**Information about Caring Dads for Professionals**

**What is Caring Dads?**

Caring Dads is a program that aims to contribute to the safety and well-being of children through a 17-week, empirically-based, manualised group parenting intervention for fathers, systematic outreach to mothers to ensure safety and freedom from coercion and ongoing, collaborative case management of fathers with child protection and probation referrers, and as appropriate, with other professionals involved with men’s families.

Caring Dads is an ideal program for men who are of concern to children’s services. Perhaps most importantly, the Caring Dads program runs according to the principle that men’s involvement should benefit children, regardless of whether or not fathers are able to change. To do this, the program works in close collaboration with referral agents throughout the program. Caring Dads group facilitators may, for example, work with men to help them understand and cooperate with limitations placed on their access to children and to withdraw from prolonged legal action against their children’s mothers. Caring Dads is also a good fit due to its target client population. It was specifically was designed for fathers (including biological, step, common-law) who have who have physically or emotionally abused or neglected their children or exposed their children to domestic violence or who are deemed to be at high-risk for these behaviours.

**What exactly is covered in the Caring Dads program?**

Caring Dads involves three components: a fathering group, mother contact and collaborative case management. More detail about each is provided below:

***Fathering group component***

The group component of Caring Dads combines elements of parenting, fathering, domestic abuse and child protection practice to address the needs of maltreating fathers. Program principles emphasise the need to enhance men’s motivation, promote child-centered fathering, address men’s ability to engage in respectful, non-abusive co-parenting with children’s mothers and recognize that children’s experience of trauma will impact the rate of possible change. The program uses a combination of motivation enhancement, parent education (including skills training and behavioural practice) and cognitive behavioural therapy to improve men’s recognition and prioritisation of child needs, understanding of developmental stages, respect and support for children’s relationships with their mothers, listening and using praise, empathy for children’s experiences of maltreatment and to identify and counter the distortions underlying men’s past, and potentially ongoing, abuse of their children and/or children’s mothers. Specific program activities include the following:

Intake and sessions 1 to 3: Motivational interviewing to engaging men in examining their

fathering, for example:

* Fathers consider their unique experiences as sons and fathers (e.g., historic, cultural differences) to develop discrepancy between their current and desired relationships with their children and families
* Initial goals for intervention are set between fathers and group facilitators and homework assignments begin

Sessions 4 to 8: Parenting education, skills training, role modeling and behavioural practice to develop child centered fathering

* Introduction of the parent to child-centred needs continuum and education and application of information on child development and on the impact of abuse, neglect and trauma on children
* Role modeling and practice in listening to, playing with and reading to children
* Emphasis placed on the need for respectful co-parenting with children’s mothers and for supporting the mother-child relationship

Sessions 9 to 14: Cognitive behavioral therapy to set and track individual goals for change among fathers, for example:

* Individual goals set with men in group, or ideally, in individual meetings. Goals target empirically-supported risk mechanisms for fathers’ maltreatment of their children and/or children’s mothers.
* Men are assigned individualized homework and their progress is tracked and modified as necessary by the group

Sessions 15 to 17: Consolidating learning, setting realistic expectations and planning for the future, for example:

* Men are supported in considering the potentially long-term traumatic impact of their past behavior on their children and/or their children’s mothers and in setting reasonable relationship expectations
* Support and referral provided for additional services, as necessary

***Component involving systematic outreach to mothers to ensure safety and freedom from coercion***

* Contact with children’s mothers by those working in partnership to ensure women are informed about the program
* Collaboration between professionals and with women to anticipate and work to avoid potential unintended negative consequences of men’s involvement in intervention
* Provision of referral and of safety planning to children’s mothers, as necessary

***Clear community-based model for accountability to ensure that child safety and well-being is enhanced as a result of fathers’ involvement in intervention***

* Open communication between Caring Dads program and other professionals working to ensure the safety and well-being of members of the family
* Joint meetings and planning in response to ongoing or rising risk presented by father
* Commitment to working collaboratively to support children

