



GROUP SPECIFIC STANDARDS

1. Caring Dads was designed as a 17-week, closed group model. This number of sessions are required to meet the goals of engaging men, educating them, promoting and monitoring men's ability to change. We strongly recommend a Caring Dads program model consisting of 15 group sessions and 2 individual sessions. Sessions must be substantively as outlined in the manual. Sessions may be run once or twice a week.
2. After session 3, the group must be run with a closed format (i.e., the same group of men must proceed through sessions 4 through 17).
3. Caring Dads must not be advertised or administered as an alternative or replacement for court-ordered domestic violence perpetrator intervention.
4. All Caring Dads groups will be run by at least one facilitator trained to lead Caring Dads groups. Efforts should be made to have all facilitators trained.
5. Group entry must be preceded by an intake interview that includes an assessment of men's risk of continued abuse and of their suitability for the Caring Dads group.
6. For clients who are referred as a result of child exposure to domestic violence, consideration must be given to addressing ongoing risk of domestic violence. This may require referral to an intervention for woman abuse either before or concurrently with Caring Dads.
7. Conditions for group entry must be met. Most importantly, in order to be enrolled in Caring Dads, men must:
 - (a) Have regular contact (can be supervised) with at least one of their children. Careful consideration should be given about whether to accept fathers who are in the midst of a legal dispute that is likely or fairly likely to lead to a legally-mandated end of contact with his children (e.g. application for Crown Wardship with no contact). There is a high potential for disruption in learning for men who are very worried that each of their contacts with their children will be their last and for the group as a whole in cases where fathers lose all contact with their children during Caring Dads.
 - (b) Be referred due to concerns about physical abuse, emotional abuse, neglect or child exposure to domestic violence or for being at risk for these behaviours. The primary referral issue cannot be father's sexual abuse of their children.

8. One of the core principles of Caring Dads is that fathers' participation in the program should have the potential to benefit children regardless of men's progress, or lack of progress, in making change. Although the Caring Dads program cannot fully guard against children failing to benefit as a result of men's participation, it can take steps to meet this principle by ensuring that information about men's progress towards program goals is communicated to others who are involved with men's children and families. Minimum and Recommended standards for meeting this principle are outlined as follows:

At Minimum:

- (a) It is required that a final report be prepared for each Caring Dads participant that outlines his observed progress towards program goals and includes a caveat around the limitations of these observations.
- (b) It is required that men be willing to sign consent for sharing the final report with at least one other person whose role it is to consider the safety and well-being of children. In most cases, this would be the referring professional (child protection worker, probation officer, child and family mental health counsellor, lawyer). In cases where no other professional is involved with men's family, arrangements must be made to share the report with someone taking on a protective role. This might be men's partners, a community leader willing to prioritize the safety and well-being needs of children in this man's family, or another person willing to take on this role.
- (c) It is required that Caring Dads programs include contact with mothers of men's children (assuming they are involved in parenting their children) for the purposes of safety planning, providing information about Caring Dads content, making referral to supportive services, or have provisions in place to ensure that these activities are being undertaken by other professionals already working directly with mothers of men's children.

Recommended Practice:

- (a) Recommended is for a model of collaborative practice across professionals working with members of men's families. In collaborative practice, it is recommended that there be a minimum of three documented contacts between Caring Dads facilitators and the professionals that referred men to group to discuss goals and progress of men through the group.
- (b) Recommended is for Caring Dads group facilitators to have discussions with other professionals involved with men's families about changes that should be expected at various points in the group and about observations of change inside and outside the group setting.
- (c) Recommended is for Caring Dads facilitators to work together with other professionals early on to identify possible continuing challenges and to work

together to put in provisions necessary to ensure child and mother victim safety (e.g. a child protection worker might recommend extending supervised visitation until the father has addressed substance abuse issues and the Caring Dads facilitators might help father understand the need for a longer period of supervision and comply with expectations around accessing treatment for substance abuse)

9. Facilitators of Caring Dads groups must normally be trained and regulated social service providers (e.g. registered social workers, probation officers, counsellors) in cases where these qualifications are not required, the agency hosting Caring Dads must have procedures in place to ensure ethical and professional conduct of its staff.