



baby makes

Maintaining healthy relationships
during the transition to parenthood



Whitehorse Community
Health Service Ltd.

Implementation Guide





***Baby Makes 3* Implementation Guide**

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Implementation Guide

A step-by-step guide to implementing *Baby Makes 3*
in your local Maternal and Child Health Service

Acknowledgements

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Acronyms and abbreviations

BM3 *Baby Makes 3*

CALD Culturally and linguistically diverse

FaHCSIA Department of Families, Housing, Community Services and Indigenous Affairs

MCH Maternal and Child Health

NPG New parent group

PVAW Preventing violence against women

TIL Time off in lieu

WCHS Whitehorse Community Health Service Ltd

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Introduction



“I thought it was brilliant and as I said, it should be mandatory. I kept telling the guys at work, ‘guys, you should be doing this course’. And they said ‘why?’ I said ‘just flipping do it because it will open your eyes’.” – Dad 7



1.1 About this guide

The *Baby Makes 3 Implementation Guide* provides a step-by-step process for implementing *Baby Makes 3* in a Maternal and Child Health (MCH) service.

This guide seeks to capture the wealth of knowledge gathered when *Baby Makes 3* was developed and implemented by Whitehorse Community Health Service Ltd (WCHS), in partnership with Whitehorse City Council, as part of VicHealth's *Respect, Responsibility and Equality: Preventing Violence Against Women Program* (2006–2012).

The centrepiece of *Baby Makes 3* is the Group Program, a three-week course for first time parents that is ideally located within a MCH service. This is supported by other activities, including Fathers Nights, policy development, staff capacity building and training, and partnerships with local health and welfare organisations.

This guide will assist you with the overall coordination of *Baby Makes 3*, such as how to recruit facilitators, choose venues, calculate costs, promote the program, build workforce capacity and make the program sustainable.

The *Baby Makes 3 Implementation Guide* is intended to be used by:

- Local government coordinators and managers who wish to implement *Baby Makes 3* in their MCH service
- Community and health organisations who wish to partner with a MCH service to run *Baby Makes 3*
- Anyone who wishes to advocate for *Baby Makes 3* to be implemented in their area, or understand more about the program.

But wait, there's more...

This publication provides information on how to plan, coordinate and set up a supportive environment for *Baby Makes 3*. However, it does not provide the detailed curriculum, or guidelines on how to facilitate the Group Program, the centrepiece of *Baby Makes 3*. This information must be delivered through the ***Baby Makes 3 Facilitator Training Program***, to ensure the elements of 'promising practice' are retained. For a summary of the curriculum, see page 57, and for information on the Facilitator Training Program, see page 66.

Other resources

For more information on how *Baby Makes 3* was developed, the rationale and the detailed evaluation findings, please refer to the *Baby Makes 3 Project Report* (Flynn, 2011). This is available on the WCHS website at www.wchs.org.au/publications

A list of other suggested further reading is on page 90.

For more information or support to implement *Baby Makes 3*, contact:

General Manager Health Development
Whitehorse Community Health Service Ltd
43 Carrington Road
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Telephone: (03) 8843 2233
www.wchs.org.au

There is an increasing emphasis being placed on the important role that local government can play in the primary prevention of violence against women. This has been articulated in VicHealth research, state and federal government plans and through the Municipal Association of Victoria. *Baby Makes 3* presents an opportunity for local government to put in place an evidence-based program that will see immediate benefits for the community and reduce violence against women over the long term.

1.2 Overview of each section

To help you navigate the *Baby Makes 3 Implementation Guide*, here is a short overview of what each section contains and how it can help you.

1. Introduction

Read this first! In the next few pages you will find an **overview of *Baby Makes 3***, a diagram of the *Baby Makes 3* model, the stages of implementation, an overview of the costs and a summary of how *Baby Makes 3* can benefit your community.

2. Background

This section provides **the rationale for *Baby Makes 3***. It describes why, how, when and where *Baby Makes 3* was developed and the evidence base for this. It includes a discussion of the primary prevention of violence against women, why new parents were chosen as a target group, why the local government MCH service was chosen as a setting, and a summary of the evaluation findings. See page 9.

3. Planning and evaluating

This section helps you to **set up your program well**. It includes guidance on planning and evaluating, sample implementation and evaluation plans, and a sample budget. These can be used as templates for your program. It also provides tips on how to make *Baby Makes 3* sustainable. See page 19.

4. Workforce capacity building

A supportive and capable workforce is essential to an effective implementation of *Baby Makes 3*. This section provides advice on how to **engage** your organisation and MCH service, explains the **policy** context for *Baby Makes 3*, describes **partnerships** that might support your program, and includes a list of **professional development and training** opportunities. See page 35.

5. Engaging fathers

This section begins with an overview of first time father engagement. One method of engagement is through a 'Fathers Night' – an evening session that is incorporated into the MCH service's 'new parent group program' that includes a facilitated discussion of 'fatherhood'. This section provides **a step-by-step guide to setting up Fathers Nights**. See page 47.

6. *Baby Makes 3* Group Program

The three-week Group Program for first time parents is the centrepiece of *Baby Makes 3*. This section provides a **step-by-step guide to setting up the Group Program**, from booking venues, scheduling groups, recruiting facilitators and promoting it to parents. See page 55.

7. Scenarios

These fictional stories **illuminate how six different local governments might implement *Baby Makes 3***, including the types of people they recruit as facilitators, the challenges they face, and how they make it sustainable. Each scenario includes a two-year budget. The scenarios bring *Baby Makes 3* to life and will give you ideas on how you might implement the program in your area. See page 71.

8. Additional information

This includes a two-page snapshot of **frequently asked questions** about *Baby Makes 3*. It can be a useful document to photocopy separately and share with staff. It also includes a list of **further reading** and **references**. See page 87.

1.3 What is *Baby Makes 3*?

Baby Makes 3 is an evidence-based program that promotes healthy relationships among new parents. It is a **primary** prevention program that seeks to prevent violence against women **before it occurs** by promoting gender equality and reducing adherence to rigid gender roles among first time parents.

Baby Makes 3 goal:

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

Baby Makes 3 is designed to be delivered by a MCH service in collaboration with community partners. The program has been rigorously evaluated and a summary of findings can be found in Section 2.5, page 15.

