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Developing an effective model for IFST to reduce interpersonal conflict and abuse in families with children

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Introduction

The Integrated Family Support Team (IFST) was originally set up with the aim of extending work with parents or carers with a drug or alcohol issue to include parents with domestic abuse difficulties (Integrated Family Support Services Practice manual: Supporting the Pioneer Areas in Wales, 2012). It has been estimated that the comorbidity of substance use and intimate partner violence is between 40% and 50% (Stover et al, 2011). Yet despite having a promising track-record of working with behaviour change issues, involving alcohol and drug misuse, the IFST has yet to devise service pathways for “interpersonal conflict and abuse” (a term we use to cover the full spectrum of relational conflict).

Whilst a high proportion of families with child protection concerns involve interpersonal conflict and abuse (IPCA), the research evidence does not provide clear support for any one particular intervention (Farmer and Callan 2012; Ferraro 2017; Devaney and Lazenbatt; 2018 McGinn et al. 2017). Rather, Rolling and Brossi (2009) highlight the inadequacies of operating from a single model, focus or ideological standpoint. They suggest the need to work with multiple paradigms to account for the complexity of violence. Therefore, in order to provide an integrated and effective method for working with IPCA, a multi-levelled theoretical approach is needed (Rolling and Brossi, 2009). An example of how programmes do not always address the full range of presenting factors is perhaps the most widely known Duluth programme (Pence and Paymar, 1993), which has in the past been supported by the Probation Service for work with domestically abusive men, although they now favour the DRIVE programme (Driveproject.org.uk). The Duluth model was designed by practitioners and adopts cognitive-behavioural techniques aimed at challenging and modifying men’s abusive behaviours. The 26-week Duluth programme includes group work where men are encouraged to review Power and Control Wheels which detail particular behaviours and their alternatives. For example, the Power Wheel includes a section entitled ‘Using children’ where men may seek to make their partners feel guilty, use children to relay messages, threaten to take them or use contact to harass the mother. During the programme, fathers are challenged about these cognitions and encouraged to recognise how their behaviour triggers certain responses in the mother and to empathise with her. From this understanding, fathers are expected to practise alternative behaviours from the Equality Wheel (see appendix 1). Hence, in this example ‘Responsible parenting’ would include sharing parental responsibilities and being a positive non-violent role model for the children. As this example shows, the Duluth programme focuses upon the relationship between parents and as such it has been criticised for its lack of focus upon children (Rivett, 2010). It’s use of the term ‘batterer’ has been deemed unhelpful (Bohall et al. 2016) and it has also been critiqued for being too confrontational and where the shaming of the perpetrator does not encourage open and honest disclosure (Crockett et al, 2015) nor does it work therapeutically with past traumas that the perpetrator may have experienced (Askeland and Rakil, 2018). Nevertheless, evidence suggests that specific aspects of the model, particularly working (less confrontationally) to change the beliefs of entitlement (Bohall et al, 2016; Contrino et al. 2007) and using the wheels of power and control to help reflect on behaviour, especially the equality wheel which can be used in a strengths based way (Bohall et al. 2016) are still found to be useful and relevant when working with IPCA.

To address these limitations, adaptations of the Duluth programme have been developed within the 'Caring Dads: Helping Fathers Value Their Children' 17-week programme, based on principles drawn from batterer intervention, parenting, child-trauma, and readiness-to change literatures (Scott and Crooks, 2004). Whilst this programme is aimed at maltreating fathers, there is consensus that this is not a perpetrator programme (Maxwell et al, 2012; Labarre et al, 2016). The Caring Dads programme originated in Canada but has also been used in parts of England and Wales (McConnell et al, 2017; McCracken and Deave, 2012; Rivett, 2010; Scott and Crooks, 2007) and has four main goals. First, the programme aims to develop trust with fathers and motivate them to examine their fathering. Second, it aims to develop fathers' awareness of child-centred fathering. Third, the programme increases awareness of and responsibility for abusive and neglectful fathers. Fourth, it aims to rebuild trust between fathers and their children and help them to plan for the future (Crooks et al, 2006).

Caring Dads draws upon the therapeutic techniques of motivational interviewing, psycho-education, cognitive-behavioural approaches, confrontation and shame work (Crooks et al, 2006). In doing so, this programme requires intervention providers who are equipped with knowledge about batterer-intervention and child centred-fathering, alongside the skills necessary to challenge and confront fathers about their behaviour whilst developing a trusting and supportive environment (Kelly and Wolfe, (2004). The evidence for Caring Dads is similarly mixed, although it shows some promise (Labarre et al, 2016). Whilst there have been positive results in terms of father's behaviour towards their children and reductions in aggression and hostility to those around them, results have been less positive in terms of men's attitude change and taking responsibility for their actions.

Both Duluth and Caring Dads have been criticised as being built upon confrontational strategies where workers judge fathers in a superior manner, thus displaying the behaviours they are seeking to change in their clients (Milner, 2004). Indeed, the evidence shows that Caring Dads works for some men and not others (McConnell et al, 2017; McCracken and Deave, 2012) suggesting that such evidence-based programmes would ideally be part of a menu of services professionals can choose from when working with fathers, depending on the understanding of typology and the nature of the presenting difficulties (Maxwell et al, 2012). These approaches also fail to account for the complexities of abuse in interpersonal relationships, opting instead to adopt male-on-female models of domestic abuse (Philip et al, 2018). Yet there is an increasing awareness of abuse by women on men, although the nature of that abuse might be very different (Stith et al. 2012), of same sex abuse and it is recognised that abuse can be bio-directional (Babcock et al. 2007). Given that IPCA is prolific and that this is not a homogeneous population (Farmer and Callan, 2012), we should not therefore be looking for or applying universal solutions (Devaney and Lazenbatt, 2018; Ferraro 2017; Payton 2015). Some suggest that what we need is the establishment of an inclusive theory that includes typologies or models of IPCA coupled with the flexibility to address the diversity of culture, gender, race, and sexuality (Bohall et al. 2016; Devaney and Lazenbatt, 2018). Such a model of individualised, tailored approaches would not however, lend itself to manualised programmes or randomised controlled trials and also makes creating systematic evidence more difficult to collect.

This study was commissioned to explore how best to develop IFST workers existing skills by creating a model of working with IPCA. The objectives were to conduct collaborative research that aimed to:

- Identify risk assessment processes and service pathways based upon inter-parental conflict, domestic abuse, substance misuse and/or mental health difficulties.
- Produce a collaboratively developed model outlining a best practice approach for working with domestic abuse in an IFST
- Produce a toolkit of effective approaches for each service pathway.
- Gather evidence to support or further adapt the model/s, including developing feedback loops to allow the team to monitor and improve their service beyond the end of the project.

To achieve this the study aims to deliver the following goals:

- Practice focussed reviews of existing literature on best evidence:
 - Effective interventions and approaches for working with victims and perpetrators of domestic abuse work where there is inter-parental conflict, domestic abuse, substance misuse and/or mental health difficulties;
 - Whole family approaches to working with inter-parental conflict and or domestic abuse;
 - Child protection and effective inter-parental conflict or domestic abuse work;
 - What works in engaging men and improving workers' practice.
- A model of referral pathways through the IFST service
- A practitioner toolkit of evidence-based approaches, which may include communication skills, anger management, couple therapy, family group conferencing and mediation.
- A model for collecting valid and useful ongoing evidence on the quality of the service being delivered and its success in working with families
- A qualitative evaluation of the experiences of families and workers as the model is put into practice
- A collaboratively delivered workshop/lecture to deliver findings across the local authority and to other IFSTs.

This report presents findings from the practice focussed review of existing literature on best evidence and will form the basis of discussions to develop a model of referral pathways and a practitioner toolkit of evidence based approaches.

Method

The practice focussed literature review adopted a narrative review approach. This approach enabled comprehensive exploration across several research areas including parenting, engaging perpetrators and IPCA. Hence the review aimed to gather evidence for each of the following areas:

- Whole family approaches to working with inter-parental conflict and or domestic abuse;
- Child protection and effective inter-parental conflict or domestic abuse work;
- What works in engaging men and improving workers' practice

The search was conducted from between July and August 2018 and included the Applied Social Sciences Indexes and Abstracts (ASSIA), International Bibliography of Social Sciences (IBSS), and PsycInfo databases. In addition, NSPCC Library, OpenGrey (System for Information on Grey Literature in Europe), Research in Practice, Research Register for Social Care, Social Care Online and Google Scholar were used to identify Internet-based 'grey literature' (i.e. empirical research commissioned by governmental and non-governmental bodies published online) as well as journal papers not picked up by other databases. The Welsh Government: Statistics and Research was searched in order to identify Welsh policy documents. In order to maximize retrieval of relevant sources, the search was supplemented by the use of the snowballing technique whereby references to relevant publications were sought and reviewed for relevance and studies known to the research team, but which did not emerge from the initial searches, were also included. In addition, the review drew upon findings from a previous study conducted by one of the research team on engaging men in child protection services.

