felt quite new, so...getting it out, getting it brought to the attention of the appropriate people...’ (FG Participant 1). An additional layer of complexity was the potential invisibility of the key eligibility criteria, substance misuse:



*'with drug and alcohol misuse...there's a lot of shame and there's a lot of secrecy... it can be quite difficult to even identify sometimes as a parent...that what you are experiencing is an alcohol...or a drug problem because...it's so socially normalized...'* (FG Participant 2)

The project benefitted from a Launch event, which provided the opportunity to further engage with professionals in the community about the proposed services. The event provided the opportunity for project staff to not only promote the services, but also to elicit the views of professionals on issues such as referral paperwork and eligibility criteria.

Participants reflected in the interview that the Parents as Partners Service required the most time and attention in the early days given the training and fidelity requirements associated with the intervention. The service also targeted a specific group of parents, those experiencing parental conflict with substance misuse histories, which prevented additional complexity in promoting take up of the service.

*'...you're looking at a very targeted cohort of parents, so from that starting point the parents who may be interested in that service is quite a small number. So in terms of gathering referrals, attention and interest in the referrals, and also I think that by their very nature those parents don't often engage, or don't engage well, or don't sustain their engagement, or haven't always had a great experience with engaging with those types of services. They may have done other group work led by the local authority so perceive those things to be part of a local authority or that Social Services stigma that we all deal with. I think that was probably one of the biggest challenges that the team had to overcome and I think that's fair to say...the screening and the assessment it's a relatively complex programme...'* (FG Participant 1).

Despite the early successes of the project, both participants noted the challenging time constraints, *'...it took us longer than we expected to recruit...and then one staff member needed to be [Parents as Partners] trained...and couldn't join a group until much later than we thought so that pushed us back'* (FG Participant 2). In addition to recruitment and training delays, more time was needed *'to get the local workforce knowing it, understanding it, to utilise it as a pathway where they can either signpost or directly refer families'* (FG Participant 1) and for the *'process of engaging families...particularly families who struggle to access or engage with services in the past'* (FG Participant 2). While participants would consider extending lead-in times in future projects, this would be dependent on funding timescales.

### *Service Delivery Successes and Challenges*

Participants perceived the overall project as a success because it offered a new approach to service provision in the locality. It also offered a portfolio of services that addressed both the needs of parents and professionals as related to the intersecting issues of parental conflict, substance misuse, and fatherhood. Participants defined the success of the Parents as Partners service (in addition to the direct benefits to parents) as its ability to successfully engage with a relatively high-need group of parents for the duration of the intervention.

Participants were also particularly proud of the Fathers Service for its innovative user-led approach and of the Father' Network for its offering of a professional reflective space.

Participants felt the high take up rate for the Fathers Service was evidence of both its need and effectiveness,

*'...it was universally available, so it wasn't about a level of need, meeting a threshold, or a criteria probably was very helpful in its success. As much as Parents as Partners was almost very niche and very targeted, but therefore others are excluded if they don't fit into that criteria,...professionals would ask, "Okay, so what is it and what do they do?" "It really depends what that dad needs, what he wants..." it was all available and open for discussion' (FG Participant 2).*

Focus group participants perceived the Fathers Network as fulfilling an important need within the professional community beyond knowledge and skill development related to fathers.

*'...where funding for services has been cut and cut over the years, opportunities for just getting together for networking and reflecting and practice has just fallen away...the less we are able to share learning...the more we're going to be duplicating work and it's not cost-effective in the long run' (FG Participant 2)*

Participants felt that the longevity of funding presents some challenges for service development and deliver activity,

*'in order for a project to do what it is intending to do which was increase learning around what works...for that to be effective, it needs to be at least 2 years...Initially this was a 12-month project; by the time you've got yourself up and running you're kind of winding down. And obviously great we were awarded that extension but it's a real challenge' (FG Participant 2).*

Participants felt this limited scope for services to be forward-thinking, both in terms of learning and sustainability of effective services,

*'another equally important outcome of [the] work was to try things and learn what works, that does take time because it's really easy if you're meant to be taking learning and then influencing practice or influencing change and embedding things...if you've got a month left to do that within the 12-month project that's the stuff...[that is] no longer prioritise[d]...for various reasons (FG Participant 1).*

## Conclusion

The Oasis Reducing Parental Conflict Project delivered a range of services from April 2019 to December 2020 that addressed parental conflict and the role of fathers for parents affected by substance misuse issues and professionals working with parents. Services included:

- the Parents as Partners intervention aimed at reducing parental conflict,
- the Fathers Service aimed at providing therapeutic, parenting, and advocacy support to fathers, and
- the Fathers Network events for professionals interested in developing their knowledge and skills in the area of working with fathers, including those affected by substance misuse issues.

Findings from this small-scale evaluation study highlight the perceived benefits noted by individuals receiving the service, and suggest that services were effective in addressing, at least to some extent, presenting difficulties. It is important to note that while many parent participants perceived positive change, resolution may not have been achieved given the complexity of historical and presenting difficulties. Therefore, it is important to consider these positive results in the context of a continuum of need and services. While this evaluation is unable to confirm outcome achievement for most participants receiving the service, it is clear that some participants perceived improvement in some anticipated outcome domains (*see Appendix 1: Theory of Change*).