Centrepiece: the *Baby Makes 3* Group Program

Central to *Baby Makes 3* is the Group Program, a three-week program for first time parents intended to complement the MCH service's 'new parent group program'. The *Baby Makes 3* Group Program is held with groups of 6–12 couples (who attend with their babies), co-facilitated by female and male facilitators.

The sessions cover a specific curriculum and are discussion based, working with the insights and challenges that the participants raise. The value of the program lies in discussing these topics in the group context, so that parents can see that many challenges of the transition to parenthood are shared experiences. The *Baby Makes 3* Group Program is intended as a 'mainstream' program for all first time parents, not as a specialist program for couples experiencing relationship strain.

The *Baby Makes 3* Group Program curriculum includes:

- Transition to parenthood
- Societal expectations of mothers and fathers
- Division of household labour and child care
- Healthy relationships
- Meaningful equality
- Sex and intimacy
- Dealing with conflict
- Communication.

For more information on the Group Program, see Section 6, page 55.

Baby Makes 3 was awarded a 2011 VicHealth Award for Outstanding Achievement in Health Promotion in the category of Participation and Skill Development.

Other elements of *Baby Makes 3*

The *Baby Makes 3* Group Program is intended to be delivered in conjunction with a range of mutually reinforcing strategies, including:

- **Policy development:** Creating a supportive policy environment is essential to the long-term sustainability and accountability of the Group Program. This could include policy related to gender equity, preventing violence against women and father-inclusive practice. See Section 4.2, page 38.
- **Professional development and training:** There is a range of professional development workshops and training programs to enhance staff skills and knowledge in relation to the themes of *Baby Makes 3*, including the primary prevention of violence against women, and father engagement. This will ensure workplace practice reflects organisational policy and supports the *Baby Makes 3* Group Program. See Section 4.4, page 43.

- **Partnerships with local health and welfare organisations:** A successful implementation of *Baby Makes 3* will be supported by community partnerships. Potential support might include expertise, advocacy, financial or 'in-kind' support, and assistance with recruiting facilitators. See Section 4.3, page 41.
- **Fathers Nights:** Including a Fathers Night in the MCH service's 'new parent group program' is an important way to engage first time fathers in the MCH service. It provides an opportunity to promote positive father involvement, and is key to engaging parents in the *Baby Makes 3* Group Program. See Section 5.2, page 50.

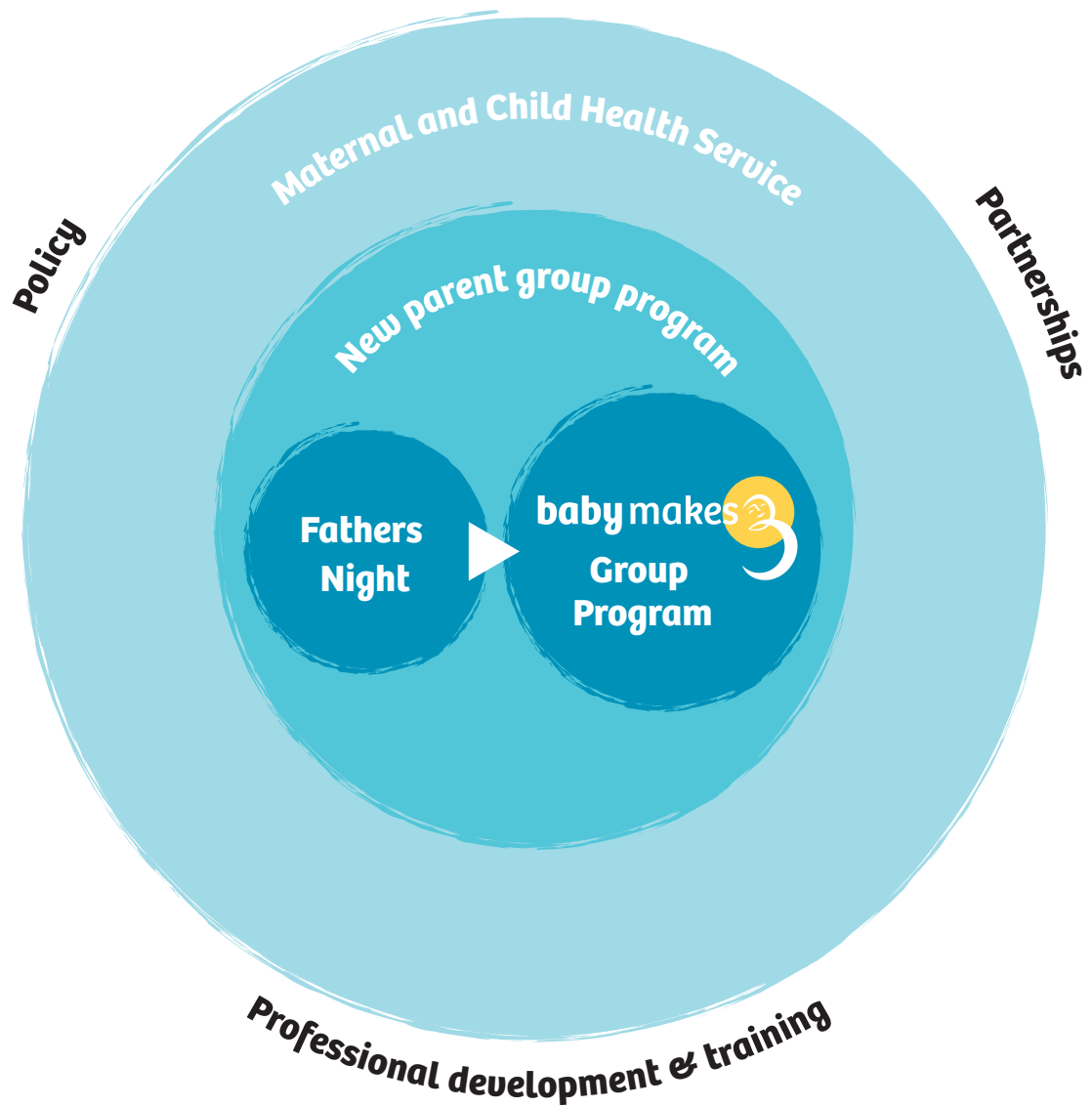
These important activities will help to create the supporting environment which will see the *Baby Makes 3* Group Program become sustainable, and have significant positive outcomes for your community.

