Caring Dads program
Helping fathers value their children

Three Site Independent Evaluation 2017-2020

Final Report

"Every time you wake up, there's a different situation with your children, and your family, and…no one's going to be perfect, but once you get into a cycle of doing things the wrong way, it's very hard to get out of it." (CD Father T1 ID63)

"[Now] sometimes he will stop and think before he speaks, before he starts yelling or just goes from zero to ten . . . before [Caring Dads] . . . he just reacted, he didn't respond to [the kids]. I've noticed, it's not all the time and I don't expect that he was going to change and be a totally new person, but I think some of the stuff that he's learnt, I do see glimpses [of change]." (Mother T1 ID49)

"[Our child] has made comments that 'Dad isn't as angry anymore – Dad's changed.' And you know, he has sort of recognised that his dad sometimes will have facial expressions or react, but he [sees his dad] contain it." (Mother T2 ID16)

Acknowledgements

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CARING DADS™

Contents

List of Figures

List of Tables

Definitions

Domestic and family violence:

Domestic and family violence or **DFV** is used throughout this report as it is defined in the *Family Violence Protection Act 2008* (Vic), encompassing the range of violent, coercive and controlling behaviours – physical, psychological, sexual, financial, technology-facilitated and neglectful – that are predominantly perpetrated by men against women and their children in current or past intimate and/or familial or kinship relationships.

(Ex)partner:

The term **(ex)partner** is used in this report as an alternative to 'partner', to acknowledge that relationships between fathers participating in the Caring Dads programs and the mothers of their children may be current relationships or past relationships.

Father:

The term **father** refers to birth father, adoptive father, stepfather or any man involved in the care of children. A father may or may not live with the child.

Mother:

The term **mother** refers to the mother of a child whose father has participated in a Caring Dads program. A mother may or may not be a father's current partner.

Parallel parenting:

Parallel parenting describes parenting arrangements, whether formal or informal, carried out by parents in conflictual relationships. In parallel parenting relationships, parents may have minimal physical and verbal contact.

Executive Summary

Key Findings

This evaluation found promising evidence that, through the Caring Dads program, behaviour change is *commencing and moving in a positive direction*. This finding is based on triangulated analysis across fathers' self-reports, mothers' reports of fathers' behaviour, facilitator observation of fathers, and referrers who stayed involved in the case management of the fathers.

Program impact and behaviour change

The most significant change related to men's ability to reflect on abusive and harmful fathering practices. Among those men who had the ability to reflect, the following indicators of change were common:

Indicator 1: Recognition of problematic behaviour of *other men* in the Caring Dads groups

Indicator 2: Men's recognition of *their own* problematic behaviour and the impact this has on their children.

Indicator 3: Implementation of program tools and actions helpful *to interrupting their harmful fathering actions* and improving their fathering (e.g. traffic light metaphor to stop, pause, then change their actions).

Indicator 4: Consideration of their behaviour *before they use harmful fathering practices.*

Indicator 5*: Embedding positive fathering practices* that are respectful of their children.

Indicator 6: *Demonstrating respect* towards the mothers of their children.

Fathers moved back and forth across these indicators, demonstrating that these indicators are not linear nor sequential. Most fathers in the program showed evidence of Indicators 1 and 2, while smaller groups of fathers also demonstrated indicators 3 to 6.

Further findings from this evaluation included:

- Fathers self-reported an improved ability to give praise and show affection towards their children.
- Fathers had good recall of the parenting skills and tools they learnt in the program and reported examples of application at all points in time during the evaluation.
- Fathers and mothers reported improved fathering practices at the completion of the program. While most fathers retained some improved parenting twelve months post-program, sustained

improvements in behaviour was evident for only a few fathers and most showed *movement toward improvement* rather than significant change. Fathers showing the most significant change were those who had participated in additional forms of self-help (e.g. family violence informed individual counselling, Men's Behaviour Change programs, or repeating Caring Dads).

- All fathers could recall positive things they had learnt in the program twelve months afterwards.
- Nearly all fathers who completed the program found it engaging and valued what they had learnt.
- A notable portion of fathers re-gained or increased access to their children after completion of the program. Based on the evidence that the program supports the commencement of behaviour change, with gradual return to old behaviour patterns over time after program completion, practitioners making decisions about child access may be basing those decisions on father's self-reports of change and partial information about the extent of change that can be expected from participating in 17-week group program.
- Mothers who were involved with fathers felt safer while the men were in the program and observed change throughout the program.
- Hostility towards the mothers of their children was more difficult to change but did decrease for some men.
- This evaluation identified that the largest limitation to continuing and sustaining long-term behaviour change is the lack of system-wide practices of observing men in their fathering role and holding them to account for their abusive and harmful behaviour after they leave the program.
- The evaluation also demonstrated that program sustainability relies on well-trained and highly skilled facilitators of groups including disruptive participants. Sustained program funding will help to prevent staff turnover.
- As this is an emerging area of practice, program facilitators need to be well-supported to continue skill development and participate in facilitated communities of practice.

The evaluation provided evidence that Caring Dads is a helpful contribution to reducing harmful fathering practices and improving the lives of mothers and their children. It should be viewed as an important tool to support behaviour change in violent and abusive fathers.

Delivering the program

Delivering Caring Dads is complex and potentially high-risk work that requires comprehensive knowledge of family violence, inter-agency working and child development. Practitioners need to be multi-skilled at engaging resistant and abusive men and co-facilitating group work. Mother support workers need to be skilled at engaging highly concerned and anxious mothers who may have traumatic child protection involvement and feel at risk of having their children removed.

- Commencing a new program within an established family violence system largely sceptical of perpetrator programs meant that intensive networking to explain the program and generate referrals needed to commence six months prior to group work delivery. Having good family violence networks, being family violence informed and responding quickly and flexibly to referrals was important to get the initial groups up and running.
- The Victorian family violence and child protection systems do not have a system for maintaining referrer involvement throughout the time the fathers attend the program. Subsequently, there are few external supports to keep fathers engaged in the program or to monitor safe fathering practice.
- Just over one in ten (13%) referred fathers did not continue through to participate in the program, either due to an inappropriate referral, or a father's lack of interest.
- Although it was misleading, the title of the program was the main motivator for fathers to attend the initial assessment. Throughout the evaluation we identified that few referrers understood the program and therefore could not adequately explain it to the men they referred. In the early stages of program establishment, men often attended assessments believing the program was a support group for fathers. Caring Dads staff now telephone men prior to their assessment or invite them to a group information session prior to assessment to avoid some of this confusion.
- Effectively supporting mothers emerged as a key issue early in the program that needed to be addressed. In the initial program design a program facilitator was also the mother support worker. Facilitators who performed both roles found they were not able to effectively compartmentalise their work between couples. The evolution of a role dedicated to mother support was instrumental to improving safety and increasing access to wrap-around services for more women and their children.
- Practitioners wanted more tools to support fathers with complex needs. This was especially relevant among men with a low reading proficiency, acquired brain injury and/or substance use issues.

- Practitioners saw value in the evaluation but raised concerns regarding how it encroached upon their program delivery. This was especially apparent in the early stages of program development and delivery where facilitators were learning the material and needed extra session time to complete their activities.
- Areas for improvement in the delivery of the program included facilitators able to access skilled supervision and facilitated communities of practice across agencies, as well upskilling in working with men who use violence.

Background

Children who live in households where there is family violence are at risk of physical injury as well as emotional and psychological harm from witnessing abuse. Exposure to family violence is associated with long-term negative impacts on children's development, health and wellbeing. Recently, there has been greater recognition of the need to work with fathers who perpetrate abuse in order to support children to live safer and healthier lives (Featherstone & Fraser, 2012).

One approach currently being piloted by the Victorian Government is Caring Dads, a program for fathers who perpetrate family violence, or who are at risk of perpetrating violence. The three-year pilot and evaluation has been delivered through the agencies of Kids First (lead agency), Anglicare Victoria, ReGen and IPC Health, and evaluated by the University of Melbourne through generous funding support from Gandel Philanthropy. Caring Dads was developed in Canada in 2001 by the University of Toronto and Canadian agency Changing Ways (Scott, Francis, Crooks & Kelly, 2006). It has now been adapted and delivered in the UK, the USA, Europe, as well as Australia. Caring Dads aims to engage fathers who have used violence to help them develop skills in child-centred fathering and take responsibility for the impacts of their violence upon their children and their children's mother.

The philosophical starting point of the Caring Dads program is to value men's roles as fathers to motivate them to change their behaviour and thereby reduce the risk of further harm to their children. There are three core components of the program: weekly groupwork with fathers, engagement with the mother of his children to provide her with information about the program and to monitor risk from the father while attending the program, and cross-agency case management. There are four major program goals including:

1. Engaging men to recognise the need to examine their fathering practices;
2. Increasing men's understanding of child-centred parenting;

3. Increasing men's understanding of their abusive practices and supporting them to take responsibility for their behaviour; and
4. Consolidating and applying their learnings so they can rebuild their relationships over time.

This research trial commenced in 2017 at three sites: two metropolitan Melbourne sites including North East Melbourne (a partnership between Kids First and UnitingCare ReGen) and Western Melbourne (a partnership between Anglicare Victoria and IPC Health), and one rural site, Inner Gippsland (Anglicare Victoria). The evaluation trial was conducted with support from the University of Toronto and Changing Ways.

In late 2016, the University of Melbourne was contracted to conduct an independent evaluation of the Caring Dads research trial. Data collection ceased in January 2020.

Evaluation aims

The primary aim of this evaluation was to build an evidence base to test the effectiveness of the Caring Dads program, both in the Victorian service delivery system and within a broader Australian context, by:

1. Measuring the outputs and short-term outcomes associated with the Caring Dads program at three Victorian sites;
2. Identifying how the Caring Dads program fits within the Victorian service delivery system; and
3. Exploring the adaptation needs of the Caring Dads program for an Australian audience.

Using the aims of the program as a guide, the evaluation has been designed to measure evidence of fathers':

- Motivation to participate in and complete the program;
- Knowledge gained throughout the program, specifically, awareness of child-centred fathering;
- Increased respectful and non-abusive parenting[1]; and
- Appropriate inclusion of the Caring Dads program within the family violence system.

Note: This evaluation did not measure rates of re-occurrence of violence or re-arrest and therefore is limited to reporting on self-reports and witness of program impact and change.

[1] The tools in this evaluation have attempted to measure whether or not parents are able to collaboratively parent in the context of family violence. The Co-parenting Relationship Scale (Feinberg, Brown & Kan, 2012) was used to assess self-reports of shared parenting. However, it is recognised that co-parenting can be difficult in most families, particularly when parents are separated. In circumstances of family violence, co-parenting is often impossible, especially when parenting becomes a mechanism for asserting power and control. The tools used throughout this evaluation were intended to assess participant's perceptions of the quality of co-parenting in their parenting

Method

This project adopted a mixed-methods approach combining process-evaluation and participatory action research. In practice, the evaluation team reported back to the contracting organisation and funders on a quarterly basis. This feedback was used to review program implementation and make changes during the pilot. Data collection with fathers and mothers involved a pre- and post-program self-report assessment to examine the extent to which program aims were achieved. It was anticipated that fathers and mothers would assess fathering practices more positively at the end of the program and that fathers would be able to recall practical tools and application of program learning. It was also anticipated that fathers would increase awareness of child-centred fathering and their use of abusive behaviours. This was expected to flow through to develop safer relationships with their children and the mothers of their children.

All fathers who commenced the Caring Dads program between January 2017 and June 2019 were invited to participate in the evaluation. Mothers of these men's children were also invited into the evaluation when they could be contacted by program providers.

Follow-up interviews were conducted with both mothers and fathers one to two months and 12 months post-program to see if men had made and/or were sustaining changes in behaviour. This evaluation also aimed to learn more about program implementation by examining data on delivery across three different sites through interviews with program staff at three points in time: when commencing delivery of the program, post-delivery of their first full program and then at 12-month intervals. The evaluation included guided, self-completion questionnaires for the fathers, and qualitative interviews with fathers, mothers, program staff, managers and referrers. Analysis was conducted with SPSS V26, Microsoft Excel and NVivo.

Conclusion

Family violence is one of the primary reasons for daily reports to child protection and constitutes a large proportion of a workers' caseload. Children are often the invisible victims of intimate partner violence, only receiving system support after the violence has escalated to a point of causing obvious harm. It is, therefore, vital that we develop ways of working that intervene to prevent children's exposure to family violence.

Overall, the evaluation of Caring Dads has found evidence of program participants increasing their knowledge, awareness and application of safer parenting practices. Sustained change is evident among

relationships, and therefore the term 'co-parenting' is used to discuss the findings from this scale. It is acknowledged that where there is/has been family violence, the term 'parallel parenting' is likely to be more appropriate.

some fathers who complete the program, based on their self-reports triangulated with data from mothers at post-program and at 12-month follow-up time points, as well as interviews with those very few referrers who maintained long-term involvement with the fathers.

Participation in Caring Dads is likely to contribute to increased safety and wellbeing of children as fathers implement some of the skills and tools learnt in the program. However, the results also illustrate that a notable portion of fathers who complete the program do not change sufficiently from this program alone, and their involvement with their children should continue to be monitored. In such circumstances, referring agencies need to make informed decisions about fathers' involvement with their children. This may include gaining a better understanding of the program's expectations, and up-skilling in ways of working with abusive men to identify warning signs and fathers' use of concerning language.

Implementation of the Caring Dads program involves complex work that must always prioritise the needs and safety of the father's children and the children's mothers above those of the father perpetrating abuse. This process evaluation provides direction for current providers to improve delivery of the program, and to inform others with an interest in Caring Dads or similar programs about pathways for implementation.

1 Background

1.1 The Caring Dads program

Caring Dads is a groupwork program for fathers who have used domestic and family violence (DFV). The University of Toronto and Canadian agency Changing Ways collaboratively developed the program in 2001, in Ontario, Canada. The program has been implemented throughout Canada, the United States, the United Kingdom, Europe and most recently Australia, with the support of the Canadian development team. Limited evaluations of these programs have been undertaken to date and are discussed in the Literature Review below.

The program consists of:

- A 17-session, empirically based manualised group parenting intervention for fathers;
- Systematic outreach to mothers to ensure their safety and freedom from coercion; and
- Ongoing, collaborative case management of fathers with existing service providers and other professionals involved with fathers' families.

Caring Dads combines program elements to support parenting and a reduction in DFV with child protection practice to enhance the safety and well-being of children. Program principles emphasise the need to enhance fathers' motivation to change their behaviours, promote child-centred fathering, address fathers' ability to engage in respectful, non-abusive parenting with the mothers of their children, recognise that children's experience of trauma will impact their development, and work collaboratively with other service providers to ensure that children benefit (and are not unintentionally harmed) because of their father's participation in the program. As fathers participate in the program, Caring Dads facilitators also attempt to engage with mothers to provide them with information about the program attended by the father of their children, and to assess and monitor risk.

The Caring Dads program has four major goals:

1) To develop sufficient trust and motivation to engage men in the process of examining their fathering;
2) To increase fathers' awareness and application of child-centred fathering;
3) To increase fathers' awareness of, and responsibility for, abusive and neglectful fathering and the impact of this on their children; and
4) To rebuild trust with children and plan for the future.

1.2 Literature review

Research has consistently shown that men's positive involvement with their families leads to improved co-parenting relationships and greater social, behavioural and psychological outcomes for their children (Allen & Daly, 2007; Lamb & Lewis, 2013; Rosenberg & Wilcox, 2006). Equally, there is considerable evidence to suggest that a father's use of violence in the home can have a devastating impact on the health and well-being of a family unit. Children exposed to DFV are more likely to be diagnosed with psychological disorders and demonstrate difficulties with early attachment, developmental progress, emotional regulation, peer relationships and school adjustment (Evans, Davies & DiLillo, 2008; McTavish, MacGregor, Wathen & MacMillan, 2016). In addition, children are at greater risk of experiencing other forms of abuse, either directly or indirectly through the perpetrator's use of violence, or because the abuse has affected their non-abusing parent's capacity to care for them (Humphreys, Mullender, Thiara & Skamballis, 2006). Importantly, research suggests that a small percentage of children who live with DFV may also learn that violence is acceptable and are at greater risk of becoming a victim or perpetrator of DFV later in life, creating an intergenerational cycle of trauma and abuse (Broady, Gray, Gaffney & Lewis, 2017). Research also links DFV with wider co-parenting difficulties, and fathers who use violence are more likely to speak critically of the mothers of their children, blame mothers for co-parenting issues, and lack insight into how co-parenting conflicts may be affecting their children (Thompson-Walsh, Scott, Dyson & Lishak, 2018).

In Australia, there are few services for men who use violence that specifically focus on improving parenting practices. Existing Australian programs for men who use violence (e.g. Men's Behavioural Change Programs [MBCPs]) have limited content to address DFV in the context of fathering, and do not consistently offer pathways to improve violent fathers' capacity to care for their children (Humphreys & Campo, 2017). Brown, Flynn, Fernandez Arias and Calvijo's (2016) longitudinal Australian study investigating the impact of MBCPs also found that men felt that they did not receive guidance specific to parenting throughout the program. Alternatively, generic parenting programs are also inappropriate as they do not discuss DFV, and do not discriminate between genders when selecting participants, potentially resulting in female victim/survivors participating in programs alongside men who use violence (Macvean et al., 2013). This is particularly concerning as a growing referral pathway into MBCPs and parenting programs is from the Children's and Family Courts where program participation is considered advantageous in matters relating to parenting orders (Brown et al., 2016; Diemer, Humphreys, Laming & Smith, 2015; Humphreys, Diemer, Bornemisza, Spiteri-Staines, Kaspiew & Horsfall, 2018;).

The scarcity of programs for fathers who use violence is concerning, particularly as most children exposed to DFV continue to have regular contact with their fathers, regardless of whether separation has occurred between parents (Humphreys et al., 2018). In addition, services for DFV are traditionally focussed on supporting victim/survivors and, as a result, staff often lack the training and confidence to engage effectively with perpetrators (Alderson, Westmarland & Kelly, 2013).

While current programs may not specifically focus on the intersection between men's use of violence in the family and parenting practices, research has identified that there are indirect benefits for children from working with fathers who use violence:

- Men who attend domestic violence intervention programs, such as men's behavioural change programs, demonstrate a variety of attitudes towards their current and former partners, but commonly report a desire to improve and maintain relationships with their children (Broady et al., 2017). Addressing men's role as fathers can encourage men to recognise their use of violence and the impact of their behaviour on their children's wellbeing (Broady et al., 2017; Stanley, Graham-Kevan & Borthwick, 2012).
- Focusing on the impacts of DFV on children means that children are recognised as victim/survivors of DFV and afforded adequate service provision (Humphreys & Houghton, 2008).
- Fathers are held accountable for the wellbeing of their children (Peled, 2000). Traditionally, mothers have been positioned as solely responsible for the care of children and have had pressure placed upon them to 'protect' their children from DFV (Alderson et al., 2013).
- Improving father-child relationships can enhance children's social, emotional and psychological wellbeing (Allen & Daly, 2007).
- Increasing father engagement with services by providing opportunities for men to participate in interventions allows fathers' behaviour to be monitored. This can contribute to regular assessments of the risks fathers may pose to children and/or their partners (Scott, Francis, Crooks & Kelly, 2006).

Research has also identified several challenges to working with fathers who use violence:

- Interventions with men are characterised by high attrition rates. Previous research suggests that dropout rates typically range from 40% to 75% (Daly & Pelowski, 2000; Olver, Stockdale, & Wormith, 2011), regardless of whether a man is attending treatment voluntarily or to fulfil a court order.
- Men attending DFV programs are often not 'group ready', unlikely to: perceive themselves as responsible for their use of violence and likely to minimise the seriousness of their own violent behaviours (Scott & Wolfe, 2003; Prochaska & DiClemente, 1982).
- Interventions for fathers who use violence can be difficult to evaluate, due to high levels of participant attrition, reliance upon perpetrator self-reports, challenges with engaging highly resistant perpetrators and difficulties in making associations between program factors and behavioural changes (McConnell, Barnard & Taylor, 2017).

As outlined above, tailored programs for fathers who use violence have historically received less attention than men's behaviour change programs (Featherstone & Fraser, 2012). However, opportunities for intervention with fathers is receiving increased recognition. Since the 2000s, there has been a growth of research and clinical initiatives focusing on fathers who are violent toward their partners and/or their children (Fleck-Henderson & Areán, 2004; Peled & Perel, 2007; Scott & Crooks, 2007, Thompson-Walsh et al., 2018).

The introduction and development of the Caring Dads program internationally, including implementation of comparable programs in the US, Canada, and now Australia, suggests a philosophical shift in understandings of the explicit link between fathers, violence and harm. There is also converging evidence suggesting that programs focusing on parenting as well as intimate partner relationships are more likely to promote holistically better outcomes within family units and beyond (Margolin & Gordis, 2003; Stanley, Miller & Richardson Foster, 2012; Stover, Meadows & Kaufman, 2009). The focus on the family unit is important. Preliminary research in this area suggests that men may be particularly motivated to engage in a program, and wider services, if the program philosophy includes gaining skills to be a better father (Vlais, 2014; Stanley et al, 2012; Kelly & Westmarland, 2015). Previous evaluations of the Caring Dads program have reported promising findings. For example, the Caring Dads program has been shown to have a positive impact on fathers' parenting and co-parenting (Scott & Lishak, 2012); reduce the risk of children's further exposure to DFV for children (McConnell, Barnard & Taylor, 2017); increase fathers' ability to identify the impact of their behaviour on their children and reduce men's level of aggression (McCracken & Deave, 2012). However, there have been fewer gains in other areas. Specifically, there is little evidence to suggest that fathers accept

responsibility for their actions or aggression towards women or experience change in terms of their long-term aggressive behaviours (Scott & Lishak, 2012).

In addition, men's programs are plagued with high attrition rates, and men who attend often demonstrate wide-ranging attitudes in relation to their perceived necessity to change. As noted by Eckhardt, Babcock & Homack (2004), small effect sizes in treatment/no-treatment comparison groups point to the impact of outside variables, such as differing levels of participant motivation to change. From this perspective, readiness may be viewed at least in part as a perpetrator's unwillingness to accept responsibility for violence. There are also a number of inherent challenges in working with this population group. Men attending DFV programs have often been court-mandated to attend some form of treatment and may view this process as coercive and unnecessary (Levesque, Velicer, Castle, & Greene, 2008). Furthermore, men from this cohort often demonstrate difficulty in controlling their anger (outside of any perpetration of DFV), psychological illness, and other comorbid problems such as substance abuse, which may impact noncompliance, motivation and their overall engagement in the change process (Maldonado & Murphy, 2018; Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008; Scott & Wolfe, 2003).

Overall, further evidence is needed concerning the impact of programs for fathers who use violence, particularly in an Australian context. The majority of studies outside Canada have been small scale, and high attrition rates have inhibited the likelihood of robust, evidence-based analyses of effectiveness (McConnell, Cotmore, Hunter & Taylor, 2016). Importantly, while there has been some evaluation of these programs, far more appears necessary to gain evidence of their success in helping fathers to focus more directly on their parenting and their children's needs.

From the literature: realistic expectations when measuring behaviour change

Understanding of pre-cursors and pathways for behaviour change is an area of extensive and contested theory and research. There are two schools of thought. Shifts in awareness, understanding and attitudes are thought to be either: a) pre-cursors to actual behaviour change (Scott & Stewart, 2005; Ajzen, 2015; Ajzen & Fishbein, 2005; Berkowitz, 2004; Fishbein & Ajzen, 2010) or, b) a response to social sanctions where behaviour is challenged (Chaiklin, 2011). This means that behaviour change either starts with shifts in knowledge and attitudes, or with sanctions forcing behaviour change (e.g. laws and social expectations). Realistically, it is likely to be a combination of both and work should be done from both directions to implement change as widely and as efficiently as possible.

The behaviour change literature does agree that change is usually a slow process, especially when it relates to behaviour which may not be recognised as something needing to be changed. While some

habits of interaction may be changed over a few months, a minimum of five years practicing those habits is usually what it takes to change actual behaviour so that it is embedded without having to think about it (Lally, van Jaarsveld, Potts & Wardle 2010). Research is generally conducted with simple tasks such as regular exercise or drinking water. A realistic timeframe for complex change, such as relationship dynamics, needs to account for how complex the behaviour actually is, and the length of time the old habit has been part of a person's life. Successfully getting to the point of change requires on-going maintenance or support to avoid slipping back into old habits.

This literature highlights the challenges in evaluating men's behaviour change programs, especially as most men in these programs deny their use of violence, or do not recognise their behaviour as problematic. The desire to make the change needs to be strong, and the desire to change is often driven by possible sanctions (e.g. a loss of relationship or justice responses).

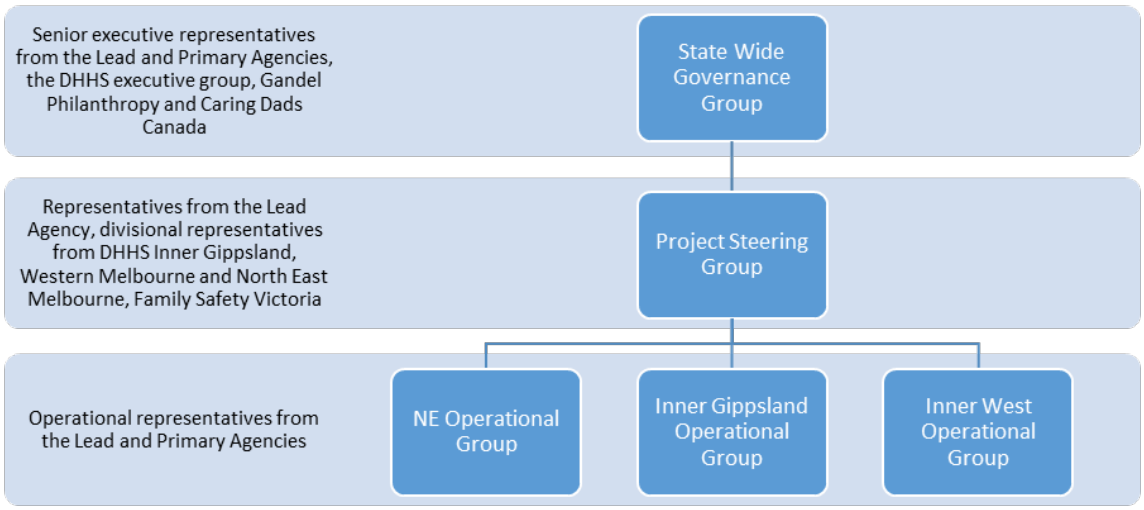
The literature often refers to stages of change, such as first and second order change (Davey, Duncan, Kissil, Davey & Stone Fish, 2011). First order change generally is a restoration of balance to existing structures. In terms of men's behaviour change, it could be simply raising awareness, increasing knowledge and/or using tools to behave differently in particular situations. Second order change deals with the depth of internalisation of the change, such as a new way of understanding or perceiving a situation. This kind of change requires new learning. First order change may be simply putting practices in place which will, overtime, lead to the understanding and learning required for second order change to occur.

Therefore, once behaviour change has commenced, it is important to continue to support the change. That is, attendance in a program cannot be viewed as a stand-alone panacea for the problem. Program participation needs to be layered with on-going, long-term support, and monitoring of behaviour over time, including management of periods when old patterns of behaviour return. This points toward a system-wide change to further support the work of Caring Dads and other programs for men. System-wide change is required to enable ongoing assessment of men's capacity to safely engage with their children and the mothers of their children beyond the length of any program. This multi-layered approach has been successfully applied to less complex behaviours such as smoking in public places, drink-driving, and phone use while driving. The use of violence in the home as a normalised behaviour is more complex to arrest and therefore requires a similarly complex, system-wide approach of on-going monitoring and sanctions. Violence in the home should be viewed as equally, if not more unsafe, as compared to some other national behaviour change agendas.

1.3 Implementation of the Caring Dads program in Victoria Australia

Kids First (formerly, the Children's Protection Society) received funding from Gandel Philanthropy and the Victorian Department of Health and Human Services to conduct a three-year trial of the Caring Dads program in Victoria, Australia. The Caring Dads program trial commenced in 2017 at three sites: two metropolitan Melbourne sites including North East Melbourne (a partnership between Kids First and UnitingCare ReGen) and Western Melbourne (a partnership between Anglicare Victoria and IPC Health), and one rural site, Inner Gippsland (Anglicare Victoria). These three geographic areas were selected as trial sites due to the prevalence of family violence within these regions. Throughout the trial, Kids First provided clinical oversight and support to the Caring Dads sites in Western Melbourne and Inner Gippsland. The trial was conducted with support from the University of Toronto and Changing Ways.

Figure 1. Caring Dads Victoria – Governance Structure.



The University of Melbourne Caring Dads Evaluation Project

In 2016, Kids First contracted the University of Melbourne to carry out an evaluation of the Caring Dads three-year trial. The three-site evaluation ran from June 2016 – January 2020.

The evaluation project was overseen by Chief Investigator Professor Cathy Humphreys, Project Manager and Senior Research Fellow Dr Kristin Diemer and Research Fellow David Gallant. Research Assistants included Larissa Fogden, Anneliese Spiteri-Staines, Dr Georgia Ovenden, Anna Bornemisza, Liz Vercoe, Mary Karambilas and Jasmin Isobe.

The University of Melbourne's involvement in independently evaluating the Caring Dads program trial over three years will help to assess the viability of integrating the program into the current service system and will provide evidence to guide decisions about implementing the program nationally.

2 Method

2.1 Research aims and questions

The aim of this evaluation was to build an evidence base for the effectiveness of the Caring Dads program, both in the Victorian service delivery system and within the broader Australian context.

The objectives of the Caring Dads evaluation project were to:

1. Measure the outputs and outcomes associated with the Caring Dads program at three Victorian sites;
2. Identify how the Caring Dads program fits within the Victorian service delivery system; and
3. Explore how the Caring Dads program could be adapted for the Australian context.

The project's key research questions were:

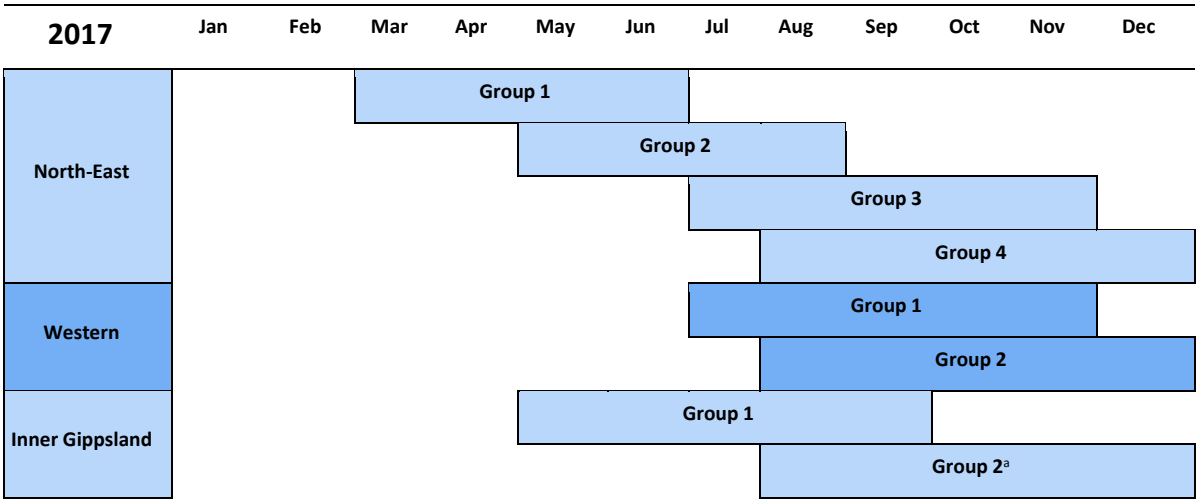
1. What are the perceived changes and/or benefits of participation in the Caring Dads program for men who have used violence against women and their children?
2. How effective is the Caring Dads program when operationalised in the Victorian service delivery system within the broader Australian context?

2.2 Evaluation design

This project adopted a mixed methods evaluation approach in line with the work of Smith, Belton, Barnard, Fisher & Taylor (2015) and involved quantitative and qualitative forms of data collection and analysis to examine the extent to which Caring Dads achieved its intended outcomes for fathers and children's mothers. Throughout the trial, data was collected from fathers and mothers every time the 17-week Caring Dads program ran, with each site offering multiple programs every year. Consequently, data was collected at multiple time points and programs at each site often overlapped with one another. Data was also collected from Caring Dads facilitators, coordinators and managers, as well as key referring professionals, at regular intervals throughout the evaluation. Data collection began as the programs commenced in January 2017 and finished in January 2020.

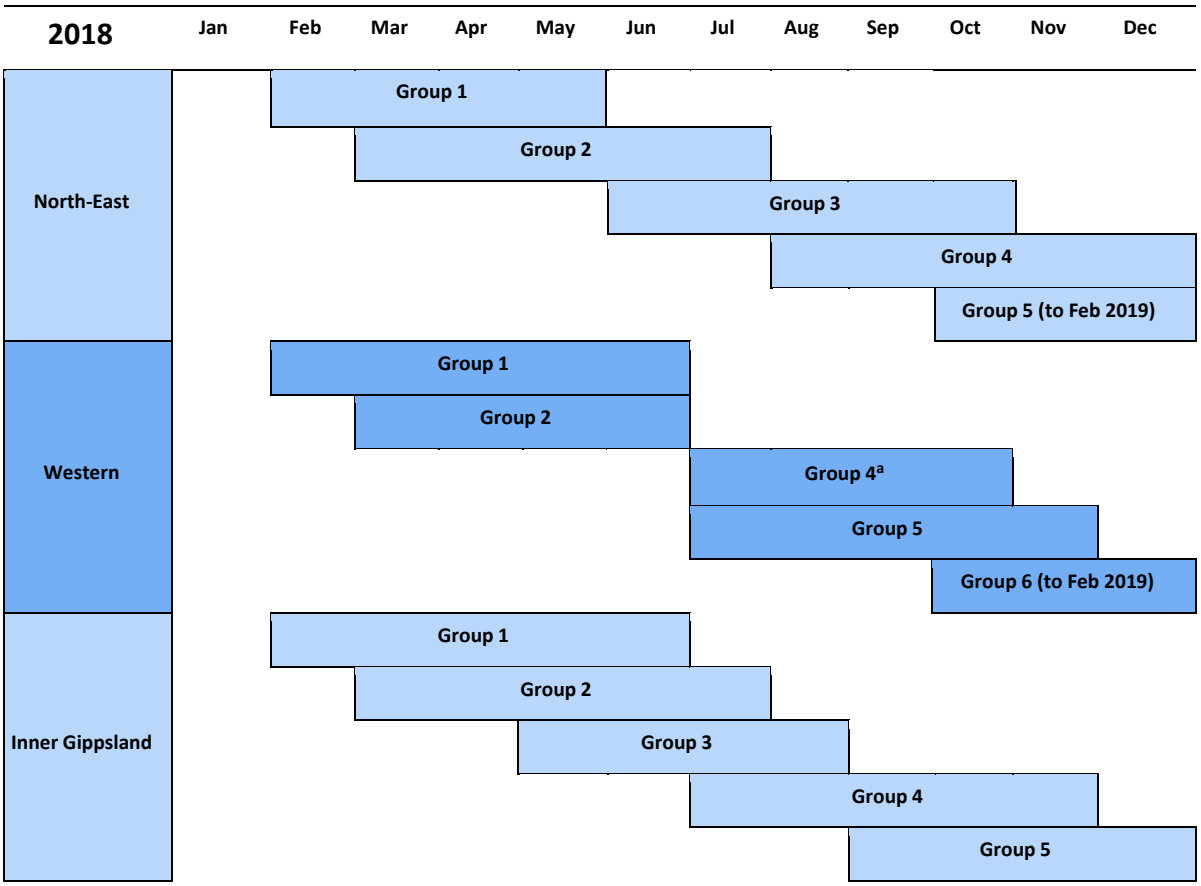
In addition to post-program data collection for fathers, data collection was trialled at Week 10 with a subset of men. Men were less likely to have dropped out by this earlier time point. There was no change in survey results between week 10 and the post-program survey for most men. The exception to this was for four men who had slightly lower NCAS scores, and two with slightly improved NCAS scores. Ratings on other measures were almost identical between the two data collection periods.