The search strategy involved multiple keyword searches using the terms 'domestic abuse', "domestic violence", "intimate partner violence", "interparental conflict", and "interpersonal violence" along with Boolean parameters (e.g. AND/OR, NOT) to include substance use, child welfare and father engagement. Inclusion criteria limited results to those published in the English language in 2000 or later and studies which focused upon either risk assessment, or evaluated approaches or interventions, aimed at reducing or responding to fathers in current or former relationships which involved intimate partner violence. Papers were excluded if they did not evaluate the effectiveness of an intervention or approach to reduce or respond to IPCA for fathers. This initially yielded 1,634 publications.

The abstracts and/or title of each publication were scanned to determine relevance to the research questions and publications were included if they were empirically based and focused on interventions. Papers retained at this stage were then read in more detail to determine their relevance to the research aims. Data was extracted from each source onto the data summary template (Appendix 2) and all sources were assessed for robustness of evidence. The majority of papers were excluded at this stage as they were based solely upon court-imposed perpetrator programmes, were too context specific (e.g. specific cultural groups of perpetrators outside of UK), pre 1990 or were not empirical. However, some conceptual articles were included for their contextual and theoretical content. Therefore, 113

sources were included for the literature review (Figure 1). Given the diverse range of evidence discovered, a narrative review summarised findings in relation to the key themes that emerged from the identified studies.

Figure 1: Literature review search strategy

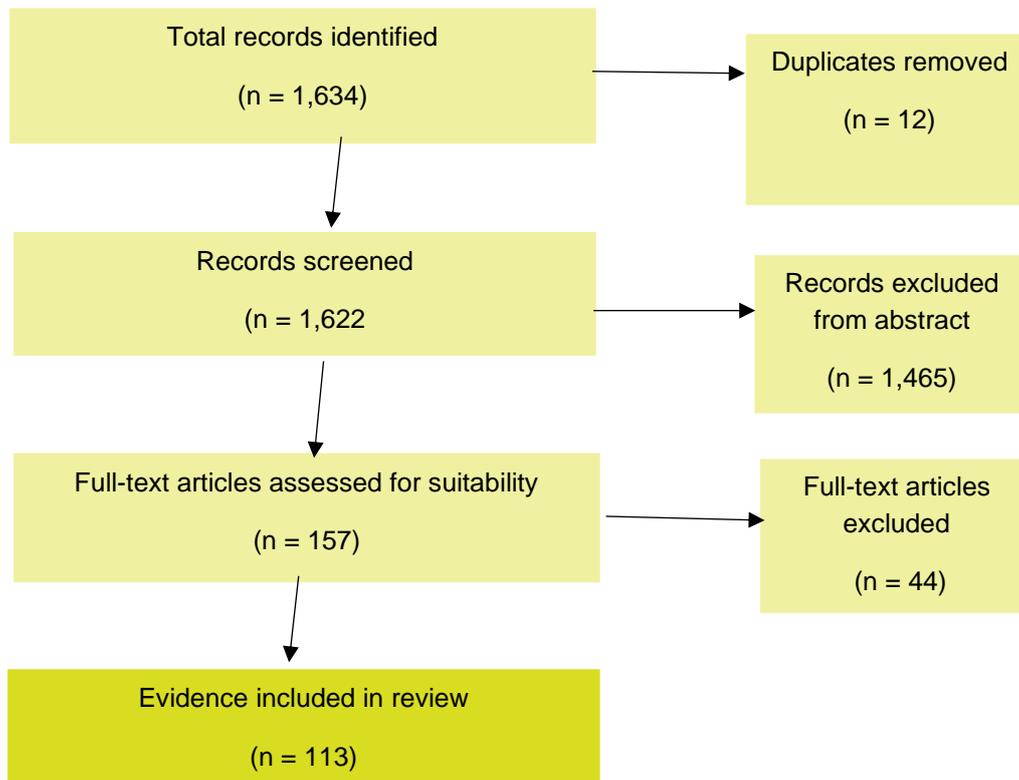


Table 1: Search results

Database or website	Total identified	Retained: title search	Retained: abstract screened	Full text reviewed: included
Applied Social Sciences Indexes and Abstracts (ASSIA)	208	59	38	20
International Bibliography of Social Sciences (IBSS)	151	6	6	6
Google Scholar	757	38	22	9
NSPCC Library	191	35	30	20
OpenGrey	41	7	0	0
PyschInfo	135	5	2	2
Research in Practice	4	4	1	1
Research Register for Social Care	9	2	2	1
Social Care Online	58	17	3	3
Welsh Government: Statistics and Research	18	4	3	1
Existing father report	-	-	-	27
Snowballing	25	25	23	23
TOTAL	1,572	177	107	113

Findings

The findings have been presented in relation to the main themes emerging from the narrative review, (with supporting evidence presented in bullet point format) alongside possible ways forward in order to help develop a practice model for the IFST; in this way we also draw together the main findings from each source.

Typologies of IPCA

The evidence demonstrated a shift away from interventions based on simple male on female abuse suggesting instead that IPCA is a complex issue where consideration should be given to individual characteristics, the inter-relationship between the couple, and the nature of conflict and abuse. Research findings from community samples, as opposed to victims within shelters have shown that IPCA can be male-perpetrated, female-perpetrated, and reciprocally perpetrated violence (Stith et al, 2012). Therefore, in order to address IPCA it is necessary to determine the nature of conflict and abuse within each interpersonal relationship rather than adopting a universal approach.

Evidence

- Johnson and Ferraro's (2000) typology identified four categories. First, 'intimate terrorism' which involves unilateral violence and includes a high level of coercive control. Second, 'violent resistance' involves violence that is enacted to resist intimate terrorism and may have the primary motive of wanting to protect oneself or be the result of an expression of anger or resistance to a controlling partner. Third, 'mutual violent control' includes two equally coercive partners engaged in a struggle for control of the relationship. Fourth, 'situational violence' is hypothesized to be the most prevalent type of relationship violence.
- Johnson (2006) has suggested that the most common form, situational violence, is based upon communication skill deficiencies where the individual compensates with verbal aggression that then escalates into violence.
- Devanay and Lazenbatt (2018) distinguish between three levels of violence. Lower risk perpetrators are characterised by lower frequencies of less severe violence where perpetrators have little or no psychopathology and usually little or no criminal history. Medium risk perpetrators have moderately severe violence, with moderate frequency and moderate to high psychopathology. Finally, higher risk perpetrators have high frequency of severe violence, psychopathology and typically have criminal histories.
- Farmer and Callan (2012) also distinguish between two types of offenders, those involved in strategic, controlling abuse and those who have 'hot emotional' reasons behind their behaviour.
- With regard to female perpetrators, Babcock's (2003) illustrative study suggests that women can be divided into two categories. 'Generally Violent' reported perpetrating more psychological and physical abuse, causing more injury in the past year, and a higher frequency of severe violent acts (e.g., "beating up" a partner). 'Partner Only' violent were more likely to use violence in self-defence.

- Studies of male and female typologies show some similarities and argue for different types of interventions to address differences in the use of violence (Babcock et al., 2007). Women may use violence to express extreme emotions or in response to stress. Some violence perpetrated by women may occur within the context of mutually violent relationships, where women use violence in order to retaliate, to fight back, or, possibly, to defend themselves.
- It has been suggested that reciprocally perpetrated violence results in greater injury than non-reciprocal, regardless of the gender of the perpetrator (Stith et al, 2012).
- More research is needed to understand whether or not women's use of violence in relationships stems from different motivations than does men's use of violence (Stith et al, 2012).
- There are a range of typologies which show promise they have not been consistently tested to ensure validity in categorising individuals for treatment resource allocations (Ferraro, 2017); one of the factors which impact on risk is the systematic use of power and control and this should be screened for.

Recommendation 1

The typologies identified here (Table 1) are designed to aid practitioners with thinking through the spectrum of behaviours that constitute IPCA. However, these typologies should be understood as a guide only; every relationship is unique, and this should be recognised by practitioners. In assessing IPCA, consideration also needs to be given to the motivation to change.

Table 2: Typologies of IPCA¹

	Coercive		Violence resistance		Situational	
Uni directional ²	1A (Male aggressor)	1B (Female aggressor)	2A (Female aggressor)	2B (Male aggressor)	3A (Female aggressor)	3B (Male aggressor)
Bi directional	N/A ³		4		5	
Descriptions						
<i>Uni-directional</i> – Abuse is coming from one person. ‘A’ indicates that the male is the abuser. ‘B’ indicates that the female is the abuser. Victim could be of the same sex, however, no subdivision has been assigned this same-sex relationships.						
<i>Bi-directional</i> – Abuse is coming from both partners (i.e. both are partners are abusive towards each other).						
1	This ‘involves a pattern of violent coercive control in which one partner uses a variety of violent and non-violent tactics to try to take complete control over their partner (vast majority of this type of violence in heterosexual relationships perpetrated by men)’ (Tavistock relationships, undated)					
2	This is where violence is perpetrated by a victim who violently resists the act of abuse by their partner.					
3	Violence occurs due to conflict within a relationship that escalates from an argument to verbal and/or physical violence.					
4	Both partners may be aggressors and victims. Violent acts of resistance can result from either partner.					
5	Both partners may be aggressors and victims. Violence occurs due to conflict within a relationship that escalates from an argument to verbal and/or physical violence.					