"The evaluation findings demonstrate that the *Baby Makes 3* model is a successful and effective means of promoting equal and respectful relationships between men and women. The Group Program was rated very highly, with strong evidence that the experience was not only enjoyable and helpful, but highly relevant to first time parents. Couples reported gaining a high level of awareness through participation in the program, resulting in greater communication between partners, and a significant change in attitudes characterised by an increased level of support for gender equality."

– *Baby Makes 3 Project Report*

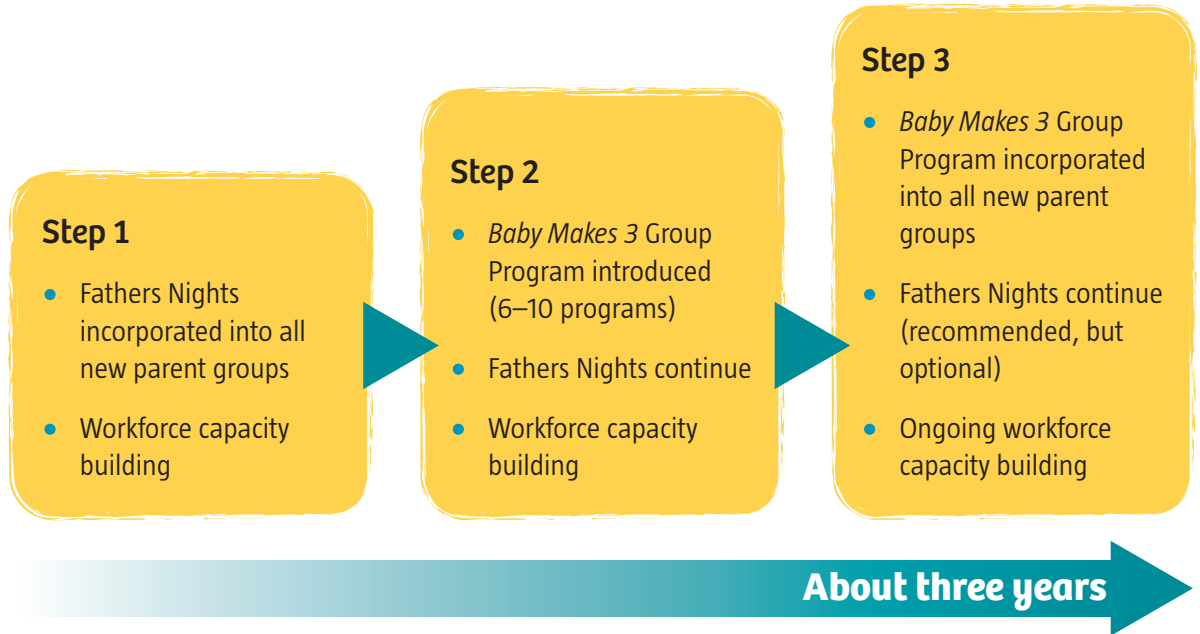
1.4 At a glance

Baby Makes 3 model



Stages of *Baby Makes 3* implementation

As every local government varies, the way *Baby Makes 3* is implemented in each area is likely to be different, including the timing and order in which particular elements are implemented. This model provides a rough guide to the most likely scenario.



Baby Makes 3 resources

These resources will assist you with implementing *Baby Makes 3*.

Essential:

- *Baby Makes 3 Implementation Guide*
- *Baby Makes 3* Facilitator Training Program, which includes:
 - *Baby Makes 3 Group Program Manual*
 - *Baby Makes 3 Group Program Training DVD*.

Optional:

- Fathers Night Training Session & Manual
- Professional development workshops and presentations (see page 43)
- Facilitator refresher training
- Support and consultation from WCHS.

1.5 What does it cost?

The cost of implementing *Baby Makes 3* varies considerably and depends on a range of factors; it will be different for every municipality. In this guide we will endeavour to give a rough idea of the costs and the tools to calculate your own budget.

There are three main areas of cost associated with *Baby Makes 3*:

- Training, professional development and resources
- Staff costs (to conduct the *Baby Makes 3* Group Program and Fathers Nights)
- Materials, catering and venue costs.

As a *very rough* indication: a full implementation of *Baby Makes 3* will initially cost between \$10,000 to \$40,000 per year, depending on the number of Group Programs you run, the type of staff employed as facilitators, the level of professional development work undertaken and how you embed the program in your service. This cost will be reduced once the program is embedded.

- For more detail on these costs, see Section 3.3, page 29.
- To assist you to seek funding, a Sample Funding Application is included in the appendix.

Return on investment: benefits to the community

Baby Makes 3 aims to promote equal and respectful relationships between men and women during the transition to parenthood.

The ultimate, long-term goal of *Baby Makes 3* is a reduction in the prevalence of violence against women. *Baby Makes 3* cannot achieve this by itself – this change will take many years, and involve many reinforcing strategies at various levels – but it is one of the few evidence-based programs that will help this change to occur.

As well as investing in this long-term vision, you will be investing in important short-term benefits for the community. These can be seen in the evaluation of the *Baby Makes 3* project in the City of Whitehorse.

This evaluation showed the following impacts:

- Parents had a greater understanding of, and commitment to, gender equality
- Parents had a greater awareness of topics related to healthy relationships and gender equality
- Parents had greater communication with each other about these topics
- MCH nurses had a greater awareness of the role they can play in the primary prevention of violence against women
- MCH nurses had increased confidence in talking to parents about relationship issues
- Partnerships between local government, community health and welfare services were enhanced.

All of these impacts contribute to healthier relationships, improved outcomes for children and healthier communities more generally.

Reducing the prevalence of violence against women will take many years, and involve many reinforcing strategies at various levels, but it *is possible* if organisations are willing to show leadership by embracing primary prevention programs like *Baby Makes 3*.

2

Background



“I would say it certainly added value to our parenting experience, no doubt. I think it actually helped to contribute to me as an individual too though.” - Dad 5



2.1 The *Baby Makes 3* journey

Baby Makes 3 was one of 29 small research projects funded by VicHealth in 2006 under Phase I of its *Respect, Responsibility and Equality: Preventing Violence Against Women* Program. In 2008, VicHealth selected five of these projects, including *Baby Makes 3*, to be 'scaled-up' as three-year action research projects that were extensively evaluated (Phase II).

