

Evaluation of the Caring Dads Cymru Programme



Llywodraeth Cynulliad Cymru
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Research Summary

Social research

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What is Caring Dads?

Caring Dads Cymru (CDC) is a group work voluntary programme for men who are at risk of committing domestic violence and therefore, at risk of causing harm to their children. The Caring Dads programme originated in Canada but the programme content and theory was adapted and applied in Wales. CDC was delivered by the National society for the Protection of Children (NSPCC) Cymru. It included group 'facilitators', who delivered the group work, central coordination and management, and Partner Support Workers who worked with clients' partners or ex partners to ensure their safety and wellbeing. A central theory behind CDC is that men will be more motivated to engage in an intervention to address their abusive behaviour if the focus is ostensibly on their relationship with their children. The CDC programme was first initiated in 2006 and funded by the Welsh Assembly Government. The programme was run by NSPCC Cymru.

The Evaluation of Caring Dads Cymru

The aim of the evaluation, which spanned two years of the programme, was to establish the effectiveness of the programme in changing men's abusive attitudes and behaviours and thus preventing them from doing harm to their children and the children's mothers.

Methods

The evaluation included the following methods:

- Interviews with Caring Dads facilitators and clients
- Interviews with partners or ex partners of Caring Dads clients, not necessarily connected to the client research participants
- Standardised psychological measures given to CDC clients at the beginning and end of the programme
- Interviews with staff who had referred men to CDC
- A research and practitioner symposium to explore the purpose of Caring Dads and make recommendations for accreditation of the scheme

Key findings:

- All the men who had been through the CDC Programme and took part in the research demonstrated improvements in their aggressive responses to the people they interact with in general, including, but not always, women.
- A number of men who participated in the research (which is itself a small sample) did not appear to accept responsibility for their own behaviour or aggression towards women
- The main mechanism of change for the programme, as reported by the men respondents and corroborated by facilitators and external professionals, was that the men were able to identify the impact that their behaviour has on their children.
- In some cases, agencies that had referred clients to the CDC programme ceased to be involved in the monitoring of risk that the client represented to his family. Although NSPCC staff were able to adequately manage risks, chiefly through the work of the Partner Support Worker, these risks would be better managed with the continued involvement of referring agencies.
- CDC clients felt that the awareness of the impact of their behavior on their children was the most important driver in the changes they experienced as a result of the CDC programme.
- CDC facilitators generally corroborated client respondents' accounts of the changes they had experienced.
- It was felt by CDC facilitators that the notion of child- and parent-centred approaches to parenting was an important consideration for the clients in bringing about a new understanding of their behavior.
- Positive effects of the CDC programme were generally noted by all but one ex partner respondent in terms of control of aggression but not necessarily in accepting responsibility for past aggression.
- A common and strongly expressed view of the ex partner respondents was that it was important for them that the CDC programme allowed men to acknowledge their violence and

aggression and take responsibility for it.

Recommendations

- Caring Dads should continue to be developed, learning from the evaluation and from other existing research about the effectiveness of domestic abuse perpetrator programmes.
- Caring Dads should continue to seek the support from other professionals involved in client's lives so that risks can be monitored more effectively and structures and procedures should be put in place to formalise inter-agency roles and responsibilities.
- Referral procedures should be more explicit about the amount of information that should be shared at the outset – there was some confusion about which agency would be checking men's records.
- Where it is not possible to continue to engage statutory agencies in monitoring men's risks and progress, the programme may consider involving other agencies such as voluntary sector staff working with the men.
- CDC clients should be more frequently and individually assessed and monitored to establish their motivation for treatment and to account for any changes in attitude or behaviour, particularly if their ex or current partner is not receiving support from the Partner Support worker.
- Effort should be focused on improving retention as the group work element of the Caring Dads programme was felt to be successful: this element is diminished if the group size dwindles.

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