Figure 2. Overview of Caring Dads programs facilitated in 2017.



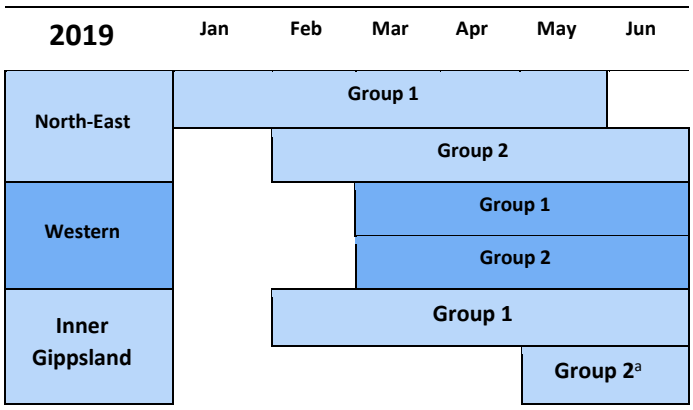
[a] Gippsland also ran a third group in 2017, however, this was cancelled after a few sessions.

Figure 3. Overview of Caring Dads programs facilitated in 2018.



[a] The 2018 Western Melbourne Group 3 ran for a few weeks before being cancelled.

Figure 5. Overview of Caring Dads programs facilitated to mid-2019 (end of data collection).



[a] The 2019 Gippsland Group 2 finished after the end of data collection.

This project is both a process evaluation and an impact evaluation. Over the course of the trial, the process evaluation examined the Caring Dads program operation, service delivery and its implementation across the three sites. This process evaluation sought to identify factors that influenced, either positively or negatively, the implementation of this program within the Victorian service system. Findings were informed by interviews with Caring Dads facilitators, coordinators and managers as well as key referring professionals into the program. The impact evaluation assessed change among the fathers who participated in the program, and the way they perceive and interact with their children. Findings were informed by self-reports from fathers, as well as responses from children's mothers. Both were captured through surveys and interviews.

This final report draws from all survey and interview data collected by the Caring Dads research team between January 2017 and January 2020. Data has been collated and analysed using SPSS, NVivo and Microsoft Excel.

A participatory action evaluation approach

As a participatory action research project, findings were continually discussed with the pilot implementing agency Kids First and the partner organisations managing each pilot site. This meant that the program staff were continually informed about evaluation findings and were able to respond and change the program during the evaluation. This also meant that there may be a lag between implementing program change and when the impact of that change might appear in our research data. Kids First has prepared a separate overview of the program enhancements made in the final year of the evaluation. This can be found in Appendix C.

2.3 Data collection design

Scott and Lishak (2012) recommended that further studies of the Caring Dads program involve a triangulation approach, that is, to follow-up with multiple informants to ensure that the evaluation does not solely rely on fathers' self-reports captured at the end of the program. In line with this

recommendation, this evaluation collected data from participants at several time points over the three-year trial and used multiple sources to inform its findings including:

1) **Fathers** participating in a Caring Dads program at one of three sites across Victoria;
2) **Mothers** of the children whose fathers participated in a Caring Dads program;
3) **Workers** including Caring Dads program facilitators, coordinators and managers, and mother contact workers as contracted in the final evaluation year;
4) **Referring professionals** from the North East metropolitan, Western metropolitan and Gippsland regions who referred at least one father into the Caring Dads program.

This evaluation did not collect data from men's children due to funding limitations impacting on the ability to design a safe research program for children and young people.

2.4 Participants

Fathers

Figure 4. Overview of the data collection process for fathers.

For fathers, data collection involved an assessment questionnaire from the Caring Dads resources (Scott, Kelly, Crooks & Francis, 2013), designed to assess the impact of the program at two-time points: when fathers commenced the program, and as fathers neared completion of the program. Program facilitators invited fathers to complete the pre-program survey either during their initial pre-program assessment or during the first weeks of the group. Members of the University of Melbourne research team attended Week 16 of each group across the three sites and invited fathers to complete the post-program survey, and to participate in a semi-structured interview following completion of the program. Fathers who consented to being interviewed were contacted by the research team within a month of completing the Caring Dads program and again twelve months after completing the program.

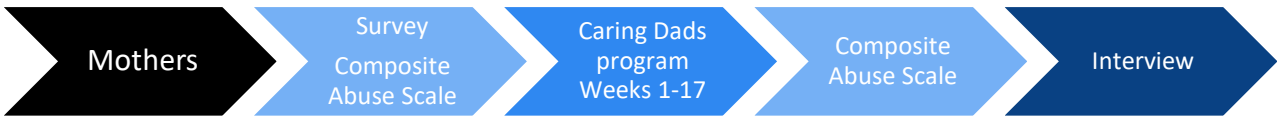
Table 1 presents a list of measures included in pre- and post-program surveys for fathers. Further information about these measures can be found in Appendix *A*.

Table 1. Overview of pre- and post-program measures for fathers.

	Purpose
Demographics Questionnaire	To collect basic demographic information on participants
Inventory of Father Involvement (IFI)	To assess the degree of the participant's involvement in his child's life.
Parental Warmth (PW)	To assess a father's expression of warmth towards his child, particularly his frequency of praising and playing with his child.
Co-Parenting Relationship Scale (CRS)	To assess the quality of co-parenting in the participant's relationship.
Parental Cognitions and Conduct Towards the Infant Scale (PACOTIS)	To assess the quality of a father's involvement with a recently born infant.
Parenting Scale (PS)	To assess and identify "errors" in parent behaviours by asking how the father responds when his child misbehaves.
Social Support Scale (SS)	To measure a father's perceived levels of social support.
Patient Health Q. for Depression and Anxiety (PHQ-4)	To assess a father's experiences of anxiety and depression.
Anger Management (AM)	To assess a father's ability to recognise and control his anger towards the mother of his child.
Community Attitudes Survey for Men	To identify participant's personal beliefs about violence against women.
Client Satisfaction Survey	To collect information from men regarding their overall satisfaction with the Caring Dads program.
Interview	To determine the men's perceptions about the impacts of the Caring Dads program on his relationships with his children and with their mother.

Mothers

Figure 5. Overview of the data collection process for mothers.



Program facilitators invited children's mothers to complete an assessment questionnaire from the Caring Dads resources (Scott, Kelly, Crooks & Francis, 2013) and the Composite Abuse Scale (Hegarty & Valpied, 2007) when fathers commenced the Caring Dads program. At this time, facilitators also invited children's mothers to participate in a semi-structured interview following fathers' completion of the program. Mothers who consented to being interviewed were contacted within a month of their children's father completing the Caring Dads program, and again after twelve months. Mothers completed the Composite Abuse Scale again at each interview. A list of measures included in pre- and

post-program surveys for mothers is presented in Table 2. Further information about these measures can be found in Appendix *A*.

Table 2. Overview of pre- and post- program measures for mothers.

	Purpose
Demographics Questionnaire	To collect basic demographic information on participants
Composite Abuse Scale (CAS)	To identify the nature and severity of abuse experienced by the mothers involved in this research.
Co-Parenting Relationship Scale (CRS)	To assess the quality of co-parenting in the participant's relationship, from the mother's perspective.
Quality of Life Scale (QL)	To assess mother's perception of their overall quality of life.
Pearlin Mastery Scale (PM)	To measure the extent to which the mother regards their life to be under their control, as opposed to being ruled by external forces.
Sense of Agency Scale (SA)	To assess mothers' general sense of agency and ability to rely on oneself to achieve one's goals.
Emotional Dysregulation Scale (ED)	To assess the mother's perception of the father's ability to manage and regulate his emotions.
Patient Health Q. for Depression and Anxiety (PHQ-4)	To assess the mother's experiences of anxiety and depression.
Inventory of Father Involvement (IFI)	To assess the degree of the father's involvement in his child's life, as modified for the mother to report on father's behaviours.
Community Services Questionnaire	To assess the mother's familiarity with community services (healthcare, housing, legal advice etc) and their ease/difficulty in accessing these services.
Interview	To determine mother's perceptions about the impacts of the Caring Dads program the father of their children.

Caring Dads facilitators, coordinators and managers

Figure 6. Overview of the data collection process for program facilitators, coordinators and managers of the Caring Dads programs.

Semi-structured interviews were conducted with the program facilitators, coordinators and managers of the Caring Dads programs before the first delivery of the program in March 2017, and again in May

2018 and July 2019. New program facilitators were interviewed prior to or soon after commencing facilitation of their first group.

Referring professionals

Interviews with referring professionals began in 2018. Caring Dads coordinators gained consent from referring workers (i.e. professionals who had referred at least one father to the Caring Dads program) to pass their contact details to the research team. The research team then contacted the referring professionals to invite them to participate in a phone interview about their experiences of referring into the Caring Dads program. Referring professionals were interviewed at one time point only throughout the three-year trial.

3 Findings

3.1.1 Overview of Caring Dads program participants

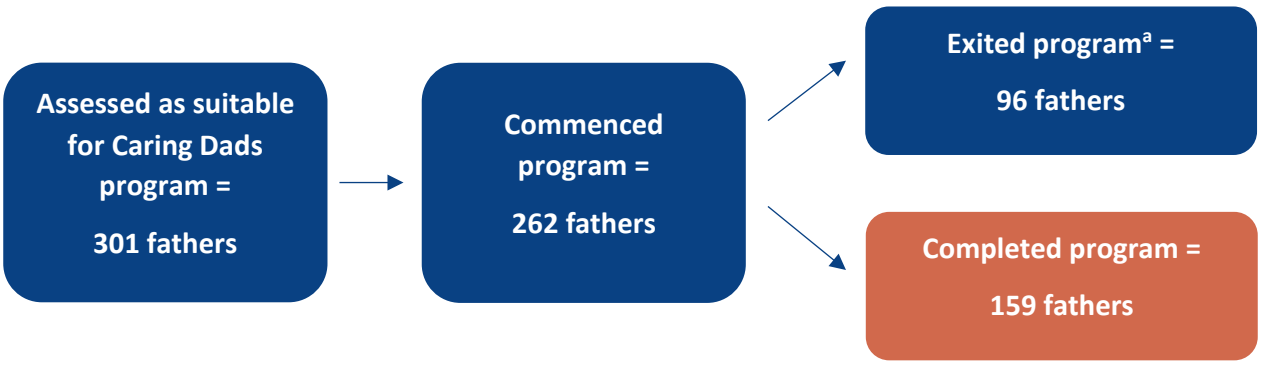
Program retention and completion rates

Between January 2017 and June 2019, 301 fathers were assessed by facilitators across the three sites as suitable for entry to the Caring Dads program. Of all eligible fathers, 262 fathers (87 per cent) commenced the program. Thirty-nine fathers (13 per cent) did not attend any sessions after assessment, did not re-engage with facilitators, and did not attend a later group.

Ninety-six fathers exited the program before completion. Seven of these fathers exited due to the cancellation of the program by the service provider and did not attend a subsequent program.

Of the 262 fathers who commenced the program, 159 fathers completed the Caring Dads program. Just over a third of fathers (37 per cent) dropped out of the program before completion and one in eight (13 per cent) did not attend any sessions after being assessed as eligible for the program.

Figure 7. 2017-2019 program completion rates and exits across all sites.



[a] This number includes 7 fathers who exited due to cancellation of the program by the service provider and who did not attend a subsequent program.

A program completion rate of 62% has been calculated based on 159 fathers completing the program, out of 255 fathers who commenced a program that ran to completion. This figure excludes fathers who had their program cancelled by the service provider (*n*=7) and who did not join a subsequent program.

Including the full number of fathers who were referred into the program and assessed as eligible results in **a program retention rate of 54%** (159 out of 294 fathers, excluding fathers who had their program cancelled by the service provider and who did not join a subsequent program, *n*=7). During the evaluation, the program retention rate improved as referrers gained more knowledge about

appropriate referrals and facilitators became more experienced at assessing suitability for the program. In addition, early in the implementation of the Caring Dads program in Victoria there were particularly strict rules regarding the number of sessions a father could miss and how they attended 'make-up' sessions. If not adhered to, the men were exited from the program. Over time, these rules were relaxed based on men's individual circumstances.

Comparing this trial's completion and retention rates to those reported in similar evaluations of Caring Dads finds that:

- This trial's retention rate from all eligible referrals (54%) is higher than rates reported in Caring Dads Safer Children program evaluations conducted in Canada (46%; Devine, Colquhoun, Webb & Goodman, 2018, p. 4) and the UK (44%; McConnell, Cotmore, Hunter & Taylor, 2016, p. 48).[2]
- This trial's completion rate (63%) is higher than the completion rate reported in the UK evaluation (51%, McConnell et al., 2016, p.48).[3]

Program completion rate:

Throughout the trial the Victorian Caring Dads programs in this pilot achieved an overall retention rate of more than half of all referrals (54%) and a completion rate of two-thirds of fathers who commenced the program (62%). Both rates are higher than evaluation reports from the United Kingdom.

These program completion rates are similar to those reported by men's behaviour change programs, which tend to range from 40%-70% for a 10 to 12 week program (Gondolf, 1997; 2004). The Victorian Caring Dads program runs for 17 weeks.[4]

The Victorian Caring Dads trial's retention and completion rates are presented by year and site below in Table 3.

[2] It is important to note that data collection methodology and timeframes varied between this evaluation and the evaluations in Canada and the UK. The Canadian program's (Devine et al., 2018) retention rate is based on referrals received over an 18-month period, and the UK program's (McConnell et al., 2016) retention rate is based on referrals received over a four-year period. This trial's retention rate is based on referrals received over a two-and-a-half-year period.

[3] This trial's completion rate could not be compared to the Canadian program's completion rate, as Devine et al. (2018) did not have access to the completion status of all fathers referred to Caring Dads Safer Children over the 18-month data collection period.

[4] At the time of this evaluation, MBC program standards were being reviewed, with many programs extending their program length to 20 weeks.

Table 3. Caring Dads program retention and completion rates by year and site.

		North-East Metro	Western Metro	Inner Gippsland***	Total all sites
New referrals assessed as suitable for Caring Dads program[a]	*2017*	26	19	30	75
	2018	46	61	54	161
	2019[c]	20	11	34	65
	Total	92	91	118	301
Commenced program[a]	*2017*	22	16	25	63
	2018	45	52	46	143
	2019[c]	20	11	25	56
	Total	87	79	96	262
Completed program during trial period	*2017*	15	11	8	34
	2018	32	40	21	93
	2019[c]	13	5	14	32
	Total	60	56	43	159
Program retention rates based on suitable referrals[b]	*2017*	58% (15/26)	58% (11/19)	33% (8/24)	
	2018	70% (32/46)	67% (40/60)	39% (21/54)	
	2019[c]	65% (13/20)	45% (5/11)	41% (14/34)	
	Total	65% (60/92)	62% (56/90)	38% (43/112)	**54%** 159/294
Program completion rates based on program commencement[b]	*2017*	68% (15/22)	69% (11/16)	42% (8/19)	
	2018	71% (32/45)	77% (40/51)	46% (21/46)	
	2019[c]	65% (13/20)	45% (5/11)	56% (14/25)	
	Total	69% (60/87)	72% (56/78)	47% (43/90)	**62%** 159/255

[a] Fathers who participated in multiple Caring Dads programs are only counted in this table the first time they were assessed and commenced the program (NE = 6 fathers, West = 10 fathers, Gippsland = 9 fathers).

[b] Program retention and completion rates exclude fathers who were a) unable to complete groups that were discontinued by the service provider and b) did not join a subsequent group (2017 Group 3 Gippsland = 6 fathers, 2018 Group 3 West = 1 father)

[c] 2019 data was collected over six months, compared to 2017 and 2018 data, which was collected over 12 months.

It is important to consider several contextual factors when interpreting the data presented in Table 3:

1. **Retention and completion rates across all sites increased in the trial's second year (2018), compared to the trial's first year rates (2017).** Discussions with Caring Dads facilitators, coordinators and managers attributed this increase to the effort placed upon communicating information about the program with potential referrers. This included working locally with regional Child Protection teams, family service organisations, Magistrates' Courts and men's behaviour change program providers. Methods of communication with referring organisations varied, including formal and formal presentations or discussions as well as placing Caring Dads workers within different work teams for a period of time. For example, throughout the trial, one Caring Dads site had a team member sitting within the Men's Referral Service[5]. Caring Dads staff spoke of the need to continually work on building and maintaining relationships with referring agencies. Keeping Caring Dads 'front of mind' was challenging because of high staff turn-over across sectors, especially among workers who don't typically work closely with perpetrators of violence (e.g. family services and Child Protection). However, as the trial continued and referrers became more informed about the Caring Dads program, referrals became more appropriate, reflected in higher retention and completion rates in the trial's second year.
2. **However, retention and completion rates across all sites decreased in the trial's third year (2019), compared to the trial's second year rates (2018).** Firstly, 2018 rates are based on 12 months of data, while 2019 rates are based on six months of data due to data collection ceasing at the end of June 2019. In addition, the evaluation team believe that these rates were also impacted by a combination of factors related to the certainty of program funding in the last six months of the trial. All sites experienced significant staff turn-over during the final year of the trial, and two sites struggled to maintain staff at the end of the trial without forward program commitment. This uncertainty translated into fewer staff members being available to perform tasks related to referrer engagement, individual assessment and one-on-one work with fathers to support their ongoing engagement. Staff turn-over also meant that new staff were learning the skills of assessment during this time period, which may have increased the number of inappropriate men being assessed as suitable for the program.
3. **Inner Gippsland received the largest number of referrals into the program each year, however, their retention and completion rates were consistently lower than the North-East and Western Metro sites.** The evaluation team believe that these lower rates were unrelated

[5] The Men's Referral Service is a referral and telephone counselling service for men who use violence.

to the program or its delivery. Firstly, the Inner Gippsland site received a higher number of referrals for fathers with complex needs, such as low levels of literacy, which impacted upon the site's retention rates. In addition, there are fewer public transport options across the large rural geographic region of Gippsland (compared to the trial's urban sites) making it more difficult for fathers to consistently attend, particularly fathers who did not drive or who were required to travel long distances to get to their closest program delivery site. Furthermore, there are fewer alternative service supports for fathers who use violence in Inner Gippsland (compared to urban sites), and this may account for fathers being referred to the program before they are group ready. Finally, Inner Gippsland continued to apply stricter rules for exiting fathers from the program for a longer period than other sites, thereby in combination with other factors, this may have contributed to this site's lower completion rates compared to other sites.

4. **In Australia, this program is officially titled: 'Caring Dads – Helping fathers value their children'. However, it is most often referred to in shorthand as the 'Caring Dads' program.** The impact of this common name is both positive and negative. First, as many fathers stated it interviews, it facilitates the willingness of men to attend program assessment because they believe that Caring Dads will be a nurturing program for fathers. However, either during assessment, some men felt misled. Reasons for not attending after assessment were recorded by facilitators and indicated that many of these fathers did not attend the program after assessment because once they understood that Caring Dads was a program for fathers who use violence, they did not believe themselves to belong to such a group. Furthermore, referrers who are not familiar with the program may have been reluctant to refer if they also viewed Caring Dads as a nurturing program for fathers.

Discussions with Caring Dads facilitators provided further insight into why fathers did not participate or complete a Caring Dads program after being assessed as eligible. While not systematically recorded, and not all men could be contacted to obtain reasons, facilitators noted a group of reasons based on circumstances and a group reflecting choice:

Circumstances

- Fathers entering remand after the assessment;
- Fathers' parenting circumstances changing (e.g. an IVO being put in place that ceased contact between fathers and their children);
- Mental health reasons (e.g. anxiety in group settings);

- The timing of the group not fitting in with fathers' schedules; and
- Fathers having transport issues in getting to the program.

Choice

- Fathers feeling that they did not need to attend a group centred around family violence and parenting;
- Fathers choosing to attend a different parenting program instead;

There were also similar reasons for fathers exiting the program after commencing, including:

Circumstances

- Being exited by facilitators for missing numerous sessions due to adverse circumstances e.g. family illness. While facilitators were flexible in accommodating fathers' circumstances, they exited men who they felt had missed too much of the program's content and encouraged these men to re-join the program in the future;
- Difficulties with confidently communicating feelings and circumstances in English, particularly in a group environment;
- Entering prison at completion of a pending trial; and
- Work commitments conflicting with group sessions.

Choice

- Being exited by facilitators for missing sessions without providing sufficient reason;
- Fathers exiting when they felt they had "learned enough" from the program;
- Fathers feeling that they were not suitable for the Caring Dads program, as they did not identify as having used violence in their relationships;
- Entering remand after perpetrating further acts of violence;
- Ceasing to attend Caring Dads sessions after Child Protection closed its investigation; and
- Relocating away from where the Caring Dads program was running.

3.1.2 Overview of evaluation participants

Fathers' participation in the Caring Dads evaluation

All fathers assessed as suitable to commence the Caring Dads program were invited to participate in the evaluation at the time of their assessment. Between January 2017 and June 2019, 301 fathers were asked to participate during their initial assessment session, after completing a suitability assessment for the program. Sixty-seven per cent (n=202) consented to participate at some point

during the evaluation. This compares with an evaluation participation rate of 97% in an equivalent evaluation conducted in the United Kingdom (McConnell, Barnard, Holdsworth & Taylor, 2016).

The substantially higher participation rate in the UK study is likely due to fathers being invited to participate in the evaluation during the initial Caring Dads program session rather than during the pre-program assessment. The Victorian Caring Dads pre-program assessment generally takes approximately two hours and involves the completion of many questionnaires assessing men's suitability for the program. It is after this assessment that they are invited into the evaluation and asked to complete the pre-program evaluation questionnaire. After completing the assessment questions, some fathers may have been short of time, felt fatigued or they simply may not have felt like completing further questionnaires.

A small number of fathers (nine per cent) who had originally declined involvement in the evaluation opted to participate in a post-program survey at week 16, when members of the evaluation team attended sessions to implement post-program questionnaires with participants. Twenty-one per cent (21%) of fathers also agreed to participate in an interview with a member of the evaluation team, usually conducted within a month of completing the Caring Dads program. Eight per cent (8%) of fathers further agreed to participate in a second interview with a member of the evaluation team twelve months after completing the program.

The proportion of fathers who were a) assessed as suitable and b) agreed to participate in the evaluation varied across sites (see Table 4). The Inner Gippsland site obtained the highest proportion of assessed fathers agreeing to participate in the evaluation, and the lowest proportion of fathers who were a) able to be contacted post-program and b) agreed to participate in a post-program interview. When comparing pre- and post-survey and interview numbers in Table 4, it is important to note the following:

- Some fathers completed the program more than once (i.e. two fathers at the Western Metro site) or completed evaluation measures more than once (i.e. fathers who exited then joined later groups, *n*=10). The evaluation measures for these fathers were counted on their first completion only.
- Two groups were discontinued by the service provider throughout the trial, one in 2017 in Inner Gippsland and one in 2018 in Western Metro. Both times, these groups were discontinued due to low numbers. In the 2017 Inner Gippsland group, five participants had completed pre-program questionnaires but did not join a later group and therefore did not get a chance to complete post-program questionnaires. In the 2018 Western Metro group, two

participants had completed pre-program questionnaires, however, both participants joined later groups and therefore completed both pre- and post-program surveys.

- Twelve-month post-program interviews were not completed with 2019 fathers, as data collection ended before 12 months had passed post-Caring Dads program completion.
- Post-program questionnaires were not completed with seven 2019 Gippsland fathers who had completed pre-program questionnaires, as they completed their program after data collection ended.

Table 4. 2017-2019 comparison of fathers' participation in the evaluation by year and site.

	North-East Metro				Western Metro				Inner Gippsland				Total
	2017	**2018**	**2019**	***Total***	**2017**	**2018**[c]	**2019**	***Total***	**2017**[b]	**2018**	**2019**	***Total***	
T1 Pre-program questionnaires completed, by number and percentage of fathers who were assessed as suitable[a]	13/26 (50%)	24/46 (52%)	17/20 (85%)	**54/92 (59%)**	15/19 (79%)	20/61 (33%)	10/11 (91%)	**45/91 (49%)**	25/30 (83%)	36/54 (67%)	14/34 (41%)	**75/118 (64%)**	**174/301 (58%)**
T2 Post-program questionnaires completed, by number and percentage of fathers who completed program[d]	13/15 (87%)	25/32 (78%)	12/13 (92%)	**50/60 (83%)**	9/11 (82%)	29/40 (73%)	5/5 (100%)	**43/56 (77%)**	6/8 (74%)	16/21 (76%)	3/7 (43%)	**25/36 (69%)**	**118/152**[e] **(78%)**
T3 Post-program interviews completed, by number and percentage of fathers who completed post-program measures[f]	6/13 (46%)	15/25 (60%)	7/12 (57%)	**28/50 (56%)**	3/9 (33%)	15/29 (52%)	3/5 (60%)	**21/43 (51%)**	4/6 (67%)	8/16 (50%)	2/3 (67%)	**14/25 (56%)**	**63/118 (53%)**
T4 12 Month Post-program interviews completed, by number and percentage of fathers who completed post-program interview[g]	1/6 (17%)	8/15 (53%)	-	**9/21 (43%)**	1/3 (33%)	8/15 (53%)	**-**	**9/18 (50%)**	2/4 (50%)	5/8 (63%)	**-**	**7/12 (58%)**	**25/51 (49%)**

[a] Fathers who completed the program more than once (West = 2 fathers) or completed measures more than once (Pre-program *n*=10: NE = 1 father, West = 4 fathers, Gippsland = 5 fathers; Post-program *n*=2, West = 2 fathers) were counted on their first completion only.
[b] One of the 2017 groups in Inner Gippsland discontinued due to low numbers. This group had seven participants, five of whom agreed to be part of the evaluation and had completed pre-program questionnaires but did not get a chance to complete post-program questionnaires.
[c] One of the 2018 groups in Western Metro discontinued due to low numbers, with two participants who had agreed to be part of the evaluation, however, these participants joined later groups and therefore completed both pre- and post-program surveys.
[d] Post-program questionnaire rates of fathers who completed program includes fathers who completed post-program measures without completing pre-program measures (*n*=27, NE 2017 = 2 fathers, West 2017 = 3 fathers, NE 2018 = 6 fathers, West 2018 = 15 fathers, Gippsland 2018 = 1 father).
[e] Post-program questionnaire completion rates exclude seven 2019 Gippsland participants who completed the program after data collection ended.
[f] Post-program interview rates includes one father (NE 2019) who participated in an interview without completing pre- or post-program measures.
[g] 12 Month Post-program interviews were not completed for 2019 fathers.

Fathers were contacted for a post-program interview if they had provided their consent at the time of completing post-program questionnaires. We obtained consent for interviews from more fathers than were finally included. The interviews were conducted three to four weeks after completing the Caring Dads program, and a further 12 months' post program. While some fathers agreed to participate, they were no longer contactable or had changed their mind at the time of interview. This was particularly common when following up after twelve months. Other fathers initially agreed to be interviewed but found it difficult to fit the phone call into their busy schedule and rescheduled several times before ceasing contact with the evaluation team. At both interview time points, several fathers simply never responded to the researcher's attempts to make contact.

Mothers' participation in the Caring Dads evaluation

Mothers of children whose fathers participate in a Caring Dads program are contacted by program facilitators soon after fathers commence the program. The reason for this contact is to assess mothers' safety, check if they are linked in with appropriate services, and refer them on to further sources of support if requested. This contact also allows facilitators to provide mothers with information about the Caring Dads program. Throughout the trial, facilitators also used this initial contact to invite mothers to participate in the evaluation.

Twenty per cent (20%, *n*=53) of mothers connected to a father who commenced a Caring Dads program[6] agreed to participate in the evaluation. Of these mothers, well over half (64%; *n*=34) remained in the evaluation and participated in post-program interviews. A third of mothers (32%, *n*=17) also participated in 12-month post program interviews. Our evaluation's participation rate is similar to the Wales Cymru Caring Dads evaluation (McCracken & Deave, 2012), which had a mother participation rate of 19%. However, our participation rate is lower than the UK evaluation of Caring Dads Safer Children (McConnell et al., 2016), which had 38% of mothers completing pre-program measures.

As with fathers' engagement in the evaluation, mothers' engagement somewhat varied across sites (see Table 5). As with fathers', the Inner Gippsland site obtained the highest proportion of mothers agreeing to participate in the evaluation and the highest number of mothers participating in a post-program interview with the evaluation team. Mothers' participation at the Western Metro site declined dramatically in 2018 and 2019, with no mothers participating in the evaluation's final year.

[6] 52 mothers in total participated in this evaluation. However, one mother, who had previously been part of the evaluation when her then-partner had completed Caring Dads in 2017, participated in the evaluation a second time when her new partner completed Caring Dads in 2019. Her participation is counted twice, as they relate to different fathers.

The North East-Metro site had comparatively small numbers of mothers participating overall, however, a higher proportion remained engaged across all points of the evaluation.

When comparing pre-and post-survey and interview numbers (Table 5), it is important to note the following:

- Staff facilitating contact with mothers found it challenging to invite mothers to participate in the evaluation. They cited concern over finding an appropriate time to make the request and discomfort in administering the evaluation questionnaire.
- High staff turn-over in 2018 meant that staff did not prioritise recruiting mothers to the evaluation, identifying that they felt too short of time. Similarly, as the pilot program came to an end in 2019, a number of staff moved on to other employment, and remaining program staff struggled to prioritise the evaluation.

Several changes were made during the trial to resolve some of these recruitment issues:

- Initially, Caring Dads facilitators were asked to administer the mothers' evaluation questionnaire, as it was considered helpful for program staff to use the findings of the questionnaire to further inform their work. However, discussions with facilitators suggested that this information was not used by staff, and the methodology was subsequently changed to limit facilitator involvement. Two models evolved:
    - Program staff continued to invite mothers to participate in the evaluation, gaining their consent to pass their contact details onto the evaluation team. The evaluation team then contacted mothers to conduct the pre-program evaluation measures.
    - Dedicated Child and Family Wellbeing Practitioners were appointed to the program at each of the three sites, as detailed earlier in this report. These workers were appointed at different times for each site. Once on board, they began to administer evaluation measures. Discussions with these practitioners suggested that they were receiving higher rates of positive agreement from mothers to participate in the evaluation, however, this occurred too late in the evaluation to be illustrated in the findings. This approach would be recommended for any future evaluations of similar programs.

Table 5. 2017-2019 comparison of mothers' participation in the evaluation by year and site.

	North-East Metro				Western Metro				Inner Gippsland				Total[a]
	2017	**2018**	**2019**	***Total***	**2017**	**2018****	**2019**	***Total***	**2017**	**2018**	**2019**	***Total***	
T1 Pre-program surveys & CAS completed, by number and percentage of mothers whose (ex)partner commenced program	4/22 (18%)	4/45 (9%)	1/20 (5%)	**9/87 (10%)**	7/16 (44%)	6/52 (12%)	0/11 (0%)	**13/79 (16%)**	9/25 (36%)	11/46 (24%)	11/26 (43%)	**31/97 (32%)**	**53/263 (20%)**
T2 Post-program interview, by number and percentage of mothers who completed pre-program measures	4/4 (100%)	3/4 (75%)	1/1 (100%)	**8/9 (89%)**	5/7 (71%)	4/6 (67%)	-	**9/12 (75%)**	4/9 (44%)	6/11 (55%)	7/11 (64%)	**17/31 (55%)**	**34/53 (64%)**
T3 12 Month Post-program interview, by number and percentage of mothers who completed post-program interview[b]	3/4 (75%)	2/3 (66%)	1/1	**6/8 (75%)**	3/5 (60%)	3/4 (75%)	-	**6/9 (67%)**	1/4 (25%)	2/6 (33%)	2/4 (50%)	**5/14 (36%)**	**17/31 (55%)**

[a] One mother, who had previously been part of the evaluation when her then-partner had completed Caring Dads in 2017, completed pre-program measures a second time when her new partner completed Caring Dads in 2019. Her pre-program measures have been counted twice, as they relate to different fathers.
[b] Mothers with (ex)partners who completed 2019 Gippsland Group 2 were not approached for a 12-month post-program interview as less than half a year had passed since their post-program interview. These mothers (n=3) are not included in the 12 month-post program interview completion rate.

Similar to comparable men's behaviour change program evaluations (Brown et al., 2016; Howard & Wright, 2006; Kelly & Westmarland, 2015), this evaluation found that many women do not participate in research relating to their (ex)partner's use of violence. Reasons for this may include:

- The abuse women have experienced leaves them feeling unsafe to participate;
- Women may feel that they have enough on their plate trying to stay safe or make changes in their life and therefore do not feel they have the time to prioritise participation;
- No longer being involved with the father of their children and therefore feeling unable to comment on the father's change; and,
- Some mothers cannot be contacted.

Indeed, attempts made by the evaluation team to contact mothers who had consented to participate in the evaluation were hindered by similar issues experienced when contacting fathers. The contact details of many mothers were incorrect by the time of post- and 12-month follow-up contact attempts. Several mothers did not respond to contact attempts, while others initially agreed to an interview then rescheduled several times before ceasing contact. A small number of mothers who had completed pre-program measures decided that they were no longer interested in participating in the evaluation.

Profile of fathers and mothers participating in the evaluation

A total of 202 fathers and 53 mothers agreed to participate in the evaluation between 2017 and 2019. Participants were spread across all three program sites with the largest proportion of both fathers and mothers from the Inner Gippsland region (see Table 6 and Table 7).

Table 6. Fathers' overall participation in the evaluation by program sites attended (2017-2019).

	2017		2018		2019		Total	
	n	%	n	%	n	%	N	%
North East Metro	15	26%	30	30%	18	43%	63	31%
Western Metro	18	31%	35	34%	10	24%	63	31%
Inner Gippsland	25	43%	37	36%	14	33%	76	38%
Total	58	100%	102	100%	42	100%	202	100%

Table 7. Mothers' overall participation in the evaluation by program sites attended by fathers (2017-2019).

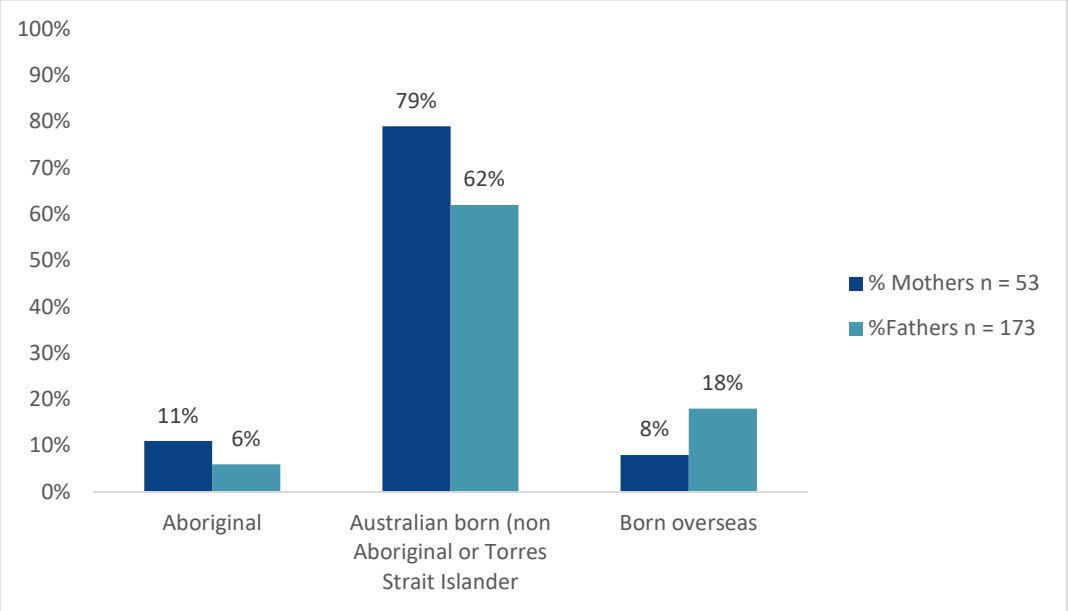
	2017		2018		2019[a]		Total[a]	
	n	%	n	%	n	%	N	%
North East Metro	4	20%	4	19%	1	8%	9	17%
Western Metro	7	35%	6	29%	0	0%	13	25%
Inner Gippsland	9	45%	11	52%	11	92%	31	58%
Total	20	100%	21	100%	12	100%	53	100%

[a] One mother, who had previously been part of the evaluation when her then-partner had completed Caring Dads in 2017, completed pre-program measures a second time when her new partner completed Caring Dads in 2019. Her pre-program measure responses have only been counted twice, as they relate to different fathers.