During Phase II, WCHS developed the *Baby Makes 3* Group Program and professional development workshops. WCHS worked with the Whitehorse City Council MCH Service to conduct 17 *Baby Makes 3* Group Programs, attended by more than 120 couples. They also worked together to run 82 Fathers Nights, two professional development workshops and other capacity building work. This work was also supported by Drummond Street Services *Just Families* project. During this time WCHS also trained facilitators to conduct programs in Yarra Ranges Shire Council.

At the end of Phase II, the *Baby Makes 3 Project Report* was produced, detailing the evaluation findings. The evaluation demonstrated that the program had merit in becoming a standard part of all new parent groups run by MCH services. In support of this finding, VicHealth provided an additional six months of funding for *Baby Makes 3*, to develop a series of resources and training programs to support this venture (Phase III). The *Baby Makes 3 Implementation Guide* was part of this work.

The full story of *Baby Makes 3* can be found in the *Baby Makes 3 Project Report* (Flynn, 2011).

This is available:

- From the WCHS website at www.wchs.org.au/publications
- Or by contacting the General Manager Health Development at WCHS on (03) 8843 2233.

2.2 Primary prevention of violence against women

Men's violence against women is a significant problem with serious social, economic and health consequences for women, their families and communities. VicHealth's *The Health Costs of Violence* (2004) established violence against women as a major public health issue. It found that intimate partner violence was the largest preventable contributor to death, disability and illness in Victorian women aged 15–44 years.

There is extensive research showing family violence has a wide range of impacts on children, including psychological and behavioural, health and socioeconomic, as well as impacts connected to the inter-generational transmission of violence (Richards, 2011; Erel & Burman, 1995; Sarkadi et al, 2007). For more research and statistics on the extent of violence against women and its impacts, see the list of further reading on page 88.

For many years important work has been undertaken to address men's violence against women by improving responses to the problem. This has primarily been through the courts, policing and support services. Violence against women is now increasingly viewed as a public health problem which is not only serious and prevalent, but is wholly *preventable*. We are now asking, how can we stop this violence from occurring in the first place? This is 'primary prevention'.

In 2007, VicHealth released *Preventing violence before it occurs: A framework and background paper to guide the prevention of violence against women*. This evidence-based framework forms the foundation for *Baby Makes 3*.

- A summary of the VicHealth framework is included in the appendix.

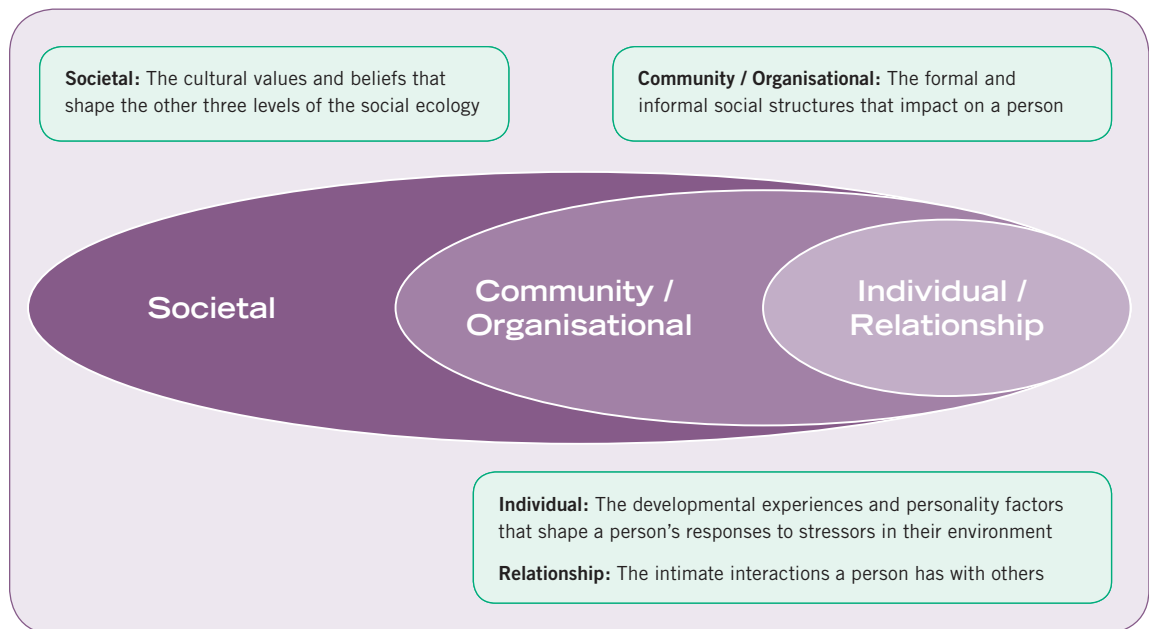
The VicHealth framework identifies the social determinants (the causes) and the contributing factors to men’s violence against women and recommends three key themes for action. These are:

1. Promoting equal and respectful relationships between men and women
2. Promoting non-violent social norms and reducing the effects of prior exposure to violence
3. Improving access to resources and systems of support.

Baby Makes 3 primarily works within the first theme for action, although it does work to a lesser extent within the second and third themes.

Preventing violence before it occurs articulated the need for an ecological approach (see Figure 1, below) to understanding violence against women and implementing primary prevention activities. It stressed that for primary prevention to be effective, a suite of “mutually-reinforcing strategies” is needed.

Figure 1: An ecological approach to understanding violence



Adapted from: CHANGE 1999; Heise 1998; WHO 2002

Baby Makes 3 works across the first two levels of influence – individual/relationship and community/organisational.

- Please note: The above section is a summary of pages 4–5 of the *Baby Makes 3 Project Report* (Flynn, 2011). Further discussion can be found in the report.
- You will also find a list of further reading in this guide on page 90.

2.3 Why target first time parents?

The transition to parenthood presents a major opportunity to engage with both men and women, to challenge traditional attitudes to gender roles, and to promote gender equality. The decisions that couples make during this key stage of life can have important consequences on the level of equality within their relationship, and between men and women more generally.

