

The Caring Dads program

Caring Dads is a 17-week group program funded and intended to be delivered as a co-facilitated Men's Behaviour Change Program (MBCP) for fathers. The program aims to increase safety and wellbeing for children and their mothers/ carers who have been exposed to domestic and family violence (DFV). The program addresses the violent behaviour of fathers through engaging them in a co-facilitated process.

The Queensland pilot program evaluation

The Department of Child Safety, Youth and Women (DCSYW) funded the implementation and evaluation of 20 Caring Dads groups across two catchment regions (South West and North Coast region). The programs were delivered over five trial rounds between July 2017 and June 2019 to 110 fathers. Evaluation data were collected at program intake, program conclusion and six months follow up.

The evaluation captured the experiences/ feedback of:

- 40 fathers attending the Caring Dads program in one of the trial locations;
- 17 mothers who identified as a current or former partner of program participants.

Key evaluation findings

- On average, program participants attended nine of the 17 weekly group session.
- Most fathers were referred into the program through statutory services (e.g. child safety, community corrections).
- Fathers referred by non-statutory services were more likely to attend a higher number of group sessions and still be engaged at the end of the program.

Impacts on mothers and fathers

- Mothers reported increased feelings of safety at the conclusion of, and six months after, the program.
- Mothers reported a decrease in the use of physical and sexual violence by their partners. Fathers reported reduced perpetration of these behaviours.
- Mothers reported a reduction in verbal and psychological abuse and an improvement in respectful communication.
- Mothers and fathers reported a reduction in parenting conflict overall, but separated mothers experienced an increase in problematic shared parenting behaviours (e.g. fathers undermining or criticising mothers in front of their children) during and post-program participation.
- Mothers' and fathers' emotional wellbeing increased throughout the evaluation timeframe.

Impacts on children

- Mothers reported a slight reduction in children's problematic behaviours (emotional, social and physical conduct).
- Mothers' perceptions of children being fearful of their father and being worried for their mother's safety were mixed. Some mothers noted little improvement in these areas.

Parental differences

- Where mothers and fathers reported on the same measures (e.g. fathers' use of abusive behaviours, mothers and children's safety, children's wellbeing), fathers underreported the extent of the problem compared to mothers.

Other considerations

- Fathers, and to some extent mothers, would value a more tailored program content to address the needs of parents of children with disabilities and fathers (or families) with very limited contact with children due to statutory child protection interventions.

Key implications for future program delivery

- A father-focused MBCP for families affected by DFV can improve family wellbeing through reducing perpetrators' violent behaviours.
- The victim advocacy/ family safety worker program component is essential to the program. This element supports mothers' and children's safety and recovery, in parallel with the group work format for fathers.
- Program evaluations must incorporate victim/ survivors' (and where possible children's) voices. This is evidenced in the differences in fathers' and mothers' self-reports of abusive and/ problematic parenting behaviours.
- There is a need for program facilitators to work closely with the family safety contact worker to ensure fathers' accountability for abusive behaviours and insight into the long-term effects for mothers and children.
- Future programs would benefit from a dedicated family safety contact worker role, particularly to support long-term safety and wellbeing for mothers and children. This worker should be separate to, but work closely with, the group facilitator team and ensure dynamic risk assessment, and relevant referrals for women and children.
- There is a need for parallel trauma recovery support for children, as evidenced in the limited improvement in children's wellbeing compared to mothers' and fathers' wellbeing over time. This raises the possibility of future program partnerships (e.g. in form of holistic support referrals for mothers and children recovering from trauma and/ or partnership agreements with community organisations providing child-centred trauma recovery support).