Analysis was conducted using pre-program measures (Fathers *n*=173; Mothers *n*=52) to provide an overview of participant demographics.

The programs have attracted a broad range of participants from culturally diverse communities. The father cohort was slightly more diverse than the mother cohort (see Figure 8). Of the fathers who completed pre-program surveys, almost one-fifth (18%) were born overseas and 8% identified as being of Aboriginal or Torres Strait Islander origin. Around one in thirteen mothers were born overseas, with 11% identifying as being of Aboriginal or Torres Strait Islander origin.

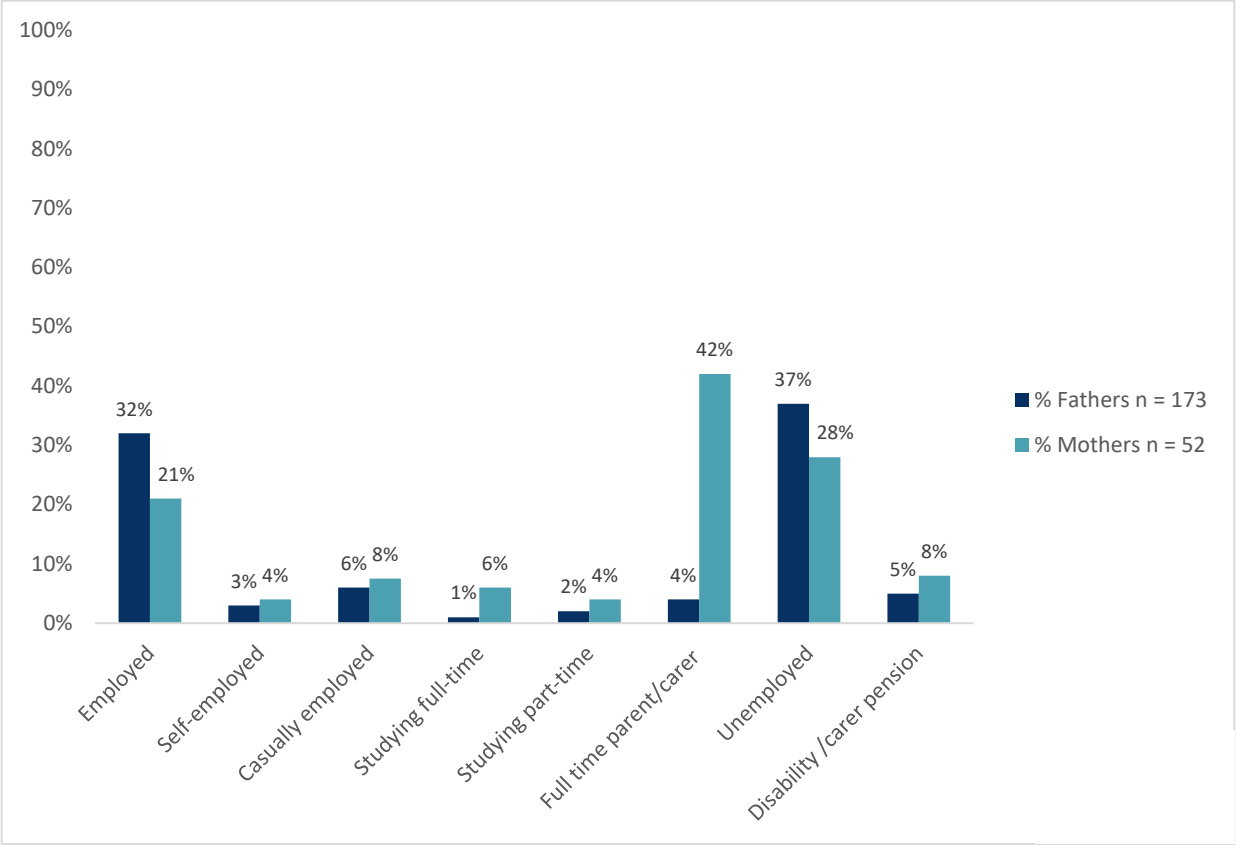
Figure 8. Cultural heritage of mothers and fathers (2017-2019).



Nearly one third of fathers (32%) and one fifth of mothers (21%) reported that they were employed at the time of participating in the evaluation (see Figure 9). Small proportions of evaluation participants were studying or receiving a disability pension and a significant portion were not in the paid workforce: just over a third of the fathers (37%) and just over a quarter of mothers (28%). Two-fifths of mothers (42%) identified as full-time parents compared with only 4% of fathers.

The mean age of mothers (33 years, ranging from 20 to 61 years) was slightly younger than fathers (37.6 years). Fathers ranged in age from 19 to 68 years old.

Figure 9. Employment status of fathers and mothers (2017-2019).

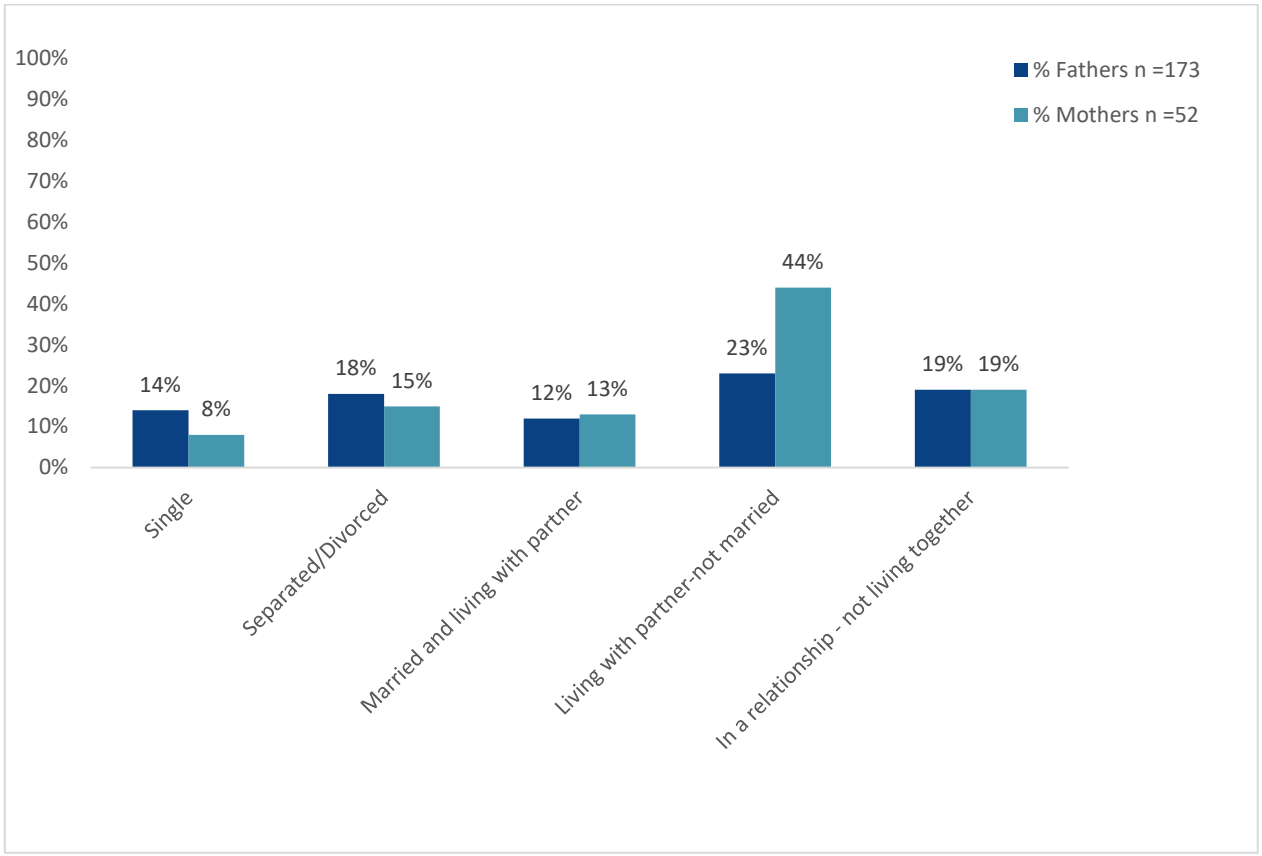


**n* does not equal 53 mothers due to missing responses

Just over half (55%) of the mothers were living with a partner[7], compared with just over one third of fathers (35%). Two thirds (64%) of women were in a relationship with the father participating in Caring Dads, and 85% of these were living with him (data not shown). Most mothers (81%) were living with their children, compared with one third of the fathers (36%). No mothers were living alone, contrasting with one in five men (18%) who were living alone (see Figure 11). Around one quarter (24%) of fathers had additional family members living with them.

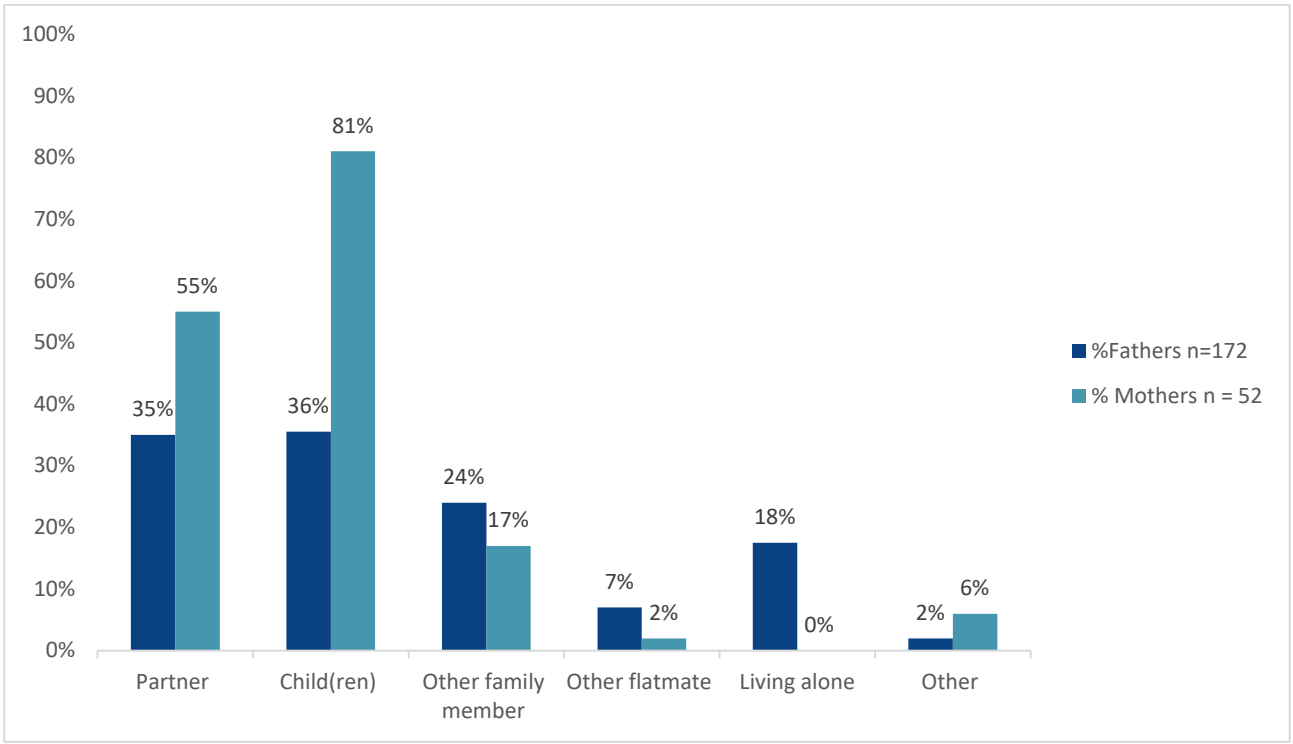
[7] Not necessarily the man participating in the Caring Dads program.

Figure 10. Relationship status of fathers and mothers (2017-2019).



**n* does not equal 53 mothers due to missing responses

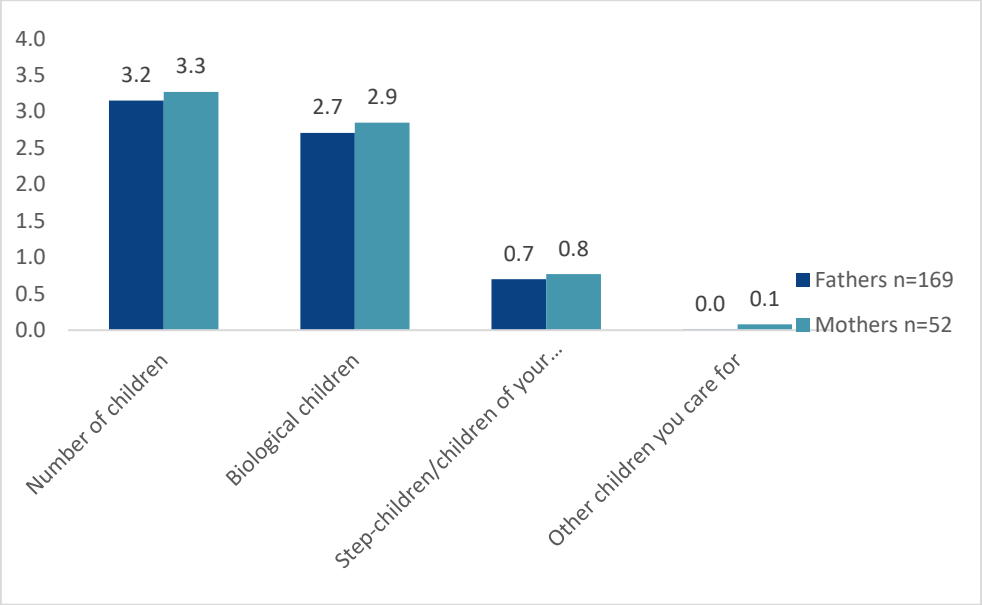
Figure 11. Living arrangement of mothers and fathers (2017-2019).



**n* does not equal 173 fathers or 53 mothers due to missing responses

Fathers reported a lower average number of children (3.2 compared with 3.3 for mothers). Fathers also recorded a similar number of biological children[8] to women, as well as step-children and other children. The number of children per mother ranged from one[9] to eleven and one to ten for fathers (see Figure 12). An overall comparative demographic summary can be seen in Table 8.

Figure 12. Mean number of children for mothers and fathers (2017-2019).



**n* does not equal 173 fathers or 53 mothers due to missing responses

[8] This research team recently completed a different three-year program of research including interviews with men participating in Men's Behaviour Change programs – the Fathering Challenges project. A small number of post-program interviews with these men revealed that they did not consistently record their step-children when asked about the number of children they had. It is likely that some men in this cohort also have not listed some non-biological children they care for.

[9] One mother reported that the child she lived with was her niece and that she herself did not have children. The father of the child she was caring for was in the Caring Dads program and is included in the evaluation.

Table 8. Comparison of demographics (2017-2019).

	Mothers (*n*=53)	Fathers (*n*=173)
Australian born (non-Aboriginal or Torres Strait Islander)	79.2%	62%
Unemployed	28%	37%
Full-time parent	42%	4%
Living with partner	55%	35%
Living with children	81%	36%
Mean number of children	M=3.3	M=3.2
Participants with step-children	N= 16	N=59
Ever received counselling (general, parenting or MBC)	66%	78%

Fathers' contact with children and children's mother

Just over one quarter (26%, *n*=52) of fathers in the sample lived with the child they referred to for the evaluation questions and over one third (36%, *n*=71) lived with at least one of their children. The amount of time fathers saw their children is described in Table 9. Notably, sixty-one percent (*n*=121) of fathers were living with or had frequent contact with the child they found most difficult to parent[10]. Thirty per cent of the fathers in the total sample (*n*=59/200[11]*)* had Family Court Orders or Parenting Plans relating to having contact with the child they found most difficult to parent. Forty-eight percent (*n*=95) did not have any court orders relating to this child, and the remainder of the sample (*n*=46) did not answer this question.

Fathers have frequent contact with their children:

Most fathers had frequent and unsupervised contact with their children. Nearly two thirds (61%) were living with or had regular weekly contact with at least one of their children. Less than half (48%) reported they had court orders or parenting plans in relation to any of their children.

Just over half of the fathers (55%) were in a relationship with their children's mother, however, they were not always living together. Thirty percent of fathers had children to another woman.

[10] Frequent contact defined as seeing the child once a week or more.

[11] Please note, the denominator of 200 includes men who filled out either a pre or post survey.

Table 9. Frequency of father seeing his child (2017-2019).

	Count	Percent
Lives with the child	52	26%
Most days (5-6 times per week)	13	7%
3-4 times per week	26	13%
2 times per week	18	9%
Once a week	12	6%
Less than once a week	31	16%
Total	152	77%[a]

[a] Total does not add up to 100% due to missing responses

Almost half of the fathers (48%, *n*=96) had court orders in place determining how often they saw any of their children, most commonly intervention orders including children or Children's Court orders [12].

Father's engagement with other services

Just over half of the fathers (55%) were receiving some form of support or counselling in addition to attending Caring Dads (see Table 10). This compares with more than two-thirds of mothers in our evaluation (*n*=35, 66%).

Additional support most often included general parenting programs, counselling, and for fathers, Men's Behaviour Change Programs. Half of the fathers were accessing counsellors/psychologists (*n*=53, 55[13]), followed by Drug and Alcohol services (*n*=32, 33%), with the remainder accessing community service organisations, GPs and services through their local church.

Most fathers (63%) had never previously attended a parenting program. One in five (22%) had attended in the past and 8% were currently attending a parenting program in addition to attending Caring Dads (Table 11). Almost two thirds (31%) reported that they had attended a domestic or family violence program (e.g. Men's Behaviour Change Program) in the past, while 8% were attending at the same time as participating in Caring Dads.

[12] Please note, 48% describes the portion of fathers with court orders in place regarding how often they see any of their children. This is differentiated from the figure of 29% which describes court orders that determine how often fathers see the child they find most difficult to parent.

[13] This calculation is based on *n*=96 men who said yes to some form of counselling. The following Drug and Alcohol percentage in text is based on the same denominator.

Table 10. Fathers' attendance at additional support services or counselling (2017-2019).

	Yes		No		Total	
	N	%	N	%	N	%
Received other support services or counselling	96	55%	68	39%	114[a]	65%[a]

[a] Total is not equal to 173 due to missing responses. Only 65% of the sample answered this question. Percentages have been calculated using the information known and 173 as a denominator.

Table 11. Father's attendance at parenting or Men's Behaviour Change Programs (2017-2019).

	Currently attending		Attended in the past		Never attended		Total	
	N	%	N	%	N	%	N	%
Parenting program	13	8%	38	22%	109	63%	160[a]	92%[a]
MBCP	14	8%	54	31%	96	55%	164[a]	95%[a]

[a] Total is not equal to 173 due to missing responses. However, percentages have been calculated using 173 as a denominator.

Referral pathways into the program

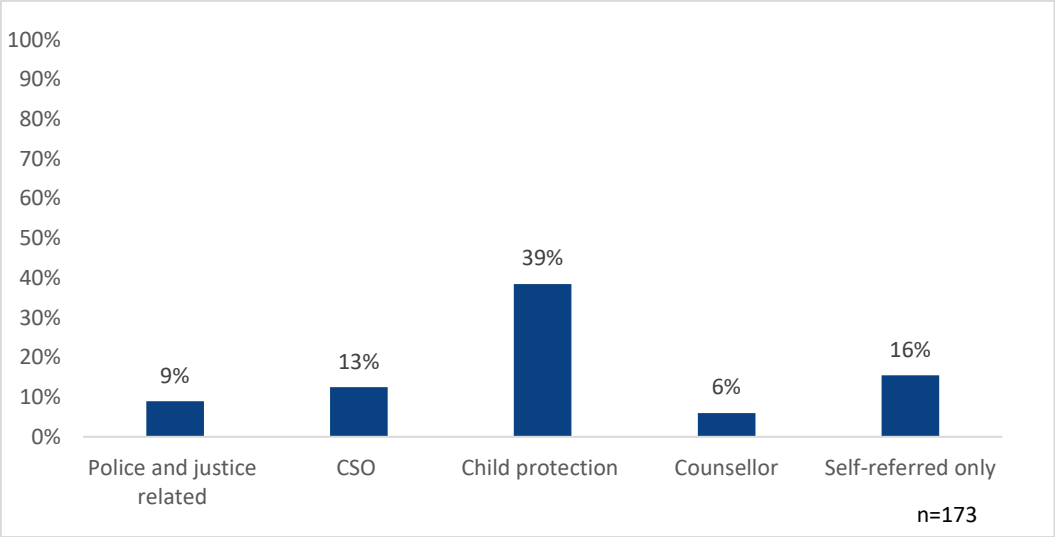
Many referrals reflected fathers' involvement with other services and came primarily from Child Protection, followed by internal referrals from Anglicare, Regen and Kids First. A detailed breakdown of referral sources is illustrated in Figure 13.

Over a third of referrals into the Caring Dads program came from Child Protection (39%). Sixteen per cent of fathers indicated that they self-referred into the program without nominating how they found out about it and indicated no other referral[14].

Figure 14 condenses the detailed view of individual organisations into a broad breakdown of agency types, with most referrals still coming from Child Protection. Almost one in ten referrals came from a justice related source, for example, the police, magistrates, lawyers or Corrections.

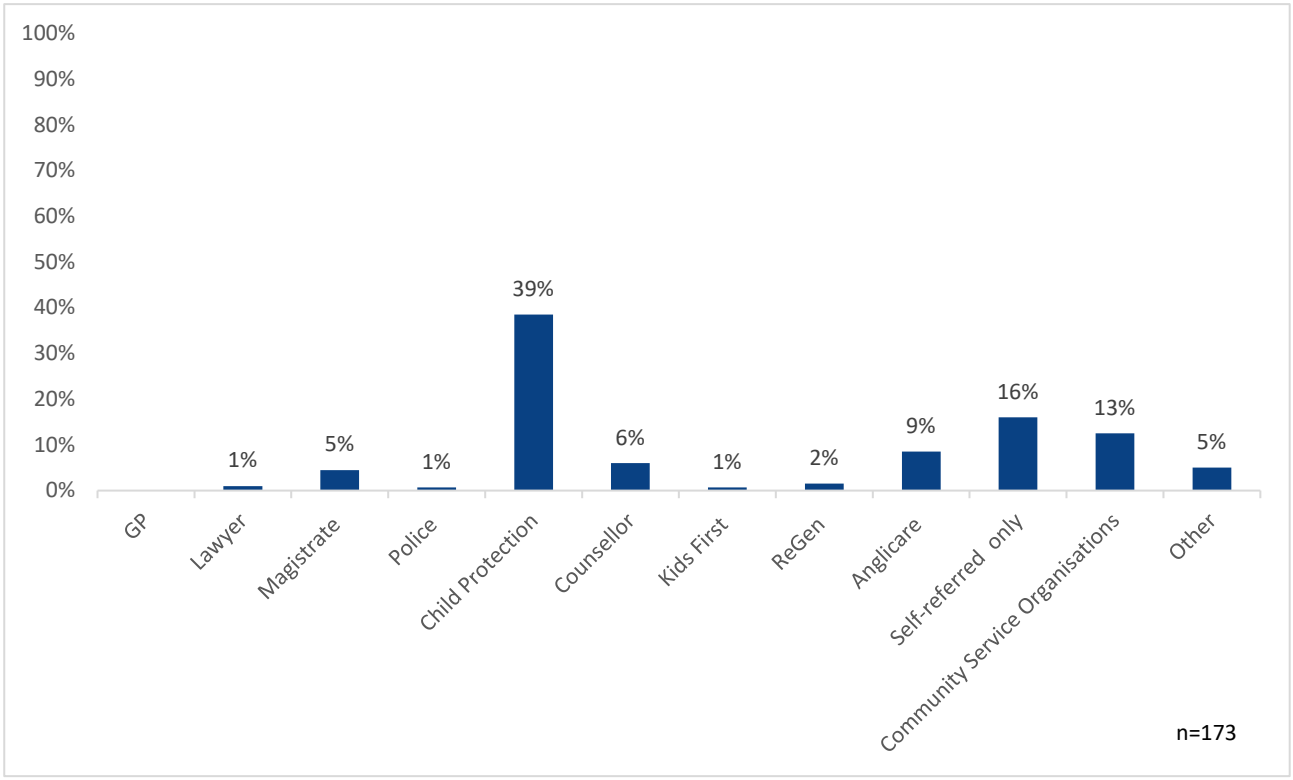
[14] Self-referrals were indicated by a total 21% (*n*=41) of the men. However, some of these men (*n*=10) cited an additional referrer, which is likely how they found out about the Caring Dads program. The 16% quoted in this sentence are fathers who claimed to have had no referring professional and found the program himself.

Figure 13. Referral pathways into the Caring Dads program - broad (2017-2019).



*Total does not add to 100% due to multiple response options and missing responses. *Community Service Organisation* refers to organisations such as Keeping Safe Together, Berry St, and La Trobe Health.

Figure 14. Referral pathways into the Caring Dads program – detailed (2017-2019).



*Total does not add to 100% due to multiple response options and missing responses.

Profile of children

Children were not directly included in this evaluation. For the purposes of the evaluation, fathers were asked to think of one child they found most difficult to parent and respond to evaluation questions in relation to that child and the mother of that child. Mothers were not asked to consider parenting in

relation to a particular child, but to report on father's parenting overall. Assessment of children's emotional state and interaction with their dad came from their mothers' perspectives.

The mean age of the child whom fathers found most challenging to parent was 6.8 years of age (ranging from 3 months to 19 years). Of the 173 fathers, 158 recorded the sex of the child. More male children were selected (*n*=94, 54%) than female (*n*=64, 37%) and 15 fathers did not record the sex of the child (9%).

Fathers were also asked to report whether the child they were reporting on for the evaluation was their biological child. Fathers recorded their relationship to their children for 156 of the 173 children identified in pre-program questionnaires. The majority (80%) were biological children (*n*=138) and 18 were step-children (10%). Relationship was not specified for the remaining 44 children (25%). Twelve fathers with step-children provided information on how long the child had been in their life, with the time ranging from 1 to 13 years.

Overview of fathers who participated in post-program interviews

Sixty-three fathers participated in phone interviews with the evaluation team within a month of completing a Caring Dads program. At this time point, around two thirds (68%) of fathers were living separately to the mothers of their children, often with family members. One-third of fathers indicated that they were in a current relationship with the mother of their children (see Table 12).

Around half of fathers (53%) were living with at least one of their children at the time of the post-program interview, while one-third of fathers indicated that they were living with all of their children. Of note, two fathers had sole custody of their children. Fathers not residing with their children had varied contact arrangements: some had formal court arrangements, while others were informal arrangements with their ex-partners.

Table 12. Living arrangements and relationship status of interviewed fathers at two time points (2017-2019).

		Post-program Interview *N*=63		12-Month Follow Up Interview *N*=24	
		n	%	*n*	%
In a relationship with mother of children	*Yes*	23	37%	9	36%
	No	40	63%	15	63%
Living with mother of children	*Yes*	20	32%	8	33%
	No	43	68%	16	67%
Living with children	*All*	23	36%	8	33%
	Some	11	17%	15	63%
	None	29	46%	1	4%

Twelve months post-program, twenty-four fathers participated in phone interviews. A similar number of these fathers were in a relationship and living with the mothers of their children, compared to those interviewed immediately post-program. Most of these men (96%) were living with at least one of their children twelve months following the Caring Dads.

Overview of the mothers who participated in post-program interviews

Thirty-four mothers also participated in phone interviews with the evaluation team within a month of their (ex)partner completing a Caring Dads program. At this point in time, two thirds (68%) of mothers were in a current relationship with the Caring Dads father, and a similar percentage (65%) were living with this father (see Table 13). The majority of mothers (94%) had children in their care, with most (82%) living with all of their children. The children of one mother was in foster care, while the children of another mother were residing with their father due to her continued ill health.

Table 13. Living arrangements and relationship status of interviewed mothers at two time points (2017-2019).

		Post-program Interview *N*=34		12-Month Follow Up Interview *N*=17	
		n	%	*n*	%
In a relationship with Caring Dads father	*Yes*	23	68%	9	36%
	No	11	32%	8	63%
Living with Caring Dads father	*Yes*	22	65%	9	33%
	No	12	35%	8	67%
Living with children	*All*	28	82%	15	88%
	Some	4	12%	1	6%
	None	2	6%	1	6%

Twelve months post-program, seventeen mothers participated in a second phone interview. At this time point, a much smaller percentage were still in a relationship with the Caring Dads father (36%) and/or living with them (33%). Again, the majority of mothers (94%) had children in their care, with most (88%) living with all of their children). The mother who was not living with any of her children said that her daughter (aged in her late teens) had recently moved out of home.

3.2 Program impact

3.2.1.1 Perceptions of fathering practices

This section describes the self-reported change in fathers' attitudes and behaviour toward fathering and their children, based on validated scales completed by fathers pre- and post-program. Also using validated scales, this section describes mothers' perceptions of fathers' parenting practices pre-program. These are compared with fathers' and mothers' perceptions post-program.

The scales described in this section measure fathers' self-reported levels of involvement with children, perceptions of the impact their behaviour has on their child, and the co-parenting relationship with their child's mother. Fathers were asked to think about a child they found most challenging to parent when responding to the questions, and to refer to the same child in both pre- and post-program questionnaires. Mothers were given some similar scales as the fathers and asked to report on their perception of the father's behaviour. Parenting attitudes and application of mothers was not measured.

Analysis was undertaken to compare fathers' self-reports and mothers' reports of fathers pre- and post-program. Statistical significance testing of change was carried out where possible, however different scales applied to different ages of children and subsequently some scales do not have large enough sample sizes for significance testing.

Fathers: Time together, praise and attentiveness

Fathers were asked to rate their perception of their involvement with their child, which covered how much time they spent with their child, through to how good they were at telling their child they loved them. Scores ranged from 1 (very poor) to 6 (excellent). Therefore, the higher the score, the greater degree of father involvement was indicated. Three sub-categories, time together, showing praise and affection, and attentiveness, were derived from the questions, with a maximum possible score of 18 on each of these dimensions.

Table 14 reports a comparison of self-reported scores pre- and post-program. The mean for each measure increased and the standard deviation decreased post-program, meaning that fathers rated themselves higher, and more like one another post-program. The largest and most notable increases were in relation to praise and affection, and total average score, which had the only statistically

significant increases in mean score[15]. Overall, fathers rated themselves relatively high on this measure at pre-program and there was therefore not too much room for improvement at post- program.

Post-program interviews supported the quantitative results. Fathers of young children found the program helped them discover ways of spending time with children who can't clearly express what they want or need.

> *"Before, I didn't have, I didn't spend that much time with him. And now with CDs, it helped me to be observing and give time, be patient with him. That's when I could really learn what he's trying to say, what he's trying to express." (CD Father T1 ID159)*

Table 14. Scores on Inventory of Father Involvement – subscales as means out of 6 (2017-2019).

	Pre-Program				Post-Program			
	Mean	**SD**	**Md**	**N**	**Mean**	**SD**	**Md**	**N**
Time together	4.49	1.16	4.67	148	4.76	1.05	5.00	95
Praise and affection	5.05*	1.11	5.33	148	5.31*	.96	5.67	95
Attentiveness	4.35	1.28	4.50	148	4.76	1.05	5.00	95
Total average score	4.39*	.98	4.44	166	5.00*	.86	5.15	114

*Indicates a significant difference between pre-and program mean scores at the .05 level (See Appendix B for details)

Table 15. Scores on Inventory of Father Involvement – subscales as totals of items (maximum score possible = 18) (2017-2019).

	Pre-Program				Post-Program			
	Mean	**SD**	**Md**	**N**	**Mean**	**SD**	**Md**	**N**
Time together	13.16	3.62	13.00	165	14.10	3.24	15.00	114
Praise and affection	15.17	3.35	16.00*	148	16.00	2.79	17.00*	114
Attentiveness	11.43	4.30	12.00	148	12.56	4.22	14.00	110

Fathers: Parental warmth

On the Parental Warmth measure, fathers were asked questions about how they showed warmth to their child. This was scored on a scale of 1 (never) to 5 (many times a day). As with the Inventory of Father Involvement, fathers started with high scores pre-program (*Md*=3.5) and maintained these high

[15] Please see Appendix B for the technical write up of this test and all other statistical results written throughout this report

scores without significant difference post-program (*Md*=4.0) (see Table 16). This compares similarly to a sample of 47 Canadian program participants. The scores for the Canadian group were also high at both pre- and post- program (means of around 4.9 pre-, increasing to 5.2 post-program.[16]

Both fathers and mothers talked about children noticing changes in their father. Some mothers specifically mentioned that their child(ren) had noticed an improvement in their dad's demeanour, and others identified that their child(ren) had started to form stronger relationships with their father.

> *"Like, to them (children), dad's just in a better mood…they're not afraid to express if they're getting angry or they're getting frustrated for fear of how dad's gonna [sic] react."* (Mother T1 ID17)

> *"She's* (child) *more loving to him now. She is so much attached to him now that I haven't seen it before."* (Mother T1 ID46)

Table 16. Mean scores for Parental Warmth (2017-2019).

	Pre-Program (*n*=165)[a]			Post-Program (*n*=122)		
	Mean	**SD**	**Md**	**Mean**	**SD**	**Md**
Parental warmth	3.63	1.00	3.50	3.86	1.00	4.00

[a] *n* does not equal 202 due to missing responses

Fathers: Perceptions of role as parent

Fathers were asked a range of questions about how they perceived themselves as a parent. Two different scales were used depending on the age of the child. Fathers with children aged 0-4 years completed the PACOTIS scale, and fathers with children aged 5 -12 years completed the Parenting Scale. This made the number of fathers who responded to each scale somewhat small due to the division between older and younger children.

The PACOTIS scale measures fathers' opinions on their self-efficacy, perceived parental impact and how they react in hostile situations (Table 17). Items are scored on an 11-point scale, from 0 ("Not at all what you do, what you think, how you feel") to 10 ("Absolutely what you do, what you think, how you feel").

Like other scales, pre-program scores for fathers on the PACOTIS[17] scale were quite positive, but unlike other scales, scores decreased slightly post-program. The median rating of self-efficacy started at 8.20

[16] The Australian scale ranged from 1 to 5 while the Canadian scale was 1 to 6.
[17] Note, the PACOTIS was only completed by fathers whose children were between 0 and 4 years of age.

and reduced to 8.00 post-program, though this difference was not statistically significant. Self-efficacy statements include items such as "I feel that I am very good at keeping my child amused' and 'I feel that I am very good at keeping my child busy while I do other things'. This may indicate some reflection on recognising things that are challenging for them when caring for their children.