Risk assessment and motivation to change

Findings revealed that the most effective interventions aimed to effect change through motivational techniques and only involved partners where it was safe to do so. Hence, the need for practitioners able to work with clients in order to identify and build upon willingness to change emerged. Both understanding the impact of their behaviour and the desire to be better fathers were identified as drivers for change. It was also clear that risk assessments were vital both at the outset and throughout the work. Specifically, safety planning, ongoing communication with partners and the ability to engage in de-escalation techniques were emphasised.

EVIDENCE

Motivational techniques

- Abusive fathers may not be ready to change their parenting initially, professionals can make use of techniques which aim to explore, clarify and support maltreating

¹ Adapted from Johnson (2008)

² It is recognised that for same-sex relationships the male and female markers may not be helpful.

³ The nature of coercive control means that bi-directional abuse is not possible. It is inherently unidirectional in nature.

fathers' motivation for change (Hellman, Johnson and Dobson, 2010; Brown et al, 2009; Scott and Crooks, 2004; Miller and Rollnick, 2002; Peled, 2000).

- Motivational Interviewing (MI) does not confront or shame clients, as it is based upon the premise that change is a malleable process where individuals can be 'nudged' towards changing their behaviour (Schneider, Casey and Kohn, 2000). At its core, MI, or the spirit of MI, rests upon the interview, in which a good therapist will work with clients to draw out their motivation to change and help them believe that they have the capability to change (Miller and Rollnick, 2002).
- MI is a useful tool as its success is not based upon specialist training but rather the workers' ability to empathise and work with the client (Lundahl et al, 2010).
- Lundahl et al's (2010) meta-analysis of 119 MI interventions demonstrates that it takes around 100 minutes less time on average to achieve the same effects as cognitive-behavioural based therapies across a range of areas including alcohol and substance abuse.
- Findings from a randomised controlled trial of 33 domestic violence offenders showed that the MI group demonstrated increased self-reported action towards changing their behaviour, increased contemplation about changing their violent behaviour, and less blame on their victim and external factors following the intervention than the control group (Kistenmacher and Weiss, 2009).
- Caution is needed as there is no direct evidence that MI is effective with fathers in a child protection context. However, MI may have the potential to engage men who may be resistant to authoritarian professional approaches (Maxwell et al, 2012).
- Prochaska and Di Clemente's (1992) Transtheoretical Model of Change (TTM) which predicts that matching the intervention with the client's readiness to change will maximise treatment outcomes (Hellman et al, 2010).
- Sheehan et al. (2012) systematic review identified a range of turning points before people changed their abusive behaviour. They concluded that motivational techniques of professionals could help individuals move around the Prochaska and Di Clemente cycle of change, so that they were more able to respond and take on board new learning and challenges.
- In a cross-sectional correlational study of 109 men in a 52-week batterer treatment programme, Hellman et al (2010) found a significant relationship between batterers' parenting style and readiness to change. Also, the contemplation of the impact of abuse had the highest unique relationship with self-reported action to stop violence. These findings suggest that interventions aimed at helping the batterer to understand the impact of their manipulative parenting strategies may encourage contemplation and subsequent behaviour change (Hellman et al, 2010).
- Fathers can often empathise with their children's experiences and their desire to be better fathers can be used as a motivator for change (McCracken and Deave, 2012; Rivett, 2010)
- Crockett et al. (2015) describe a psychoeducational training and counselling based on skills training which works on increasing accountability and desire for change, and improving skills associated with non-violence.

RISK ASSESSMENT

- There needs to be clear criteria on what information agencies must share on referral and who is responsible for the ongoing monitoring of men's risks and progress (McCracken and Deave, 2012).
- Within the intervention motivation and engagement should be monitored to account for any changes in attitudes or behaviour, especially in cases where the partner is not engaging with intervention (McCracken and Deave, 2012).
- Caring Dads Cymru requires that men must accept that ex/partner/wife will be contacted by a member of the Caring Dads team in order to be accepted onto the programme. A partner support worker will then work with the ex/partner/wife throughout the intervention. Where partners refuse to engage, partner support workers will inform them if a session has not gone well or if fathers have become upset or agitated (McCracken and Deave, 2012).
- Assessments should include the nature and severity of abusive behaviour, presence of coercion and control, substance abuse, psychological symptoms, personality characteristics and attachment, trauma history/background, parenting beliefs and behaviours, life stress, symptoms of his children, motivation for change and participation in treatment, co-parenting relationship, symptoms of the mother/partner, and criminal and child protection history via record and review/interagency contact (Stover and Morgos, 2013).
- In the absence of a tool to risk assess both substance misuse and domestic abuse together, staff could be using recognised risk assessments for IPCA such as SARA (<https://www.mhs.com/MHS-Assessment?prodname=sara>) or CAADA DASH for all of those who become involved in the IFST. The Dash risk checklist can be used for all intimate partner relationships, including LGBT relationships, as well as for 'honour'-based violence and family violence. It is primarily intended for professionals – both specialist domestic violence workers, such as IDVAs, and other professionals working for mainstream services. It aims to provide a uniform understanding of risk across professions. The Dash cannot replace vital professional judgement. It cannot replace the need for training (<http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face>).
- Staff may need training in risk assessment tools (Stanley and Humphreys 2018).
- Stover (2013) emphasises the requirement for clinicians to have training in risk assessment, safety planning, verbal de-escalation techniques; there is a requirement for ongoing coaching and supervision.

Recommendation 2

Sheehan et al. (2012) noted that motivational techniques used by professionals could be helpful, but that the individual motivators for change must also be carefully considered by practitioners. The work of Sheehan et al. noted that the Prochaska and Di Clemente's (1983) cycle of change (Figure 2) is often cited as a model for framing change. As a model regularly used in substance misuse, its employment for co-occurring IPCA should aid with continuity.

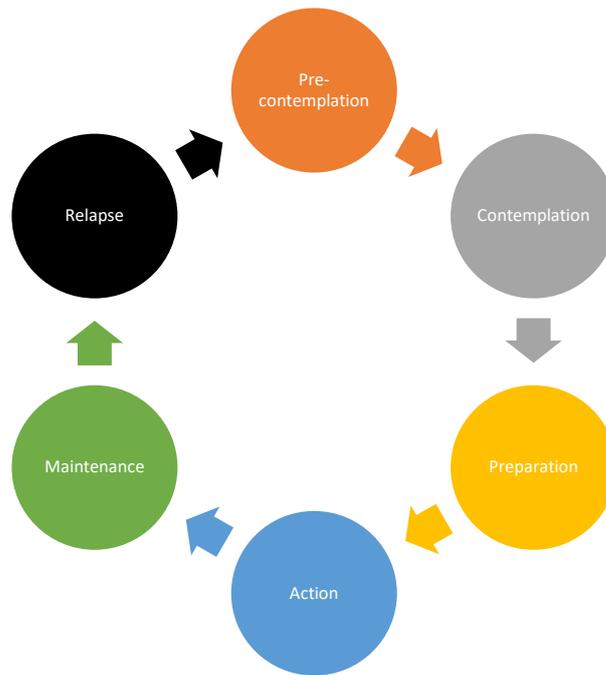


Figure 2: Cycle of change

In considering motivation for change in relation to IPCA practitioners are urged to consider the following:

- **Coercive control** – In instance of coercive control manipulation and/or deception are common place. Practitioners should be careful to ensure that desires to change are genuine. Equally, they should be guard against attempted manipulation by perpetrators (Robinson et al. forthcoming).
- **Fathers** – For fathers, it has been noted that the desire to be a better parent is a strong motivation to change (Meyer, 2017).
- **Goal setting** – There is some evidence to suggest that goal setting can be affective for working with male perpetrators (Lee et al. 2004).

Finally, in assessing IPCA, practitioners should be salient of the risk posed to the immediate safety of some victims of IPCA (in some situations safeguarding procedures may need to be implemented immediately). Some victims may not agree with an assessment that they are a victim of IPCA, giving rise to the need for educational work. Practitioners must maintain a focus on children and young people as they are also victims of IPCA; it is easy to get caught up on the IPCA relationship and lose sight of the impact it is having on children.

Whole family approaches

The evidence demonstrated the need for practitioners to engage purposefully with fathers and father-figures emphasising how children and their mothers suffers when works fail to do this. Strega et al (2008) assert that to move towards true inclusiveness in both protecting and supporting children, practitioners need to proactively assess and engage with all significant men in a child's life, understanding that some may pose risks, some may be

assets, and some may incorporate aspects of both. Whilst much of the literature deemed men as the main perpetrators despite there being increasing evidence of female perpetration, IFSTs desire to adopt whole family approaches would enable work with the offending partner (regardless of gender), the non-offending partner and the children.