**Implementation of the program in different areas**

The Caring Dads program was the first, and is still one of the only, intervention programs worldwide that is designed to specifically address the needs of fathers who have been abusive in their families. As a result, it has gained substantial national and international attention. In terms of research, authors of Caring Dads have received and responded to invitations to publish in special (refereed) issues of the *Juvenile and Family Court Journal, C**ognitive and Behavioral Practice,* and *Brief Treatment and Crisis Intervention*and our work with abusive fathers has led to numerous speaking invitations at national and international conferences and government meetings. We also published in *Child Abuse and Neglect[[1]](#endnote-1)* and contributed to an edited book on abusive fathers by J. Edleson and O. Williams.

There has also been considerable interest in the Caring Dads program from practitioners in the fields of family violence and child protection. In Ontario, Caring Dads programs are now running in London, Niagara region, Thunder Bay, Huron-Perth county, Oxford county, Waterloo region, Oakville, Burlington and soon in Ottawa and Hamilton. The Caring Dads program is also being run in Alberta. We also know about Caring Dads programs running in the following US states: Massachusetts, Colorado, California and Texas. Caring Dads has also gain attention in Europe. It is being rolled out as a National program in the United Kingdom. It is also being run in Sweden, Ireland and Germany.

**Evidence Base for the Program**

We have been engaged in ongoing, collaborative, cross-site research on the efficacy of Caring Dads. Results are published in the literature in Scott et al. (2007) and in Scott and Lishak (submitted). To date, we have established that:

* Caring Dads is meeting a significant need within and across communities, as shown by referral patterns and numbers and by request for the program from other communities
* Caring Dads is liked by fathers, their families, group counsellors, professionals who refer men to the program
* There is a match between the theory and intervention strategies behind Caring Dads and the characteristics of fathers referred to the program
* Men who complete the program show statistically and clinically significant change in risk mechanisms for maltreatment, specifically in fathers’ over reactivity to children’s misbehaviour, ability to co-parent with children’s mothers, and their ability to prioritize their children’s needs (evidence based on pre- to post-treatment assessments of approximately 100 clients)

Research on Caring Dads is also ongoing. All sites interested in participating can join a cross-site study examining change in men’s commitment to fathering, parenting skill and ability to co-parent respectfully with children’s mothers, in children’s emotional and behavioural symptoms, and in rate of re-referral to child protection from pre- to post- intervention and at 6-month follow-up. Agencies receive in kind research support from the University of Toronto and are provided with an annual report on research results relevant to their specific site.

Other ongoing projects include a quasi-experimental study of the efficacy of Caring Dads as compared to the Partner Assault Response program for promoting change in men referred for concerns perpetration of violence against children’s mothers and a study of the emotion socialisation skills of fathers who have and have not been identified as physically abusive. Funding is being sought for a randomized control trial of Caring Dads.

If you have a father who would like to participate in Caring Dads they following criteria will need to be met:

* Dads are willing and not coerced onto the programme – those on the programme would be free to leave at any time, however, if sessions are missed they may be asked to leave the group.
* Men are able to get to the group – any transport needs will need to be considered by the referrer
* They have weekly contact with their children – this could be in a supervised setting.
* They have a good understanding and can communicate well in English
* The family have regular contact with professionals – such as a social worker – for the duration of the 17 week course.
* Mum has been informed about the course and has access to support for the abuse she has suffered.
* The group is not “assessing” parenting and can only inform referrers about attendance and the subject that week. Facilitators will not be attending meetings to discuss the progress of men on the group.
* Acceptance on the group will be subject to an individual assessment with a facilitator.
* It is expected that a CAADA DASH will have completed with mum to assess the level of risk posed to her and the children. Where this is high risk, it would be expected that this is heard at MARAC and this will be considered in the acceptance process.

**Groups will be run in the evenings, 6.30pm-8.30pm for 17 weeks**

Stanton House, Huntingdon – Wednesdays

Scaldgate Community Centre, Whittlesey – Tuesdays

**For more information please contact caringdads@cambridgeshire.gov.uk**

1. [↑](#endnote-ref-1)