The second subscale of perceived parental impact includes items such as 'My behaviour has little effect on how my child will interact with others in the future' and 'My behaviour has little effect on the development of my child's emotions'. The higher the mean score, the more fathers agree with these statements thereby illustrating a lack of understanding of the impact their behaviour has on their child. Mean post-program scores on parental impact were maintained from 5.84 to 5.86, with an increased standard deviation. The median result was also maintained over the two time periods. This result can be interpreted as meaning that some fathers gained marginally greater appreciation of the impact their behaviour has on their children and the spread of scores between those who agreed and disagreed was larger. This suggests a wide range of positive and negative understanding and appreciation of parental impact.

In the qualitative interviews, fathers spoke of having learned new strategies for responding to children's behaviour that they found challenging, while simultaneously reflecting on positive impacts resulting from the changes made. Fathers reported they gained insight into their behaviour toward their children and identified that when they reacted in more constructive ways, their children responded more positively.

> *"I learnt how to better manage that patience with him (child), because I got more of an understanding of what it actually was that he wanted. Not that he was just misbehaving because he was trying to upset me. There was obviously something missing – that he wasn't feeling that he was getting enough attention from me. So, I just took a different approach and I got a different reaction."* (CD Father T1 ID147)

> *"There were certain things that I really improved after attending the CDs program. One of them could be being more tolerant to the children, tolerant to what the children normally does. Like, sometimes you get irritated with certain small things that the children do. Sometimes they don't listen, or they don't follow what you want them to do. I used to get a bit irritated and the way I dealt with them, I think it wasn't appropriate…but now I'm more tolerant to those things and trying to motivate them to do good things, and that has not only helped me in keeping my calm and good behaviour, but also the good response from my children who are more responsive in a positive way."* (CD Father T1 ID95)

The median score on the third subscale measuring parental hostile-reactive behaviours started quite low (3.58) and went down to 2.50 post-program. This result indicates that fathers reduced their

hostile-reactive behaviours and generally reported this in similar degrees to other fathers' post-program. However, this reduction was not statistically significant.

Table 17. Mean and median scores for fathers' experiences as parents (PACOTIS scale) (2017-2019).

	Pre-Program				Post-Program			
	Mean	**SD**	**Median**	**N**	**Mean**	**SD**	**Median**	**N**
Parental self-efficacy	7.96	1.31	8.20	62	7.89	1.85	8.00	35
Perceived parental impact	5.84	2.45	5.50	62	5.86	2.82	5.60	35
Parental hostile-reactive behaviours	3.74	2.10	3.58	62	2.59	1.80	2.50	35

The qualitative interviews illustrated that fathers may have been overly positive about their lack of hostility pre-program, describing times when they had raised their voices or used physical discipline in response to their children. This reinforces the common expectation that fathers are likely to rather themselves highly pre-program.

> *"I learnt a couple of techniques where, instead of raising my voice at them, go down to their level, be very calm and just say 'what you're doing is making me feel cross, can you please stop?' And it has worked."* (CD Father T1 ID36)

> *"[My child] was shocked in the fact that I didn't smack him. I think the first week he came back to live with me I'd already been doing the course for about 3 or 4 weeks, and he actually seen the change in me and he goes 'Dad, what's changed in you?'"* (CD Father T1 ID166).

> "*Instead of just yelling at them, he listens to what they've got to say first."* (Mother T1 ID13)

Fathers with children aged 5 -12 years completed the Parenting Scale (Table 18). Like the PACOTIS, they were asked about their experiences as parents, measured in sub-scales of laxness and over-reactions to their children. This scale comprises 10 items with 7 points for each. A low score on laxness indicates that a parent is more relaxed in controlling children's behaviour. Scores for laxness were similar for both pre- and post-program (means of 3.46 and 3.65) indicating that fathers did not perceive a change in their parenting. At the other end of the parenting spectrum, low scores on over-reactivity are positive, indicating the fathers are less inclined to over-react. Scores showed a

statistically significant decrease from 2.98 to 2.45 indicating less over-reactivity post-program. Scores from the Toronto group (*n*=9) showed scores that were very low at both pre- and post-program, with no significant difference.

Table 18. Mean scores for father's experiences as parents (Parenting Scale) (2017-2019).

	Pre-Program				Post-Program			
	Mean	SD	Median	N	Mean	SD	Median	n
Laxness	3.46	1.09	3.50	72	3.65	1.22	3.60	57
Over-reactivity	2.95*	1.30	2.80	72	2.52*	1.41	2.20	57

*Indicates a significant difference at the .05 level. See Appendix for details on statistical tests.

When fathers reported on relationships with children older than 12 years of age they were asked to complete, a subset of questions from the Longitudinal Study of Australian Children (LSAC). These questions are tailored to address parenting attitudes towards children of that age group.

The scale includes a set of 15 statements with scores ranging from 1 to 5 (*Never/Almost* never through to *Often*). Questions are divided into the three subscales: parental anger, inductive reasoning and parental consistency.

The parental anger sub-scale, asked questions such as "How often are you angry when you punish your child?" The subscale inductive reasoning involved questions such as "How often do you explain to your child why he/she was being corrected?" The final subscale of parental consistency measured the consistency of fathers following through instructions/punishments with their children, and contained questions such as "When you give your child an instruction or request to do something, how often do you make sure that he/she does it?"

Low scores indicate low levels of anger, likelihood of practicing inductive reasoning and high levels of consistent parenting (Table 19). Mean scores appeared to sit in the middle range at both time 1 and time 2 with the parental anger score notably reducing. As there were only a small group of men responding to these questions (*n*=12) significance testing was not undertaken.

Table 19. Mean scores for father's experiences as parents (LSAC sub-scales) (2017-2019) (matched pairs).

	Pre-Program				Post-Program			
	Mean	SD	Median	N	Mean	SD	Median	N
Parental anger	3.15	1.09	3.00	10	2.65	.70	2.5	12
Inductive reasoning	3.68	.65	3.60	10	3.70	.48	3.40	12
Parental consistency	2.99	.22	2.83	10	3.01	.10	3.00	12

Mothers: Perception of fathers' involvement with children

To determine mothers' perceptions of father involvement with children, mothers were asked to rate how good a job the father was doing spending time with their children, praising, showing affection, and being attentive to their children. Responses ranged from 1 (very poor) to 6 (excellent). Higher scores reflected positive ratings. Mothers tended to provide scores that hovered in the middle for the subscale Time Together, indicating mixed views on the time fathers spent with their child(ren) (see Table 20).

> *"He nicks off and does these activities, but it's not real engagement. Like taking them [children] to play centres. You're not engaging with your child at a play centre, you're letting them run loose while you sit and observe…and on the surface it looks like 'oh, you're doing an activity'. But it's not really engaging with the child."* (Mother T1 ID29)

> *"I see him more involved, more wanting to be around them instead of sending them off to their bedroom or sending them outside to play or whatever. He wants to be more one on one with them."* (Mother T1 ID51)

However, scores for Praise and Affection, and Attentiveness tended to be high, indicating that when fathers did spend time with their child(ren), they were very involved.

> *"I remember his first session at Caring Dads, and it was the first session that mainly, they were talking about how you play with your kids at different ages. [She] couldn't talk [yet] and she couldn't walk at that point, so, you know, how do you play with her?. And I remember, he came home and put his [caring dads] book on the toy doll house and just sat down and started playing with her. They were doing Ring a Rosie, they were both inseparable."* (Mother T1 ID2)

> *"He's more hands on with the kids, he's a lot more tolerant, recognising that (child) particularly, being so young, he doesn't have the words and isn't able to tell us what he wants and things. And rather than getting frustrated with him because he's crying, trying to sort of work your way back through and eliminate – well, does he want this or does he want this?"* (Mother T1 ID17)

Mothers in a relationship with Caring Dads participants tended to rate their partner higher, on all dimensions, than those not in relationship. These differences were not significant. Though mothers' scores were high, men had scored themselves even higher on all subscales. This difference was significant for the subscales Time Together and Praise Affection (Table 20).

Table 20. Mean scores on father involvement as assessed by mothers compared to fathers at pre-program – scores out of 6 (2017-2019).

	Mothers				Fathers			
	Mean	**SD**	**Md**	**N**	**Mean**	**SD**	**Md**	**N**
Time together	3.99*	1.60	4.33	50[1]	4.49*	1.16	4.67	148[a]
Praise and affection	4.32	1.65	4.83	50	5.05	1.11	5.33	148
Attentiveness	4.06	1.68	4.00	44	4.35	1.28	4.50	148
Total average score	4.11	1.49	4.39	50	4.39	.98	4.44	166

*Indicates a significant difference at the .05 level. See Appendix B for details on statistical tests

[a] Not equal to 53 women or 173 due to missing responses

When mothers were asked about changes in the fathering practices of their (ex)partners since participating in the Caring Dads program, many mothers did note improvements, regardless of whether they were still in a relationship. Many of these improvements related to spending more time with children and increased ability to understand and recognise children's needs. Some mothers also supported father's self-reflection that they were responding more calmly towards children when they displayed challenging behaviours.

Similarly, post-program interviews found mothers consistently described their (ex)partner's fathering in positive terms. The majority of mothers offered immediate praise for their (ex)partner's ability to father, often adding that he had 'always been a great dad' and 'always been very good' with their children. A number of these mothers were no longer in a relationship with the Caring Dads father.

> "*I think he's always been a great dad. Yeah. Yeah, so he's never spoken ill of either of us. He's just great.*" (Mother T1 ID10)

> "*He was a great father to begin with, so really, he just learnt a bit on age groups and how to go about things.*" (Mother T1 ID25)

When mothers in a current relationship with the Caring Dads father were critical of his fathering, it was in the form of minimising or excusing their abusive behaviour, or lack of insight into the impact of abuse.

"He's really good. Apart from what happened – it was just one thing that was a mistake." (Mother T1 ID13)

"With [father], his behaviour towards [our] child was not . . . my major concern. But the sort of actions that had happened in the past, the magistrate asked him to attend this course. I told the magistrate also, I don't have any concern about him picking on [child] or anything, just the things that have happened to me I'm a bit scared for." (Mother T1 ID46)

"He's a good Dad. No [difference in how he fathers older versus younger child]. No, it's just that our oldest girl has got challenging behaviour." (Mother T1 ID18)

Mothers were more critical of fathers' parenting practices when they were no longer in a relationship with the father. Mothers who were separated from the father who had participated in the Caring Dads program often made comments about either not having witnessed any change in the father's parenting, or having observed changes that were short-lived.

"He was trying really hard, more with her. But again, that only lasted for small windows…He took her to the footy. He would take them to the park. He started to tell them that he was sorry and that he cared for them, whereas he'd never done that before. But as soon as the house was chaotic, as you could imagine, with different ages and tantrums and tea times and all that, he just couldn't cope with it and he'd just resort back to his aggression." (Mother ID18)

"He calls them names, like, full swears at them and calls them – he uses the c word, the f word, stupid useless. Like, tells them to shut the f up. Things like that. His expectations of the kids are never around what they're really capable of for their age. Doesn't understand that they're just a kid." (Mother ID52)

The qualitative interviews with mothers and fathers revealed the complexity of the change process. Both mothers and fathers described the fathers attempts to change his parenting practice as a non-linear process, recognising that the process of change requires ongoing work.

"Every time you wake up, there's a different situation with your children, and your family, and…no one's going to be perfect, but once you get into a cycle of doing things the wrong way, it's very hard to get out of it." (CD Father T1 ID63)

"He's still learning. Especially with being able to control his voice and how he uses it towards the kids. It has changed, but he's still learning how to improve with it." (Mother T1 ID53)

"He's a lot better now. He's still not quite there, and he knows that, and he's still working on it." (Mother T1 ID12)

"Sometimes he will stop and think before he speaks, before he starts yelling or just goes from zero to ten. Whereas before it was more, he just reacted, he didn't respond to them. I've noticed, it's not all the time and I don't expect that he was going to change and be a totally new person, but I think some of the stuff that he's learnt, I do see glimpses." (Mother T1 ID49)

Summary: Findings from fathering-related scales

In summary, prior to commencing the Caring Dads program, fathers rated themselves highly on all fathering-related scales. This suggests that before participating in Caring Dads, fathers perceived they were already demonstrating many positive parenting behaviours.

Pre-program, many mothers agreed that fathers already demonstrated some positive parenting behaviours. There was some disparity between mothers' scores and fathers. On scales completed by both parties, mothers consistently rated fathers lower than the fathers rated themselves. Mothers in relationships with the Caring Dads fathers at the time of completing the evaluation measures also tended to rate the fathers more positively than those no longer in a relationship.

Only fathers completed these measures a second-time, post-program. Post-program fathers felt they had become better at spending time with, showing affection towards and attending to their child(ren)'s needs. Fathers continued to believe that they were good at demonstrating warmth when interacting with their child(ren). Fathers also believed that they did not respond to their child(ren)'s challenging behaviours with anger as often as they did before Caring Dads.

3.2.1.2 Discussion: Perceptions of fathering practices

Most fathers who entered the Caring Dads program did not perceive they were perpetrating behaviours that could have harmful impact on their children prior to the program. Few men voluntarily referred themselves into the Caring Dads program based on their own insight and self-reflection of a need to improve. The majority were referred in by either child protection or the justice system because their fathering practices were identified as problematic and they risked losing access to their children. This is the first step to system accountability. Many of the self-referred men sought out the program either as a recommendation from their lawyers, or when they were at risk of losing their relationship.

This speaks to a societal approach of ignoring, minimising, justifying and excusing the behaviour of abusive men as fathers until their behaviour becomes extreme and requires intervention by the courts, police or child protection. It tends to reinforce the commonly held community belief that men who are abusive to their partners can still be 'a good dad'. This is a view also held by most mothers, who are part of the community, until they too witness harmful impact on their children. Traditionally, this view has been reinforced by both professionals within both child protection and the family law system, who have historically focused on mothers and their 'failure to protect' rather the poor behaviour of fathers.

Therefore, it is not surprising that most fathers in the Caring Dads program perceived themselves to be 'good dads' before the program and even more so after the program. They did recognise that they acquired new skills in the program and the way they spoke about change, skills and tools indicated that they were less harmful to their children after the program.

The attitudes of mothers also reflected the socially acceptable view of fathers and they were generally optimistic of his practice in relation to traditional gender discourses. For example, a 'good father' was generally described as being active in play and 'muck(ing) around with the kids', rather than offering emotional support or security:

> *"Oh, he's brilliant. Like, he'll pick the girls up and he'll play with them. And like if one of them gets hurt or starts crying or something, he just walks over and starts pulling funny faces at 'em." (Mother ID12)*

> *"He's a pretty good father. He acts with the kids all the time. He buys things for the kids, he mucks around with them. All the usual father stuff." (Mother ID5)*

> *"[He's] fantastic…he takes the kids out, takes them bike riding and they do lots of activities outside." (Mother ID25)*

It was also the case that most families were involved with child protection and/or the justice system. If mothers were still in a relationship with fathers, it is likely that some were reluctant to report negatively about the father and others may have cause for fear of repercussions from the fathers.

The voice of the mother:

The voice of the mother is a critical check point for program impact on children and fathers, and in the absence of system accountability measures, this is the only way of monitoring change among program participants. However, reliance on the mothers' observations is problematic as she may no longer be involved with the father and can place her safety at risk. Being a point of accountability should be optional for mothers, not the sole accountability measure. Absence of additional accountability monitoring illustrates a lack of system responsibility for the safety of children and women.

As discussed elsewhere in this report, there are very few systems in place for monitoring men's change when they participate in a program in response to their use of violence. Therefore, men's ex/partners become a critical witness to change. There are two views on this mode of monitoring. On the one hand, the women are best placed to interpret their partner's use of violence or controlling behaviour (Howard & Wright, 2006). They need to be listened to and believed. However, on the other hand, it

should not be the case that women are the sole source of monitoring men's behaviour. It's unfair to ask women to be the primary monitor of program impact and outcome when they may be torn between loyalty, fear, and pressure themselves from child protection monitoring. In addition, many women no longer want to be in contact with their abusive ex-partners and are therefore not in a monitoring position (Kelly & Westmarland, 2015). While a case is made elsewhere for stronger system monitoring, the current program and this evaluation both rely on mothers as witness to change.

3.2.2 Perceptions of co-parenting relationships

The Caring Dads program has a central theme of working to improve men's fathering practice, with a strong emphasis on improving the way that they interact with their child(ren)'s mother. This section describes the change in fathers' attitudes and behaviour towards the mothers of their children. The way that mothers and fathers relate to one another to either support or undermine the other as a parent, or provide consistent messages, is referred to as co-parenting, regardless of the relationship status between mother and father. However, in conflictual parenting relationships, such as those in which one parent has used violence towards the other, the term 'parallel parenting' is more appropriate, particularly when parents have minimal physical and verbal contact. In this section, we use 'co-parenting' when discussing the quantitative measures used in this evaluation, as these measures use this terminology. When discussing findings from post-program interviews with mothers and fathers regarding their interactions with each other, we use 'parallel parenting'.

Fathers and mothers: Co-parenting relationships

Pre-program, fathers and mothers completed the same co-parenting scale, which contained a series of statements asking participants to rate their opinion of their (ex)partner's parenting. Only fathers completed the co-parenting scale a second time, upon their completion of the Caring Dads program. Groupings of the statements formed six subscales, which comprised Agreement, where questions related to both parents having the same goals for their child and similar ideas about how to raise them; Closeness, which measured how close the participant felt to their (ex)partner as a result of having a child together; Support, indicating how supported the participant felt by their (ex)partner; Undermining, to measure how undermined they felt by their (ex)partner when parenting; whether the participant Endorsed their partner's parenting, and whether they felt that the Division of Labour was fair. Higher scores indicated a positive view of the (ex)partner on most sub scales, except for Undermining where low scores indicate a more positive review (i.e. the participant does not feel that they are undermined by their partner).

Mothers' and fathers' pre-program mean scores on the co-parenting subscales are compared in Table 21, while fathers' pre- and post-program mean scores on the co-parenting subscales are compared in Table 22. Medians as well as means are reported, as the subscales were not normally distributed (apart from Agreement).

Table 21. Comparison of pre-program mean scores for Co-parenting Scale subscales (mothers and fathers: 2017-2019).

	Mothers Pre-Program (*n* = 52)[a]			Fathers Pre-Program (*n* = 147)[a]		
	Mean	SD	Median	Mean	SD	Median
Agreement	2.88	2.09	3.00	3.57	1.64	3.50
Closeness	2.67	2.42	3.00	3.21	2.18	3.00
Support	3.77	2.07	4.00	3.52	1.90	3.50
Undermining	2.56	2.19	2.50	2.37	2.09	2.00
Endorse partner parenting	3.97	1.76	4.50	4.66	1.53	5.00
Division of labour	2.91	1.99	2.50	3.93	1.76	4.50

[a] Totals do not equal *n*=200 men or *n*=53 women due to missing responses

Table 22. Comparison of fathers' pre-program and post-program mean and median scores for Co-parenting Scale subscales (2017-2019).

	Pre-Program (*n*=147)			Post-Program (*n*=100)		
	Mean	SD	Median	Mean	SD	Median
Agreement	3.57	1.64	3.50	3.73	1.56	4.00
Closeness	3.31	2.18	3.00	3.43	2.22	3.50
Support	3.52	1.90	3.50	3.75	1.90	4.00
Undermining	2.37	2.09	2.00	1.95	1.95	1.50
Endorse partner parenting	4.66	1.53	5.00	4.85	1.36	5.50
Division of Labour	3.93	1.76	4.50*	4.53	1.53	5.00*

*Indicates a significant difference at the .05 level (See Appendix B for details)

In general, fathers provided scores that were skewed towards the positive at both pre- and post-program time points (see Table 22) and the scores tended to be higher than those provided by their (ex)partners on all subscales, except for 'Support' (see Table 21).

Pre-program, these differences between fathers and mothers were significant for co-parenting agreement, endorsement of partner parenting, and division of labour. Post-program, fathers' scores tended to improve, however this was only significant for Division of Labour (Table 22). Data from Toronto also revealed a trend towards improvement in co-parenting, though differences were not significant.

Women who were in a relationship with fathers participating in the Caring Dads program tended to score their partner more positively on the co-parenting scale than those not in a relationship (see Appendix B for details). This difference was significant for the co-parenting agreement, closeness and support scales but not for undermining, endorse partner parenting or division of labour.

Some fathers who were still in relationships with their children's mother could reflect on how the program has assisted them in improving their relationship with their partner, with the program particularly helping fathers to recognise and respond to their partner's needs.

> *"[I learnt] to be an active co-parent, I suppose, in a sense. Listening to the needs of the kids' mum as well as the kids' needs. Trying to support her as much as you're there to support the kids."* (CD Father ID73)

> *"My wife and I are getting along a lot better now than what we had been."* (CD Father ID68)

Mothers still in a relationship with fathers also provided specific examples of experiences they have had with their partner better recognising their needs since participating in the Caring Dads program.

> *"He's a lot more noticing of my feelings and how I'm doing. Before, I'd get frustrated doing stuff and he wouldn't even realise…now he's sort of picking up on that and he's like 'Let me do it.' Or 'Sit down, have a break'.* (Mother ID12)

> *"Yesterday, I was uncontrollably stressed and I have no idea what caused it, but it just came over my head like a ton of bricks. He was able to sit there and comfort me and reassure me that everything was going to be okay and we were going to get through it…[before Caring Dads] he would probably get more anger and frustration out of not knowing how to help me."* (Mother ID53)

Many fathers also felt that the Caring Dads program had taught them valuable communication skills, which could be used to negotiate through parenting issues and conflict. Mothers who were still in a relationship with fathers also indicated that they had also observed an improvement in fathers'

communication skills.

> *"[Caring Dads facilitator] explained to me that you don't have to be aggressive to get a point across. He said, in fact, you can be very calm and still get the same result. I couldn't quite – it took me awhile to get around that…he was just like, step back, don't say nothing for ten seconds. Another one was just get away. If you sense [a situation getting heated] then go for a walk, go visit someone or jump in the car. Avoid the heat, you know what I mean?"* (CD Father ID108)

> *"Before Caring Dads it was very like…I wouldn't really speak up and defend myself. I was too scared to start a fight. But now I can openly talk to him and know that he's just gonna respond with words, and most of the time it won't end up in an argument." (Mother ID2)*

Some mothers who were still in a relationship with fathers also spoke of feeling like their fathers treated them with more respect, particularly in front of their children.

> *"He – rather than being derogatory and using not so nice words to describe me if he's in a bad mood – well within their [children's] earshot, he'll now be like, if the kids have a shot back at me, 'Don't talk to your mother like that'. He now stands up for me and supports me rather than does the opposite. Which is nice, because the kids hear a lot more than what I think he realises." (Mother ID17)*

> *"All the minimising little issues – there's no longer little issues. I'm seeing immense consideration and respect. He has more of it now than he had before."* (Mother ID19)

Some fathers and mothers still in a relationship felt that they had become better at parenting 'as a team' since the Caring Dads program:

> *"We work as a team, and that's one of the biggest things. That's one of the things we didn't do previously – help each other as well as help the kids."* (CD Father IDID126)

> *"I like how we parent as a team now…before, he'd be like, he'd tell her [child] off, and I'd tell him off. Or I'd tell her [child] off, and he'd tell me off."* (Mother ID2)

> *"We seem to have more conversation about our parenting, how we want to parent together and not 'play off' on each other, not let the kids play off on each other."* (Mother ID51)

Others believed that holding different ideas about parenting was a continued source of conflict with their (ex)partners:

"The conflict I've had with [child]'s mother is mainly around parenting decisions. We have just completely different views on how [child] is growing up." (CD Father IDID147)

"He's too lenient on [children]…I have rules and [child] has to follow them and we have to be on the same page. We can't have one good cop, one bad cop sort of thing. So, sometimes, it's a bit of a struggle." (Mother ID43)

"We disagree on some parenting, and he'll correct me in front of the kids, or he'll say something that I don't agree with and I'll – I don't like to have that sort of bartering in front of the kids." (Mother ID28)

For mothers no longer in a relationship with the men who had participated Caring Dads, some felt that had already effectively parented in parallel prior to the Caring Dads program and therefore had not seen any improvement in the way they interacted with the father of their children. Other mothers felt that their parenting relationship had either not changed, or had become worse since the father had participated in Caring Dads:

"He does still try to be controlling and trying to get his own way. If he wants to see [child] sometimes, I might be saying no sometimes because she's sick or because of the weather or something like that. He kind of says 'Well, it's not for you, it's for [child]. And I say 'Well, she's sick. I can't really bring her out in this weather. We can reschedule.' But he doesn't really want to see it like that. He wants to, like, have it then and now." (Mother ID28)

"I thought he would have used that time wisely to really kind of improve himself and to really focus on what went wrong and why it ended up the way it did. But I really don't think he's done that at all. Now I think, cos he's back, he seems a bit – I don't know the word really. Just like angry that I took action. And I feel like he's trying to, I don't know, get me back somehow or punish me, because I punished him." (Mother ID28)

Fathers and mothers: Hostility in co-parenting relationships

An additional subsection of the co-parenting scale measured Hostility in the context of parenting. This subscale consists of three statements identifying fathers demonstrating hostility towards the mother in front of the child (e.g. "does the parent of your child argue with you in front of your child?"). Fathers were asked about behaviours they enact, while mothers were asked about behaviours of the father. Responses were marked on a 7-point scale, ranging from 0 (never) to 6 (very often). Low scores indicate a more positive review (i.e. the participant does not experience hostility from the parent of their child).

Mothers' and fathers' pre-program mean scores on the Hostility subscale are compared in Table 23, while fathers' pre- and post-program mean scores are compared in Table 24.

Table 23. Comparison of pre-program mean scores for Hostility subscale (mothers and fathers: 2017-2019).

	Mothers Pre-Program (*n* = 52)			Fathers Pre-Program (*n* = 154)			Fathers Post-Program (*n* = 101)		
	Mean	SD	Median	Mean	SD	Median	Mean	SD	Median
Co-Parenting Hostility	2.50	2.2	2.3	1.89	1.43	1.67*	1.06	1.07	.67*

*Indicates a significant difference at the .05 level

Table 24. Comparison of fathers' pre-program and post-program mean and median scores for Hostility subscale (2017-2019).

	Pre-Program (*n*=154)			Post-Program (*n*=101)		
	Mean	SD	Median	Mean	SD	Median
Co-Parenting Hostility	1.89	1.43	1.67**	1.06	1.07	.67**

*Indicates a significant difference at the .01 level

Overall, fathers' self-reported scores were low on the Hostility subscale, indicating they believed that they interacted in a hostile manner towards their (ex)partner only 'sometimes' (1.89). Median scores showed a statistically significant decline over time (see Table 24). Post-program reports of hostility toward the mother were scored even lower, between 'never' and 'sometimes' (1.06) (see Table 23).

Pre-program, fathers' ratings of hostility were not significantly different to mothers' ratings. However, when fathers' ratings dropped further post-program, this difference became significant. Mothers' assessment of hostility toward them was notably higher than fathers' assessments of being hostile towards their (ex)partners (Table 23).

Fathers' self-ratings of hostility were lower than mothers and improved further by the post-program assessment. This improvement was statistically significant (Table 24).

Although fathers positively reported on their co-parenting relationships and rated especially low levels of hostility toward the mothers, during post-program interviews it became clear that the attitude that has been most difficult to shift among fathers is their perspective toward the mothers of their children. This was especially true when they were no longer in a relationship together. Very few separated men spoke of improved relationships with the mothers of their children or had anything positive to say about her in the post-program interviews. About one half of those interviewed, regardless of

relationship status, continued to speak negatively, deny their use of violence and blame the mothers for a difficult relationship and/or poor parenting. Fathers' denial or minimisation of violence is explored further in section 3.2.3 of this report.

> *"Well, there's child-focused, and then there's parent-focused. And I think she's trying to be parent-focused, and I'm trying to be child-focused."* (CD Father ID166)

The other half of interviewed fathers, regardless of their relationship with the mother of their children, made positive comments about their (ex)partner's parenting:

> *"She is a good mum. She is a really good mum." (CD Father ID22)*

> *"She's doing a great job as a mother, you know, for his safety, wellbeing and all that, she's doing a good job. The only thing is she just doesn't want me in his life, you know. That's just a sad thing. But other than that, for his wellbeing and his health, she does a great job." (CD Father ID105).*

Summary: Findings from co-parenting scales

Pre-program, fathers' scores tended to be higher than mothers, suggesting that on the whole, fathers felt their co-parenting relationships were more positive than mothers perceived them to be. Mothers' scores particularly indicated that they held different views on whether parenting duties were shared fairly, or whether their (ex)partners shared her views on parenting. Mothers also more likely than fathers to feel that their parenting is undermined by their (ex)partners.

Post-program, fathers' scores increased on all subscales, suggesting that fathers felt more positively about their co-parenting relationships after completing the Caring Dads program.

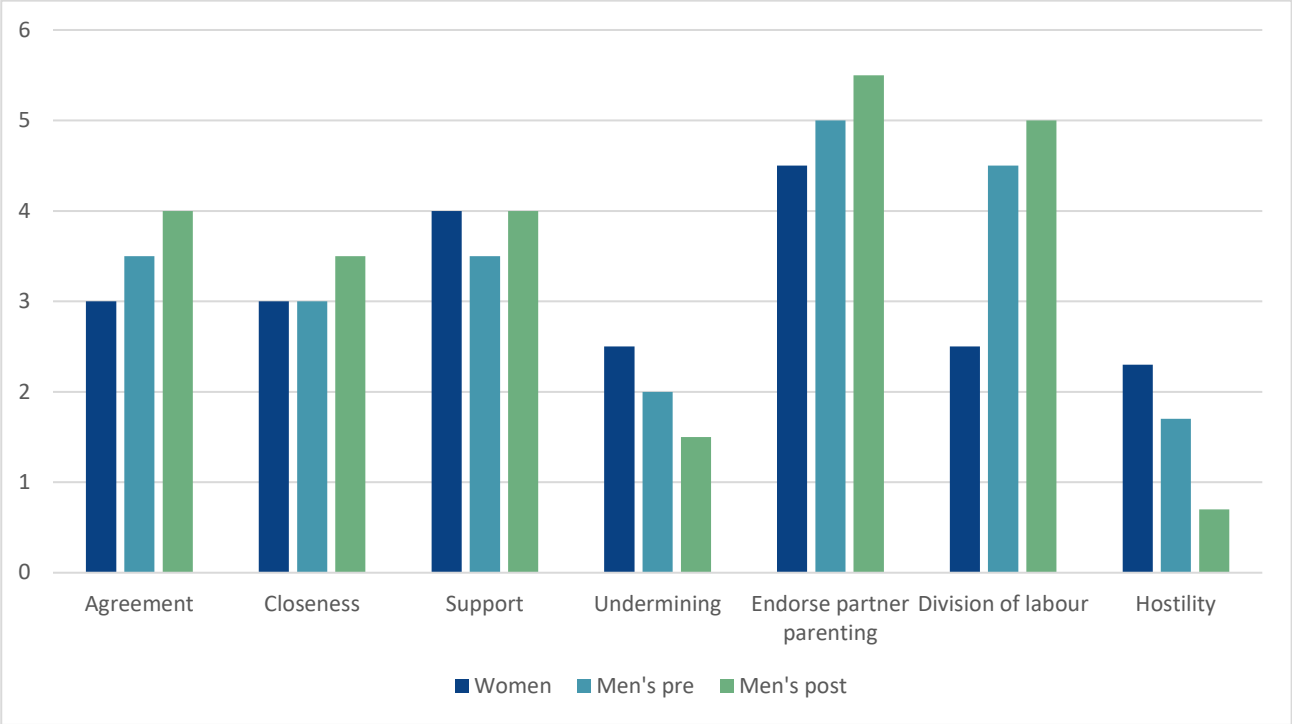
Pre-program, mothers' assessment of hostility towards them was notably higher than fathers' assessments of being hostile towards their (ex)partners. Fathers' scores decreased further post-program, indicating that they believed that they did not often interact in a hostile manner towards their (ex)partner.

3.2.2.2 Discussion: Perceptions of co-parenting relationships

The greatest difference in co-parenting scores occurred between mothers and fathers at the fathers' post-program survey time point. Fathers rated Division of Labour post-program more highly compared to mothers, indicating that fathers think they are doing more work than their (ex)partners perceive

them to be (Figure 15). In addition, fathers' post-program ratings of hostility are lower than their (ex)partner's ratings. Fathers were also less likely to feel undermined by their partner at post-program compared to pre-program, and their ratings of feeling undermined are especially low in comparison to mother's ratings. We might speculate that fathers gained some appreciation of the role their (ex)partners played in parenting their children at post-program.

Figure 15. Median scores for Co-parenting—mothers, fathers' pre- and fathers' post-program scores (2017-2019).



3.2.3.1 Perceptions of fathers' use of violence

As a program for fathers who have used violence, the Caring Dads program also aims to teach men to identify their abusive behaviours, to promote their accountability for past actions and move towards changing their behaviour towards their children and the mothers of their children. This section describes the extent to which this goal has been achieved, drawing on findings from quantitative measures, as well as post-program interviews with fathers and mothers.

Fathers: anger management

Fathers completed an anger management scale both pre- and post-program to provide insight into how men managed their anger before and after the Caring Dads program. To measure anger management overall, fathers were for to agree or disagree with several statements. The subscale item "recognise anger" comprised statements about fathers' awareness of when they are starting to get

angry at their child's mother; "self soothe" refers to the ability for men to calm down and control their feelings; and "self-talk" refers to fathers' ability to think about what they say before saying it, for example "I can calm myself down when I am upset with my child's mother". Responses range from 1 (strongly disagree) to 4 (strongly agree). Higher scores indicate better anger management and control.

Table 25. Comparison of fathers' pre- and post-program anger management scores (2017-2019).

	Pre-program				Post-program			
	Mean	**SD**	**Median**	**N**	**Mean**	**SD**	**Median**	**N**
Recognise anger	2.84	.56	3.00	164	2.99	.50	3.00	107
Self-talk	2.65	.79	2.67*	165	3.21	.70	3.33*	108
Self-soothe	2.93	.74	3.00**	163	3.27	.65	3.33**	107
Overall anger management score	2.81	.55	2.78*	163	3.15	.50	3.14	107

*Indicates a significant difference between pre-and program median scores at the .05 level
**Indicates a significant difference between pre-and program median scores at the .01 level (See Appendix C for details)

Pre-program results were relatively high (a mean of just below 3), thereby indicating a positive self-report of anger management. Scores increased post-program to a mean of just above 3. Scores were skewed high at both time points for subscales, though the overall measure of anger management was normally distributed. All subscales and the overall score showed a significant improvement on mean score between times 1 and 2 (see Table 25), suggesting that fathers felt they managed their anger more successfully post-program, compared to pre-program.

In post-program interviews, many fathers and some mothers agreed that fathers were better able to manage their anger since participating in the Caring Dads program. Some men spoke of regularly utilising the 'thoughts, feelings, actions' triangle and the 'traffic light' metaphor (suggesting a father should stop, pause, then act), specifically learnt through the Caring Dads program to help them respond more calmly when feeling challenged. Other mothers, mainly those no longer in a relationship with the father, had not seen any change in fathers' ability to manage their anger. A small number of mothers felt that their (ex)partners' anger had become more difficult for him to control since participating in the program.