Becoming a parent can be a time of great joy. But it can also be a time of significant relationship strain, as women and men negotiate their new roles as 'mothers' and 'fathers'. It is also a time when women are particularly vulnerable to violence (VicHealth, 2007). Family violence is often seen to occur for the first time or intensify during pregnancy, and in the period following the birth of a child (Dept. of Victorian Communities, 2007; Taft, 2002; Gielen et al, 1994).

There are two important reasons for targeting first time parents in the primary prevention of violence against women:

- The transition to parenthood is a key time for engaging men. It is a unique time in men's lives – they are in contact with health services and are open to receiving information and skills development (O'Brien & Rich, 2002). This time, when men are adapting to their new roles as fathers, provides an important opportunity to promote alternative models of masculinity, based on the notion of men as carers and nurturers of infants.

- This is also a time when gender roles and relations are changing. A recent briefing paper from the Australian Institute of Family Studies (Parker & Hunter, 2011) identified attitudes connected with gender and gender roles as the key factor affecting relationship satisfaction across the transition to parenthood. Attitudes to gender roles have been shown to become more traditional during the 12 months following the birth of a child (Katz-wise, Pries & Hyde, 2008).

In the months following the birth of a child, parents can be struggling to understand and negotiate their relationship changes and can be open to receiving new information. This is a time when unhealthy or healthy relationship patterns can become established. *Baby Makes 3* helps new parents to understand the pressures they are feeling by linking these pressures to societal expectations and gender norms, and assists couples to communicate with each other about the choices they make in how they manage their partnership.

- The above section is a summary of page 7 of the *Baby Makes 3 Project Report* (Flynn, 2011). Further discussion of 'gender roles and equality during the transition to parenthood' and 'the construction of fatherhood and motherhood' can be found in the report.

2.4 Local government setting

Local government, as the tier of government closest to the community, has been identified as a critical setting for the primary prevention of violence against women.

Local government was identified as a key setting in VicHealth's *Preventing violence before it occurs* (2007), in the Council of Australian Government's *National Plan to Reduce Violence Against Women and their Children 2010-2022* (2010), and also in the previous Victorian Government's plan, *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2020* (2009). (Please note that *A Right to Respect* is not longer current government policy.) The current Victorian Government is developing a new state plan in 2012 – the *Addressing Violence Against Women and their Children Action Plan* – which looks likely to include local government as a setting for action.

“Given the extensive role local government plays in creating safe public environments, developing community facilities and providing health and community services, they are well placed to take active roles in preventing violence against women.”

– VicHealth (2007)

“Local government, health and community services are the closest entities to individuals and communities and can profoundly influence social and community change. They are well placed to respond to concerns formulated at the local level and to lead primary prevention activities through existing infrastructures. They have an extensive reach and mandate so their work benefits people at different stages of life (for example, young people, new parents, seniors), different faith and cultural groups and vulnerable or marginalised groups.”

– Office of Women's Policy (2009)

A handful of local governments in Victoria are taking a leadership role in progressing the primary prevention of violence against women through local government services, projects and policies. This is a very encouraging trend and provides a positive environment for introducing *Baby Makes 3*.

Baby Makes 3 also helps to achieve and support other local government agendas. For example:

- Gender equity
- Community health
- Community safety
- Human rights
- Mental health promotion
- Improved outcomes for children.

There are some excellent initiatives and resources that can support your local government to advance a gender equity or preventing violence against women agenda – see Section 4.2, page 38.

Maternal and Child Health settings

The MCH service is undoubtedly the most accessible and appropriate setting for engaging first time parents in primary prevention work. This service plays an invaluable role in providing primary health care and screening to children from birth to school age, and provides support and skills development to parents.

In addition to regular appointments, the MCH service also coordinates new parent groups. These groups are commenced when infants are about six to eight weeks old and cover a range of parenting topics. Maternal and Child Health nurses facilitate weekly sessions over six to eight weeks, after which the parents are encouraged to continue meeting on their own.

Whilst the new parent groups are aimed at both mothers and fathers, it is mostly mothers who attend. This is partly due to the timing of the sessions (during the day, when most fathers are back at work), but it is also a reflection of society's gendered expectations of whose role it is to care for the baby.

A fundamental challenge for MCH is to develop ways of engaging with new families that avoid traditional gender norms and promote gender equality.

VicHealth's ecological approach to understanding violence provides guidance here. As articulated in *Preventing violence before it occurs* (2007), primary prevention of violence against women is best achieved through a multi-level approach of mutually reinforcing strategies, where activity at the individual level is complemented by activity at the community level (see Figure 1, page 11). *Baby Makes 3* adopts this approach, by surrounding the Group Program by workforce capacity building activities, such as professional development workshops and policy development.

- The above section is a summary of page 12 of the *Baby Makes 3 Project Report* (Flynn, 2011). Further discussion can be found in the report.
- You will also find a list of further reading in this guide on page 90.

2.5 Evaluation findings

Baby Makes 3 was conducted as an action research project from 2008–2011, as a partnership between the WCHS, Whitehorse City Council and Drummond Street Services, and funded by VicHealth. The project was thoroughly evaluated by WCHS in consultation with VicHealth.

For the full evaluation findings and discussion, please refer to the *Baby Makes 3 Project Report*

Baby Makes 3 Group Program

During the *Baby Makes 3* project, 17 Group Programs were run in the City of Whitehorse. These were facilitated by trained facilitators recruited by WCHS. The MCH service promoted the Group Program and recruited participants, provided venues, and provided expertise through the Project Reference Group.

The evaluation data were obtained from 13 group programs which were conducted during the period from August 2009 to November 2010, attended by 90 mothers and 89 fathers. Evaluation methods included pre- and post-group questionnaires, evaluation forms, attendance data, observations of facilitators and in-depth interviews with seven couples.

- The *Baby Makes 3* Group Program theory of change is included in the appendix.

Process evaluation

It is significant that the program approach appealed to both mothers and fathers. Of the 90 mothers and 89 fathers who attended Session 1 during the evaluation period, 90% of mothers and 87% of fathers attended Sessions 2 and 3. In addition, 95% of mothers and 89% of fathers rated the program overall as “very good” or “excellent”. More than 96% of mothers and fathers rated the program as “enjoyable”, “relevant” and “helpful”.