Non-offending partners

- The feasibility of family or couples' treatments for IPCA is often deemed unethical and likely to put women and children at an increased risk of harm. Indeed, this may be the case in certain circumstances. However, given the high proportion of victims who remain in relationships or continue to share child contact, the development of whole families approaches that foster positive parenting and co-parenting may be warranted (Stover et al, 2011).
- The safety of the non-offending partner and children is paramount for whole family approaches. Such approaches should include separate assessments of attendees to establish suitability and safety before embarking on the intervention (Humphreys and Campo, 2017).
- It is essential that the intervention is closely aligned with other services working with the father's family. It needs to be acknowledged that not all fathers will change their behaviour and so practitioners must remember that some fathers will tend to minimize or underestimate the extent of their abuse. It is therefore important to obtain the views of their family (McConnell et al, 2016).
- Barriers to the participation of program attendees' partners included refusal to engage with the service, discouragement from the father, or concerns about what information might be passed onto him (McConnell & Taylor, 2016).
- Partners think that it is important for men to accept the violence and aggression and take responsibility for it (McConnell et al, 2016; McCracken and Deave, 2012)

Children

- There are currently no programmes which include father-child sessions (Stover and Morgos, 2013).
- Courts require interventions and approaches which develop safe contact arrangements between families suggesting that interventions are required which foster better father child relationships (McCracken and Deave, 2012).
- Barriers to children's participation in parenting interventions included lack of parental consent, age (nearly half were preschool age), limited knowledge of the father's participation in the program and the mother and/or the practitioner deciding it was not an appropriate time to involve them (McConnell et al, 2016).
- There are practical considerations in actively involving children in sessions including, but not limited to, contact arrangements, school attendance and transport considerations (Scourfield et al, 2016).
- It should be determined whether engagement is in the best interests of the child and whether the child wants to engage. In addition, the following aspects should be considered including the nature and severity of the abuse, the risk for further violence, whether the father recognises that his use of violence was wrong and is taking some responsibility for his actions, motivations for wanting to engage, other

considerations such as mental health or substance abuse concerns, whether the child has significant contact or is likely to in the future, how the child's mother feels about the child attending sessions with his/her father and what the goals of father-child focused treatment sessions would be (Stover and Morgos, 2013).

- In some circumstances, fathers may need to access other forms of treatment prior to engaging the child, e.g. substance use support (Stover and Morgos, 2013).
- Kelly and Westmorland (2015) recommend that men should be actively encouraged, where safe and appropriate, to tell their children about their attendance at IPCA programmes. This is part of breaking the silence about domestic violence and will go some way to ensure that children do not think either the violence or parents separating is somehow 'their fault'. They also note that CAFCASS require that men write to their children, take responsibility and apologise for their behaviour before child contact will be considered.
- Langhinrichsen-Rohling (2005) notes the evolving intergenerational transmission of violence theory.

Restorative Justice programmes

- Restorative Justice programmes fall under the whole family interventions umbrella (Humphreys and Campo 2017) and these include models of family group conferencing (FGC) and mediation.
- According to Sen et al. (2018) only one of the three types of Family Group Conferences (FGC) are aimed at restorative justice. This is the most challenging and contested type and in their evaluation study were found to be the least used. Restorative FGCs offers the possibility of achieving fuller restorative justice through focussing on the harm caused by domestic violence and addressing its underlying causes.
- A skilled practitioner with experience of the screening process should conduct screening to determine whether or not mediation and a Family Group Conference is safe and appropriate. Mediation or a FGC is inappropriate in cases involving allegations of serious physical, emotional or financial abuse (Alzoni and Hobbs, 2012).
- Sen et al. (2018) note the need when working with IPCA and restorative FGC, the perpetrator must take overt responsibility for harm and that there must be an offer of restoration.
- Sen et al. (2018) suggest that the current approach by children's services which is mother-centric and risk averse provide a resistor to restorative ways of working. In addition, the whole of a local authority should be trained in restorative approaches.

Recommendation 3

Whilst the IFST aims to engage with the whole family, outcomes sit at the heart of contemporary Welsh approaches to care and support (Welsh Government, 2016). In exploring outcomes, consideration should be given as to how outcomes relate to both the family as a whole and individuals. Risk assessment will be vital both in determining whether and/or when it is appropriate to involve the non-offending partner and the children within the intervention. This will include ongoing monitoring throughout engagement. Further to this, to

achieve a given outcome multiple issues may have to be addressed. For example, an outcome might be for a child to feel safe at home, for this to happen partner conflict would need to be stopped and alcohol reduced. Practitioners should take time to ensure that all parties are aware of an outcome and the necessary steps to achieving it (clarity should also be provided about how everyone will know when the outcome has been achieved). The IFST currently uses safety plans and developing plans and outcomes for all family members would be helpful.

Workforce development

Dedicated IPCA Workers

Findings demonstrated the use of dedicated IPCA workers situated within the team (Stanley and Humphreys 2018). Further, we found evidence of the benefits of having both a male and female professional's co-working cases.

Evidence

- Findings from a pilot Sure Start Project in South Wales showed that the Independent Domestic Violence Advisor (IDVA) brought knowledge and expertise to the team, providing an important link 'proving the glue' between agencies, most notably with health, police and probation which aided integrated multi-agency working (Lowe, 2009). Further, the evaluation suggested early signs of benefits for the identification and ongoing management of domestic abuse (Lowe, 2009).
- The Strengthening Families project has a domestic abuse key worker who works closely alongside the social worker to help avoid silo thinking (Lawson and Higgins, 2018) .
- Ball and Niven (2007) also describe working closely with a seconded Relate worker and the benefits of this.
- Many of the models were based on male and female professional's working together to 'model' harmonious and equitable communication and partnership as a gold standard (Lee et al. 2009; Pennell et al. 2013; Rosenbaum and Leisring 2001).
- In order to manage risk, the evidence suggests that mothers and fathers should be seen separately (Ball and Niven, 2007).
- Stanley and Humphreys (2018) emphasise the need for co-working when working with whole family approaches to help with on the spot analysis and review.
- Whole family approaches must have practitioners who are highly trained in IPCA intervention, engagement with men, and preferably child development (Humphreys and Campo 2017)

Recommendations 4 and 5

Currently the IFST teams are comprised of interdisciplinary teams which include a range of professionals including those from health and social work; it may make sense given the co-morbidity of IPV and substance misuse (Stover, 2011) to consider employing workers with a

specialism in IPCA. However, a note of caution should be added as Stanley and Humphreys (2018) identified that where there was a domestic violence specialist in the team other staff deferred to them rather than taking on the learning and developing their own expertise; strategies should be put in place to avoid this happening.

Where there are issues of IPCA, consideration should be given to whether co-working cases would respond more appropriately to the typology of IPCA and risk assessment. Having two workers would enable work to be conducted separately with each parent, as well as working together.

Training and development

Through the Social Services and Well-being (Wales) Act 2014 and associated policy, there has been a renewed emphasis on skills of practitioners in the assessment process. Practitioners are encouraged to work with individuals to explore the barriers they face to achieving given outcomes. In doing so, there should be a recognition of the strengths of the individuals and an appreciation of how these might be used to effect positive change. The contemporary emphasis on adopting a strengths-based approach does not mean however, that practitioners should not maintain a strong focus on issues of safeguarding and child/adult protection. Lord Laming (2003) identified the importance of the practitioner retaining a 'healthy scepticism' when working with families. By doing so they are able to help guard against 'the rule of optimism' (Dingwall, 1983) and ensure that, where appropriate, the rights and welfare of people are safeguarded. For IPCA practitioners should be particularly salient of the expanded definition of significant harm under the Adoption and Children Act 2002; the 'seeing or hearing the ill-treatment of another' (S120).

Evidence

- Practitioners may be biased against fathers due to their work with mothers or in a bid to protect the child. Therefore, training is needed to ensure that practitioners can manage both the risk and resource of fathers (Stover and Morgos, 2013).
- Effective engagement with men requires both an authoritative and empathic approach to both hold men accountable, and to directly value their parenting on its own terms (Philip et al, 2018).
- The inclusion of children requires practitioners who have training and experience in both adult and child psychopathology and the ability to adequately assess the impact of exposure to IPV on the child and the family. In general, those trained as psychologists, have greater depth of training in assessment and work with both adults and children, however it is possible that those in other disciplines (psychiatry/social work) could provide such treatment if they received training and supervision in clinical assessment with this population of perpetrators, victims and their children (Stover and Morgos, 2013).
- The most effective interventions adopt a strengths-based approach which focuses upon the important contribution fathers make to their children's lives where workers are positive about the father's ability and are honest about the issues faced yet which emphasise the father's existing skills and use solution-focused thinking to develop

their skills and build confidence (Berlyn et al, 2009; Gearing et al, 2008; Ferguson and Hogan, 2004).