> *"He got more angrier with stuff. He got frustrated…his temper, it raised more than what he normally would do. And to me it was just because of that program. He was in this program, forced into it…he got blamed for everything and that made him more aggro."* (Mother ID43)

"He comes home and he's just crabby because he's had a bad day and he just takes it out on us just by cracking the shits about anything. Like 'I thought you were going to mop the floor and the house is filthy'. Just having a go at who knows what. You just never know what you're gonna get when he comes home." (Mother ID24)

Fathers: attitudes towards gender equality

It is commonly accepted that levels of gender equality are directly related to levels of violence against women in the community (Our Watch, ANROWS & VicHealth 2015). While attitudes on gender equality cannot be directly correlated with behaviour, attitudes of gender inequality do tend to co-exist with perpetration of violence against women (Our Watch et al. 2015).

Fathers completed a scale to measure attitudes toward gender equality, extracted from the Australian National Community Attitudes Survey. Fathers were asked to rate their agreement with a set of statements with scores ranging from 1 to 5 (strongly agree to strongly disagree). Statements were converted into a score out of 100, where 100 represents strong agreement with gender equality.

Table 26. Total NCAS scores for fathers (2017-2019).

	Pre-Program				Post-Program			
	Mean	SD	Median	N	Mean	SD	Median	N
Total NCAS score	74.00	12.23	73.82**	121	77.31	19.02	80.76**	107

**Indicates a significant difference in scores at the .01 level

Both pre- and post-progam, fathers' scores tended to be skewed towards the high end. However, a significant improvement was observed from pre-program (*Md* = 73.8) to post-program (*Md* = 80.8). This is a positive result and what would be hoped for at the end of the Caring Dads program. However, demonstrated in Table 26, there was a wider variation in scores post-program, with the standard deviation increasing from 12.23 (Time 1) to 19.02 (Time 2). This indicates that some men improved in their attitudes towards gender equality, while others stayed the same, or their scores decreased.

Scores were normally distributed at pre-program and ranged from 40 to 100, but overall skewed high. Post-program, scores were significantly skewed towards the high end and mostly clustered between 60 and 100. Pre-program, none of the scores were below 40, but at post-program, interestingly, some scores were as low as 12.

Mothers: experiences of violence

An attempt was made to measure change in reported abusive behaviours by fathers in the Caring Dads program towards mothers of the children by using the Composite Abuse Scale (CAS). The evaluation

was designed to ask mothers about any abuse they had experienced from the father who was attending the Caring Dads program at three time points: pre-program, one month post-program and twelve months post-program. The implementation of the first time point presented an issue for comparability. The CAS pre-program was asked by program facilitators who often did not feel comfortable asking these questions until they came to know the mother better, usually during a second or third contact. At that point fathers may have been embedded in the program which might have been impacting their behaviour, resulting in lower ratings of abusive behaviour. Therefore, at the first time of measurement mothers were asked to report whether they'd experienced incidents of abuse from fathers within the last 12 months. To see if a change had been observed post-program, mothers were then subsequently asked about whether these incidents of abuse had occurred within the month preceding follow-up contact. This is not an ideal application but provides some indicative results. We would recommend in future, asking women to report only on the last month when the two time points are so close together.

53 mothers agreed to complete the CAS towards the beginning of the fathers' Caring Dads program. Thirty-four of the 53 mothers (64%) who completed the CAS reported that they were currently in a relationship with the father who was participating in the Caring Dads program, and 46 mothers reported that they had been in an intimate partner relationship in the past 12 months (not necessarily with the father in the program). While most mothers were not currently afraid of the fathers of their child[ren], twelve mothers were currently afraid. Thirty-one (59%) mothers reported having been afraid of the father of their child within the last 12 months. Twenty-three (43%) mothers indicated that they had been afraid of other (ex)partners previously.

Table 27. Mothers' current relationship status with Caring Dads father by her current report of feeling fearful.

		Currently afraid		Total
		No	Yes	
In a current relationship with the Caring Dads Father	No	13 (72%)	5 (28%)	18 (100%)
	Yes	27 (79%)	7 (21%)	34 (100%)
		40	12	52[1]

[1]Note *n* not equal to 53 due to missing response

The CAS scale groups forms of abuse into the four categories of emotional/psychological abuse, physical abuse, severe combined abuse, and harassment.

Figure 16. Composite abuse scale: Mothers' experience of abuse during the twelve months prior to the Caring Dads program (2017-2019).

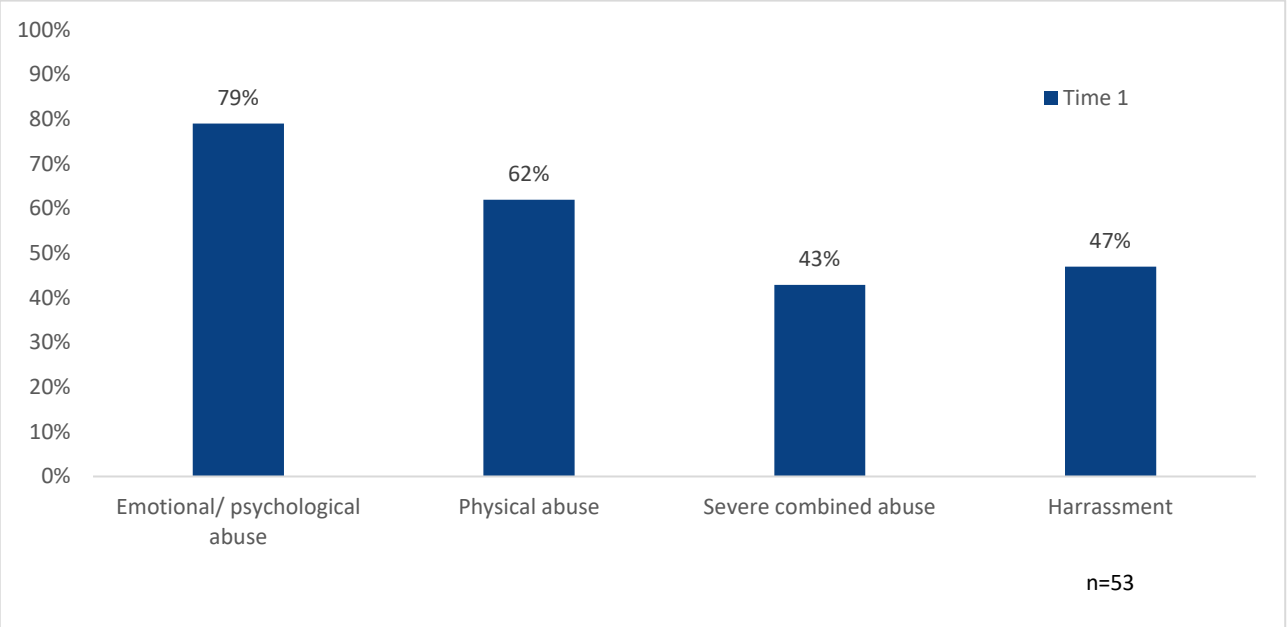


Figure 17. Composite abuse scale: Mothers' experience of abuse during the twelve months prior to the Caring Dads program, compared with twelve months post-program (2017-2020).

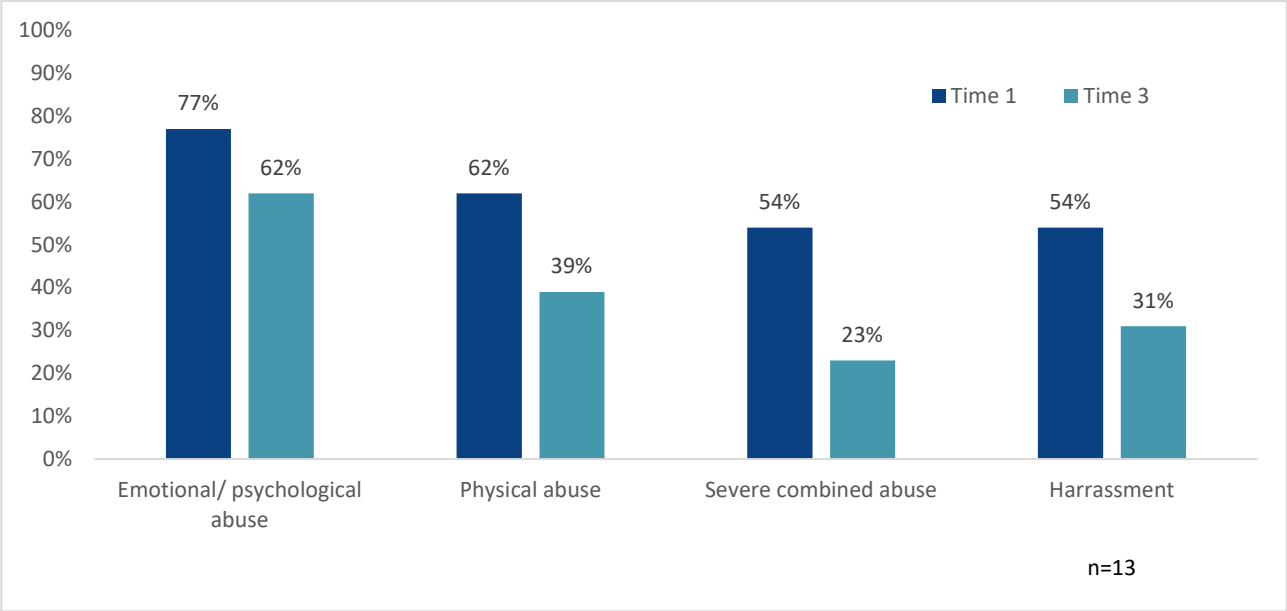


Figure 16 depicts the percentage of mothers reporting at least one experience of each type of abuse at the first time point (pre-program). At this stage, more than two-fifths of mothers reported severe combined abuse during the last 12 months.

Figure 17 presents rates of abuse, as measured 12 months post-program compared with the pre-program. Only 13 women completed both a pre-program survey and a 12-month survey, so caution needs to be used when extrapolating from these results. These high rates of violence 12 months post program indicate a need for long-term follow-up to establish whether abusive patterns of behaviour have changed. It would be beneficial to increase the number of mothers completing 12-month post-program measures in order to fully understand these long-term outcomes.

In contrast with the number of women reporting their (ex)partner's use of violence in the CAS, only a small number of fathers self-reported their use of violence during interviews. These men were particularly reflective on the impacts their behaviour had on their partners and children. However, fathers were still more readily able to speak about the impact of their behaviour on their children, rather than on their partners or ex-partners.

> *"If it wasn't for family violence – you can never say 100 per cent – but I imagine we wouldn't be separated. It's probably affected the kids' behaviour and – not behaviour, but the way they feel about themselves and the way they see the world."*
> *((T1 CD Father ID10).*

> *"…she's [now] more wary of me. Like, if it gets out of control, she tells me to go."*
> *((T1 CD Father ID22)*

"I didn't use any physical violence or that. But I used a bit of mental abuse, and I personally hated myself after." (T1 CD Father ID36)

Fewer fathers were able to recognise their own behaviours as tactics of family violence. Many fathers made comments in their post-program interviews that continued to minimise their behaviour, blame others for their situation, or completely deny that their behaviour had impacted their children and children's mother in any way:

"I wasn't actually violent. Like yeah, me and my partner argued, but we just have sort of the usual, you know, boyfriend/girlfriend, wife/husband argument." (T1 CD Father ID44)

"I suffer from depression and that, due to some mental issues in my past…and that was the reason why me and my ex-partner split up, because I was – not violent – but I was angry a lot." (T1 CD Father ID36)

"She's accused me of domestic violence and sexual assault and all sorts of things which aren't true." (T1 CD Father ID58)

"They told me I wasn't allowed to return home. The charges were dropped after twelve months, so it was just like sort of a pain that someone said that about us, made us live apart from a year." (T1 CD Father ID41)

"To tell you the truth, I told them right from the start. I'm a man of few words and I only said a few words. I told them that this is not true, but I don't want to argue with you. But I'll tell you, this is not the person she portrayed me to be." (T1 CD Father ID61)

"I ended up saying one little nasty thing, like I never ever in my life would hurt a woman, or even, you know, nothing like that at all. I said one little nasty thing which got blown out of proportion and she got an AVO out against me. Which, you know, I said one nasty thing, even though she provoked me." (T1 CD Father ID105)

"My case is a bit unique in that I didn't commit any family violence, let alone against my daughter. Yeah, I hadn't done anything." (T1 CD Father ID150)

Some fathers who did not recognise their behaviour as abusive began to identify themselves as victim/survivors of violence from their female partner. This is always a risk in all forms of perpetrator and highlights the need for highly skilled facilitators to be able to disentangle thoughts and discussion when men attempt to self-label as family violence victims.

"This whole thing's actually opened up my whole mind, like wow. Like I was the one who'd been, you know, subjected to this sort of, forms of family violence." (T1 CD Father ID37)

"At the breakdown of the relationship, I've worked out since…that I was actually the victim of domestic violence and emotional abuse." (T1 CD Father ID58)

The difficulty fathers had in acknowledging their behaviour as a form of family violence is expressed here by one father who first recognises the impact his behaviour had on his family, and then in the next sentence steers towards blaming the mother and depicts her as more abusive than himself:

> "*My family, my kids and my partners and stuff like that? Yeah, of course, it's [family violence] had a massive impact on it. A huge impact on it…well, the last relationship with [ex-partner], both people were committing acts of family violence. Um, to be honest, [ex-partner] was committing it a lot more a lot of the time. And these programs actually sort of let me recognise this." (T1 CD Father ID37)*

Several fathers also used their cultural background as a way of excusing their behaviour and instead believed they had been misunderstood:

> *"From the day I come in Australia, they say that I am a violent, I don't know why. I don't think so that I'm a violent person. I'm just a realistic person who take the life obviously very serious." (T1* CD Father ID38)

> *"All the time, our complication, problem with my wife, because she is from different culture, I'm from different culture. And her main language is different to my main language. So both of us talk in English. But both of our English is not good. So, this brings problems." (T1* CD Father ID158)

Summary: Findings from anger management, gender equality and composite abuse scales

Fathers' scores increased on the anger management scale from pre-program to post-program, indicating that overall, fathers felt they were better able to manage their anger since participating in the Caring Dads program.

Fathers' scores also improved on the scale measuring attitudes toward gender equality, suggesting that many fathers held more positive attitudes towards gender equality. However, there was a wider variation in scores post-program, signifying that while some men improved their attitudes, others remained the same, or held more negative attitudes about gender equality since participating in Caring Dads than they had previously.

Although the Composite Abuse Scale demonstrated a decrease in experiencing abuse across the pre-, post- and 12-month post-program time points, mothers continued to experience abuse from fathers who had completed the Caring Dads program twelve months following his participation of the program.

3.2.3.2 Discussion: Perceptions of fathers' use of violence

Interviews with mothers provided insight into the range of ways fathers' use of violence was impacted by the Caring Dads program. Some mothers in a current relationship with the Caring Dads father spoke about their partners as less undermining of them, or less of a bully after the program, compared with before the program.

> *"At the start, before Caring Dads and near when the incident happened in 2016, it was sort of like he was being…he would make comments like 'can't you do this? Like, can't you wash the bottle? Why can't you change the nappy, like, can you do anything?' I think that sort of made me feel like a really shit mum. Whereas that doesn't happen now." (Mother T1 ID2)*

> *"He doesn't name call me in front of the kids no more. He used to say to the kids 'oh, call mummy fat'. And now he doesn't use anything like that. He's telling the kids to be nice to mummy and don't call her names and that, cos it's disrespectful." (Mother T1 ID5)*

> *"He used to always talk down to me. . . he has been physically abusive sometimes in the past. Just very – I don't know if domineering is the word. I'm not sure what the word is. Now he's kind of on the same level as me, I feel. We can talk about things as far as our daughter is concerned. I don't have to think 'if I say this, he's going to get*

angry'." (Mother ID1)

In addition, some mother provided specific examples where the father increased their accountability for past behaviours. This was more common when partners were in a relationship together.

> *"I do really think that [his behaviour affected my relationship with children]…I did bring it up to him, like, before he started Caring Dads and everything was still sort of warring and we were going through court, but like to him it just wasn't an issue. He had no impact. But then, the other night he randomly walked up to me and said sorry. And I said what do you mean, sorry for what? And then he said I'm just sorry for you not having a bond with [child]…It was just really new for him to come up and acknowledge that…he sort of realised that I don't get that, because I missed out on that bond because I was too focussed on [him] , instead of being focussed on [child]." (Mother ID2).*

> *"He became very remorseful and guilt-ridden. And apologised to me so many times I can't count."* (Mother ID28)

Several mothers still in a relationship with the father described a decrease in abusive behaviours, but indicated that the father's use of violence had not completely ceased.

> *"He's not as, I guess, verbally abusive as he used to be. But he still has those moments where he does do it but not as much as what he used to." (Mother ID11)*

> *"The emotional bullying is much better than it was. It still happens, but it wouldn't be as bad." (Mother ID21)*

Most mothers who noted a change were concerned it would not be sustained several months after the program finished. They questioned who would be monitoring his change and progress.

> *"He certainly learnt things. I have seen a change in him. I'm just skeptical about whether it will last or not." (Mother ID28)*

Regardless of relationship status, some mothers saw no change in the way fathers treated them post-program.

> *"No. definitely not. Like even, the other day [oldest child] wanted to put the dishwasher tablet in the dishwasher and then [(ex)partner] said 'Oh, one day you should put that in mummy's cereal and then she'll be super sick.' Like, there's no way he's talking positively about me to anybody." (Mother ID24).*

Furthermore, four mothers indicated that their (ex)partner had reoffended since participating in the Caring Dads program. Each of these fathers had been placed under an intervention order since the program.

Finally, several mothers who were in a current relationship with the Caring Dads father minimised or denied their partners' behaviour.

"A lot of the stuff he's been accused of is just silly things. It's not serious matters or anything like that." (Mother T1 ID6)

"[Father] done the Caring for Dads program because he got – he had problems with his ex-wife and she took him to court and made up all these nasty allegations about him." (Mother T1 ID43)

3.2.4.1 Other program impacts

This section provides a brief overview of ways in which participation in Caring Dads program impacted fathers beyond what has already been described in this report. This section also provides insight into the well-being and support needs of mothers associated with fathers who participate in the Caring Dads program. Fathers and mothers completed pre-program measures related to their perceived levels of well-being and social support. Fathers completed these measures a second time after completing the program.

Fathers: Well-being

A measure of well-being was included in the questionnaire as a control data item to identify change unrelated to parenting and co-parenting, and to provide a sense of fathers' overall wellness pre- and post- program. Fathers were asked questions to measure feelings of anxiety and depression. This was measured using the Patient Health Questionnaire for Depression and Anxiety (PHQ) scale, which asked about how they had been feeling over the past two weeks. Scores were categorised into four states, ranging from normal experiences of negative emotion to severe experiences of anxiety and depression.

Pre-program questionnaires showed an even spread of scores, with around one quarter of the fathers falling into each of the four categories (normal to severe). Post-program, the distribution of scores was more clearly skewed towards normal levels of anxiety and depression and fewer fathers reported moderate to severe anxiety and depression. However, median pre-and post-program scores were identical, sitting at 2.0 (normal) out of a range of 12 (severe depression/anxiety). This indicated that while results trended towards improvement overall, there was no statistically significant change to men's emotional state over time (see Table 28; Appendix B for statistical tests). There were no differences between men who reported normal to mild or moderate to severe scores when previous attendance at Parenting programs or DFV programs was examined. Similarly, no difference in additional support, such as counselling, was seen to affect score groupings.

Table 28. Proportion of fathers experiencing symptoms of anxiety and depression (2017-2019).

	Pre-Program		Post-Program	
	Count	**Percent**	**Count**	**Percent**
Normal	48	28%	53	47%
Mild	45	26%	29	26%
Moderate	37	22%	19	17%
Severe	41	24%	12	11%
Total	171 [a]	100%	113[a]	100%

[a] Total does not equal 200 due to missing responses

.

Qualitative interviews reinforced the overall positive impact of the program on fathers' well-being. Half of the interviewed fathers reported that the Caring Dads program had helped to improve their sense of wellbeing.

> *"I have certainly changed a lot. I mean, the Caring Dads course has certainly made me more aware of what's going on inside me."* (T1 CD Father ID74)

> *"I'd say I'm better at it [taking care of myself] now than I was before. And I think it's more about putting yourself first for a change."* (T1 CD Father ID73)

Some fathers had seen or continued to see a counsellor or psychologist at the time of being interviewed, reflecting that this was helpful for them.

> *"I've been getting counselling for at least six months as well. I'm going to try and continue that around work."* (T1 CD Father ID74)

Mothers: Perceptions of fathers' well-being and emotional stability

Mothers were also asked to report on their perceptions of father's emotional stability. They were given a series of statements about how their child(ren)'s father might behave and asked to rate them from 1 (not true) to 7 (very true). Items fell into three sub-categories: emotional experience, cognitions and behaviours and a total score encompassing all three domains. Examples of questions include: a) emotional experience - "When my child's father is upset, he has trouble knowing what he is feeling, he just feels bad"; b) Cognitions –"When my child's father is upset, he has trouble solving problems"; c) Behaviour – "When my child's father's emotions are strong, he often makes bad decisions". High scores reflect poor emotional regulation or high emotional instability (see Table 29).

Scores were skewed toward the high end of the scale with a mean around 5 at both pre- and post-program, with the medians slightly higher, thereby indicating a perception of poor emotional regulation and emotional instability.

Mothers in a relationship with the Caring Dads participant did not provide significantly more positive scores than mothers not in a relationship with the participant, thereby illustrating a rather unbiased reflection of his emotional stability.

Table 29: Mean and median scores for mothers' perception of fathers' Emotional Dysregulation (2017-2019).

	Pre-Program (*n*=51)[a]		
	Mean	SD	Median
Emotional Experience	**5.07**	**1.97**	**6.00**
Cognition	**4.75**	**2.08**	**5.25**
Behaviour	**4.86**	**2.03**	**5.25**
Emotional Dysregulation Total	**4.89**	**1.83**	**5.33**

[a] Not equal to 53 due to missing responses.

Mothers: Well-being

Mothers also completed the Patient Health Questionnaire for Depression and Anxiety (PHQ) pre-program to ascertain their current mental health status. As with the scale for fathers, this short 4-item scale comprised two items that measured experience of anxiety in the previous two weeks, and two items that measured depression. Mothers were asked to rate whether they had experienced these symptoms (not at all = 0 to nearly every day = 3). Scores fell into the range of normal to severe. Combined, these items presented an overall mental health score (Table 30). Two-thirds of mothers had experienced some anxiety or depression in the last two weeks (67%), ranging from mild symptoms (25%) to severe (23%). The distribution across the range from mild to severe was similar to that of fathers at pre-program state, but with mothers slightly more likely to score 'normal'.

Table 30. Count of mothers' experiences of mental health in the last two weeks (2017-2019).

	Pre-Program (*n*=52)[a]	
	Count	Percent
Normal	17	32.1%
Mild	13	24.57%
Moderate	10	18.9%
Severe	12	22.6%
Total	52	98.1%

[a] Not equal to 53 due to missing responses

Pre-program, mothers also completed measures related to how they perceived their own quality of life and their sense of control, and agency in their life. Overall mothers were positive on most of these measures and demonstrated a positivity toward life and high degree of confidence and belief in themselves. However, they did tend to feel mediocre about how much control they had in their life.

The Quality of Life scale included nine statements such as 'How do you feel about yourself, your accomplishments, your independence'. Scores ranged from 1 (extremely pleased) to 7 (terrible), with lower scores being more positive. Mothers tended to be quite pleased with their quality of life overall (*M*=3.18, *SD*=1.27). Quality of Life was not associated with mothers being in a relationship or not.

An independent sample t-test revealed that there was no difference in quality of life scores for women in a current relationship with the Caring Dads father (*M*=3.29, *SD*=1.45, *n*=34) and not (*M*=3.05, *SD*=.8, *n*=17); *t*(51) = -.64, *p*=.53. However, the larger standard deviation for the women in a relationship indicates more variation in this group.

Control in life was measured using the Pearlin Mastery Scale where mothers were asked to score themselves on seven statements such as 'I have little control over bad things that happen', 'I feel helpless in dealing with problems' and 'I can do anything I set my mind to'. Scores raged from 1 (strongly agree) to 5 (strongly disagree). A higher score indicates a greater sense of control. Overall, mothers felt neutral about the amount of control they had over their own life (M=3.47, SD= .72). These scores were not associated with relationship status of mothers with the Caring Dads father.

An independent sample t-test revealed that there was no difference in scores on the Pearlin Master Scale for women in a current relationship with the Caring Dads father (*M*=3.50, *SD*=.76, *n*=34) and not (*M*=3.36, *SD*=.64, *n*=17); *t*(51) = -.67, *p*=.53.

When mothers were asked about how certain they were that they could manage difficulties in their life (0= cannot manage at all, 100 = can manage absolutely), they tended to report being confident in their ability to manage (*M*=71.71, *SD*=21.85, *Md*=77.50), irrespective of whether they were currently in a romantic relationship with a the Caring Dads father or not.

An independent sample t-test revealed that there was no difference in scores ability to manage difficulties for women in a current relationship with the Caring Dads father (*M*=72.18, *SD*=23.23, *n*=34) and not (*M*=70.88, *SD*=20.17 *n*=17); *t*(51) = -.20, *p*=.85.Mothers were also very positive about their personal agency, their ability to effect change in their own life (*M*=3.48, *SD*=.58, *Md*=3.69). This was measured using the Sense of Agency Scale, comprising 8 statements that were rated from 1 (never, reflecting a poor sense of personal agency) to 4 (often, reflecting a strong sense of personal agency). No differences between mothers in a current relationship with the Caring Dads father and those who were not was seen.

An independent sample t-test revealed that there was no difference in mothers' sense of agency for women in a current relationship with the Caring Dads father (*M*=3.45, *SD*=.63, *n*=34) and not (*M*=3.57, *SD*=.48 *n*=17); *t*(51) = -.72, *p*=.45.

Fathers: social support

To gauge a sense of fathers' levels of social support, fathers were asked eight questions about their social support network. Scores range from 1 (strongly disagree) to 4 (strongly agree). Questions centred around whether fathers felt there would be someone to help if something went wrong, if fathers had someone they felt comfortable talking about problems with or someone they could count on in an emergency, and whether fathers felt they had friends and family who helped them feel safe, secure and happy. Higher scores indicate better social support. Scores for social support started relatively high pre-program and improved further by time 2 (see Table 31) meaning that men generally believed they had a social support network to call on when necessary. The change in mean scores was not statistically significant.

Table 31. Mean and median scores for social support (2017-2019).

	Pre-Program (*n*=171)	Post-Program (*n*=113)

	Mean	SD	Median	*Mean*	*SD*	*Median*
Social support score	3.05	.54	3.13*	3.21	.63	3.25*

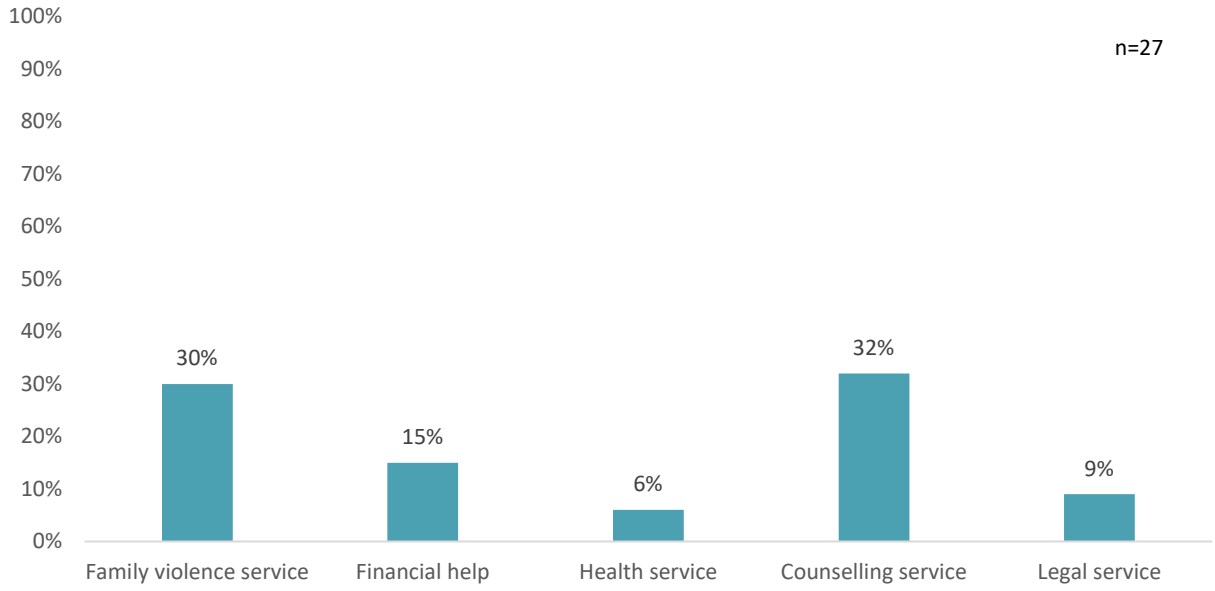
*Indicates a significant difference at the .05 level.

Mothers: Social support

Just over half of the mothers (55%, *n*=29) agreed that they needed assistance from community services. The most commonly requested service was counselling (32%, *n*=17) (Figure 16). Just over half the mothers (62%) reported feeling very confident about knowing where to go for services, with only 3% reporting feeling not very to not at all confident (Table 32).

When asked to rate how certain they were in getting the services they need, the mean rating given was 70.7 out of 100 on a scale from zero (cannot get at all) to 100 (highly certain can get). The most common rating was 100 (highly certain can get), followed closely by 50 (moderately certain can get), indicating confidence was relatively high. However, almost half of the mothers (47%) indicated that they had experienced difficulties in getting the support they needed from the system within the last year (see Table 33. Difficulty mothers experienced in attempting to access support from services in the past year (2017-2019).Table 33).

Figure 18. Types of services requested by mothers (2017-2019).



**n* not equal to 53 due to missing and not applicable responses (e.g. mothers said they did not need any services)

Table 32. Confidence of mothers in knowing where to go for services (2017-2019).

	Count	Percent
Very confident	33	62.3
Somewhat confident	14	26.4
Not very confident	2	3.8
Not at all confident	3	5.7
Total	52[a]	98.2%

[a] Total does not equal 53 due to missing response

Table 33. Difficulty mothers experienced in attempting to access support from services in the past year (2017-2019).

	Count	Percent
Very difficult	11	20.8%
Somewhat difficult	14	26.4%
Not very difficult	13	24.5%
Not at all difficult	12	22.6%
Total	50 [a]	94.3%

[a] Total does not equal 53 due to missing responses

3.2.4.1 Discussion: Well-being and the ability to obtain additional support

Being part of the Caring Dads program provided opportunity for both mothers and fathers to gain additional support. Facilitators can refer fathers to additional support services, and the mother contact worker can also offer support services to the mother. Fathers and mothers both indicated that fathers were facing challenges in their well-being during the period of time when fathers were attending the program.

Fathers self-reported anxiety or depression, and mothers reported that the fathers exhibited signs of instability or dysregulation of emotions. Fathers did report improvement in feelings of anxiety and depression at the end of the program in the post-program measures and they indicated they had access to social support if required. While it is uncertain what led to this change, it is likely that fathers felt a notable degree of anxiety and depression when they started the Caring Dads program which may have naturally dissipated as they participated in the program, and no longer saw it as a threat. For others, the techniques and knowledge gained in the program are likely to have aided their sense of

well-being. Most men reported that they had access to social supports outside of Caring Dads that they could call on for assistance if they needed help. This is a measure of social connectedness which is often associated with a greater sense of well-being.

Mothers also indicated a level of anxiety or depression at their time 1 contact, but it was overall slightly milder than was reported by fathers. Mother's overall sense of well-being, agency and quality of life were rated relatively highly, but they felt a lack of control over their lives. Mothers reported that they knew where to go to access community support, however two fifths of them also stated that it was relatively difficult for them to access. Therefore, the mother contact role is important to ensure these mothers do have someone who can facilitate support on their behalf if required. There is discussion later in the report about the change in mother contact work during the final year of the evaluation and being better able to meet mothers' needs.

3.2.5.1 Long-term impact of the Caring Dads program

Fathers and mothers in the evaluation were asked if we could recontact them twelve months after they participated in the post-program interview. Sixty-three men and 34 women agreed to be re-contacted for 12-month post-program interviews, which resulted in interviews with 24 fathers (38%) and 17 women (50%).

Fathers: Impact of the program after twelve months

Twelve months after completing the Caring Dads program, all interviewed fathers spoke positively about the program. The majority of interviewed fathers recalled some of the program content and specifically mentioned a skill or tool they had learnt in the program. The most commonly mentioned tool was the child-centred/parent-centred continuum, which fathers not only remembered, but mentioned continuing to implement in their interactions with their children.

> *"Oh look, there's this continuum, and I use it, I actually use it. And it's the most simple thing in the world. And it should be given to every dad at a hospital when you have the birth of your baby. It's so simple."* (T2 CD Father ID58)

Fathers talked about the program helping them to develop insight and improve their parenting skills. Some spoke about how they could now recognise their feelings and could regulate their emotions better.

- Increased insight into their behaviours:

"They helped me in a way of virtually seeing what's going on, pointing out the issue and trying to fix the issue. And I believe if it wasn't for that program, I'd still be in the slump where I was with my emotions." (T2 CD Father ID36)

- Improved parenting skills:

"It met my needs in a lot of ways. It sort of opened up my eyes a bit. And, also, how to interact with my daughters, my other kids. And that was another part that I took out of it – and that was the interaction and development age of our children. Their developmental ages, how to implement certain things as they grow up. How to speak to them as teenagers, how to deal with their behaviour." (T2 CD Father ID44)

"I think one really clear benefit is just being able to empathise with what kids are going through in a circumstance. Not getting immediately emotionally drawn in and reacting, but pausing or taking that second to observe the situation and thinking about what my kids will actually be feeling or experiencing before I respond or act." (T2 CD Father 10)

- Increased recognition of their feelings:

"…kind of just to be more open about yourself, like the reflections and all that stuff. That's the main stuff I remember. And just be honest with everyone. Don't hide your feelings. That's probably the main thing that I remember being taught." (T2 CD Father ID36)

- Improved communication and listening skills:

"*I think I become a good listener. Now if she talk to me I'm really calm and just when I listen to her, every word what she trying to say. And try to understand. And that really help me a lot. Because sometimes there is nothing if you listen. Sometimes I can fix the things very very easy, why. But if you star, then there is on argument pretty much for me, if you're listening."* (T2 CD Father ID106).

- Better anger management:

"If I'm a bit frustrated, I got taught just go into your own little zone, find something that I can do to get rid of that frustration." (T2 CD Father ID36)

"It's had a major impact on my behaviour over the last 12 months. I don't sort of fly off the handle as much over things, but I still do – just the small things that annoy me." (T2 CD Father ID44)

Fathers who continued to live with the mother of their children stated that their relationship has improved since completing the Caring Dads program:

"Our marriage has by and large healed." (T2 CD Father ID94)

Fathers who no longer lived with the mother of their children spoke about trying to improve the way they communicate with their ex-partners, with some fathers stating that they limit their contact with ex-partners to conversations related to shared parenting.

"What she's done is frustrating, but I see it as I'm being the better person by not showing any aggression." (T2 CD Father ID36)

"There's not a lot of communication, but we seem to be communicating well in terms of making arrangements, and then if we need to change them slightly, that kid of works okay." (T2 CD Father ID10)

"I've been reticent to contact her in any way, shape or form, other than specific things about the children." (T2 CD Father ID58)

Two 12-month interviewed fathers were still on a Family Violence Intervention Order, which had been in place since before the Caring Dads program. One additional father said that he had been placed on an Intervention Order since completing the Caring Dads program.

Overall, a majority of fathers interviewed at twelve months displayed some level of reflection and insight into their use of violence. A small few demonstrated strong insight and roughly a third displayed no insight into their behaviour. Examples of the expression of different levels of reflection and insight are illustrated in Table 34.