### Parents as Partners

The 16-week Parents as Partners intervention was well-received by parent participants and most participants perceived the experience as positive and worthwhile. Despite the length of the intervention, participants remained committed with a high level of attendance and engagement. Participants perceived skilled facilitation and group cohesion as important factors which helped with engagement, in addition to engaging curriculum activities. Participants presented with a high level of complex and challenging life experiences, including substance misuse difficulties. While participants found the intervention helpful, participants may have benefitted from more time and space to address presenting and related issues in more depth either as part of or alongside the intervention. Participants identified individual, couple, and family-level improvements at the conclusion of the service. These improvements relate to the following domains:

- Parent outcomes:
  - Increased understanding of causes and consequences of parental conflict and conflict resolution
  - Decrease in parental conflict
  - Improved parenting skills
  - Improved family functioning
  - Increased pro-social behaviour
- Child outcomes:

- Reduced parental conflict observation
- Increased wellbeing (physical and emotional)

While participants interviewed identified improvements, follow up is required to determine if these improvements are sustained over time. The following recommendations are based on study findings and are intended to inform future service development and delivery of group-based parental conflict programmes for parents affected by substance misuse issues:

- More research is needed to establish the effectiveness of the Parents as Partners intervention for parents presenting with a high level of need, including substance misuse difficulties, given this evaluation’s small sample size.
- Consideration should be given to supplementary services to support the use of the Parents as Partners, or similar, interventions with this high-needs population, including individual therapy, couples counselling, or drug and alcohol treatment services.
- A robust assessment and screening process prior to the intervention is essential for parents with a high level of need to achieve the benefits of full engagement and effective group process.
- Skilled, therapeutic-based co-facilitation is important for delivery of the intervention to parents with challenging and complex life experiences, and this should be supported by clinical supervision.
- Intervention sessions and content should accommodate the intersectionality of parental conflict and substance misuse to address the needs of this population of parents and speak to their lived experience.
- Opportunities to further promote and nurture the development of social support across parents receiving the intervention should be considered.

### Fathers Service

The Fathers Service intervention offered a unique and innovative user-led and person-centred service to fathers affected by substance misuse issues. The parenting support and therapeutic support service received a relatively high number of referrals to provide support related to a wide range of issues. Data available on some of the fathers receiving the service suggests that it was beneficial and addressed an important gap in services for fathers. Service delivery staff expertise informed the work, which included therapeutic and task-centred approaches. Interviews with fathers indicate that both approaches were well-received with some fathers particularly appreciating a therapeutic counselling approach. Qualitative findings suggest improvement, for at least some fathers, in the following domains:

- Parent outcomes:
  - Increased understanding of causes and consequences of parental conflict and conflict resolution
  - Increased understanding of the role of fathers in the healthy development of children
  - Decrease in parental conflict

- Improved parenting skills
- Improved family functioning
- Increased pro-social behaviour
- Child outcomes:
  - Increased positive engagement with father
  - Increased wellbeing (physical and emotional)

Based on study findings, the following recommendations are intended to inform future practice:

- Fathers services should adopt user-led and person-centred approaches that enable fathers to define, from the point of referral, the presenting difficulties, and goals of the work.
- Fathers services should adopt a flexible approach to its eligibility criteria, referral process, and session frequency/duration, in recognition of the diverse needs of this population.
- Fathers services should consider varied approaches to intervention in recognition of the diverse needs of this population (task-focused/therapeutic; in-person/remote).
- Fathers services should consider therapeutically informed interventions delivered by trained staff as part of its offering of varied approaches, in recognition of the barriers to talking therapies for fathers.
- Fathers services should further refine their service remit to fathers in the context of other primary service provision (e.g. child safeguarding, mental health treatment, substance misuse treatment).

### Fathers Network

The Fathers Network events across East Sussex provided a unique opportunity for professionals in statutory and voluntary sector agencies to reflect on their work with fathers and to consider their own knowledge and skill development. Study findings suggest these events were well received and that participants achieved some knowledge development in areas related to fathers and fathers with substance misuse histories specifically. The following recommendations are intended to inform future practice and research:

- Professional knowledge development should more fully address the intersectionality of fathers and substance misuse.
- Professional knowledge development should offer both reflective space and opportunities in recognition of the immediate barriers to service access for fathers (e.g. referral routes, service availability)
- Further research is needed to understand how, if at all, professional practice in and across agencies has changes as a result of professional knowledge development.

