



**baby makes**

Maintaining healthy relationships  
during the transition to parenthood



MAV Maternal and Child  
Health Annual Conference  
May 2015

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# Intimate partner violence

- More than one third (40%) of Australian women have experienced physical or sexual violence since the age of 15 (ABS 2006).
- IPV is the largest preventable contributor to death, disability and illness in Victorian women aged 15–44 years (VicHealth 2004).
- Violence often first occurs or escalates during pregnancy or after the birth of a child (VicHealth 2011; ABS 2006).

Goal: To promote **equal and respectful** relationships between men and women during the transition to parenthood.

By assisting couples to maintain equal and respectful relationships, it helps to prevent relationship conflict *before* it occurs.



# What is *Baby Makes 3*?

- Universal program
- A “healthy relationship” program
- Led by male and female facilitator
- Mum, dad attend with their baby
- Three 2-hours sessions
- Part of the new parent group program
- 6-8 couples

# *Baby Makes 3 Topics*

- Transition to parenthood
- Societal expectations of mothers and fathers
- Division of household labour and child care
- What makes a relationship healthy
  - Meaningful equality
  - Sex and intimacy
  - Dealing with conflict
  - Communication- skills.



# Relevance of FV prevention for first time parents and MCH

- Window of opportunity
  - To influence parenting roles
  - To work with men
  - To promote broader notions of fatherhood
- Change in relationship dynamics due to changing roles > can lead to increased relationship stress and IPV



# Transition to parenthood

- Traditional gender roles continue to influence parenting / parenthood
- *Baby Makes 3* brings these issues to the attention of new parents and gives them the space and language to explore how they might be affecting their relationships and how they can respond.



# Evaluation of the Baby Makes 3 program

## Phase 1: Research & development phase

- 2007 – idea for BM3 presented to VicHealth
- 2008- 2011- received VicHealth funding to develop and pilot the BM3 program.
- 2011 VicHealth Award for Outstanding Achievement in Health Promotion

### Impacts:

- Parents had a greater understanding of, and commitment to, gender equality
- Parents had greater awareness of topics related to healthy relationships
- Parents had greater communication with each other about these topics

## Phase 2: BM3 large-scale projects

- Two large-scale BM3 projects
- Three-year period (2013-15)
- Department of Justice and Regulation funded 3 year project “Reducing violence against women & their children” grants program
- Delivering BM3 across 12 councils
- Eastern Metropolitan region and Great South Coast
- Baby Makes 3+ (GSC only) working with ante-natal services to develop a seamless service model

# Evaluation Questions

1. To what extent have parent attitudes and behaviours (that reflect gender equity) changed after participating in <sup>a3</sup>BM3?
2. Are these changes sustained over time?
3. Is BM3 transferrable to different settings?
4. Is BM3 cost-effective?

Deakin University have been engaged as an evaluation partner.

## Slide 12

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a3

Am I doing this slide- I cant remember where my section starts.

for this section, it could be worth;

-increasing the emphasis on the evaluation vs the projecct implementation.

-Merging the two project's early findings/progress and just verbally commenting when they differ and why.

Slide 1: Overview of the evaluation design.

Evaluation qs. What impacts are measuring and how, transferrability, sustained impacts, cost effectiveness/SROI. Deakin engaged

Slide 1B: data collection- timeframes, questionnaires, cost data.

Slide 2: Overview of 2 projects, areas covered, targets re # groups, parents

Slide 3: Progress. # parents and groups, rentention rates, sign up to follow up

Slide 4: Early results. Program is acceptable to parents. They find it enjoyable, helpful, relevant, overall rating. Comments from parents from evaluation forms showing how they benefited/applied the program.

Slide 5: Follow up evaluation commenced this year. Too early to show findings. Initial project showed changed in behav and attit that reflect GE.

Slides: learning re implementation

Sub-project adapting Bm3 for teenage mums, CALD, Koori (too early to mention??)

admin, 9/06/2014

# Evaluation design

- Quantitative and qualitative methods.
- Data on parent attitudes and behaviours will be collected at three time-points; pre-session or baseline, and follow-up at 3 months and 12-18 months (EMR only) post-group.
- Interviews with parents, facilitators, project partners
- Cost data collected alongside program delivery

# Initial Evaluation Findings

- BM3 is rated very highly by parents
- At least 89% of participants either agreed or strongly agreed that the program was enjoyable, relevant and helpful.
- High retention rates; 82% of parents attended all 3 sessions (EMR)
- 89% agreement to participate in follow-up evaluation (EMR)



# Feedback from parents

- A perception that the program was worthwhile
- The program provides insights and
- Improves the parent's relationship e.g. provides tools, opens up discussions at home
- It was beneficial to share with others going through similar experiences
- Provided an opportunity for dads to meet with other new dads

## Other project activities

- Currently being delivered in 16 councils + 4 expecting to commence delivery in 2015.
- Interstate interest- NSW (running in Newcastle), QLD.
- Exploring how to tailor BM3 for different groups e.g. teenage mums, CALD groups
- Linking with other “father-inclusive practice” initiatives



# *Baby Makes 3*

Acknowledges funding and support from the Department of Justice and Regulation and Carrington Health

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