Table 34. Examples of the range of reflection and insight among fathers 12 months post-program.

No reflection or insight	Some reflection and insight	Strong reflection and insight
"That's absolute nonsense. The court system said because I grabbed her by the throat – we had a domestic over her mobile phone and I've admitted to all of that. And I discovered she'd changed the code on her phone. My wife and I have no secrets. So, to me, something's not right, and it's not hard to work out what's going on. She didn't want me to know what she was getting up to." (T2 CD Father ID90)	"It [CDs program] certainly helped me to see how some of my behaviours fit into that [definition of abuse]…but I'm much more aware of everyone's behaviours and how they impact on everyone else after the program, not just my own." (T2 CD Father ID36)	"[The CDs program helped me identify] my own behaviour that was abusive, and why it happened. Why I did that. And yeah, it's something that affects me a lot, even when I observe it or read about it or see it somewhere. It really makes me feel quite sad about my own experience, but also determined to not let that happen. And just understanding the damage that it does to the children." (T2 CD Father ID10)

Mothers: Impact of the program after twelve months

Approximately half of the mothers interviewed twelve months post-program commented on the positive changes they continued to notice in their partner's behaviour. Nearly all of these mothers were in current relationships with the father who had participated in the Caring Dads program. Changes ranged from improved parenting skills and anger management, to increased insight and awareness of his own behaviour.

- Improved parenting skills:

"When something would happen or something, he'd normally just get angry and say 'Don't do that'. But I've seen him two or three times actually say '[child's name], I don't want you to do this because of this, and this will happen' or whatever. He'd actually tried to explain to her why not to do something rather than just yelling at her and getting her in trouble. So that's what I've seen, and that's what he didn't ever used to do. He's only still done it a handful of times. But this is what I noticed, and I think would have been from that program." (T2 Mother ID24)

"[He's got] more confidence, ways to actually interact with his daughter in appropriate ways, that sort of stuff." (T2 Mother ID11)

- Improved communication skills:

"I feel like he can listen better. He's more receptive to what I have to say…if I've got a problem, I can just talk to him about that and I feel like he'll listen." (T2 Mother ID3)

- Improved relationship with children:

"They do talk, like when she's [child] not so angry and she's in a good mood, which is most of the time. Yeah, they talk and stuff. They joke and have a bit of a laugh and everything as well. And before that, it wasn't like that before. It was always angry towards each other and things." (T2 Mother ID18)

- Increased level of respect for mother:

"I feel like he respects me now, and things like that. Whereas before, there wasn't really much of that going on." (T2 Mother ID1)

- Increased awareness and insight into his behaviour:

"There's a little bit of awareness that comes in post-occasion. Not in the moment. I think in the moment he still says and does things that are still very much his ways of the past. However, on the odd occasion, he might send a text later to say 'I didn't handle that very well'." (T2 Mother ID16)

- Better anger management:

"He's not as angry." (T2 Mother ID11)

- Decreased substance use:

"Well, he was on drugs when he first started and like, working to get off them and that was a big thing for me. Like, I didn't want to be in a relationship with someone who was doing that so, yeah, I think the program helped him realise why he needs to be around for me and our daughter as well." (T2 Mother ID1)

Mothers no longer in a relationship with fathers commonly stated that while they had initially noticed positive change, fathers were not able to maintain their behaviour after the program finished. One mother spoke about how her (ex)partner had started the change process but hadn't yet put positive parenting actions into practice at the end of the program.

"I felt he'd gained a language or a new rhetoric, but didn't feel he actually understood how that translated into significant change – significant behaviour change or attitude change. I felt he had learnt a new way to speak about these things, rather than a fundamental shift in his understanding of how to parent differently." (T2 Mother ID16)

"To be honest, after Caring Dads finished he's gotten worse. So, he was much better when he was on the program." (T2 Mother ID21)

"He had a much better relationship with his daughter. He actually spent time, like he sat down, fed her, played with her, everything that a normal father would do – when he was in the program. When the program finished, he just went back to his old habits." (T2 Mother ID21)

"I think whilst he was doing the course, I thought it was quite good because it was weekly and he was trying to put things into play as he was learning them…when it was running and when it was current I thought it was good, but when it was ended, I thought it was all just forgotten." (T2 Mother ID24).

"Even if it was fleeting, he did have a moment of insight perhaps, into his behaviours. That he was doing damage. Even if he didn't have enough insight, he did have some insight…look, he did try for a while, and in a different person it could turn their life around and help them have the right attitude and reconnect with their kids. I guess it depends on the person and their motive." (T2 Mother ID28)

Several mothers also spoke specifically about their ex-partner's continued use of violence post-program. Some of these mothers had remained in relationships with the Caring Dads father post-program but had separated in the last few months. Additionally, two mothers spoke of applying for an intervention order against their (ex)partner since the program, and one mother reported that her (ex)partner had been jailed for breaching an intervention order since completing the program.

"It's gotten a lot, lot worse. He's – sometimes in a fight he'll say that he's going to kill himself, to kind of like, control me." (T2 Mother ID39)

"He is changed to when he first started the Caring Dads program. Now he's just all verbal, it's not physical anymore." (T2 Mother ID18)

"His manipulation and that, even after he did the program, his manipulating ways, even the way he manipulated the kids, yeah. So, I don't think he would have gained anything out of the program, to be honest. But I don't – he did it because he was asked to, not because he wanted to. Do you know what I mean? There's a difference. I think he done it to kind of shut DHS up so he looked like he was doing the right thing." (T2 Mother ID22)

Children: Impact of fathers' violence – mothers' reports after twelve months

Twelve months after the program mothers were asked to reflect on how the abuse and violence had impacted on their children, and what type of relationship the children now had with their father. These interviews provided particular insight into the children's fear and long-term impacts due to their fathers' use of violence:

"He holds a lot of guilt for his dad, because he sees what his dad's done to the family and to my brother and my parents. And I think he holds a lot of guilt because it's his dad, so he feels responsible, even though he's not." (T2 Mother ID22)

"I've had one [child] just last weekend wrote on the back of his door that he hates himself, because those were the words coming out of his dad's mouth…that's what hurts me the most, I think. Just seeing my kids hurt like that." (T2 Mother ID49)

"I think they suffer a lot of anxiety. And the little one, actually, I've got to get him back in to see someone. Because he just doesn't cope well. You know, he'll have times where "I miss my dad." And he doesn't understand properly, you know what I mean? The older one suffers really bad anxiety. He's seeing a psychologist at the moment." (T2 Mother ID22)

"She gets a bit frightened and a bit worried, I guess, like when he carries on. But I try to avoid that situation by just leaving." (T2 Mother ID11)

"Even this morning, I said "Daddy's not going to be home for awhile and stuff" and she goes "Oh, okay, that's good. I like the police. They came and he's been naughty and they took him away and everything.' And I was like 'Yep'. I don't know if she's afraid of him or not. I think she more is when I'm not there. I think I give her a lot of confidence. And I think [when] I'm not there she freaks out even if I tell her. Like if I say 'Mummy's going out with her friends and daddy will look after you', she's in tears before it even happens, and it can be four days away." (T2 Mother ID24)

"There's times when the kids had a ball with him. Like they'd have fun. But half, the majority of the time, the kids are scared of him." (T2 Mother ID22)

When fathers have made changes, it has taken time for children to build trust and get used to father again:

"During the program, you could sort of see that he was trying, but the kids weren't necessarily as receptive either, because they weren't used to it. So, it's kind of taken

that time as well, for them to realise 'no, dad's not going to yell at me'." (T2 Mother ID17)

Some mothers indicated that their children have made the decision to no longer have their father in their lives.

> *"The two older children still choose not to spend time with him, and haven't spent very much time with him at all in the last 12 months."* (T2 Mother ID16)

> *"The only thing that upsets me is that she doesn't want to see Papa. I talk about my ex, I talk about him to her. And I say 'Daddy loves you, daddy cares about you.' But what upsets me is she doesn't want to talk to him, she doesn't want to see his photos, nothing."* (T2 Mother ID21)

> *"The older one as he's gotten older, he doesn't like spending time with him. Only because he's seen a lot more, knows a lot more of the situation. And as he's gotten older, he probably feels like he doesn't have to now, do you know what I mean? He doesn't have to share with him."* (T2 Mother ID22)

3.2.5.2 Discussion: Long-term impact of the Caring Dads program

Twelve months after fathers completed the Caring Dads program, most mothers were able to report on positive change in relation to his parenting practice and emotional regulation or anger management. For some fathers, this change had been sustained, while for others, they slipped back into old behaviours over a period after the program. There were no commonalities in how long it took for fathers to return to their old behaviour, however, from interviews we gained a sense that it was gradual for most fathers. There were also a few fathers who appeared to make changes during the program and, as soon as it was finished, saw no further value in maintaining a different way of relating to their children and (ex)partner.

Fathers themselves reported overwhelmingly that they had made change. When listening to them, it was clear that for about two-thirds of fathers there had been some increase in awareness and ability to reflect on their behaviour. These fathers identified small positive parenting improvements that they were able to implement and maintain over time. This is a positive improvement for all their children. These fathers continued to speak about the value of the program content and lessons learnt. They showed a willingness to engage with a process of change. A small few demonstrated strong insight and major change.

A few fathers spoke specifically about trying to repair their relationships with the mothers of their children, whether they were still in the relationship or not. Several fathers spoke of learning the importance of listening.

Roughly one third of fathers interviewed twelve months after the program displayed no insight into their behaviour. These fathers were often very angry and many of them were still caught up in antagonistic court processes where they were fighting for what they believed were their rights to have access to their children. A couple of these men had formed friendships with others in the program and were supporting one another by reinforcing their anger and justification of their actions. They were focussed on proving that their partner was abusive to them and, in this context, some of the program learnings had been reinterpreted by them as evidence that they were the victims.

When looking back across all of the data, there was an important finding about fathers' readiness for change and readiness for group programs. While much of this assessment tends to focus on their substance use and personality type (i.e. whether they will be disruptive to the group), some attention could also be paid to the stage at which they are in their relationship repair or breakdown. Fathers who were in a crisis stage or caught up in court processes often found it difficult to focus on the program content in a productive way. Several men spoke of spending the first few weeks unable to listen or apply the learnings, while others were angry at their partners and the system throughout the program. For these fathers there could be benefit in spending more time in program preparation, and/or adding on intensive counselling that is family violence informed.

Regardless of the degree of change reported by either mothers or fathers, mothers were quite insightful about the impact the use of violence had on their children over time. The scars were quite deep, and many children were not ready for reparation with their fathers. Many of the children were fearful of their fathers and required quite a bit of healing. Some of the children's behaviour around their dad were clear messages that they did not want to see him.

As outlined at the beginning of this report, we could see evidence of a staged change in behaviour, and a struggle to maintain positive practices in the absence of on-going program support. This is common in all forms of behaviour change and reinforces the need for additional programs for men, opportunities for men to continue participating in the program, and/or a combination of services including family violence informed counselling and MBCP.

3.2.6 Evidence of change in the Caring Dads program

What we can see through the Caring Dads evaluation is that for most participants, who completed the program, behaviour change is *commencing and moving in a positive direction*. Among the men in this evaluation, common indicators of change were evident across interviews with all cohorts. Comments

were made by both mothers and fathers at different data collection points which illustrated change in a single indicator, or across multiple indicators. Interview discussions made it clear that indicators of change were not sequential, and fathers could make some progress and then slip back into old patterns of behaviour. The indicators of change are discussed below.

Indicator 1: Recognition of problematic behaviour of *other men* in the Caring Dads groups. Information about this was revealed through mother interviews at time 1. Fathers told the mothers about how they recognised poor behaviour in other men, using this as a benchmark to compare their own behaviour.

> *"He would say 'I'm nothing like those other men in that class'. And he would compare himself to other people, but would still not take any responsibility at all." (T1 Mother ID52)*

> *"To me, he said 'These other guys have done worse things that what I have." (T1 Mother ID43)*

> *"He said there were blokes in there that are so much worse than him, and that he doesn't really belong in a group like that…and he was talking about another bloke who was there, who was really nice and couldn't really understand why he was there either." (T1 Mother ID29)*

Fathers also compared different types of violence and their belief that some forms of violence, i.e. physical, are worse than others. Fathers also appeared to have a 'stereotype' of the kind of person who uses violence (substance use issues, police record etc). Often, these comments about other men in the groups were the only things fathers were telling mothers about the Caring Dads course – nothing about content, but that they were better than the other men attending Caring Dads. Some fathers used this comparison to justify dropping out of the program.

> *"I actually went with him to the information appointment about the Caring Dads program. He seemed so interested in it. But, after the first time that he went, he said that he wants to get help for himself [but] he doesn't want to sit in a room with a bunch of um, sorry for my words, crack-heads that are complaining about being bad parents but they choose that over being a good parent. It frustrated him and he felt like it made him worse. So, he told me, that's the reason why he left. He never returned." (T1 Mother ID39)*

> *"He also felt that he was probably better than a lot of the other blokes . . . in terms of their issues . . . I think he was a bit shocked to . . . [be] with some of the other blokes that might have had major addictions, or police records or other sort of things. He thought his behaviour was a lot less serious than a lot of those." (T1 Mother ID16)*

> *"[He says] 'All these druggies and tradies and junkie people that come here who just*

hit their kids and don't take proper care of their kids, and I feel so guilty and bad. And I'm sitting among these people and I'm such a good dad to my daughter. And then it's because of your actions that I have to do this course'…He told me that 'you know, the parents, the other dads who come there, they say they have been in jail for some time, they have done this to their kids, done that, he smacks them, he hits them, and I never did this to my child so why am I sitting with these people?'" (T1 Mother ID46)

Indicator 2: Recognition of *their own* problematic behaviour and the impact this has on their children

Often the first indicator of change was increased knowledge and understanding, thereby leading men to commence on a journey of change.

"I hadn't really considered the notion of family violence being such a broad topic. I suppose I naively, in the past, had considered family violence to mean somebody is physically aggressive to the other party. And yet, we discussed the idea that family violence involves the type of verbal abuse that happened in our household that the kids were witness to…that sort of thing that we discussed broadened my understanding of the term family violence much more . . . than I'd understood before." (T1 CD Father ID125)

Indicator 3: Implementation of program tools and actions helpful *to interrupting their harmful fathering actions* and to improve their fathering (eg traffic light metaphor to stop, pause then change the action)

Indicator 3 often presented as the ability to use tools from the Caring Dads program to interrupt harmful behaviour. In this situation fathers were usually already reacting in a harmful way and these tools got them to stop and think, then gave them options for changing their approach.

"*It [the 'traffic light' metaphor] is excellent, really excellent. It makes you stop and then think, and then do things…that's when the red light comes into play. Where normally I would . . . just react"* (T1 CD Father ID126)

"He's done a full turnaround. Where now he might get angry and cranky, but he'll walk out of the house and down to the shed, or he'll just separate himself from it and step away, which gives him time to calm down, and then comes back and redoes it." (T1 Mother ID17)

Indicator 4: Consideration of their behaviour *before they act in a harmful fathering practice*

Being able to change reactions and behaviour *before* acting was less frequently mentioned by fathers or mothers, thereby indicating this is a little more challenging than interrupting behaviour.

"[Now] sometimes he will stop and think before he speaks, before he starts yelling or just goes from zero to ten . . . before [Caring Dads] . . . he just reacted, he didn't respond to them [kids]. I've noticed, it's not all the time and I don't expect that he was going to [sic] change and be a totally new person, but I think some of the stuff that he's learnt, I do see glimpses [of change]." (T1 Mother ID49)

Indicator 5: *Embedding* positive fathering practices that are respectful of their children

Data collection with children was not part of this evaluation. We instead asked mothers about things the noticed in their children, or what they might say. Most obvious were children's comments either that they were still frightened of their dad, or they noticed dad was less angry. The quote below was from a mother 12 months after the father of their child completed the Caring Dads program. In this case, there is a suggestion that the father has embedded a safer practice to manage his anger, and the child recognises it.

"[Our child] has made comments that 'Dad isn't as angry anymore – Dad's changed.' And you know, he has sort of recognised that his dad sometimes will have facial expressions or react, but he [sees his dad] contain it." (T2 Mother ID16)

Indicator 6: *Demonstrating* respect towards the mothers of their children

One of the aims of the Caring Dads program, is to help fathers understand that mistreating the mothers of their children will have a negative impact on the children. The work in the program should have a dual effect of both safer and healthier relationships with their children and increasing respect towards the mother. Among our sample, respect towards the mothers was expressed sparingly.

"I'd say a good example [of what I learnt] would be to listen and allow my wife to speak and then listen to her, to what she's saying. And then, after she's said her piece, try to, I guess, allow each other to have their parts in the conversation." (T1 CD Father ID129)

"He's interacting with me a lot better. When we have a disagreement, instead of yelling and screaming, we sit down together and have a conversation. We work out our differences." (T1 Mother ID5)

Respect towards the mother appears to be the most difficult area in which to demonstrate change. It was more common that not for men to speak negatively about the mothers.

"I try to be as positive about her as I can be for the children. I find that very diff…she's being…she's behaving atrociously." (T1 CD Father ID58)

"Trust me, I'm way more in tune with her [daughter] than what Mum is. I guarantee it. One hundred percent. And that's not me being a wanker. You only have to look at

when the kids get Christmas presents and birthday presents. I always know what they want. They have fun with me." (T1 CD Father ID57)

Evidence of change:
What we can see through the Caring Dads evaluation is that behaviour change is *commencing and moving in a positive direction*. This finding is based on triangulated analysis across fathers' self-reports, mothers' reports of fathers' behaviour, facilitator observation, and referrers who stay involved in the case management of the fathers.

Most fathers completing the program demonstrated indicator 1 and 2 while smaller groups of fathers exhibited change across indicators 3 to 6.

The qualitative interviews identified many fathers demonstrating indicators 3 and fewer of indicator 4, as fathers spoke frequently of the 'parenting continuum' and assessing themselves as either child-centred or parent-centred. They also frequently mentioned trying to implement a 'stop and think' approach before acting, and they were more aware of age-appropriate behaviour and needs. Mothers confirmed these responses, but also reported the behaviour was inconsistently applied, or faded several months after the program.

Few fathers in our evaluation demonstrated evidence of indicators 5 or 6. Those fathers who could embed safer fathering practices and/or demonstrate greater respect for the mothers had usually participated in multiple programs and/or family violence informed individual counselling. These fathers were also willing to participate in programs more than once, openly took responsibility for their actions, and had a strong desire to change because they had recognised it would be beneficial for their children, as opposed to participating in programs to meet mandated requirements.

As with most programs for men, there were a substantial number of fathers who were not ready for the program. These fathers tended to:

a) drop out before Session 3;
b) drop out when an external accountability mechanism ceased (eg when child protection closed a case and they were no longer required to demonstrate participation in a program);
c) participate inconsistently or disruptively and subsequently were asked to leave the program by facilitators; or
d) remain in the program for the purpose of obtaining a certificate of completion but remained resistant throughout. (Note: Some fathers remained in the program for the purpose of obtaining a certificate of completion, but who did start to recognise their harmful behaviour by program end.)

Some of the fathers who were not ready to participate in a program at a point in time did return to start the program a second or third time, when they were more ready. A willingness to return is

positive and speaks to the connection and trust they may have formed with a facilitator, and mirrors patterns of attempts at behaviour change in general.

However, there were a group of men who failed to recognise or take responsibility for their violent behaviour and the impact it had on their kids after participating in the program. Consistent with fathers rating themselves highly on pre-program measures, some fathers felt that their fathering practices had not changed since participating in Caring Dads because they had already been 'good dads'.

> *"I haven't really changed in how I 'father' because I didn't do anything wrong to my child in the first place."* (CD Father ID150)

> *"I've always put my children's wellbeing first. Like, food, hygiene, all that stuff. They come first, way before me."* (CD Father ID36)

Documenting this path of engagement and change adds strength to similar evaluation findings of other programs for fathers and men who use violence (Brown et al 2016; McConnel et al 2016; Scott and Lishak, 2012). The evidence supports a need for multi-pronged and long-term approaches supporting men to change their abusive behaviour.

3.3 Service System Implementation

3.3.1 Implementing Caring Dads into the Victorian service system

Introducing the program

At the time of introducing Caring Dads to Victoria, there were three primary program types for men in relation to their roles in the family. These included:

- General parenting and fathering programs: facilitated and educational, ranging from 1 to 3 sessions.
- Men's Shed: a meeting place or drop-in centre, co-ordinated but not therapeutically facilitated. Participation is open-ended. This is a safe place for men to form friendships and community with other men.
- Men's behaviour change programs (MBCPs): specifically, for men identified as using intimate partner violence, facilitated and psycho-educational, taking referrals and running for between 10-21 sessions on average[18]

While all of these programs offer men opportunities for skill development and meet different needs, there are four main concerns:

1. None of these programs are specifically designed to support men who have used violence in the family *and are fathers*[19];
2. Other than MBCPs, none have ways of systematically triaging men into their program to determine whether he is using violence in the home and whether this is the most appropriate program for him; and
3. Other than MBCPs, none of these programs have formal processes or content suitable to safely recognise and manage indicators of family violence if identified during the program.
4. Few men proactively and willingly attend any of the programs unless pressure has been placed on them from someone within the family or a system.

[18] During the timespan of this evaluation, MBCPs underwent a review and most programs were extended to 21 sessions.

[19] MBCPs often spend a session focusing on the impact of violence on family members, including children. Furthermore, when issues around parenting arise in the groups, facilitators will incorporate the issues into the program topics.

While MBCPs do provide content on the impact of violence on children, this is generally limited to a single session or when it comes up in the context of other issues. MBCPs have been designed with a central focus on intimate partner violence. Fathering/parenting programs do not specifically tackle the issues of violence in the home and lump violence issues together into anger management. These programs discuss ways of managing children and focus this on discipline and behaviour management of the children, which can reinforce abusive practices among men who use violence. Men's Shed programs are generally developed on an ad hoc basis depending on local needs. The issues addressed depend on the primary organiser and who they can bring in as a speaker, without any systematic guidelines for appropriate and safe discussions around family violence, including impact on children.

Therefore, a clear program gap was identified for supporting children to live safer and healthier lives when their father perpetrated intimate partner violence. The Caring Dads program has been evolving internationally to meet these needs. In some ways Caring Dads works similarly to the MBCPs, but from the opposite entry point. That is, while MBCPs start from the focus on addressing intimate partner violence with subsequent recognition on how that impacts on children, Caring Dads starts with the focus on how violence in the home impacts on children, and through this lens works to raise men's awareness about how disrespect towards the mother is also a form of violence against children.

Introducing the program into the Victorian family violence system commenced with obtaining state government agreement to trial a pilot program. The design included three diverse regions covering urban, regional and rural sites. The design informed pilot program cross-agency partnerships.

Prescribed roles for the pilot at each regional site included:

- Two facilitators to become specialists in delivering the program;
- A program coordinator to focus on supporting facilitators, but also taking a lead role in networking with referral agencies; and,
- A program manager who would be someone already employed by the organisation and would add Caring Dads to their existing workload.

Throughout the evaluation, the coordinator role became essential for introducing the program across regional networks. Without this role, it may have taken much longer to build external organisation understanding and trust towards the program.

> *"I've been really pushing face to face contact with professionals. People get inundated with emails these days. It's - I know for myself anything - okay I'll flag that because I'll come back to it. I'll flag that; it looks interesting. Yeah, I want to come*

back to that. Then you get busy for the week and you don't get back to them type thing. So, I said, look an email is fine to start with but I think it's more important that you actually go and make face to face contact. I know with like drug and alcohol, one of the facilitators was able to go to quite a large gathering of . . . all of the drug and alcohol practitioners within [our region].” (T1 Coordinator)

“I actually made appointments to go over and meet with a family violence specialist worker [in child protection]. So now . . . I'm actually going to head over every fortnight for a couple of hours to actually sit with the child protection workers and try and promote more referrals that way as well. . . . the other one is probably family services . . . [I have] gone out and seen them face to face. We've emailed out the brochures as well, but I think having hard paper ones that they can actually just hand out is good.” (T1 Coordinator)

“Part of my role also is around generating the referrals into the program and ensuring that there is good knowledge out in the community about Caring Dads and referral processes, what Caring Dads is about, and referral criteria.” (T1 Coordinator)

“We were all new so we wanted to get out there and we did a lot of community education, particularly in [our own organisation]. [We] have a lot of programs, particularly around family services and working with the families and the children. Early on we got a lot of referrals from . . . and our family services and Child First. That was helpful to work in such a large organisation that has all those services. . . . I was sending out quite a few emails to agencies . . . to try and network and say send your referrals through. . . . I did feel like I was probably harassing them a bit. ‘It's me again. No one's responded to my email’.” (T1 Coordinator)

Partnering with other services for trial

The pilot program for Caring Dads was led by Kids First (formerly Children’s Protection Society) with a call for expressions of interest from partners to run trials in two additional regions of Victoria. Three sites were identified:

- North East Metro Melbourne (Kids First partnering with Regen)
- Western Metro (Anglicare partnering with IPC Health)
- Inner Gippsland (Anglicare)

In development, multi-sector partnership and collaboration was sought between prgrams working with substance abuse, health, and family services sectors. These sectors have not typically come together to collaborate on family violence issues and the Caring Dads program provided an opportunity to develop safe co-working practices.

To support multi-sector partnerships in both the North East Metro and Western Metro regions, at least one program facilitator was employed by each partner organisation. This provided opportunities for organisational shared learning and increasing the internal referral base.

Throughout the trial, partnership development has generated much good-will but has been challenging. While all organisations and program facilitators understand the benefits of shared knowledge and have respect for the different ways of working, it has been challenging to implement a true cross-sector approach. Barriers have been:

- The time it takes to learn and embed practice to deliver the content of a new program;
- The time it takes to develop family violence informed skills and shared working practices among practitioners from different sectors;
- The lack of practitioners skilled in working with violent men;
- Inherent distrust among family violence sector practitioners towards practitioners from other disciplines who are not family violence specialists; and
- Finding new ways of working between service sectors who traditionally centre their work focus differently.

Collaboration and co-development has been a continual challenge throughout the evolution of the pilot. Programming decisions have been largely driven by the program host organisations. While partner organisations provide a staff member for co-facilitating programs, there is room to further expand the relationships to maximise knowledge exchange and develop bridges between programs that might benefit the services clients. Senior managers at external sites and partner sites generally felt uninformed about forward planning and program development which impacted on opportunities to form new ways of working together.

> *"I guess at times we've [organisation] felt like we've had to seek information around, you know, the timetables of the upcoming groups. I'd say there's definitely some shortcomings with communication at times. Nothing major, but I think that stuff, if there'd been a better relationship, that stuff probably would have happened more easily."* (T3 Manager)

Discussions with non-host partner agencies highlighted a lack of awareness of the program and especially tangible benefits to their involvement. Both the facilitators and managers within external organisations believed it would be particularly beneficial for external managers to have a good understanding of the Caring Dads program.

"[It would help to be more] familiar with Kids First . . . knowing the program . . . and the nature of the program. I think going forward it would be good if that person [facilitator] was managed by someone who has at least some familiarity with the [Caring Dads] program and has the opportunity to observe sessions." (T3 Manager)

Another gap in collaboration occurred when the staff who were involved in the original partnership development left their positions and new staff joined. Often the framework of involvement, lines of communication and decision-making were unclear as teams failed to notify other teams of staff changes in advance. This also affected the evaluation. We were often not informed of staff changes (facilitators and managers) which resulted in loss of opportunity for some program exit interviews.

"Communication between us [organisations] most commonly occurs between [facilitators] at both locations. This can make it difficult for [non-program host facilitator] so I feel split between their management lines. I have two managers, one for Caring Dads and one for [the other work]." (Facilitator)

However, all partners maintain that the organisational collaboration is beneficial. One particularly positive change resulting from the partnership with ReGen has been the ability to provide AOD focused single-sessions to Caring Dads participants.

"We've also set up something where we provide single sessions to Caring Dads participants who have been identified as having possible AOD issues as a way of encouraging, introducing them to a drug and alcohol agency and encouraging them to potentially engage in treatment in the future if they decide to." (ReGen Manager)

A limitation on developing innovative and collaborative programs is the uncertainty of on-going funding. This constraint will have an impact on creative planning for co-programming opportunities.

3.3.2 Staffing and training

When recruiting staff into facilitator roles, the selection criteria included experience in group facilitation, working with men, and having a family violence informed background as key to the role. People with a combination of all these skills are very rare and it therefore took some time to recruit people into these roles across all sites. Caring Dads was first set-up in the North-East Metro region at the lead agency, Kids First. The initial manager and facilitators were recruited for this site and trained in both Canada and Melbourne by the Canadian *Changing Ways,* Caring Dads team. This has established a program of work as Victorian program trainers, in collaboration with the Canadian *Changing Ways*, Caring Dads team. There have been several opportunities for learning exchanges across the pilot period, with the Canadian team visiting Australia as well as Skype enabled support sessions.

One of the initial and continuing problems has been that not all new facilitators have had access to formal training prior to commencing facilitation. Training of these facilitators relies on peer to peer learning on the job. While this is an effective way of learning, Caring Dads is a unique program and there are few people experienced in this work internationally. Being a new program in Australia, there was a particularly large gap in experiential knowledge. To understand this gap, it is important to recognise that working in facilitation roles among groups of men who use violence is incredibly challenging, particularly supporting program engagement without collusion in relation to their use of violence. Facilitators needed to learn both the program content and new facilitation skills. Training opportunities with the *Changing Ways* (Canada) team were boosted by attendance at local family violence training sessions, and sessions on 'working with abusive men' run by the peak organization *No to Violence*.

Nevertheless, all facilitators expressed their concern at feeling ill-prepared to commence working on the program when they first started and would have liked more specific support in their first year. Facilitators unanimously agreed that two days of training was not enough training. Those who did the training with the Canadian team found it extremely beneficial, believed that all facilitators should receive training from the Canadian team and indicated they would have liked more of these opportunities.

> *"There's been a sense of floundering…I didn't have my head around it because I was never exposed to the actual training… [I would have like to] have been exposed to really well qualified people who had developed the program, their philosophies, their frameworks and so forth, which we were never really exposed to. To me it was a tough 18 months. Never sure whether I was doing what was required or not, always a question in the back of my head."* (T3 Facilitator)

> *"I think there could have been a lot more done in training or getting everyone together to do relevant skill building and training and stuff like that. You know, in the first year, there was the Duluth crew who came out, which was amazing. It was really relevant. But really after that, I don't know if there was a time when we were all in the same room doing the same types of training that could have helped us make relevance to it [sic] but then also reflect on it."* (T3 Facilitator)

Training and support for staff when introducing a new program will always be challenging for an organisation. However, facilitators have felt their confidence and skills in delivering the program increase over time and in close collaboration with their co-facilitators.

> *"It was definitely a case of hit the ground running and sink or swim basically. It was highly stressful. It was all a bit of a blur really, I didn't know what I was doing. I'm feeling much more comfortable and enjoying it more now."* (T3 Facilitator)

"We get more out of them [now]. I think as a facilitator [I am] much more relaxed in group and more able to manage the room, and also to hold on things that I may not have – And some of that's my comfort level – being longer in the program too, it makes it easier to hold on things that might be a little off topic or challenging for the rest of the group." (T3 Facilitator)

"I feel like one element is yeah, learning the manual, another is working with group facilitation. And then the other one is yeah, working with perpetrators of FV. So that's kind of three big things that you've got to get your head around. And doing that Behaviour Change sort of work, where they're all very specialised skills really. And those three things I'm feeling a lot more confident in and obviously there's heaps more room to learn a lot more in it, and I feel like it's a program that does require a huge amount of skill to kind of do it in the nuanced way that it's intended." (T3 Facilitator)

Some facilitators were satisfied with their level of training. Based on all of the interviews with staff over the three-year evaluation, the evaluation team believe that training satisfaction was directly related to the point in time in which a person was employed and the length of time they had to wait to attend training. Those who had access to training soon after employment were more confident in their abilities earlier in their facilitation roles.

"From a professional development perspective, I feel like I've had all the training I need. It's been unbelievable." (T3 Facilitator)

Back-up facilitators and program support

An additional challenge for new programs, alongside training of core staff, is training of back-up support staff. Two of the three sites initially trained many of their staff for the purposes of both supporting organisational learning, and having staff available for back-up support in cases of illness and holiday leave. Even with this strategy, all sites =struggled to have adequate staff for back-up support. This was particularly apparent during time of staff turn-over, although all sites have faced staff shortages at different times. Having a small team and no back up facilitators has increased pressure on staff at all sites.

"The pressure is that [two facilitators] are it. We don't have a back-up facilitator or a pool of casuals or anyone in the building who understands complex family violence, so it's an interesting time. (T3 Facilitator).

All facilitators felt that their workload was substantial, including report writing, case noting, data entry, running groups, doing assessments, group planning, establishing the program, networking with other

agencies, doing one-to-one session, observing, debriefing, supervision, training, attending Community of Practice sessions. The workload was notably reduced when all positions in a team were filled. When staff were asked what they believed was the ideal composition of the team, they felt that, at a minimum, the program requires: two facilitators, a mother contact worker, at least one back up facilitator, and a coordinator. Other suggestions included a coordinator, four facilitators (inclusive of back-ups), a mother contact worker and an admin worker.

The face-to-face work with the groups is the most challenging role to fill. The evaluation team would recommend spending resources on building a strong facilitation team inclusive of back-up facilitators who can rotate between the different roles. This would help to prevent burn out of staff. In addition, having more facilitators would increase the peer to peer learning opportunities.

Clinical support

In addition to formal training, practitioner clinical support was set up as part of the program. This was designed to fill training gaps, especially early in the establishment of the program. Clinical supervision was provided by managers and coordinators at each site. However, some facilitators felt they were under supported with clinical supervision.

> *"I think agencies need to be held accountable that they've got a really qualified, family focused supervisor who knows what debriefing is, and who know what clinical supervision is." (T3 Facilitator)*

From the beginning of the establishment of the program there was an intention to build a community of practice (CoP) to support facilitation. Quarterly meetings were scheduled to bring all team members from all sites together (facilitators, mother contact workers, Team Leaders and the Statewide Coordinator). The meetings were intended to offer on-going, peer to peer, shared learning to support one another, other forms of training and supervision. However, initial meetings were focused on the technical details of implementation and the group was unable to generate a supportive common way of working. In the first two years of the pilot staff at all sites believed there was a lost opportunity to develop a strong CoP.

> "*Considering we're supposedly at the forefront, that CDs is something that hadn't been done before, to be able to engage with other professionals that were doing those things could have been a lot more beneficial."* (T2 Facilitator)

> "I feel like *I'm part of a group of people who run the same program, but we've got people from other locations that just do whatever the hell they want, when they want, how they want"* (T2 Facilitator)

"It was quite satellite that way, you know, we were all doing our own thing." (T2 Facilitator)

"I guess because we don't have those CoP meetings much, there's very little, if any, contact with those guys between those meetings…I don't kind of really feel that broader sense of being part of a group. I feel more like just part of the team here." (T2 Facilitator)

Overtime, with some organisational restructuring and new staff coming on board, the community of practice has been redeveloped to offer what it was designed to do. There is now an evolving agenda to meet identified needs across sites.

The revitalisation of sessions has had a mixed response. As the program was re-developed, and as more sessions were held, facilitators have felt an increased development of purpose. On the whole, facilitators find it helpful to meet with facilitators from other sites, and now gain greater workplace practice benefit. Others have questioned whether attending the CoP is an effective use of their time. Some mentioned that the sessions have not been a collaborative learning environment and they didn't see value in participation. Several spoke about the challenge of distance between the sites and the stress of taking a full day out from their work when they felt pressure from their workload.