- Responding to fathers as people with needs and concerns of their own though a professional curiosity about their lives is likely to improve their agency and ability to become involved fathers (Philip et al, 2018).
- Professional relationships can lead to better relationships with social workers, for example, professionals can help fathers to reframe frustrations into what they needed to do to help their child, or maintain contact (Scourfield et al, 2016).
- 4children2012 suggest a need for all local authority staff and professionals to undertake training together so they are all on the same page.
- Effective approaches require system change which includes the behaviour of all agencies. Motivation and engagement throughout the intervention will be affected by the messages fathers get from all professionals including probation officers, social workers and others with whom they have contact. This includes actions towards those who drop-out of interventions where failure to follow-up signals that engagement is not prioritised by professionals (McCracken and Taylor, 2012).
- Professionals must engage in narratives about abusiveness early in the intervention. If not, fathers may not realise they are in fact, attending a perpetrator programme (McCracken and Taylor, 2012).

Recommendation 6

In order to work effectively with whole family approaches, IFST practitioners must be equipped with the skills necessary to identify and monitor risk for partners and children, perceive fathers as both a resource as well as a risk and to determine the suitability and timing of working with partners and children. In doing so, the evidence highlighted the need for practitioners to adopt a non-judgemental, strengths-based approach but who are also able to challenge behaviours where necessary. Specifically, knowing what to ask and how to use this information takes skill, practice and an understanding of the subject matter (Stover, 2013). In order to ensure all local authority staff are working to the same model, IFST should disseminate information once any new model or way of working is adopted.

Engaging men within the IFST

Whilst it is acknowledged that women may also be responsible for IPCA, it is well documented that men are hard to engage in child protection services (Maxwell et al, 2012). A key theme which emerged from the literature review was that of failure to engage and the high dropout rates for interventions. However, it was also demonstrated that the opportunity to become better fathers was an important driver for change.

- Fathers are an “important fabric in the canvas of family and child development”. Fathers who have perpetrated IPCA will often remain in the lives of their children, so it is important to include them within interventions aimed at ending IPCA (Stover and Morgos, 2013)

- Featherstone et al (2010) assert that there has been a failure to recognise men as fathers. This not only negates any chance of changing the negative aspects of these fathers' behaviour to children (Rivett, 2010) but does little to stop them from leaving the home and moving on to new relationships with new children, both their own and step-children (Devaney, 2009).
- Professionals' fear of men emerges from the research literature as a central barrier to involving fathers (Featherstone et al, 2010; Brown et al, 2009; Huebner et al, 2008; Strega et al, 2007; American Humane Association, 2007; Ryan, 2006; Scourfield, 2003; Ferguson and Hogan, 2004; Kelly and Wolfe, 2004; Daniel et al, 2002; Ryan, 2000; Farmer and Owen, 1988; O'Hagan, 1997).
- Fathers may be intimidating (O'Donnell et al, 2005; Kelly and Wolfe, 2004; Farmer and Owen, 1988) or drunk and abusive (O'Hagan, 1997) to workers, causing professionals to be less willing to confront or engage with them or to purposefully avoid them for fear of their violent reactions (American Humane Association, 2007).
- Brandon et al's (2009) analysis of serious case reviews in England 2005-7 found a preponderance of 'fixed thinking' when it came to fathers. Social service workers tended to assign men into two main groups, 'good fathers' and 'bad fathers'.
- Men were described as 'complex' and 'difficult', which meant significant effort was required by the group facilitators to engage men on the programme, build a constructive working relationship with them and motivate them to continue to engage (McConnell and Taylor, 2016; Scourfield et al, 2016).
- Engagement was associated with numbers of previous domestic violence incidents, duration of previous relationships, whether men were in employment and use of their general practitioner in the 12 months preceding the programme, indicating a 'readiness to change'. Programme structure was also relevant, and a number of men failed to engage with the group programme finding the public exposure and social interaction required too demanding (Stanley et al, 2012).
- Whilst fathers may not want to engage with the service, practitioners can foster motivation by believing that the father can change and emphasising that the father can set the goals for each meeting (Stover and Morgos, 2013).
- Adoption of an intervention is more likely among men who engage in the intervention's process, self-disclose, use the techniques taught by the program, and use sensitive, respectful language in referring to women. Hence, approaches that increase active engagement and compliance within intervention approaches must be included (Contrino et al, 2007).

Recommendation 7

The IFST might want to consider how father friendly they are, and whether they engage as readily with men and women, viewing men as a potential resource, who are open and able to change, and seeing them as making a significant contribution to parenting. A recognition of the importance of fathers is a motivating factor for men. The IFST might want to consider some form of fathers group which could include an activity group with children, where this is deemed safe and appropriate.

IPCA approaches and pedagogies

The evidence reviewed highlighted the impact of previous trauma, alcohol and/or substance misuse, parental stress, financial and communication difficulties on IPCA. Like assessment, intervention should also be seen as something that is tailored to the unique circumstances. The typologies advised above should be understood in relation to wider risks and interventions tailored as felt appropriate. A suite of interventions should be devised and employed as appropriate. Mayer (2017), identified that intervention could be phased so that a couple progresses through different types of support.

Trauma informed therapeutic work

Most authors note that treatment approaches to IPCA should correspond more closely to different types of abuse and the individual's need (Askeland and Rakil, 2018; Devaney and Lazenbatt, 2018). One such model is that of adopting therapeutic approaches to identify and address previous trauma experiences and the extent to which that has shaped future patterns of behaviour.

- Whilst those deemed to be posing a risk to children should be made accountable for their actions, it needs to be remembered that many of these men are socially marginalised and personally damaged themselves (Davidson-Arad, Peled and Leichtentritt, 2008; Scourfield, 2006; Featherstone, 2003).
- Mellow Dads begins by working with fathers on their own attachment issues based on the premise that men needed to look at past relationships before they can look forward towards their relationship with their child. This requires input from therapeutically trained staff (Scourfield et al, 2016).
- Norway's trauma informed model, Alternative to Violence programme (ATV) is based on individual and psychological perspectives and the programme focus' on what has triggered this in your past. Askeland and Rakil outline how, for example, those who has experienced trauma and abuse in their own childhoods and may be suffering from PTSD and are more likely to 'read' situations more threateningly and may thus experience a heightened physiological arousal.
- Couples counselling may be beneficial where they include strategies which help men/partners become more resistant to perceived rejection and more able to manage rejection, as this can be helpful, especially as this links to child attachment theory (Brown et al. 2010).
- Negative beliefs about the trustworthiness of others are common among trauma survivors (LaMotte et al, 2018; Vogt et al, 2012).
- Problems with trust may reflect the high rates of trauma exposure found in clinical samples of men who use IPCA (Maguire et al. 2015; Semiatin et al. 2017).
- Shamai and Buchbinder (2010) note three potential areas in which therapy can make a difference 1) therapy as a learning context 2) therapy as a source for learning self-control 3) therapy as a turning point.

Recommendation 8

The inclusion of trauma informed work and education may benefit parents who have been abused themselves, in order to understand their own behaviour, which in turn would help

them understand the impact of parental conflict and or abuse on their children (Harold et al. 2016). Psycho-education should be included to teach health relationships, trust and to provide skills to effectively manage rejection in relationships.

Alcohol/substance misuse and IPCA

There is a need to acknowledge and address the interplay of alcohol, substance misuse and IPCA. When identified by the court, men with both substance abuse and IPCA problems are often referred to separate treatment facilities, where failures in efforts to coordinate care are far more common than would be expected among an integrated care treatment program (Easton et al. 2017).

- La Motte et al. (2018) note that alcohol is often not acknowledged as the cause of relationship problems, and that other factors are often rated as more important in their relationship with parental conflict.
- A policy review by Radcliffe and Gilchrist (2016) reviews policy and the third sector and frame the relationship between the two in terms of the Responsible Disinhibition Theory (Galvani, 2004); essentially, substance misuse does not mitigate responsibility for actions and behaviours.
- Easton et al. (2017) undertook a randomised control trial in the US with 63 males arrested for domestic abuse who also had drug problems, who were randomly assigned to a court mandated individual cognitive behavioural treatment programme, addressing substance misuse and domestic violence (SADV). The control group attended for court mandated drug counselling. The SADV group had fewer positive drug tests and were less likely to engage in aggressive behaviour during treatment and proximal to a drinking episode and reported fewer instances of violence post treatment. SADV shows promise in decreasing addiction and partner violence amongst substance-dependant males. Part of the practice exercise involved practising the healthier behaviours via role-play scenarios (e.g., therapist modelling the healthier behaviour and the participant practising it) and the therapist giving verbal rewards to aid in shaping the participant's behaviour change. This was an individual programme for men where there was an option for couples to be seen together in the latter stages (an outline of the topics covered is in appendix 3).
- There is a good evidence base for Behavioural Couples Therapy (BCT) an intervention that extends individual focused work by including couples-based treatment to reduce substance misuse and partner conflict amongst male substance abusers and their partners. BCT includes 12 one-hour individual cognitive behavioural therapy sessions aimed at alcohol abuse and 12 couple sessions aimed at improving communication, problem solving and reinforcing sobriety. However, Lam et al (2009) have shown that dividing these 12 couple sessions into 6 couple sessions and 6 sessions on parenting does not adversely affect other elements of the intervention. Moreover, they argue that Parenting BCT (PBCT) builds upon the 'spillover effect' where benefits gained from couple work – such as communication – spill into other relationships such as those with the child. Despite not including the

child within the intervention they provide evidence of positive effects on the child's internalising and externalising behaviours.