Impact evaluation

The evaluation found strong evidence that as a result of attending the *Baby Makes 3* Group Program:

- Participants had an increased **awareness** of issues related to the transition to parenthood, including gender equality, gender roles, societal expectations and each others’ experiences
- There was greater **communication** between partners about these issues
- There were also shifts in **attitudes** in relation to these issues.

The evaluation also found early evidence that:

- Couples had changed their **behaviour** in terms of how they structured their relationship and tasks, **leading to greater gender equality**.

“The evaluation highlighted that, had the couples not participated in the program, they simply would not have become aware that these issues were impacting on them, or even relevant to them.”

- *Baby Makes 3 Project Report*

“In the post-group interviews, couples tended to refer to their relationships as having more ‘balance’. They seemed to have an idea that the goal of increased equality is something they should be aiming for.”

- *Baby Makes 3 Project Report*

“It is noteworthy that [after attending the program] the fathers, in particular, were clearly able to articulate the way gendered expectations are experienced differently by men and women.”

- *Baby Makes 3 Project Report*

Background

"I think after I realised it [what it's like for new mothers] I got an understanding that she's not alone in this, we're in it together. I think that was the biggest thing for me."

– dad 3

"I thought it was brilliant and as I said, it should be mandatory. I kept telling the guys at work, 'guys, you should be doing this course'. And they said 'why?' I said 'just flipping do it because it will open your eyes'." – dad 7

"I would say it certainly added value to our parenting experience, no doubt. I think it actually helped to contribute to me as an individual too though." – dad 5

"It has helped me to be aware of and recognise what we're doing and to be able to support each other in our roles, certainly." – dad 6

"It's changed my way of thinking so I hope as a result of that it's contributed to my change of action. I think I was hands on to start with, but now I have an understanding of why it's important to be hands on and important to have a balanced and well-rounded household." – dad 5

"I remember at the end of every session in the car and during the night we were really..." (mum 3) "... yeah, talking about the issues that were raised and really trying to understand things and keep working on it. It was good." – (dad 3)

"I think most of [the concepts] are things that we probably wouldn't have considered or thought of on our own, or it would have taken us a long time to get there, and I think it really did open our eyes and make a big difference." – mum 3

"A lot of the fathers didn't sort of realise what mothers go through, and vice versa. So it was good to get that out in the open." – mum 1

"We really found the program to be beneficial and it has helped open conversations and helped us start to rebuild our relationship." – mum, feedback form 55

"We really try to consider each other's load and really try to be fair... social time and work time and balance it." – mum 5

"There's a few little things that have changed that I've really appreciated, being that I get to have an hour sleep in on a Saturday morning while he'll look after her, that sort of thing." – mum 2

Fathers Nights

A 'Fathers Night' is an evening session which is included in the MCH service's new parent group program. Prior to the *Baby Makes 3* project, Whitehorse City Council MCH Service was already running Fathers Nights as part of their new parent group program. Whereas in the past the Fathers Nights were facilitated by MCH nurses, during the *Baby Makes 3* project, a male facilitator and training for MCH nurses was provided to add value to the sessions. These nights were evaluated via a focus group with MCH nurses.

"Most importantly, the evenings provide the opportunity to acknowledge and promote the positive role fathers can play in families."

– *Baby Makes 3 Project Report*

The evaluation found that the male facilitator increased the level of engagement with the fathers and provided the opportunity to promote alternative models of masculinity where men are nurturers and carers. The Fathers Nights were also seen to increase the fathers' engagement with the MCH Service as a whole and increase attendance of the *Baby Makes 3* Group Program.

Maternal and Child Health workforce capacity building

The *Baby Makes 3* project sought to build workforce capacity within the MCH service through both informal (casual discussions) and formal means (workshops). Two professional development workshops were conducted in collaboration with Drummond Street Services *Just Families* project. These activities were evaluated via questionnaires and a focus group.

"I think we need to have this training every year, or more often, because we have to provide so much information and have so much to discuss with parents, we need to keep mindful of what is really important – the couple's relationship."

– *MCH nurse*

Key impacts:

- A greater emphasis across the service on engaging first time fathers
- A greater awareness among MCH nurses of the primary prevention approach to violence against women and the role they can play in achieving it
- MCH nurses also reported that they now had a 'language', an approach, and increased confidence in talking to men and women about relationship issues
- Many nurses reported that they felt more able to engage men as carers in their own right, rather than as 'supports' for mother.

Project implementation and partnerships

the *Baby Makes 3* Project Reference Group participated in a focus group discussion to evaluate the implementation and impact of the project as a whole. First and foremost, the project was seen as filling a gap in current services.

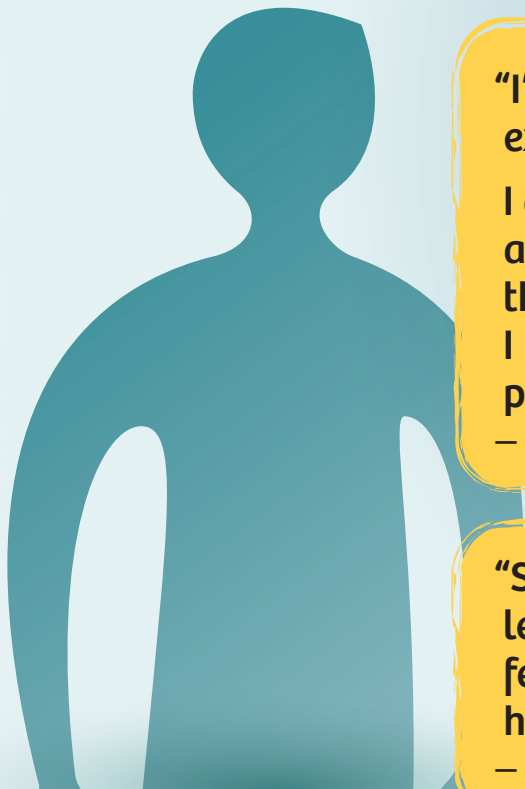
There were a number of factors central to success, including the significant size and time frame of the project funding provided by VicHealth, the skills and knowledge of the project coordinator, the good will within the partnership and the willingness, particularly on the part of MCH, to reflect on current practice, and consider new models of service provision.