"*For me as a facilitator, what I was hoping we'd be sharing was practice wisdom. You know, examples of things that have gone well and things we were struggling with, and actually exchanging commentary or ideas about how we were approaching specific exercises, specific goals, specific difficulties with the clients. And we were able to do that in the last session so personally I found that really helpful."* (T3 Facilitator)

In addition, each site has developed their own program for reviewing clients to ensure they are appropriately focused on working with their clients. After assessment of each father, and at several points during the program, the site team comes together to review the client goals and identified concerns, alongside facilitator and mother perspectives.

"I've found that a really good way of keeping each participant's story in your head and being actively conscious of what their goals are and that the mother's goals are as well, when you're in the group. It really guides your practice, what you try and challenge them on, and really keeping in mind the direction." (T3 Facilitator)

3.3.3 Program design changes in response to client needs

The Caring Dads program implementation team initially started the pilot with a framework to maintain fidelity without any modification throughout the three-year trial. However, taking a participatory

action approach, feedback from the evaluation team identified clear improvements that could be made, or additional benefits that could be provided. Several key changes that had significant impact on the client and facilitator experiences of the program are outlined below.

Post-program booster sessions

The first change was running post-program booster sessions. These evolved based on feedback from fathers who often lamented that they after the program they would miss the group, particularly, having theopportunity to continue to reflect on their fathering practices. As evaluators, we noted this was a common discussion point during the collection of post-program questionnaires. In these sessions, fathers spoke of needing a touchstone after the program finished.

Twelve months on, almost all fathers spoke about their desire to have ongoing support post-program, either in the form of booster sessions, phone calls or other types of brief check ins.

> *"I want ongoing support. Because what happened, still there is the circumstances, there are new situations that I've been exposed to – new things…if they can have some session maybe once a month, or maybe one hour in a month. Or twice, whatever is possible. So parents can see they can discuss and then they can have better health. And then still they not left somewhere, the journey can still continue."* (T2 CD Father ID53)

However, most fathers said that they have had little to no contact with Caring Dads' facilitators since completing the program. Although they often blamed the program for not making contact with them, only very few men initiated contact themselves when they felt a need for direction.

> *"When we had our last session, or the couple of sessions beforehand, they did say that there may well be some contact at a later date. But we haven't had any."* (T2 CD Father ID129)

In response to this identified need for ongoing contact, the Caring Dads teams at each site tried different models of post-program booster sessions ranging from fortnightly or monthly follow-up meetings, through to ad hoc drop-in sessions. While fathers requested on-going contact and sessions, they have been successful to varying degrees across the three sites, with most fathers *not* attending. Most of those who did attend came to only one booster session and most sessions included only 1-2 fathers. However, it must be noted that the last year of programs in the evaluation did generate post-program groups of 3-4 fathers.

Facilitators reflected that the primary reason why fathers did not participate in early booster sessions, even after requesting them, might have been a delay between the program finish and the booster

session. The first booster sessions were designed to start 3-4 weeks after the program finished. Later in the pilot there was greater success holding booster sessions within 1-2 weeks post program.

In the evaluation interviews, fathers said that they were keen to be part of the booster sessions, but that other commitments made it too difficult for them to attend at this point in time.

> *"I want to attend the refreshers for the Caring Dads program…she keeps on sending me the list/lessons. But I work real late and I just can't make those times."* (T1 CD Father ID86)

Some fathers did attend booster sessions, but those interviewed only attended one or two sessions at most:

> *"They recommended the booster course. I forgot, totally forgot about the first one. I did the second one and there was only four of us in the booster."* (T2 CD Father ID58)

The evaluation team reflected on facilitator perspectives of men attending post-program booster sessions. Our reflection, from an evaluation perspective, is that there are additional challenges in running these booster sessions as compared with the Caring Dads program. First, while men are usually resistant to attending Caring Dads in the early stages, the men usually have some incentive (eg a court order to attend, or child protection referral). In contrast, the post-program booster is purely voluntary based on a father's self-reflection of need. The accountability framework therefore is less obvious. These sessions appeared to attract some men who genuinely wanted on-going support for their fathering practice, and others who were looking for a different connection with the facilitators, perhaps moving toward a counselling and support role. The result was that few men returned to booster sessions with most reporting that they were too busy to attend. Those who did attend reported that only one or two men turned-up, so the dynamic was different and they didn't find the time as valuable.

Throughout this evaluation it was clear that facilitation of the Caring Dads groups is difficult work, just like facilitation of any group of abusive men. Booster sessions were intended to focus on topics and behaviours that had not received enough attention in sessions, or to focus on further supporting needs common to the fathers who attended. Some fathers requested booster sessions themselves, which demonstrated their motivation to continue their behaviour change journey. For facilitators, having men request booster sessions also validated their role, which was beneficial for staff morale. Booster sessions were intended to run as carefully planned sessions, with a clear purpose and goal related to maintaining men's motivation to behaviour change. However, some facilitators also described fathers' attendance at booster sessions as providing an opportunity for closure for both participants and

facilitators. With these comments in mind, care should be taken to ensure the focus and tone of the booster sessions does not invalidate the accountability generated during the program by changing the relationship between facilitator and program participant.

The quote from a facilitator below provides an example of the delicate line tread between validation of the work in the program based on witnessing post-program improvements and gaining validation from gratitude shown by fathers.

> "*The guys that came back were absolutely phenomenal. They all were genuinely happy to come back and see us, and see each other, and you know, basically 3 out of 4 that came to this most recent one just couldn't thank us enough and said that we had changed their lives, really impacted their family and it was yeah, pretty remarkable. You could visibly see that they looked a lot healthier as well. A couple of them had been really distressed in the group, and were visibly stressed out and struggling with depression, anxiety, anger and the situation. And then have been able to just totally step back, reflect and basically let go of the struggle and start taking responsibility. It was pretty remarkable." (T3 Facilitator)*

Child and Family Wellbeing Practitioner

Throughout the first year of the pilot there was a clear tension within program teams about the model of providing support to father's (ex)partners and children. The model initially implemented had program facilitators also contacting mothers to offer support. This became problematic very early on when some facilitators encountered situations where the voice of the mother interrupted their ability to effectively facilitate the group of fathers where her (ex)partner was present.

> *"Having someone who's not facilitating do that role makes a big difference, one for objectivity but two also for the safety for the women. Because when I did a few mother contact when I first started, I would be sitting in group working 'Did she tell me that or did he tell me that? Can I say that? What if I say the wrong thing, do I put her at risk?"* (T3 Facilitator)

> *"I had to do some of that myself, which I didn't enjoy. I didn't feel like I had the appropriate training for it and I felt like it was a bit of a conflict, working with both parties."* (T3 Facilitator)

The model then changed to having the co-ordinator or a back-up facilitator undertake mother and child wellbeing support work when possible. In the final stage of the evaluation, all sites employed a specific worker to support child and family wellbeing. Facilitators described this employment positively, particularly female facilitators who had previously been holding the dual role of being in contact with mothers and working with fathers in sessions.

The Child and Family Wellbeing Practitioner has helped to improve the dedicated time put toward that role and a clarity of purpose. The creation of the role demonstrates agencies' commitment to remaining accountable to mothers and providing a wrap-around service when requested.

> *"I think what's very positive about this role that I'm in now is…how important it is to be accountable to the mothers."* (Child and Family Wellbeing Practitioner)

The role provided insight into the lives and experiences of men's children and (ex)partners, which facilitators can then draw on and address within Caring Dads sessions.

> *"Some women have got back in contact with me and said 'I need you to know this. I need you to know this thing about him [father], because I reckon he's going to present one way to you and that's not really how he is, because he's doing this and this at the moment…some of these women have wanted the facilitators to know what their goals are for the men. And they want it to be reflected in a thematic way that doesn't bring it back to them, what their parenting concerns are."* (Child and Family Wellbeing Practitioner)

> *"I had one mother say to me that she really felt distressed when her partner showed no concern for their baby, their baby's development, with his rough play. Throwing the baby up and really rough housing, and she wanted to know if there was some way that could be reflected in the sessions as an example…In one of the sessions, they use a video where the father kind of tickling, engaging in a bit of horseplay with the child. And one of the fathers said "oh, my partner has been on at me about this and now look, you're saying it's okay". But then that was a conversation – "well, it's actually about being age appropriate, about being attuned to what the baby's needs are." Because they were well aware of that, they were able to use the learning material to direct that back to the very concern that had been identified by the mother." (Child and Family Wellbeing Practitioner)*

Facilitators and Caring Dads team also gain more helpful feedback on men's behaviour outside of sessions:

> *"She's noticed a change in how he acknowledges her as a mother. Her language was 'he seems to get it a bit more'. And I said to her 'how do you feel about that?' and she said it feels good…she said as well that the person who's supervising his contact has said to her that they've noticed that he's more one-on-one with the children and doing things like colouring".* (Child and Family Wellbeing Practitioner)

Through the Child and Family Wellbeing Practitioners, facilitators have access to the views and voices of the women, without having to hear it directly themselves. These practitioners stays in regular communication with facilitators, feeding back the perspectives of mothers.

"I think it's really important that facilitators have somewhere in their minds the views or the voices of the women. But they don't need to hear it directly themselves – I can imagine that would be really challenging." (T3 Facilitator)

"At the end of every shift, any contact I've had with the mums, I put into one document and then I email that to the facilitators. So, any contact I'm having with mums, they're seeing that. They've got the knowledge but they have that step away from having the direct contact." (Child and Family Wellbeing Practitioner)

There were some challenges in the Child and Family Wellbeing role, primarily contacting and engaging mothers. Many of the mothers had been already linked in with services or did not require services at this point. Others had very negative experiences with previous support, especially child protection, and were very reluctant to engage. The practitioner found that her work often doubled-up on existing services.

"Many of the women already had support services for their children. They were already engaged with psychologists or indeed with child and family services." (NE)
"The women I've spoken to when they've been offered further support have said 'I think I'm okay for now'. So there's that initial engagement. 'But I'm still interested for you to keep in contact with me. I still want to know about the Caring Dads intervention" (Child and Family Wellbeing Practitioner)

"The women where there seems to be CP involved, with multiple psycho-social impacts, they're the ones that already have a service" (Child and Family Wellbeing Practitioner)

"The ones that have multiple needs tend to have a worker . . . So then I'll end up defaulting back to the mother contact role anyway, because those needs are being addressed." (Child and Family Wellbeing Practitioner)

However, some contact resulted in the Child and Family Wellbeing practitioner working with the mother to identify her needs, then linking her in with appropriate support services.

"There's some I've had follow up calls with, cos they've kind of identified when I've been talking to them that there might be – like, one was in a state of crisis with housing and she wasn't sure about supports. We chatted a little bit and I said I'd call her back the next week and follow up and see if there were any referrals or supports in place." (Child and Family Wellbeing Practitioner)

Finding ways to partner with mothers within the current system, without making the situation worse for them can be difficult. One worker spoke of wanting to have a consult with a community based Child Protection practitioner about access arrangements. However, the worker was concerned that mum's history of working with Child and Family Services might negatively impact her and decisions around access arrangements.

3.3.4 Participants' feedback on program

Fathers' feedback on the Caring Dads program

Fathers were asked to complete a Client Satisfaction Survey as part of the evaluation's post-program measures. Fathers were asked to what extent they agreed or disagreed with a series of program satisfaction statements. Scores ranged from 1 (very unsatisfied) to 5 (very satisfied).

Overall, scores indicated that men were highly satisfied with the Caring Dads program across all aspects measured (see Table 35). Fathers were most satisfied with 'the ability of the group leaders in helping you improve your relationship with your children' (Mean = 4.63) and slightly lower satisfaction with 'The information you received at the time you were referred' (mean = 4.02) and 'The ability of the group leaders in helping you improve your relationship with your children's mother' (mean = 4.21).

Table 35. Fathers' satisfaction with aspects of the Caring Dads Program.

	Fathers		
	Mean	**SD**	**N**
The information you received at the time you were referred	4.02	1.11	115
Your individual meeting with a Caring Dads leader before you started the group	4.42	.80	115
The knowledge and experience of the group leaders	4.44	.84	115
The ability of the group leaders to understand your unique situation	4.41	.87	113
The ability of the group leaders to support you in reaching your goals	4.49	.76	114
The ability of the group leaders in helping you improve your relationship with your children	4.63	.63	115
The ability of the group leaders in helping you improve your relationship with your children's mother(s)	4.21	1.08	113
The location of the group	4.23	1.01	114

Fathers were also asked to agree with how helpful they found the program exercises (see Table 36). Scores ranged from 1 (very unhelpful) to 5 (very helpful). Fathers provided positive scores in general, and were most positive about 'learning about the parent-centred to child-centred continuum' (M= 4.70, SD=.57). Reference to this continuum was made by many fathers several times in post-program and 12-month follow-up interviews.

The lowest scores were for exercises around 'Thinking about our own fathers, patterns of parenting over generations' (M= 3.99, SD=1.06) and 'doing homework' (M= 3.88, SD=1.16). These items also had larger standard deviations thereby indicating there was a range of mixed views.

Table 36. Fathers' perspectives on the helpfulness of Caring Dads exercises.

	Fathers		
	Mean	**SD**	**N**
Thinking about our own fathers, patterns of parenting over generations	3.99	1.06	115
Good Dads, Just a Dad and Deal-breakers	4.17	.89	113
Setting personal goals	4.42	.72	114
Learning about the parent-centred to child-centred continuum	4.70	.57	115
Learning about child development	4.51	.77	115
Talking about, listening to, playing with and reading to children	4.47	.72	116
Thinking about how well we know our children as individuals	4.48	.63	116
Considering children's relationships with their mothers	4.41	.88	116
Using the Not Valuing Children Wheel	4.14	.97	111
Using the problem-solving for parents' steps	4.44	.65	115
Doing homework	3.88	1.16	115
Having individual meetings with group leaders	4.43	.89	115

In post-program interviews, most fathers were also positive about the program. They spoke positively about their interactions with facilitators, indicating that overall, facilitators were approachable and good at explaining course content.

> *"The facilitators that we had, they were really good. Life, if we were a bit apprehensive about something at the end of it, they'd hang around and we'd have a chat to them, and sort of discuss with them after the session had finished."* (T1 CD Father ID73)

A small number of fathers indicated that they did not feel comfortable speaking openly and honestly with facilitators. Some of these fathers said that they had felt judged by the facilitators, while others worried that what they said in group might be shared with Child Protection.

> *"Me talking like that [openly and honestly], it brought a response from the facilitators that I was surprised at…I found that their reaction towards me, I shut down. I just ticked the boxes after that."* (T1 CD Father 9)

> *"A lot of people think they're [CD facilitators] just going to run back and tell DHS, so they hold in a little bit I think."* (T1 CD Father 105)

Most fathers also valued learning in a group setting:

> *"I was quiet for the first couple of weeks of the program. But then I started, like the guys, even the guys were great. They were welcoming into the group, they were always willing to say hello to you or ask how everything was going."* (T1 CD Father ID36)

> *"I thought the group setting was really beneficial. I've never done a group thing before…I realised it's easy to share shit and sort of be accountable for stuff when you're in a group."* (T1 CD Father ID58)

However, a number of fathers also compared themselves to the other men in the group, believing that they 'weren't as bad' as the other fathers. Rather than reflecting on their own behaviour, these men became frustrated with the poor behaviour of other participants.

> *"I didn't want to sit there with other blokes who had done the wrong thing to women and children…I didn't think I'd be able to sit there and listen to it."* (T1 CD Father ID105)

> *"There was one point where everyone got frustrated with one guy because he was flat out, bluntly saying 'no, my behaviour was okay'. And it was pretty extreme behaviour."* (T1 CD Father ID74)

Fathers provided the following responses when asked how they thought the Caring Dads program could be improved:

- **Changing the length of the program.** Fathers had differing views on the ideal length of the program. Half of those interviewed felt that the program needed to be longer, either longer than 17 weeks or longer than 2 hours per week. These fathers believed that a longer program would cover more content. Other fathers believed that the program length was satisfactory. A very small number of fathers believed that the program should be shorter.

- **Engaging children and mothers in the program.** Some fathers felt that inviting their children and mothers into the sessions would allow them to see the 'effort' fathers were making to address their past behaviour.
- **Decreasing the focus on partners and children to focus more on fathers' needs.** Some fathers felt that they were attending Caring Dads to concentrate on improving themselves. These fathers did not see the need to talk about their relationships with their partners or children.

Mothers' feedback on Caring Dads program

Most interviewed mothers spoke positively about the Caring Dads program. Mothers felt that the program provided men with a space to learn new parenting skills and begin to understand the impact of their actions on their children. Mothers particularly felt positively about the supportive aspects the program, believing that it was important for men to engage with services and share their feelings with other men in similar circumstances.

> *"I see it as a good support system. Like, I've got groups that have got support systems in there and stuff, and it's good to see there's one for dads. I think it's a good thing because dads need support just as much as mums need support."* (Mother T1 ID13)

> *"I think it's so needed in the community and so important to help families not live in a violent and aggressive, angry home."* (Mother T1 ID16)

Mothers shared these positive remarks, even when they felt that the Caring Dads program had not 'worked' for their (ex)partner. Many of these mothers felt that fathers needed to be willing to change for the program to have any impact upon them.

> *"I actually have the utmost faith that these programs will help someone who's willing to change. Just [he] isn't, because [he] doesn't accept that he's got a problem."* (Mother T1 ID29)

> *"At the end of the day, it comes down to the individual and whether they want to change or not. I think that the program's great and has some great qualities about it . . . it could really change some families. But if the individual doesn't want to change, then they're not going to."* (Mother T1 ID52)

Mothers made some suggestions for improving the program, for their benefit. These are summarised below. Note that not all of these would be appropriate but are listed here to provide a sense of what the mothers would value.

- **Increasing mothers' involvement in the program.** Most mothers felt that they had not received enough feedback about what was being discussed in the program, or how their (ex)partner was behaving or engaging with content during sessions. Mothers suggested receiving more regular feedback from facilitators and/or involving mothers in occasional sessions. Some mothers said that being more involved in the program would allow them to support their (ex)partner better.
- **Offering follow-up activities or groups for fathers to engage in after Caring Dads.** While mothers recognised that booster sessions were offered, many mothers wanted ongoing, flexible support to be offered to men.
- **Offering more one-on-one sessions to fathers.** Some mothers spoke about their (ex)partners feeling that they learnt more in their one-on-one session with facilitators (held in Week 10 of each program) than they had from the entire program. These mothers felt that working one-on-one with fathers allowed facilitators to tailor program content to men's specific circumstances. Mothers also felt that offering one-on-one sessions would help to keep fathers engaged in the program, increasing their likelihood of completing the seventeen weeks.

3.3.2 Referrals and interaction between Caring Dads and other services

Familiarisation with the Caring Dads program was the most influential factor in referrer practices:

The quote below is indicative of the feedback we received from facilitators when asking about engagement with referrers. Most program staff believed that most of their referrals would come from Child Protection services, but were disappointed in a lack of engagement from them early in the program.

> *"We haven't had that many [referrals] from Child Protection. Not as many as we sort of thought. They were a bit slow coming . . . Child Protection is sort of like - will randomly send one through, but [we've] been making contact with them saying, look, let's come - we want to have an information session with you guys, but I know they're very busy . . . I had one dad [referred by Child Protection] . . . I said, do you know much about the program and he's like, oh no, not really. He said Child Protection just gave me this brochure and told me to ring you up . . . I think they don't know enough about it to feel confident to be able to make those referrals . . . but yet they're not making themselves readily available to have that information." (T1 Facilitator)]*

Interviews with referrers into Caring Dads

Only a small number of referrers (N=11) could be engaged in an interview. Most of these referrers worked for a partner organisation or Child Protection (see Table 37). When attempting to arrange the interviews, refusal was most often because the referrer did not believe they knew enough about the program and had not stayed involved with the father referred during his participation. They believed they could not offer any insight into our evaluation. We attempted to change the questions to ask more about the systems that limited them from their involvement with the fathers, but referrer insight was limited.

Table 37. Interviewed referrers by organisation, *N*=11.

	n	%
Partner organisation	4	36%
Child Protection	3	27%
Department of Justice	2	18%
Mental health organisation	1	9%
Family services organisation	1	9%
Total	11	100%

Only three referrers could report on-going involvement with the father they referred into the program. Two of these were community corrections officers and another was a child protection worker. The community corrections officers met with the fathers on a weekly or fortnightly basis and were therefore able to engage with them about the program and content. This was a rare situation, but appeared to be the closest model of monitoring of men we could find. The child protection worker felt it was part of her role to continue to monitor the father. This was not a view shared by other child protection workers. Most referrers closed their cases once a father commenced the program.

4 Recommendations

1. **The Caring Dads program continues, with increased messages about respectful behaviour towards the mothers of children.**

2. **The Caring Dads program content is adaptable to the Australian context if practitioners include example materials from Australia.** This is particularly important with video and supplementary materials to ensure the cultural context is complimentary.

3. **Consistent monitoring of fathers' interaction with their children and (ex)partners is embedded into the Caring Dads program.** For example, children are given a service of support where men's interaction with children can be monitored.

4. **Increased opportunities are provided for fathers to continue to engage with Caring Dads or similar programs.** It is clear that 17 weeks Is not long enough for men to move through stages of change into sustainable behaviour patterns. Therefore, we would recommend a more formal approach to program follow-up sessions, or the creation of a two to three-part program. There were notable challenges in fathers attending optional booster sessions, so thoughtful development of a model will be required to be successful. This could be tied into a system accountability measure such as supervised access to their child[ren], or demonstrating on-going self-help while re-connecting with their child[ren].

5. **The practitioner Community of Practice is developed further, including linking with external providers or different Caring Dads models**

6. **Continue to develop the role of the mother support and well-being worker.** This role has been positively received by the workers and the mothers. Implementation has also led to increased uptake of services among the mothers.

Having a three-year pilot along with an evaluation designed at the beginning of the program has been universally beneficial for the program and effective evaluation. Throughout this evaluation, the Caring Dads pilot program team have embraced discussions about issues identified and recommendations made along the evaluation journey.

Key developments that have improved program delivery have been a commitment to supporting facilitation staff. Early in the pilot there was not enough professional support and not enough trained back-up facilitators which left staff feeling burnt-out and under supported. Over the evolution of the program professional supervision became more accessible and the community of practice strengthened. In addition, staff have been supported to attend courses to improve their

skills and knowledge for working with men who use violence in the home. Additional back-up facilitators have been trained and more actively mentored to co-facilitate.

The development of the independent mother support worker role has had the greatest impact on engaging mothers. Filling this role with family violence informed practitioners, and given the time to undertake the often-challenging task of contacting the mothers, had been very positively received by mothers.

Appendix C includes an outline of the program development and evolution over time from Kids First which reflects many of these changes.

5 Conclusion

The Victorian Royal Commission into Family Violence (VRCFV) recommended trialling and evaluating interventions for perpetrators that focus on helping them to improve their fathering practices and understand the effects of violence on their children (Recommendation 87; State of Victoria, 2016]. This evaluation report is being finalised in early 2020, approximately 3.5 years since the launch of the VRCFV recommendations, a commission sparked by a father killing his son, Luke Batty. We also finalise this report during a week when three very violent men made headline news for horrific family violence. One of these involved a father burning alive his wife and three children. Inexcusably, this was followed by media reports of him being a 'good dad'. It is irrational for a man who perpetrates harm to his children and/or the mother of his children to be touted as a 'good father'. This is illustrative of the problematic social context of wide-spread community attitudes excusing and minimising men's use of violence. This social context of denial of the problem is emblematic of barriers to effectively changing our family violence system to focus on perpetrators. This need is what drives the Caring Dads program development.

Participating in the Caring Dads program required all fathers to have some form of contact with their children (a requirement of program admission). Many fathers reported that this contact was unrestricted and unsupervised. In the context of what we know about the fathering practices of men who use violence, the importance of working with violent fathers cannot be understated.

Building on previous international evaluations of Caring Dads programs, this evaluation has found promising change in knowledge, awareness, attitudes and behaviour among some fathers who completed the program. However, it also found that some fathers who complete the program do not change sufficiently and their contact with their families should continue to be monitored.

Behaviour change program impact is challenging to unravel. On one hand, there are strong indications that the Caring Dads program is having a positive impact on fathers' attitudes, awareness and fathering practices immediately post program. On the other, there is clear evidence that change is quite difficult to sustain. Behaviour change does take time and we would not expect fathers who complete the program to demonstrate great leaps of change immediately post-program. Evidence of a slow build to incorporate change into their lives, as demonstrated in this evaluation, is a positive program impact outcome.

At the conclusion of this evaluation it is helpful to revisit the evaluation aims to set out this evidence. Comparing fathers' pre- and post-program scores, although not statistically significant, did indicate

that self-reports were moving in a positive direction and indicated that the program can help fathers to increase awareness of child-centred fathering. Fathers were able to actively consider whether their actions and behaviours were child-centred or parent-centred.

Behaviour change

Self-reports of change among fathers who completed the program were more positive than when they commenced the program, suggesting that some change in awareness is attributable to the Caring Dads program. However, this evaluation did not include a control group, nor control for other interventions with the men (such as police, corrections, individual counselling). A stronger research design would be required to confirm this.

While facilitators could provide examples of fathers' self-reported change, they were not witnesses to change themselves. Previous research (Hamby, 2014; 2015) and men's self-reports in this evaluation, suggest that self-reports from this particular group of fathers will understate the extent of his abuse, and exaggerate his positive parenting practices. Mothers did validate behaviour changes throughout, and immediately post-program, but to a lesser degree than what fathers reported. Mothers described fathers' being more aware of her parenting contribution, better control of anger and aggression toward the children, more age appropriate play and activities focussing on the children's interests, and additional support with household chores and tasks. These findings are encouraging that the program content provides knowledge and tools to support men to change, is adaptable to the Australian context, and appealing to fathers.

However, while most fathers demonstrated some signs of change over time and periods of temporary change, there were also many fathers who did not provide evidence of change at any point in the evaluation. In addition, interviews with fathers and mothers revealed limited sustained change 12-months post-program. This demonstrates the importance of including all three program components: the group facilitation work, mother and child support, and cross-agency collaboration. Notably, there were many families who required more support than the Caring Dads program was designed to provide. Referrals into other services were helpful when available. The results also draw attention to the importance of on-going system-wide support to enable embedding change, adapting skills to new situations, and refreshing knowledge over time. It is difficult for a program to assess long-term impact and change within a state-wide system that fails to provide long-term monitoring and system support for the men who are actively trying to implement change.

Many programs rely on (ex)partner reports of men's change as a monitoring tool. The voice of the (ex)partner or mother of his children should always be included where possible, however it should not

be the responsibility of the victim/survivor to hold her perpetrator to account for his use of violence. What is required of the system is a model of support, challenging the service sector to focus accountability and monitoring on the father while coordinating safety and well-being supports around the mothers and children. Such a model could benefit from providing on-going case management for all of family members post-program.

Providing the program is delivered comprehensively by family violence informed and skilled facilitators, there was no evidence to suggest that Caring Dads contributes to any increase in the perpetration of family violence. In some cases, fathers used the information gained through the program to self-identify as victims of abuse from the mothers and continued to blame the mothers of their children for their problems. However, there is not enough evidence to confirm this was due to the program rather than a personality type or a point in time when a father may use any information or tools to fuel his sense of aggrievement.

Reducing fathers' hostility towards mothers was the most difficult area for men to change. While men could recognise that their behaviour towards the mother was impacting on their children, and they could admit that she was 'a good mum', most men found it extremely difficult to speak about her in a positive or neutral tone.

Embedding the program

When considering program delivery, it is evident that engaging abusive fathers is challenging and highly skilled work and not be undertaken lightly. The program is complex to deliver and must prioritise the safety needs of children and mothers above the needs of the fathers. Therefore, program providers require a comprehensive knowledge of family violence, a good understanding of risk management and safe practice, as well as information sharing protocols. To implement the program effectively, program teams need clear and consistent communication between facilitators and mother support workers.

Our process evaluation can inform program improvement and new program establishment through the pilot learnings. In particular: collaborative relationships with referrers was key to obtaining appropriate referrals; lack of on-going referrer involvement and behaviour monitoring outside of the program posed the greatest risk to increasing unsafe access to their children and a failure to complete the program; improving family violence knowledge across the program team was essential to appropriate delivery of the material; program location impacted on men's ability to attend the program; lack of access to supplementary programs to meet additional needs (e.g. substance use) impacted on program attendance and completion; and developing a common language for referrers

and program staff to speak with fathers about parenting and the impact of family violence on children is critical to ensuring the program remains challenging and does not become a 'feel-good' support group – although most fathers who completed the program did find it supportive.

Facilitation staff were consistent across all sites in their suggestions for implementation improvements. First was the need for stable funding to secure trained and experienced staff; second was having access to professional supervision and facilitated team reflection, or a community of practice; and third was maintaining a connection with experienced facilitators in Canada. A close connection to established and experienced facilitators is highly recommended for ongoing development in this area of practice.

While this program was designed as an early intervention program, most men referred to the program were long-time abusers. There needs to be more avenues for referral and opportunities to work with men at earlier stages of perpetration to prevent further or more severe abuse. The Caring Dads program provides an opportunity for early intervention if we can support an appropriate referral network.

When efforts to encourage fathers to change their behaviour fail, the attempt by agencies to engage the father can provide the child protection system with information about his motivation and readiness to change. These would be useful indicators of the potential risks that he may continue to present, however we have few opportunities to use and apply this information in our current system

These findings draw attention to the complexity and challenges faced when responding to family violence and working to change abusive behaviour that may have been practiced for 20-40 years in the context of a community that often minimises and excuses violence, blames victims and condones men's abusive behaviours.

This evaluation did show that some children benefitted from their father attending the Caring Dads program. It also showed the need for on-going and flexible system-wide monitoring of father's involvement with their children. Family circumstances are complex and children's exposure to family violence are extremely diverse. Therefore, there will always be a need for a range of interventions to stop abuse and support children to live more safely. The Caring Dads program has been shown to be appropriate for a group of fathers who are ready to engage with the material. Long-term change can be improved by layering systemic monitoring and on-going support.

Internationally, and especially in Australia, there are few extensive evaluations of programs for men who use violence in the home. The Caring Dads three-year pilot evaluation offers a timely and unique opportunity to advance the knowledge in this neglected space and provides useful information about

what can realistically be achieved within a stand-alone program and how it interacts with the wider system. We have identified key strengths of the program and gaps that need to be met by the wider service sector.

Without system-wide support and monitoring (including Family Law, Police, Orange Door, Child Protection, Corrections and counselling services), more men will fail than succeed and children will remain at risk in the care of their fathers.

***Cautionary note**: This evaluation did not include a comparison group, so further research is required to be confident that improvements in outcomes are a direct result of program participation.*

5.1 Limitations of the evaluation

- Men attend Caring Dads voluntarily, meaning they may have been less willing to engage with researchers or participate in the evaluation. Furthermore, voluntary participation means that some fathers may choose not to complete the program.
- In its early stages, facilitators experienced discomfort asking fathers and mothers to participate in the evaluation which impacted participation rates.
- Absence of a control or comparison group meant that we cannot be certain that changes in behaviour or wellbeing were due to the Caring Dads program rather than other factors, or that changes would not have occurred anyway.
- Many of the results are based on fathers' self-reports. Previous research suggests that men with a history of abusive behaviour tend to minimise or underestimate their negative behaviour.
- The sample of mothers is relatively small and greater participation of mothers will always yield further insights into their experiences. However, it should be noted, that this sample of mothers is larger than most comparative evaluations of programs for perpetrators.
- The validity and reliability of the standardised measures varied from those that have a lot of evidence to those that are relatively untested.
- The Composite Abuse Scale (CAS) delivered to mothers is designed to ask women to report on types and frequency of abuse experienced within the last month. In the original evaluation design the aim was to ask mothers to complete this scale when fathers were just starting the program. This was intended to provide a pre-program measure of abuse. However, many practitioners did not contact women in the earliest stages of the program, or if they did, they did not feel comfortable asking the sensitive CAS questions during their initial interview. Many practitioners waited to ask mothers about the CAS until a second or third contact, at which point the fathers of their children may be quite deep into the program. It is expected that program participation will reduce the types and frequency of abuse experienced and therefore reflecting on abuse experienced over a one-month period while the father is attending the program may not be an accurate pre-program measure. A decision was made to ask mothers to report on experiences of abuse during the last 12 months as a pre-program measure. For

post-program measures, it made sense to ask mothers to repeat the CAS but ask about types and frequency of abuse in the last one month, that is, after men completed the program. Therefore, comparison of pre- and post- measures of CAS must keep these different timeframes in mind. Women who participated in a T2 interview were also asked to complete the CAS and this can be compared with the post-program CAS.

- We did not include a scale to monitor social desirability bias of responses due to the unreliability or outdatedness of many social desirability scales, lack of question flow and length of the survey. It was expected that fathers in these programs would have an overly optimistic view of their parenting and co-parenting which resulted in positive self-reports.

- This evaluation was commissioned by the program organisation with the intention of informing program development during establishment and as such it may not be considered wholly independent. However, there are substantial benefits to this model of evaluation whereby evaluators have greater access to staff, data collection is done in partnership and evaluation findings can be fed into the program throughout the evaluation.

- Finally, this evaluation does not include measures for children. Further research will be required to ensure that fathers' self-reported improvements are also experienced by children and are related to the Caring Dads program.

