MAV Maternal and Child Health Annual Conference
May 2015

Libby Hargreaves,
Whitehorse Community Health Service

Stephen Dawkins,
Warrnambool City Council
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 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.
Am I doing this slide- I can't remember where my section starts.

For this section, it could be worth:
- Increasing the emphasis on the evaluation vs the project 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, retention 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

Contact Details:
Libby Hargreaves
Carrington Health, Box Hill
03 8843 2368
lhargreaves@carringtonhealth.org.au

Steve Dawkins
Warrnambool City Council
03 5559 4759
sddawkins@warrnambool.vic.gov.au