"The MCH Coordinator stated that the *Baby Makes 3* project had contributed to the process of **organisational cultural change**, where nurses are increasingly seeing primary prevention work as an aspect of their core business. This was identified as having a **direct benefit for new mothers** in particular by providing an environment in which women have permission to talk about and explore any concerns they may have."

– *Baby Makes 3 Project Report*

3

Planning and evaluating



"I've placed less expectations on myself. I don't feel that pressure any more because that was part of what I think brought on the postnatal depression."
– Mum 2



"Sometimes you would leave and you'd almost feel like a bit of a weight had been lifted off."
– Mum 1

3.1 Getting started

As each MCH service is different, the way that *Baby Makes 3* is implemented will vary in each area. It is important to remember that while the goal and strategies should remain the same in all municipalities, there is flexibility in how the program is implemented, including how it is structured, who facilitates it, where it is held and how long it takes to roll out.

To get started, we recommend you take the following steps:

1. [Situation assessment \(see next page\)](#)
2. [Implementation plan \(Section 3.2, page 22\)](#)
3. [Evaluation plan \(Section 3.3, page 25\)](#)
4. [Budget \(Section 3.4, page 29\)](#)

Strengths and opportunities to look for:

- Supportive organisational policy, especially on gender equity
- Potential funding or grants
- Supportive individuals or champions within the organisation who can advocate for *Baby Makes 3*
- Potential partners, e.g. community health centre, welfare service, maternity service
- Enthusiastic MCH nurses
- Staff who would make excellent *Baby Makes 3* facilitators.

Situation assessment

The questions on this page are intended to assist you to plan for *Baby Makes 3*. You might find it useful to think about these before you start your implementation plan, or to come back to them at a later stage; consider them ‘food for thought’.

Your council

- **Does your council have a preventing violence against women or gender equity policy/strategy?** (If so, can *Baby Makes 3* be linked to this? If not, do you need to advocate for this?)
- **What are the priorities in your Municipal Health and Wellbeing Plan?** (Do any of them relate to *Baby Makes 3*? If so, use this connection when advocating for *Baby Makes 3*.)
- **Does your council have a White Ribbon Action Team, Gender Equity Working Group or similar?** (Preventing violence against women would be a priority for these groups, so they might provide you with valuable support.)
- **Who in your council is supportive of *Baby Makes 3* and what kind of support can they offer?**
- **Who else do you need to gain support from?**

Your MCH service

- **Do any existing MCH policies, strategies or other actions relate to preventing violence against women or gender equity?** (If so, these will strengthen the rationale for *Baby Makes 3* and show that a supportive environment already exists. If not, do you need to develop a new policy?)
- **Do you have any staff with high levels of skills or knowledge around *Baby Makes 3* topics, i.e. gender equality, healthy relationships, engaging with fathers, etc?** (You might be able to engage these staff to help coordinate *Baby Makes 3*, or to become Group Program facilitators.)

New parent groups

- **How many new parent groups do you currently run per year?** (This indicates how many Fathers Nights and Group Programs you might conduct.)
- **What are the average number of participants per group?** (If the groups are reasonably small, i.e. six participants, you could combine groups when running *Baby Makes 3* Group Programs)
- **How many new parent group sessions are held per program?** (If you already hold eight sessions, you could consider replacing some of these with the *Baby Makes 3* sessions. If you hold six or less, this might not be feasible.)
- **What are the topics covered in your new parent groups?** (Do any topics relate to *Baby Makes 3*?)

Venues

- **How many centres are large enough to accommodate a *Baby Makes 3* group?** (The centre needs a room that can fit 20 participants with chairs in a circle, plus a second room for when the group splits into groups of mothers and fathers.)
- **Do you have access to any other council venues that would be suitable for *Baby Makes 3* groups?**

Potential facilitators

- **Do you have any MCH nurses in mind who you think would make good facilitators or who are interested in the program?**
- **Can you think of anyone else who would make good facilitators?** (e.g. any other council staff, or from community health or welfare services. See Section 6.5, page 65 for ideas.)

Partnerships

- **Can you think of any potential community partners?** (Refer to Section 4.3, page 41 for ideas.)

3.2 Planning

Creating an implementation plan

It is important to put together a project plan to ensure you have a clear vision for what you hope to achieve by implementing *Baby Makes 3*. This can be a very simple document which sets out your goal, objectives, activities and timing.

- Please refer to the Sample Implementation Plan on the next page.

As *Baby Makes 3* is likely to be implemented differently in each municipality, each will probably have a slightly different implementation plan. The goal and objectives of *Baby Makes 3* should remain the same in every municipality, but the activities, timing, partnerships and evaluation methods should be tailored to your council. These will vary according to your council's current competencies, priorities and culture, resources and available funding, and the way your residents engage with your MCH service.

- The implementation plan should be accompanied by an evaluation plan and budget – see the following sections.

Baby Makes 3 Sample Implementation Plan

Please note: The goal and objectives for *Baby Makes 3* detailed below should remain the same in all areas. However, the activities, partnerships and timing should be tailored to your particular council and your situation.

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

Objectives	Activities	Partnerships	Timing
1. To increase the capacity of first time parents to build equal and respectful relationships in response to the lifestyle and relationship changes that follow the birth of a child	1.1. Incorporate Fathers Nights into the new parent group program		Year 1 or Year 2
	1.2. Incorporate the <i>Baby Makes 3</i> Group Program into the new parent group program	Counselling service; community health service; community house; welfare service	Year 2 or Year 3
2. To increase the capacity of the MCH Service to promote equal and respectful relationships during the transition to parenthood	2.1. Develop policy that will embed and guide 'the promotion of equal and respectful relationships' and 'first time father engagement' throughout the MCH Service	Social policy unit; health planner	Year 1
	2.2. Recruit <i>Baby Makes 3</i> facilitators from the MCH Service, who can share their learnings as they implement the <i>Baby Makes 3</i> Group Program		Year 1
	2.3. Run <i>Baby Makes 3</i> information sessions and professional development workshops with staff	Organisational development unit; WCHS	Years 1 & 2
3. To increase the capacity of the whole organisation (i.e. the council/shire) to promote equal and respectful relationships during the transition to parenthood	3.1. Link <i>Baby Makes 3</i> with other policy and strategies, such as the Municipal Public Health Plan	Social policy unit; health planner	Year 1
	3.2. Run <i>Baby Makes 3</i> information sessions and capacity building workshops with staff, including councillors and executive management	Organisational development unit	Years 1 & 2