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Appendix A: Summary of evaluation measures used

Fathers:

	Purpose	*Pre-program*	*Post-program*
Demographics Questionnaire	*To collect basic demographic information on participants*	✓	
Inventory of Father Involvement (IFI)	*To assess the degree of the participant's involvement in his child's life. Includes questions on talking and playing with children, involvement in the child's routine etc.* *Scores range from 1 (very poor) to 6 (excellent). Subscales of Time Together, Praise/Affection, and Attentiveness were calculated by summing scores from the individual items comprising that scale. Higher scores reflect greater involvement with their child.*	✓	✓
Parental Warmth (PW)	*To assess a father's expression of warmth towards his child, particularly his frequency of praising and playing with his child.* *Scores range from 1 (never) to 5 (many times a day), with higher scores reflecting higher parental warmth.*	✓	✓
Co-Parenting Relationship Scale (CRS)	*To assess the quality of co-parenting in the participant's relationship. Includes questions on division of labour of parenting tasks, the degree to which partner's support each other, agreement about child-rearing practices etc. Men rated statements about their relationships from zero (not true of us) to 6 (very true of us). Higher scores reflect more cohesive co-parenting.* *There is a Hostility Co-parenting sub section within this scale, which asked men to rate how often they showed hostile behaviours towards their partner/ex-partner in front of their child. Responses range from 0 (never) to 6 (very often). For this Co-parenting – Hostility sub section, higher scores reflect greater hostility.*	✓	✓
Parental Cognitions and Conduct Towards the Infant Scale (PACOTIS)	*To assess the quality of a father's involvement with a recently born infant. Men were asked to rate their agreement with a series of statements, ranging from 0 (not at all what you do, what you think, how you feel) to 10 (absolutely what you do, what you think, how you feel). Higher scores denote greater Parental Self Efficacy, Perceived Parental Impact and Higher Hostile Reactive Behaviours (reported separately).* *Note: Only filled out by men with children aged 0-4.*	✓	✓
Parenting Scale (PS)	*To assess and identify "errors" in parent behaviours by asking how the father responds when his child misbehaves. Men rated*	✓	✓

	their agreement with a group of statements related to Lax or Over-Reactive Parenting. Scores range from 1 to 7 (with the response options corresponding to these options tailored to each question). Lower scores for laxness indicate that a parent is more lax. In contrast, low scores on over-reactivity are positive as they reflect less over-reactive parenting. Note: Only filled out by men with children aged 4-12.		
Social Support Scale (SS)	*To measure father's perceived levels of social support. Scores ranged from 1 (strongly disagree) to 4 (strongly agree). Higher scores reflect greater social support.*	✓	✓
Patient Health Q. for Depression and Anxiety (PHQ-4)	*To assess a father's experiences of anxiety and depression. Men were asked to agree whether they had been bothered by issues of anxiety and depression over the last two weeks, with response options ranging from 0 (not at all) to 3 (nearly every day). Higher scores reflect that depression and anxiety was experienced.*	✓	✓
Anger Management (AM)	*To assess a father's ability to recognise and control his anger towards the mother of his child. Men were asked if they strongly disagreed (1) to strongly agreed (4) having felt anger in certain situations. Higher scores reflect greater anger and less control of anger.*	✓	✓
Longitudinal Study of Australian Children (LSAC)	*Assesses participants' parenting attitudes towards children older than 12 years of age. Uses a set of 15 statements with scores ranging from 1 to 5 (Never/Almost never to Often).*	✓	✓
Community Attitudes Survey for Men	*To identify participants' personal beliefs about violence against women. Men were asked to rate agreement with a set of statements, with a set of scores ranging from 1 to 5 (strongly disagree to strongly agree). Scores were converted to a number out of 100, with higher scores reflecting greater gender equality endorsement.*	✓	✓
Client Satisfaction Survey	*To collect information from men regarding their overall satisfaction with the Caring Dads program.*		✓
Interview	*To determine the men's perceptions about the impacts of the Caring Dads program on his relationships with his children and with their mother. Note: Interviews are conducted at two time points: at the completion of the program and again 12 months after completion.*		✓

Mothers:

	Purpose	***Pre-program***	***Post-program***
Demographics Questionnaire	*To collect basic demographic information on participants*	✓	

Composite Abuse Scale (CAS)	*To identify the nature and severity of abuse experienced by the mothers involved in this research.* *Women were presented with a series of statements which fit under the following categories of abuse: emotional/psychological, physical, severe combined abuse, and harassment. They were asked to indicate how often incidents corresponding to each type of abuse had occurred, with the following options: never, only once, several times, once per month, once per week, daily. Women were asked to recall the number of incidents in the preceding twelve months for their pre-program questionnaire, and the previous month for their post-program questionnaire.*	✓	✓
Co-Parenting Relationship Scale (CRS)	*To assess the quality of co-parenting in the participant's relationship, from the mother's perspective.* *Women rated statements about their relationships from zero (not true of us) to 6 (very true of us). Higher scores reflect more cohesive co-parenting.* *There is a Hostility Co-parenting sub section within this scale, which asked women to rate how often the father of their child showed hostile behaviours towards them in front of their child. Responses range from 0 (never) to 6 (very often). For this Co-parenting – Hostility sub section, higher scores reflect greater hostility.*	✓	
Quality of Life Scale (QL)	*To assess mother's perception of their overall quality of life. Includes questions on feelings of safety, fun, freedom, personal accomplishment and well-being. Responses were scored from 1 (extremely satisfied) to 7 (terrible), with higher scores reflecting poorer quality of life.*	✓	
Pearlin Mastery Scale (PM)	*To measure the extent to which the mother regards their life to be under their control, as opposed to being ruled by external forces. Scores ranged from 1 (strongly agree) to 5 (strongly disagree). Higher scores reflect the mother's feeling of control over her life, with lower scores indicating little control.*	✓	
Sense of Agency Scale (SA)	*To assess mothers' general sense of agency and ability to rely on oneself to achieve one's goals. Women were asked how often a series of statements relate to their life, with responses ranging from 1 (neve) to 4 (often). Higher scores reflect a stronger sense of agency.*	✓	
Emotional Dysregulation Scale (ED)	*To assess the mother's perception of the father's ability to manage and regulate his emotions. Women were asked to rate the extent to which the items described the father of their child, where 1 = not true at all, up to 7= very true. Higher scores poorer emotional regulation from fathers.*	✓	

Patient Health Q. for Depression and Anxiety (PHQ-4)	*To assess the mother's experiences of anxiety and depression. Women were asked to agree whether they had been bothered by issues of anxiety and depression over the last two weeks, with response options ranging from 0 (not at all) to 3 (nearly every day). Higher scores reflect that depression and anxiety was experienced.*	✓	
Inventory of Father Involvement (IFI)	*To assess the degree of the father's involvement in his child's life, as modified for the mother to report on father's behaviours. Scores range from 1 (very poor) to 6 (excellent). Subscales of Time Together, Praise/Affection, and Attentiveness were calculated by summing scores from the individual items comprising that scale. Higher scores reflect mother's perception of greater involvement of fathers with their child.*	✓	
Community Services Questionnaire	*To assess the mother's familiarity with community services (healthcare, housing, legal advice etc) and their ease/difficulty in accessing these services.*	✓	
Interview	*To determine mother's perceptions about the impacts of the Caring Dads program the father of their children.*		✓

Appendix B: Statistical tests

1) Statistical tests related to fathering practices

Inventory of Father Involvement

A repeated measures t-test revealed no significant difference in Time Together (t (86) = -1.57, p =.12) and Attentiveness between pre- and post- surveys (t(74) = -1.48, p=.14). A statistically significant difference was seen for Praise and Affection, with a small effect size (t(88) =-2.31, p = .02, eta squared =.03) and Total average score with a large effect size (t (88) = -5.36, p <.01, eta squared=.14).

Table 1. Scores on Inventory of Father Involvement – subscales as means out of 6 (2017-2019) (matched pairs for significance testing)

	Pre-Program			Post-Program		
	Mean	**SD**	**N**	**Mean**	**SD**	**N**
Time together	4.67	1.11	86	4.81	1.02	86
Praise and affection	5.16*	1.00	88	5.34*	.87	88
Attentiveness	4.53	1.27	74	4.74	1.04	74
Total average score	4.58*	.91	88	4.58*	.82	88

*Indicates a significant difference between pre-and program mean scores at the .05 level

Table 2. Scores on Inventory of Father Involvement – subscales as totals of items (maximum score possible = 18) (2017-2019).

	Pre-Program				**Post-Program**			
	Mean	**SD**	**Md**	**N**	**Mean**	**SD**	**Md**	**N**
Time together	13.16	3.62	13.00	165	14.10	3.24	15.00	114
Praise and affection	15.17	3.35	16.00*	148	16.00	2.79	17.00*	114
Attentiveness	11.43	4.30	12.00	148	12.56	4.22	14.00	110

A Wilcoxon Signed Ranks Test revealed a significant difference in scores between time 1 (Md=16) and time 2 (Md=17) for Praise and Affection (z=-2.13, p=.03) but not for scores on Time Together (z=-1.54, p=.12) or Attentiveness (z=-.82, p=.41).

Table 3. Mean scores on father involvement as assessed by mothers compared to fathers at pre-program – scores out of 6 (2017-2019).

	Mothers				Fathers			
	Mean	SD	Md	N	Mean	SD	Md	N
Time together	3.99*	1.60	4.33	50	4.49*	1.16	4.67	148
Praise and affection	4.32	1.65	4.83	50	5.05	1.11	5.33	148
Attentiveness	4.06	1.68	4.00	44	4.35	1.28	4.50	148
Total average score	4.11	1.49	4.39	50	4.39	.98	4.44	166

*Note not equal to 53 women or 173 due to missing responses

An independent samples t-test revealed a significant difference in mean scores between mothers (*M*= 3.99, *SD*=1.60) and fathers (*M*=4.49, *SD*=1.16) on scores for Time Together *t*(65)=-2.78, *p*<.01, and Praise and Affection (mothers *M*=4.32, *SD*=1.65, fathers *M*=5.05, *SD*= 1.11; *t*(62)=-3.18, *p*<.01. However, there were no significant differences in means between mothers and fathers for Attentiveness (*t*(58)=-1.04, *p*=.30) or for the Total Average score (*t*62)=-1.24, *p*=.22).

Parental Warmth Scale

A Wilcoxon Signed ranks test revealed no significant difference in Parental Warmth Scores between pre- and post- surveys (z = -1.86, p=.06).

Table 4. Mean scores for Parental Warmth (2017-2019) (with matched pairs from t-test (Wilcoxon only reported means for the overall sample).

	Pre-Program (*n*=81)			Post-Program (*n*=81)		
	Mean	SD	Md	Mean	SD	Md
Parental warmth	2.86	.55	3.50	3.21	.47	4.0

**n* does not equal 200 due to missing responses and a reduced sample due to paired sample testing

PACOTIS Scale

A Wilcoxon Signed ranks test revealed no significant differences between pre- and post- program on parental self-efficacy (z = -.33, p=.74), perceived parental impact (z=-1.03, p=.31) and parental hostile-reactive behaviours (z=-.95, p=.34).

Parenting Scale

A paired samples t-tested revealed no significant difference in Laxness scores pre- (M =3.70, SD=1.11) and post- program (M=3.61, SD=1.11) (t(39)=.45, p=.65). However, a difference in Over-reactivity scores was seen between pre- (M=2.98, SD=1.30) and post-program (M=2.44, SD=1.29) (t(41)=2.49, p=.02).

Table 5. Mean scores for father's experiences as parents (Parenting Scale) (2017-2019 (matched pairs for significance testing).

	Pre-Program			Post-Program		
	Mean	SD	N	Mean	SD	n
Laxness	3.70	1.11	39	3.61	1.11	39
Over-reactivity	2.98*	1.30	41	2.45*	1.29	41

*Indicates a significant difference at the .05 level.

2) Statistical tests related to co-parenting relationships

Co-Parenting Relationship Scale

Fathers' pre- and post-program scores

A Wilcoxon Signed ranks test revealed no significant differences in pre- and post-program results for Co-parenting Agreement (z=-.84, p=.40), Closeness (z=-.05, p=.96), Support (z=-1.14, p=.26), and Endorse Partner Parenting (z=-.66, p=.51) and Undermining (z=-2.00, p=.05). However, a significant difference in scores was seen for Division of Labour with a medium effect size (z=-2.5, p=.01, r=.43).

A Wilcoxon Signed Ranks test indicated a significant difference in scores between pre- and post-program scores with a large effect size (z=-3.53, p<.01, r=.78).

Fathers' and mothers' pre-program scores

A Mann-Whitney U test revealed a significant difference in the pre-program ratings of coparenting between men and women for agreement (*Md*=3.00 for women and *Md*=3.50 for men; *U*=3363.00*, z*=-2.09, *p*=.04), endorse partner parenting (*Md*=4.50 for women and *Md*=5.00 for men, *U*=3299.50, *z*=-2.34, *p*=.02) and division of labour (*Md*=2.50 for women and *Md*=4.50 for men, *U*=2794.50, *z*=-3.33, *p*<.01). However, there were no significant differences for closeness (*Md*=3.00 for women and *Md*=3.00 for men, *U*=3291.0, *z*=-1.43, *p*=.15), support (*Md*=4.00 for women, *Md*=3.50 for men, U =3647.50, *z*=-1.21, *p*=.23) and undermining (*Md*=2.50 for women, *Md*=2.00 for men, *U*=4050.00.50, *z*=-.36, *p*=.72).

Fathers' post-program scores compared to mothers' pre-program scores

A Mann-Whitney U test revealed a significant difference in the post-program ratings of coparenting between men and women for agreement (*Md*=3.00 for women and *Md*=4.00 for men; *U*=221.00*, z*=-2.27, *p*=.02), endorse partner parenting (*Md*=4.50 for women and *Md*=5.50 for men, *U*=2006.50, *z*=-2.67, *p*<.01) and division of labour (*Md*=2.50 for women and *Md*=5.00 for men, *U*=1488.50, *z*=-4.58, *p*<.01). However, there were no significant differences for closeness (*Md*=3.00 for women and *Md*=3.50 for men, *U*=2118.0, *z*=-1.80, *p*=.07), support (*Md*=4.00 for women, *Md*=4.00 for men, U=2665.50, *z*=-.33, *p*=.74) and undermining (*Md*=2.50 for women, *Md*=1.50 for men, *U*=2318.50, *z*=-1.64, *p*=.10).

Mothers in current relationship with Caring Dads father compared with mothers separated from Caring Dads father

A Mann-Whitney U test revealed a significant difference in the ratings of co-parenting Agreement between women in a relationship with the Caring Dads partner (*Md*= 3.75, *n*=34) than those not in a relationship (*Md*=1.50, *n*=17; *U*=178.5, *z*=-2.22, *p*=.03). There were significant differences for Co Parenting Closeness (*Md*=3.0, *n*=32 in a relationship, *Md*=0.00, *n*=17 not in a relationship; *U*=156.00, *z*=-2.52, *p*=.01), Support (*Md*=4.75, *n*=34 in a relationship, *Md*=2.50, *n*=17 not in a relationship; *U*=189.50, *z*=-2.02, *p*=.04). Women who were in a relationship provided lower scores (i.e. that their partners did not undermine them) (*Md*=1.75, *n*=34) than those who were not in a relationship (*Md*=3.50, *n*=17) but this difference was not significant (*U*=217.50, *z*=-1.44, *p*=.15). Women in a relationship with the Caring Dad's father also provided higher scores for endorsement (*Md*=4.50, *n*=34) than those who were not (*Md*=3.50, *n*=17) but this difference was also not significant (*U*=219.50, *z*=-1.4, *p*=.16). There were no differences in scores for women in a relationship (*Md*=2.50, *n*=34) and not (*Md*=2.5, *n*=17) on division of

labour (*U*=255.50, *z*=-.68, *p*=.50). No significant differences in ratings were seen on ratings of hostility between women in a relationship (*Md*=1.67, *n*=34) and not (*Md*=3.33, *n*=17; *U*=200.50, *z*=-1.79, *p*=.07).

3) Statistical tests related to fathers' use of violence

Anger Management Scale

Table 6. Overall anger management score (2017-2019) (matched for significance testing).

	Pre-program			Post-program		
	Mean	**SD**	**N**	**Mean**	**SD**	**N**
Recognise anger	2.82	.52	82	3.00	.46	88
Self-talk	2.77	.83	83	3.32	.67	83
Self-soothe	3.04	.74	84	3.34	.61	83
Overall anger management score	2.56	.55	81	3.21	.47	81

*Medians not reported here as not significance tested

A Wilcoxon Signed Ranks test revealed a significant difference in scores for Recognise Anger from time 1 to time 2, with a small effect size (*z*=-2.29, *p*=.02, *r=.18*). Despite both pre- and post- median scores being 3.00, differences were seen in the distribution of scores in the upper most quartile. A significant difference from pre- (*Md*=2.67) to post- program (*Md*=3.33) was seen for 'self-talk', with a medium effect size (z=.4.45, *p* <.05, *r* =.49). A significant difference was also seen for 'self-soothe' pre- (*Md* =3.00) and post- (*Md* =3.33) scores, with a small effect size (*z* =-3.12, *p* <.01, *r* =.18). There was a significant difference in overall scores of anger management, with an improvement seen from pre- (*Md*=2.78) to post- (*Md*=3.14) with a small effect size (*z*=-4.01, *p* <.01, *r* =.24).

A paired samples t-test revealed a significant difference in means scores for recognise anger pre (*M* =2.82, *SD*=.52) and post-program (*M*=3.00, *SD*=.46) (*t*(82)=-2.34, *p*=.02), for self-talk (pre: *M*=2.77, *SD*=.84, post: *M*=3.32, *SD*=.67) (*t*(83)=-5.05, *p*<.01), self-soothe (pre: *M*=3.04, *SD*=.74, post: *M*=3.34, *SD*=.61) (*t*(84)=-3.18, *p*<.01). Overall anger management also improved significantly from pre- (*M*=2.86, *SD*=.55) to post-program (*M*-=3.21, *SD*=.47) (*t*(80)=-4.55, *p*<.01).

National Community Attitudes Survey

A Wilcoxon Signed Ranks test revealed a significant difference in median scores for NCAS pre- (*Md*=73.82) and post-program (*Md*=80.76) with a small effect size (*z*=-2.77, *p*<.01, *r*=.18).

Composite Abuse Scale

A chi-square test for independence revealed no relationship between mothers who were in a current relationship with the Caring Dads father and those who had current fear χ^2 (52) = .34, *p*=.73. However, given the small cell counts, this result must be interpreted with caution.

Table 7. Mothers' current relationship status with Caring Dads father by her current report of feeling fearful.

		Currently afraid		Total
		No	Yes	
In a current relationship with the Caring Dads Father	No	13 (72%)	5 (28%)	18 (100%)
	Yes	27 (79%)	7 (21%)	34 (100%)
		40	12	52

*Note *n* not equal to 53 due to missing response

4) Statistical tests related to other program impacts

Patient Health Questionnaire for Depression and Anxiety

Cell sizes were too small to run a categorical statistical test, so mean scores on the PHQ were examined. A repeated measures t-test revealed a significant difference in mean scores at time 1 (M=4.00, SD=.43) and time 2 (*M*=3.30, *SD*=.35) (*t*(88)=3.47, *p*<.01).

Table 8. Proportion of fathers experiencing symptoms of anxiety and depression (2017-2019) (matched for significance testing).

	Pre-Program		Post-Program	
	Count	**Percent**	**Count**	**Percent**
Normal	30	34,1%	42	47.7%
Mild	20	22.7%	22	25%
Moderate	20	22.7%	15	17%
Severe	18	20.5%	9	10.2%
Total	88*	100%	88*	100%

*Total is based on matched pairs of pre-and post-program data, and therefore does not equal the total sample size of 200

A chi-squared test for independence revealed that men who had previously attended a parenting program were no more likely to have moderate to severe ratings on the PHQ (χ^2(113) = 10.67, p = .10). There were no differences in severity ratings between men who had additional support, e.g. through counselling and those who hadn't (χ^2(113) = .06, p = .97). There was no difference between severity of scores on the PHQ and engagement with prior Men's Behaviour Change Programs (χ^2(113) = 4.30, p = .51). However, some cell sizes were 10 and under for these tests so results must be interpreted with caution.

Social Support Scale

Table 9. Mean and median scores for social support (2017-2019) (matched for significance testing)

	Pre-Program (*n*=88)			Post-Program (*n*=88)		
	Mean	**SD**	**Median**	**Mean**	**SD**	**Median**
Social support score	3.11	.47	3.13	3.20	.61	3.5

*Indicates a significant difference at the .05 level.

A Wilcoxon Signed Rank Test revealed a significant difference in scores pre- (*Md* = 3.13) and post- (*Md*=3.25) with a small effect size (z=-2.36, p=.02, r = .14).

Emotional Dysregulation Scale

Women who were in a relationship (*Md*=6.00, *n*=33) did not provide significantly different scores on Emotional regulation to women who were not in a relationship (Md=6.25, *n*=17) with the father in the Caring Dads program (*U*=203.00, *z*=-1.60, *p*=.11), nor on Cognition (*Md*=5.00 in relationship; *Md*=6.00 not in a relationship; *U*=208.00, *z*=-1.50, *p*=.13), Behaviour (*Md*=5.00 in relationship, *Md*=5.50 not in a relationship; *U*=216.00, *z*=-1.34, *p*=.18). There were no differences in emotional dysregulation overall (*Md*=4.92 in a relationship, *Md*=5.67; *U*=207.00, *z*=-1.51, *p*=.13).

Women who were in a relationship (*Md*=12.50, *n*=34) did not provide significantly different scores on Time Together to women who were not in a relationship with the father in the Caring Dads program (*Md*=10.00, *n*=17; *U*=261.00, *z*=-.56, *p*=.57). There were also no significant differences for Praise and Affection (*Md*=15.00 in a relationship, *Md*=12.00 not in a relationship; *U*=231.50, *z*=-1.16, *p*=.25). There appeared to be a large difference in medians for Attentiveness (*Md*=11.00 in a relationship, *Md*=6.5 not in a relationship; *U*=207.00, *z*=-1.22, *p*=.22), though this was not significant. However, it may be that the small sample of 16 women affected the power of this analysis to detect significant differences.

Quality of Life Scale

An independent sample t-test revealed that there was no difference in quality of life scores for women in a current relationship with the Caring Dads father (*M*=3.29, *SD*=1.45, *n*=34) and not (*M*=3.05, *SD*=.8, *n*=17); *t*(51) = -.64, *p*=.53. However, the larger standard deviation for the women in a relationship indicates more variation in this group.

Pearlin Mastery Scale

An independent sample t-test revealed that there was no difference in scores on the Pearlin Master Scale for women in a current relationship with the Caring Dads father (*M*=3.50, *SD*=.76, *n*=34) and not (*M*=3.36, *SD*=.64, *n*=17); *t*(51) = -.67, *p*=.53.

Mothers' ability to manage difficulties

An independent sample t-test revealed that there was no difference in scores ability to manage difficulties for women in a current relationship with the Caring Dads father (*M*=72.18, *SD*=23.23, *n*=34) and not (*M*=70.88, *SD*=20.17 *n*=17); *t*(51) = -.20, *p*=.85.

Sense of Agency Scale

An independent sample t-test revealed that there was no difference in mothers' sense of agency for women in a current relationship with the Caring Dads father (*M*=3.45, *SD*=.63, *n*=34) and not (*M*=3.57, *SD*=.48 *n*=17); *t*(51) = -.72, *p*=.45.

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Appendix C: The Victorian Caring Dads Model of Service

This document has been prepared by Kids First.

PART ONE: Caring Dads and the Victorian Model of Service

Purpose

This document stands as an addendum to the interim Final Research Report (April 2019) prepared by the University of Melbourne, Department of Social Work.

Kids First's approach to the implementation of the Caring Dads program is focussed on two main aspects:

1. Clinical Development

Ensuring that the practice quality and development within the group work curriculum adheres to the following principles[20]:

A. Any father involvement in the program should benefit the child
B. Increasing motivation to change through engagement
C. Children's wellbeing & safety is aligned to their mother's wellbeing & safety
D. A focus on the fathers' lack of child centeredness (not on child management tips)
E. Systemic work with fathers in order to keep children safe

In addition to the service developments listed below, our Community of Practice sessions focus on influencing positive and respectful attitudinal changes toward the mother; developing empathic capacity in father's; effective co-facilitation in the context of family violence behaviour change groups; fostering strong referral pathways and sector relationships; and developing a therapeutic alliance with participants to promote behaviour change.

In order to guide practice and tailor responses to the needs of each family, a Systematic Clinical Review process has been developed. This enables practitioners to track fathers' individual engagement and progress within the 17-week group program; identify risks, needs and goals across each of the 4 stages of the group work curriculum; and undertake planning that focusses on the individual needs of the participant and their families. The role of the child and family wellbeing practitioner, and collaborative engagement with partners is integral to guiding this process.

[20] Scott, K., Kelly, T., Crooks, C., Francis, K. (2018) Caring Dads: Helping Father's Value their Children, Program Manual, 3rd edition. Moutonco: Sheridan

2. Operational Development:

Ensuring that the Caring Dads program is effectively embedded into the Victorian sector.

For this to occur, Kids First and its' partners have developed a model of service that wraps around the group work program, such that it can support the structural, psychosocial and safety needs for all family members.

Kids First holds the view that all group work programs involving perpetrators of family violence should be enhanced by a model that tracks and coordinates the safety and wellbeing of all family members in an ongoing way, linking strongly with other parts of the service sector.

It is for this reason, that Kids First and its' partners have developed a number of measures to build integrated and coordinated responses. These measures ensure that safety and wellbeing needs for all family members are assessed and attended to.

Such measures have included:

1. Creation of the **Child and Family Wellbeing Practitioner** role to offer enhanced support to women and children throughout the course of a participants' engagement in Caring Dads, including 3 months post completion/exit of the program. This worker is 'attached' to the Integrated Family Services team and is able to access a Community Based Child Protection home visit if necessary.

2. Utilising the **Information Sharing Legislation** under the Family Violence Protection Act to enhance assessment and practice with participants. Facilitators seek information, as a Risk Assessment Entity, from Police, Child Protection and Courts at the point that men are referred into the Caring Dads program. This has been particularly useful, for example, when a man self refers to the program and offers limited information.

   The information obtained has had the following impacts:

- Enhancing assessment processes prior to the participant entering into the group work program, including improving the engagement process.
- Assisting to track the safety of the mothers and children.
- Decreasing the burden on mothers to report risk issues.
- Enabling greater collaborative practice between Caring Dads and other providers based on risks identified via the information obtained.

3. Development of the **Local Agreement with DHHS Child Protection** (NEMA and Hume Moreland; Western Melbourne) setting out roles and responsibilities of each party when a participant is referred into the Caring Dads program. This agreement

is a good demonstration of the external partnerships that are forming, and of the program embedding in the service system.

4. Development of the **Booster session model,** offering two booster sessions post completion of the group at 4-6 weeks and 10-12 weeks post completion – working closely together with the Child and Family Welfare practitioner to target any issues reported by the mothers and to provide some more oversight of the change process, consolidating learnings and troubleshooting areas participants identify.

5. Development of the **individual group readiness framework**, offering sessions and support prior to entry into the group, to enable participants to have capacity to effectively engage in the material and process. This includes practical support such as referring to housing and individual counselling focussing on motivational interviewing to develop and enhance participants engagement in the behaviour change process.

6. Development of the **AOD single session pathway,** whereby a participant is identified at assessment as requiring some assistance with substance use and is provided a targeted referral into Regen for a single session that may lead into a comprehensive referral.

7. Development of the **Group Intake Information Session** where men and their referrers are invited to hear about the aims and purpose of the Caring Dads program. Attendees at the information session complete a self-assessment form and a further individual assessment meeting is scheduled with them prior to the commencement of the group. This results in all attendees being provided with consistent information and expectations about the program, with a clear focus on the program as a family violence intervention, not only a parenting program. It is also useful for referrers to hear this information at this session.

8. Linking with the **Orange Door and the Men's Case management trial**. The Integrated Practice model in the Orange Door is well aligned to the Caring Dads model of service in Victoria, and as such is an important referral point for the Caring Dads program. The men's case management trial is also a useful service for the Caring Dads program to undertake collaborative work with. NEMA Caring Dads have now established a relationship with DPV who is delivering this trial.

9. Ongoing work for men. The **case work/management component** in the Victorian model that is wrapped around the groupwork program allows Caring Dads facilitators to conduct ongoing assessment and planning for men throughout the program. Caring Dads is an evidenced based 17 week group work program. Most men arrive to the program with long histories of using violence in their relationships,

family of origin and creation histories that privilege extreme stereotypical gender arrangements that have structured their intimate relationships, and other complex needs. Ongoing work is almost always indicated in order to maintain, what is usually 'first order' changes from the Caring Dads program.

PART TWO: Detailed Program Logic for Victorian Model

The Victorian model of service for the Caring Dads Program seeks to provide a joined-up service response for fathers who use or are at risk of using family violence, and their children and mothers affected by family violence.

Kids First believes that an integrated, shared, coordinated service system such as that provided through this model will strengthen father-child relationships and improve the safety of women and children. This is an approach which considers the needs and goals of all members of the family.

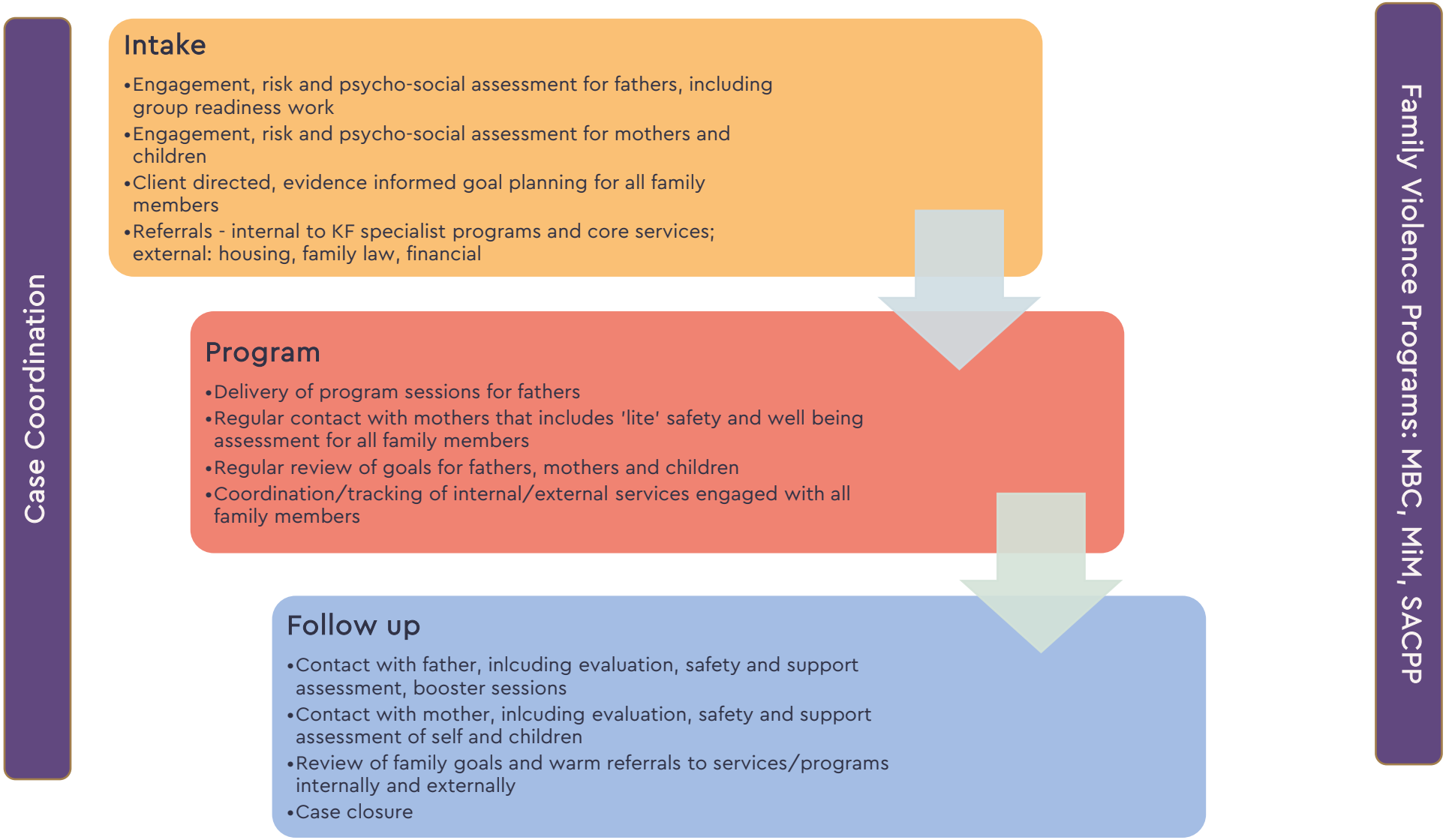
Current evidence indicates that fathering is a motivator for behaviour change in men, further strengthening the case for an integrated, joined-up approach to safety and support services (Scott & Crooks, 2007; Pfifzner, Humphreys, & Hegarty, 2014; Scott, 2012).

As the primary change agents in the program, fathers who have or are at risk of perpetrating violence are motivated to become safer with their children, better parents, and reduce the impact of family violence on their children.

Mothers often carry the burden of being expected to repair their family after violence. Kids First uses a client directed, strength-based approach, that intends mothers and children to be the primary beneficiaries of this program, and they may engage with coordinated care at a level they determine to be a good fit.

The key principle of this model is the belief that it is safer to track and coordinate the work for all family members that are affected or at risk of being affected by family violence- ***this may be together or separate, but always systemic.***

Flow Chart for Joined Up Model of Service for Caring Dads Program



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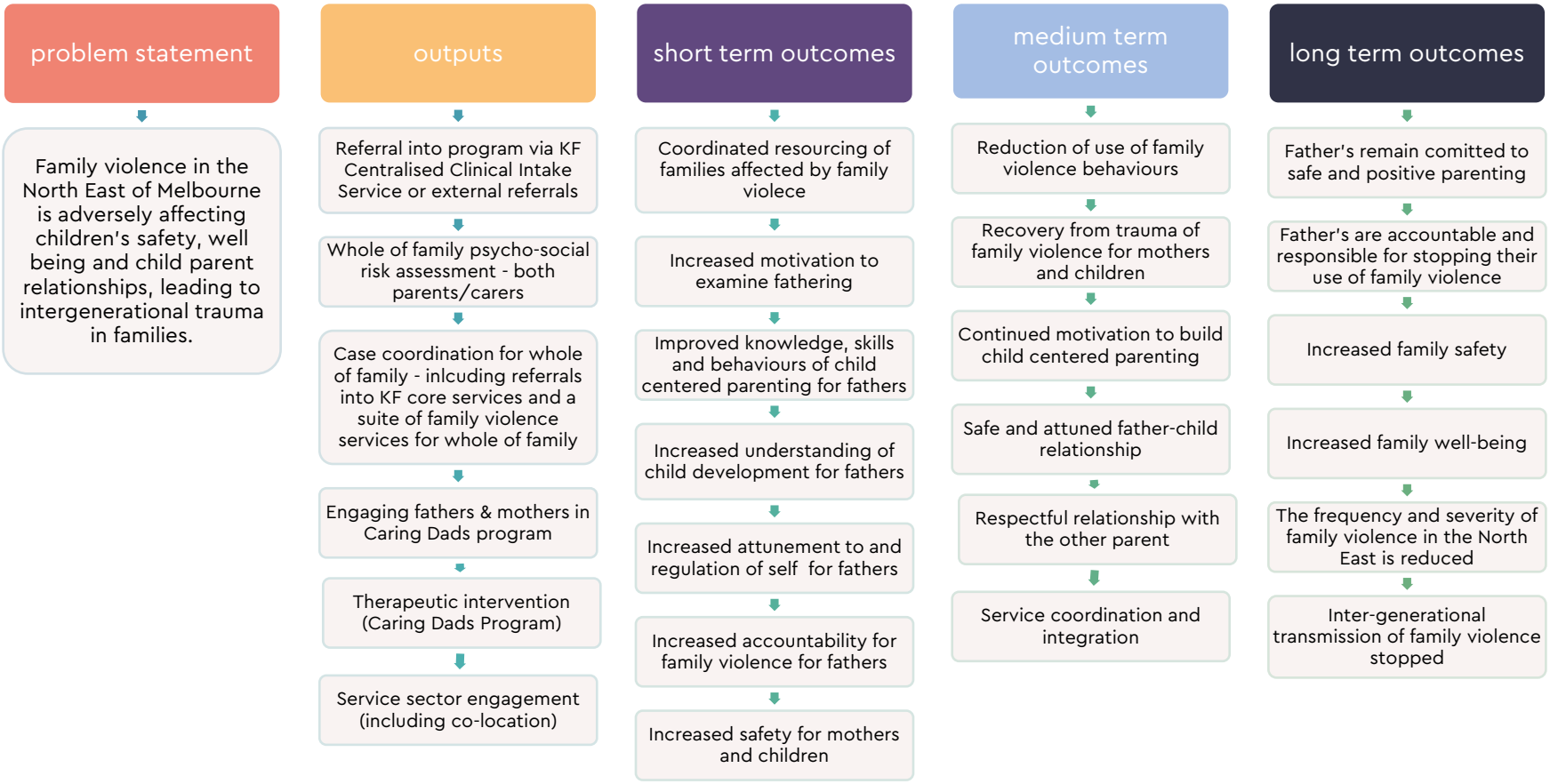
Program Logic for Caring Dads Program: an integrated model

Program objective: a parenting program for fathers who have used family violence to stop using family violence, improve parent-child relationships, and increase the safety and wellbeing of children and their mothers in Melbourne's North East.



Assumptions: Working with fathers is integral to ending violence against women and children. The Caring Dads program sits within a whole of family service model. Mothers often carry the burden of being expected to repair their family after violence. Kids First uses a client directed, strength-based approach, that intends mothers and children to be the primary beneficiaries of this program, and they may engage with coordinated care at a level they determine to be a good fit. As the primary change agents in the program, fathers who have or are at risk of perpetrating violence are motivated to become safer with their children, better parents, and reduce the impact of family violence on their children.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