Recommendation 9

It would seem to be important that domestic abuse and substance misuse are dealt with in tandem, in an integrated way, rather than one being targeted in isolation, or one aspect being focused on before the other (usually alcohol and drug misuse is the first, prime and only focus Robinson et al. 2018 forthcoming). Further, there is evidence that including parenting tuition within other interventions does not reduce the primary effects of the intervention. Moreover, even if children are not directly included, there can be positive secondary benefits for them.

Relationship problems

The evidence suggested that effective interventions identified and addressed the causes of inter-personal conflict. The evidence highlights the impact of lack of resources whether communication skills, employment, social and/or financial.

- The study by LaMotte et al. (2018) noted that among the most commonly endorsed relationship problems in their sample were poor communication, lack of trust between partners, and difficulties over money. With over 75% of the sample identifying poor communication as a relationship problem the inclusion of communication skills within interventions seems warranted.
- Rolling and Brossi (2009) discuss a family stress model of 'stressors', 'resources' and 'perceptions'. This model includes a wide range of potential stressors including finances, housing as well as relationship difficulties. Rolling and Brossi (2009) suggest that workers should identify the highest priority stressor according to Maslow's hierarchy of needs.
- Bywaters et al (2016) also note the relationship between socio-economic positioning, poverty and involvement with children's services.
- La Motte et al. (2018) note that money problems and the exact nature of these difficulties deserves more comprehensive study. The results of the La Motte (2018) study do not provide details but suggest that if clients tend to struggle with money management, and this is a common cause of relationship arguments, providing referrals or helpful guidance in this area would be useful.
- Underemployment and unemployment are also likely contributors to this area of relationship problems (La Motte et al. 2018).
- 'Resources' according to Rolling and Brossi (2009) refer to social and financial support which play a key role in ameliorating stress. They also note the external context of history and culture which may create stressors and legitimise certain behaviours. Providing training in stress management techniques may also be useful for parents.
- Behaviour change is associated with a change in their attitudes and belief systems (Contrino et al, 2007).

Recommendation 10

Frequently endorsed problems with jealousy and lack of trust between partners represent common proximal antecedents to IPV episodes. This suggests that teaching around healthy relationships and communication skills might form part of an educational and development programme for some families involved with the IFST. Empathy mapping for all members of the family could be a helpful exercise. In addition, the practical difficulties identified may best be addressed by establishing formalised links with the Citizen's Advice Bureau (CAB) other similar organisations who can provide help with income maximisation, employment initiatives and potentially with local housing associations or housing departments.

Group work

There is some evidence that men like group work. Men appear to like accessing peer support although this can take time to establish due to their complex issues.

Evidence

- Many perpetrator groups and support groups for survivors operate in a group work setting (McGinn et al. 2017; Sheehan et al. 2012).
- Peer support extends learning even where men may not identify or seek to diminish their behaviours as they can still learn vicariously (Scourfield et al, 2016).
- Kelly and Westmorland (2015) argue for a group work model as this enables change, allows people to see themselves through the eyes of others.
- Being challenged by peers can be more effective (Rivett and Rees, 2004) but this requires skilled group work facilitators.
- McGinn et al (2017) in their review of 27 articles reporting on domestic abuse interventions noted the importance of group work as being seen as key to change (groups being experienced as cathartic, supportive, requiring accountability and reducing isolation).
- Harold et al (2016) advocate for a group work model to address inter-parental relationships.
- Rhoades and Stanley (2011) argue that an individual orientated relationship approach is needed to teach healthy relationships involving separate groups for men and women. They argue that the benefit of these is that if either partner is controlling or coercive then there will be less risk, as the couple will not be working together, and each partner can benefit and shift their understanding and expectations around healthy relationships both for their current situation and for choosing partners in the future.
- Where groupwork is used, skilful facilitation is needed to promote a relaxed atmosphere where men feel comfortable, can have a laugh and open up. Facilitators may share stories about their own families which helped remove us and them (Scourfield et al, 2016).

Recommendation 11

Following the initial intensive support, IFST could develop group work programmes to offer, for example, psychoeducational, healthy relationships (Rhoades and Stanley 2011), communication skills, or for parenting/fathering courses; should this be the case, there may be a requirement for some upskilling of staff. In addition, groups for children covering healthy relationships would be useful, given the impact of social learning theory and the intergenerational transmission of conflict behaviour (Langhinrichsen-Rohling 2005); this would also help to facilitate a whole family system change.

Parenting skills and abilities

A key theme was that maltreating fathers can be both abusive and keen to be better fathers and that they can be both dangerous and open to change (Rivett, 2010). The evidence demonstrated that many men are motivated by the opportunity to improve relationships with their children (Stover et al, 2013; Stanley et al, 2012).

EVIDENCE

- Fathers skills as parents may be low at the outset so it may only be possible to achieve subtle changes within a short intensive intervention (Scourfield et al, 2016).
- Fathers with comorbid substance use and IPV self-report more negative parenting, less positive parenting behaviours and poorer co-parenting, and more problematic behaviours in their pre-school children than a control group of community fathers. Potential areas of intervention include addressing avoidant attachment issues and difficulties with affect regulation which emerged as two significant areas of difficulty for these men, which greatly impacted their parenting (Stover et al, 2013).
- Engagement can be fostered by demonstrating that the intervention is a way for fathers to be heard, to learn effective ways to respond rather than react to situations, learn about child development and effective parenting skills (Stover and Morgos, 2013).
- Introducing the concepts of child- and parent-centred approaches to parenting is associated with new understandings of father's behaviours (McCracken and Deave, 2012).
- 'Mellow Dads' uses male staff to model desired behaviours with children. For example, when fathers meet their children for lunch a male worker will prepare the food, clear away lunch plates, and bottle feed babies (Scourfield et al, 2016).
- Mellow Dads use video feedback to develop attachment and attunement to their children. The intervention acknowledges that some fathers may not know how to play with their children so encourage fathers to bring their children to sessions. Children are looked after during the morning session, but fathers meet them for lunch and engage in play for an hour. Workers observe play and support fathers to develop these skills (Scourfield et al, 2016).

- Volunteers on the Strength to Change programme described a gradual process of change in which they assumed more control over their behaviour, learnt to distinguish between their own thoughts and reality, and were calmer and more self-aware and aware of others (Stanley et al, 2012).
- Caring Dads found that children reported fathers were more child-centred and changed the manner in which they spoke to them, making more of an effort not to shout. Mothers corroborated these results adding that fathers were more aware of the effects of abuse on children. Mothers reports corroborated reductions in abuse. Case notes also provided examples of fathers who appeared to have learnt more about child development and appropriate parenting behaviour. Nevertheless, it should be noted that some fathers' attitudes and behaviour were reported not to have changed or to only changed partially or temporarily (McConnell et al, 2016).

Recommendation 12

Adopting a three-pronged approach that serves to increase positive parenting and improve the co-parenting relationships while decreasing negative parenting behaviours may yield the most significant treatment outcomes for children (Stover et al, 2013). The effects of IPCA may manifest in children's behaviours making them difficult for couples to parent. Efforts to improve co-parenting, how to respond rather than react, and develop positive attachment will extend beyond the child-parent relationship having secondary effects on the couples relationship.

Summary and recommendations

This narrative review has identified a range of themes or areas in which the IFST could develop its work with families to respond to issues of interparental conflict and domestic abuse. The research findings demonstrate that IPCA interventions should be tailored to the unique circumstances of each family and where typologies should be understood in relation to the wider risks of involvement and non-involvement. Further, consideration must be given to the intended outcomes of any work conducted. For some families, this may involve working with one parent, whilst in others work may begin with both parents independently before offering joint sessions with later involvement of the child. At its core, IFST work must ensure that contact and inclusion is in the best interests of the child. This will require practitioners who have the skills to risk assess both at the outset and throughout service involvement. The evidence has suggested the benefits of employing workers with a specialist background in IPCA, although existing practitioners should also receive training in working with families with IPCA issues. It is also recommended that practitioners co-work cases, ideally with a male and female practitioner who can model an equitable partnership, seek to engage both partners, facilitate risk assessment and monitor change.