### Study Limitations

This study has several limitations that should be considered alongside its findings. The Parents as Partners Service addressed the needs of a relatively small population, parents

affected by substance misuse issues who experienced parental conflict and delivered to a smaller subset of parents who were assessed as ready for the intervention. While all parents participated in the study, findings are based on a small group of parents. These parents may not be representative of the wider population of parents affected by substance misuse and parental conflict. Limitations related to the Fathers Service include a small sample size, particularly for participants selected for in-depth interview. It should also be noted that convenience sampling was used and, therefore, the sample may include those fathers who were more engaged and achieved more substantial benefit from the service. The Fathers Network data collection methods relied on participant survey and facilitator interviews so in-depth perspectives from participants receiving the service were not obtained. Finally, the standardised measures used present some limitations. The set of measures were revised and scaled back following consultation with project staff and in recognition of resource limitations. As a result, some measures achieved less precise results due to the time lapse between data collection timepoints. Other constructs, such as father engagement, which would have supported qualitative findings.

#### Future Research:

Future research is needed to better understand the long-term impact of group-based interventions for parents affected by substance misuse issues and parental conflict to establish if, and how, improvements are sustained over time. This should be considered in the context of other supports and services available provided by both peers and professionals.

Future research should also consider the longer-term impact of reflective spaces for professionals focused on knowledge and skill development related to fathers, and specifically those affected by substance misuse issues. This should consider the impact on individual and collective practices in and across agencies.

Finally, future research should support the development of knowledge in the area of user-led and person-centred approaches in services for fathers. This should include developing knowledge about what fathers need and how services adapt and vary to accommodate the unique needs of individuals and in the context of their role as fathers.

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## Appendix

## RATIONALE / NEED FOR INTERVENTION

- **Parents** with a substance misuse problem are at risk of relationship difficulties, including high levels of parental conflict.
- **Children** in households with high levels of parental conflict may experience adverse effects as a result.
- **Fathers**, particularly among families with substance misuse problems, have had limited involvement in supports and services that respond to their needs and focus on strengthening families.
- There is little awareness among **Service Providers** of the needs of parents with a substance misuse problem, and their parenting, before children's services are involved.
- There is an underdeveloped evidence base around the effectiveness of parenting interventions for this **Cohort**, including the Parents as Partners program.

## Impacts

For those receiving services:

- Parents more successful in substance misuse treatment.
- Parents more successful in maintaining their recovery
- Fathers more actively engaged as positive role models
- Children experience fewer traumatic life events
- Families in community are stronger, healthier
- Families experience less family breakdown

For agencies in community:

- Improved evidence base around what interventions work for parents with substance misuse problems
- More responsive services
- More community supports for fathers

## Theory of change

- Through engaging with one or more interventions as part of this initiative, (1) Parents where one or both is in treatment for / recovery from substance misuse will experience a reduction in parental conflict. (2) Fathers will have a better understanding of their role as fathers in supporting their children and their positive development. (3) Children will have fewer adverse experiences as observers of parental conflict and more positive parental experiences with their father
- **Through engaging with community services**, professional knowledge of the needs of parents with substance misuse problems will be improved
- **Through Parents as Partners program delivery** early professional knowledge will be established on (1) the program's efficacy with this population; (2) the needs of this population related to parenting interventions.

## Inputs

- Project Lead and 2x Family Development Worker roles employed through the project
- Willing partners in other organisations for 'Fathers Champions' roles
- Academic partners for external evaluation – University of Sussex

## Activities

- Delivery of the 'Parents as Partners' programme
- Implementation and testing of innovative ways of initially engaging fathers in support and preparing them for a longer term intervention.
- Training/learning opportunities for professionals including development of 'Father's Champion' roles in voluntary & statutory sector organisations

## Outputs

- 20x couples/families participated in 16-week 'Parents as Partners' programme
- 20x fathers worked with via 1-1 / other support
- 4x 'Fathers Champions' roles implemented within organisations
- 2x Training / Learning Events delivered
- 1x academic evaluation

## Outcomes

### Parents: Short-term

- Increased understanding of causes and consequences of parental conflict and conflict resolution
- Increased understanding of the role of fathers in the healthy development of children
- Increased motivation to continue making positive life changes

### Parents: Medium-term

- Decrease in parental conflict
- Improved parenting skills
- Improved family functioning
- Increased pro-social behaviour
- Improved social capital
- Reduced drug / alcohol use
- Increased engagement in drug / alcohol treatment

### Children: Short-term

- Reduced parental conflict observation
- Increased positive engagement with father

### Children: Medium-term

- Increased wellbeing (physical and emotional)
- Reduced professional safeguarding concern, including step down in Child Protection status

### Professional: Short-term

- Increased understanding of needs of parents with substance misuse problems
- Improved perceptions of the capabilities of parents with substance misuse problems
- Increased understanding of the role and needs of father
- Increased understanding of effective supports and interventions to parents with substance misuse problems

### Professional: Medium-term

- Improved engagement with parents with substance misuse problems, including early intervention
- Improved engagement with fathers
- Increased focus on parents with substance misuse problems and fathers in service provision

## Enabling factors / conditions for success

- Co-operation from voluntary and statutory providers to participate in / attend learning events
- Willing professionals to undertake training and take on Fathers Champions roles
- Referrals from partners organisations – particularly to 'Parents as Partners' intervention
- Coordination between practitioners and academic researchers to ensure effective monitoring for meaningful evaluation

Theory of Change