The evidence review has identified the following 11 recommendations:

Recommendation 1

The typologies identified here (Table 1) are designed to aid practitioners with thinking through the spectrum of behaviours that constitute IPCA. However, these typologies should be understood as a guide only; every relationship is unique, and this should be recognised by practitioners. In assessing IPCA, consideration also needs to be given to the motivation to change.

Recommendation 2

The individual motivators for change must be carefully considered by practitioners using Prochaska and Di Clemente's (1983) cycle of change. In assessing IPCA, practitioners should be salient of the risk posed to the immediate safety of some victims of IPCA (in some situations safeguarding procedures may need to be implemented immediately). Some victims may not agree with assessments that they are victims of IPCA giving rise to the need for educational work. Maintaining a focus on children and young people is essential as they are also victims of IPCA; it is easy to get caught up on the IPCA relationship and lose sight of the impact it is having on children.

Recommendation 3

Whilst the IFST aims to engage with the whole family, outcomes sit at the heart of contemporary Welsh approaches to care and support (see the Code of Practice for Part 4 of the Social Services and Well-being (Wales) Act 2014 - Welsh Government, 2016). In exploring outcomes, consideration should be given as to how outcomes relate to both the family as a whole and individuals. Risk assessment will be vital both in determining whether and/or when it is appropriate to involve the non-offending partner and the children within the intervention. This will include ongoing monitoring throughout engagement. Further to this, to achieve a given outcome multiple issues may have to be addressed. For example, an

outcome might be for a child to feel safe at home, for this to happen partner conflict would need to be stopped and alcohol reduced. Practitioners should take time to ensure that all parties are aware of an outcome and the necessary steps to achieving it (clarity should also be provided about how everyone will know when the outcome has been achieved).

Recommendation 4

Currently the IFST teams are comprised of interdisciplinary teams which include a range of professionals including those from health and social work; it may make sense given the co-morbidity of IPV and substance misuse (Stover, 2011) to consider employing workers with a specialism in IPCA. However, a note of caution should be added as Stanley and Humphreys (2018) identified that where there was a domestic violence specialist in the team other staff deferred to them rather than taking on the learning and developing their own expertise; strategies should be put in place to avoid this happening.

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In order to work effectively with whole family approaches, IFST practitioners must be equipped with the skills necessary to identify and monitor risk for partners and children, perceive fathers as both a resource as well as a risk and to determine the suitability and timing of working with partners and children. In doing so, the evidence highlighted the need for practitioners to adopt a non-judgemental, strengths-based approach but who are also able to challenge behaviours where necessary. Specifically, knowing what to ask and how to use this information takes skill, practice and an understanding of the subject matter (Stover, 2013). In order to ensure all local authority staff are working to the same model, IFST should disseminate information once any new model or way of working is adopted.

Recommendation 7

The IFST might want to consider how father friendly they are, and whether they engage as readily with men and women, viewing men as a potential resource, who are open and able to change, and seeing them as making a significant contribution to parenting. A recognition of the importance of fathers is a motivating factor for men. The IFST might want to consider some form of fathers group which could include an activity group with children, where this is deemed safe and appropriate

Recommendation 8

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Recommendation 9

It would seem to be important that domestic abuse and substance misuse are dealt with in tandem, in an integrated way, rather than one being targeted in isolation, or one aspect being focused on before the other. Further, there is evidence that including parenting tuition within other interventions does not reduce the primary effects of the intervention. Moreover, even if children are not directly included, there can be positive secondary benefits for them.

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Recommendation 12

Adopting a three-pronged approach that serves to increase positive parenting and improve the co-parenting relationships while decreasing negative parenting behaviours may yield the most significant treatment outcomes for children (Stover et al, 2013). The effects of IPCA may manifest in children's behaviours making them difficult for couples to parent. Efforts to improve co-parenting, how to respond rather than react, and develop positive attachment will extend beyond the child-parent relationship having secondary effects on the couple's relationship.

Proposed model for discussion

Based on the findings and recommendations, it is recommended that a suite of interventions should be devised and employed as appropriate. Following Mayer (2017), it is recommended that the intervention be phased so that each family progresses through different types of support (Figure 3).

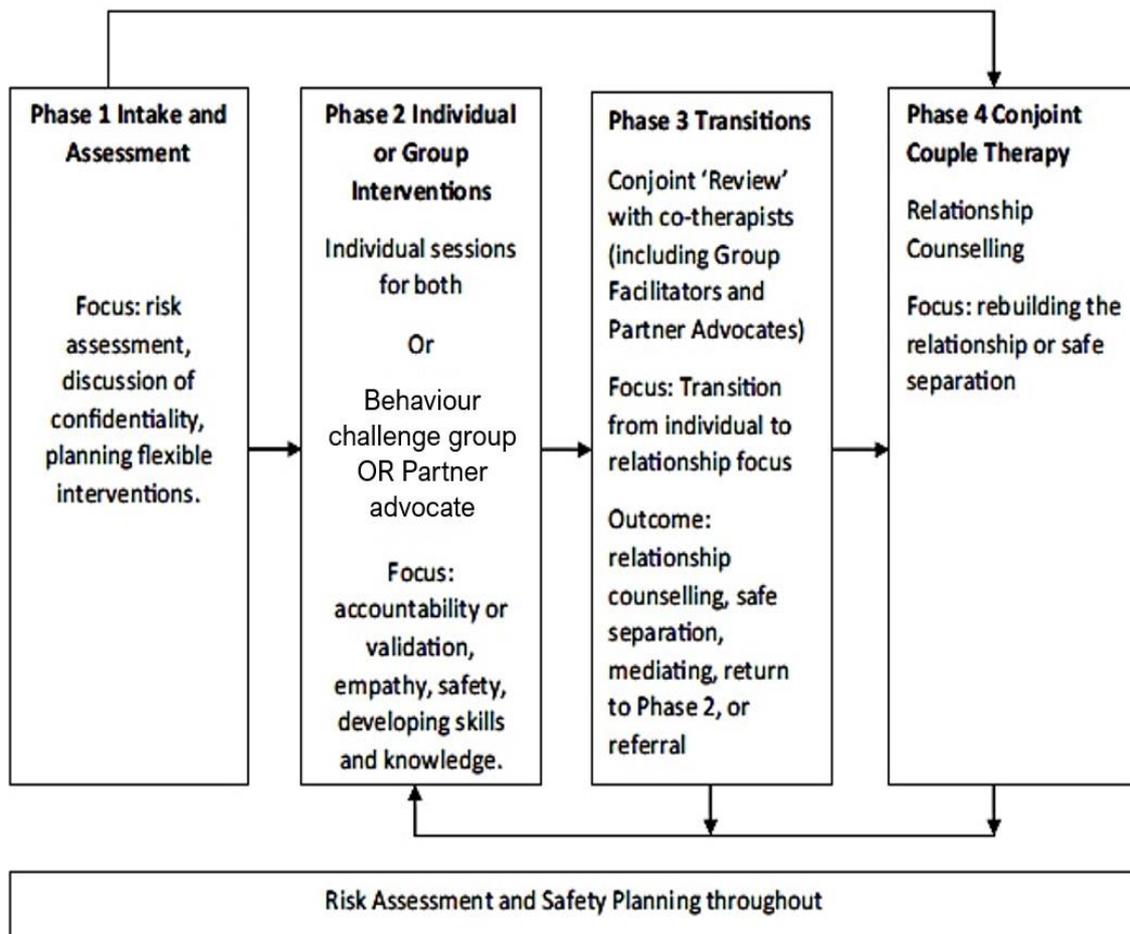


Figure 3: Adapted from Meyer (2017)

Integral to Meyer's (2017) model is the constant monitoring of risk and safety planning. The model allows for individuals to move back a stage based on relapses and risks (something that fits with Prochaska and Di Clemente's (1983) cycle of change). It is also important to note that some forms of intervention are done jointly and others separately. Where interventions are done separately, practitioners must be careful to ensure that information is being shared. Notifying a colleague that a session has been challenging for one partner should be fed back in case any safety planning is needed with the other partner. Consideration also needs to be given to the appropriateness of some interventions for certain types of IPCA. For example, work with couples may not be effective, or desirable, in some instance of coercive control.

Given the intensive and structured approaches to IFST programmes, and the high correlation of IPCA with substance misuse, an initial tentative attempt has been made to

map interventions into a structured approach that might be utilised by IFST colleagues (this is set out below). The information below (Table 3) should be seen as a discussion piece for a co-produced approach to working with families where substance misuse and IPVA are co-occurring and the programme would run alongside and/or be integrated with current strategies for drug and alcohol reduction.

Table 3: Proposed intervention

General information: The information below should be understood in relation to wider approaches that emphasise a strengths-based approach. Training about Intimate Partner Conflict and Abuse (IPCA) that encourages practitioners to understand markers for these behaviours and actively seek information as needed. Prior to any intervention information from other agencies should be used to start informing an understanding of IPCA. Risk assessment should be an ongoing process, not an activity undertaken at a single point in time. Our understanding of risk will evolve and change in the light of new information and changing circumstances.		
Week	Information	Details
1	<i>Focus</i>	Practitioner relationship building and initial assessment
	<i>Description</i>	Work undertaken with whole family exploring and gathering information about the family generally. Some initial observations about issues related to IPCA. Gaining a positive working relationship with the family should be the focus of this early work. There should be a strong focus on practical barriers being faced by the family and how they might be impacting on the ability of the family/partners to effect change.
2	<i>Focus</i>	Typologies, focusing the 'miracle' question and safety planning
	<i>Description</i>	Individual work with each parent/partner and the child should be undertaken in this session. Information gathered regarding IPCA should focus on determining risks and typologies. Formalised risk assessment. Different practitioners should work with each parent/partner and then pool information. In exploring this the life histories of parents/partners should be explored, this should contain a consideration of any traumas/adversities. This information should lead to an understanding of: (i) a typology of IPCA; and, (ii) motivation for change . The 'miracle' question for the previous session should be revisited and understood in terms of any safety plan.
3	<i>Focus</i>	Communication and the child's perspective
	<i>Description</i>	Individual work should be continued here with a focus on how parents/partners communicate with each other and their children. This should be linked to life history

		work undertaken in week 2. Consideration should also be given to how much insight respective parents/partners have to any IPCA and the impact on children; practitioners should again pool this information and risk assess. Throughout these sessions there should be a strong focus on the impact of IPCA on the child.
4	<i>Focus</i>	Parenting skills and abilities
	<i>Description</i>	Parenting strengths and abilities should be assessed through this session. In exploring these, trigger points for conflict should be identified and discussed. This work could be undertaken individually or as a couple (particular attention should be given to any risk assessments in light of this work). Through these discussions the role of the wider family should be included. Fathers groups could also be offered.
5	<i>Focus</i>	Skills building
	<i>Description</i>	Communication skills, healthy relationships, problem solving, anger management and coping strategies should be developed. This work could be undertaken individually or as a couple or in groups (this should be informed by any assessment of risk at this point).
6	<i>Focus</i>	Stress management, relaxation, housing, income maximisation, community and recreational support networks
	<i>Description</i>	Developing links with community resources, advice centres, housing and employment schemes.

Next steps

The proposed model needs to be reviewed and discussed. Following the project proposal, the following actions will be undertaken:

Phase one (August to October)

- Phase one evidence will be collated as the basis of the model and toolkit in collaboration with the IFST.

Phase two (November to December)

- Period of reflection and discussion to enable the IFST team to consider the interim report findings and engage with staff to refine the proposed models and pathways.
- A model of referral pathways through the IFST service will be produced
- A practitioner toolkit of evidence-based approaches, which may include communication skills, anger management, couple therapy, family group conferencing and mediation will be developed.

Phase three (January to March)

- A qualitative evaluation of the experiences of families and workers as the model is put into practice

Phase four (April)

- The models will be refined and improved, using feedback from workers, parents, children, evaluative evidence and emerging research evidence. The final report will present a refined model.
- A model for collecting valid and useful ongoing evidence on the quality of the service being delivered and its success in working with families
- A collaboratively delivered workshop/lecture to deliver findings across the local authority and to other IFSTs.

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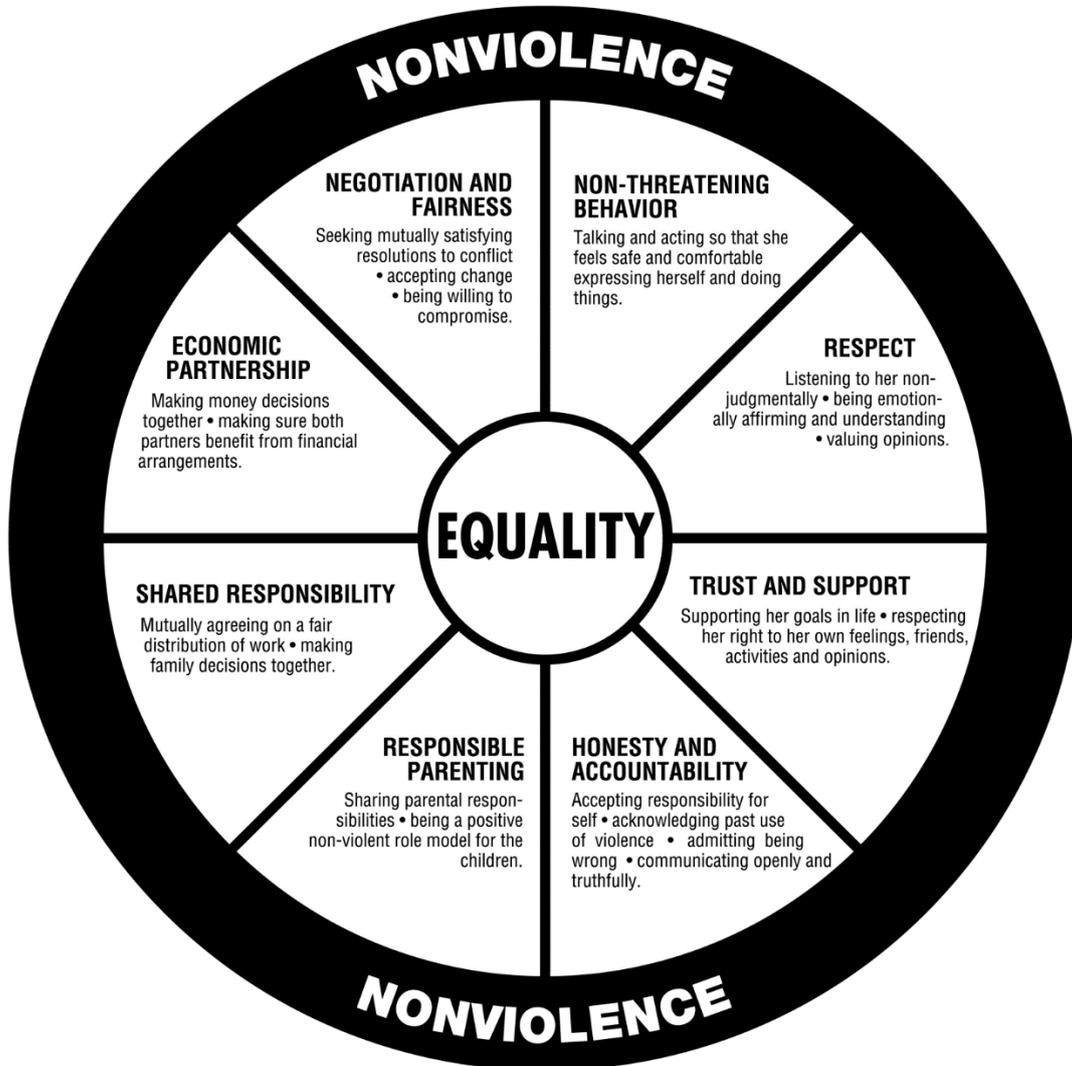
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Appendix 1: Equality Wheel



Appendix 2: Data summary table

Full reference:
Summary of paper:
Method: <i>Geographical location of study</i> <i>Setting</i> <i>Participants (number and description, representativeness of the sample)</i> <i>How recruited into the study?</i> <i>Approach to analysis</i> <i>Research measures (interview, standardised questionnaires etc)</i>

Findings

Approach adopted e.g. restorative approach, engaging men, Duluth etc.

Messages for working with families/can this be adapted to use in IFST?

How do the findings sit with previous studies?

Limitations

Overall rating

How robust was the study design? Is there sufficient data to justify the results? Were there any biases in the design, conclusions etc.

Appendix 3: Substance misuse and domestic violence (SADV)

Easton, C., Crane, C and Mandel, D 2017 A Randomized Controlled Trial Assessing the Efficacy of Cognitive Behavioural Therapy for Substance-Dependent Domestic Violence Offenders: An Integrated Substance Abuse-Domestic Violence Treatment Approach (SADV) *Journal of Marital and Family Therapy*, 44,3, 24-33

SADV was manual-guided and delivered to participants in weekly 60-min individual therapy sessions over the course of 12 weeks.

Four optional couples' sessions were available in place of individual sessions during weeks 9 through 12 of treatment for both conditions.

- (1) understanding patterns of substance use and aggression,
- (2) identifying high-risk situations for substance use and aggression,
- (3) coping with craving for alcohol use and urges to lose control,
- (4) problem solving skills related to substance use and conflicts with significant others,
- (5) managing negative mood states,
- (6) awareness of anger,
- (7) management of anger related to significant others,
- (8) communication skills training I (nonverbal skills training w/significant others),
- (9) communication skills training II (verbal skills training with significant others),
- (10) problem-solving skills,
- (11) coping with criticism, and
- (12) emergency planning for substance use and aggression.

The four optional couples modules involved: (a) noticing caring behaviours among relationship partners, (b) increasing pleasant behaviours within families, (c) increasing healthy communication skills with a partner, and (d) problem solving and conflict resolution skills.