Planning and evaluating

Objectives	Activities	Partnerships	Timing
4. To build partnerships with local health and welfare organisations to support implementation of the other objectives	4.1. Establish a partnership with a local counselling service to support the <i>Baby Makes 3</i> Group Program	Counselling service	Year 1
	4.2. Establish relationships with local health or welfare services to support the project with expertise, advocacy, venues, facilitators and other resources.	Various	Year 1

Setting the activities and actions

When setting your activities, think about what is involved in each one, who will do it, and by when. You might find it useful to accompany your implementation plan with a more detailed list of actions for each activity.

For example:

Activity 1.1 Incorporate Fathers Nights into the new parent group program

Action	By when	Who
Discuss at MCH staff meeting	18 February	MCH Coordinator
Book professional development workshop	February	MCH Coordinator
Talk to HR about recruitment process	February	MCH Coordinator
Review new parent group schedule and check room availability for evenings	March	MCH administration
Talk to Greg and Che about whether they'd be interested in becoming facilitators	March	MCH Coordinator
Etc.		

3.3 Evaluating

The *Baby Makes 3* project conducted in the City of Whitehorse (2008–2011) was extensively evaluated and clearly established *Baby Makes 3* as ‘promising practice’, providing the rationale for the program to be replicated across Victoria. However, as with all good practice in program delivery, we recommend that evaluation continues to form part of every *Baby Makes 3* implementation.

It is important to gather your own data to ensure the program is having the desired impact in your particular area and population. Evaluation is an important aspect of any primary prevention program.

Planning for evaluation should be done *before* you start implementing your program, so we recommend that you create your implementation plan and evaluation plan at the same time.

- The sample evaluation plan included on the following pages provides an example of how you might evaluate your project.

There are two types of evaluation:

- **Process evaluation:** assesses how you are going with delivery of the project and enables you to adapt and improve your delivery. (Do we have an effective process?)
- **Impact evaluation:** assesses whether you are achieving your objectives. (Are we achieving the desired impact?)

It is important that you do both types of evaluation to ensure that your process is sound and you are achieving what you set out to do.

The Group Program evaluation form is included in the appendix. This will assist you to do a process evaluation of the Group Program and collect a small amount of impact data.

Setting your indicators and methods of evaluation

The indicators and methods of evaluation listed in the sample evaluation plan are suggestions only – these will need to be adapted to your context.

- To set your indicators, ask yourself, ‘what is a realistic change that we can measure?’
- To set your methods of evaluation, ask, ‘what can we do within our resources and budget?’
- Also think about whether you need to seek some evaluation expertise – for example, from your health planner or social policy advisor at your council.

Remember: you must plan for evaluation *before* you start implementing your project.

As well as ensuring you have an effective health promotion program, your evaluation data can be used to report back to councillors and management on the success of *Baby Makes 3*, and to build the case for ongoing funding.

Help with evaluation

- Your council’s social policy unit or health planner
- VicHealth short courses – see page 44
- Victorian Government Department of Health, Integrated Health Promotion Resource Kit – available at www.health.vic.gov.au/healthpromotion
- Primary Care Partnership health promotion coordinators
- Women’s health services
- Community health services.

Baby Makes 3 Sample Evaluation Plan

Please read in conjunction with the sample project plan. Note that these are suggestions only.

Objective 1: To increase the capacity of first time parents to build equal and respectful relationships in response to the lifestyle and relationship changes that follow the birth of a child

Process Indicators	Methods of evaluation
X number of first time parents attended a <i>Baby Makes 3</i> group program	Attendance lists Facilitator observations
<i>Baby Makes 3</i> participants found the course enjoyable, relevant and helpful	Feedback forms Facilitator observations
X number of first time fathers attended a Fathers Night	Attendance lists
Fathers Night participants found the evening enjoyable, relevant and helpful	Feedback forms Facilitator and MCH nurse observations

Impact Indicators	Methods of evaluation
First time parents give increased importance to gender equality in their relationship	Pre- and post-group questionnaires Feedback forms
First time parents have greater awareness of how traditional gender roles can affect relationship equality	Interviews with couples Facilitator and MCH nurse observations
First time parents have greater awareness of the importance of men's involvement in caring for and nurturing infants	
First time fathers are more accepting of alternative models of masculinity	
First time fathers are actively engaged in care and nurturing of infants	

Objective 2: To increase the capacity of the MCH Service to promote equal and respectful relationships during the transition to parenthood

Process Indicators	Methods of evaluation
X number of MCH nurses participated in workshops and information sessions	Attendance lists
MCh nurses found the workshops enjoyable, relevant and helpful	Feedback forms Facilitator observations
Policy researched, written and endorsed	Documentation of policy process
X number of MCH nurses recruited and trained as <i>Baby Makes 3</i> facilitators, and share learnings	Training attendance lists Record of nurses sharing learnings

Impact Indicators	Methods of evaluation
MCH nurses have greater awareness of how gender roles affect relationship equality	Pre- and post-training questionnaires Feedback forms
MCH nurses give greater importance to gender equality in new families	Focus group with MCH nurses
MCH nurses have greater confidence in working with men and engaging first time fathers	
Policy is understood and implemented by MCH staff	Observation of centres and MCH work practices Staff survey

Planning and evaluating

Objective 3: To increase the capacity of the whole organisation (i.e. the council/shire) to promote equal and respectful relationships during the transition to parenthood

Process Indicators	Methods of evaluation
X number of staff attend information sessions or workshops	Attendance lists
PVAW/gender equality (for example) included in high level council policies, and linked with <i>Baby Makes 3</i> and MCH policy	Documentation of policy process

Impact Indicators	Methods of evaluation
Staff have greater awareness of how gender roles affect relationship equality and the relevance to the transition to parenthood	Feedback forms Staff surveys Changes in policies or strategies
Staff give greater importance to gender equality in new families	
Management give greater importance to promoting equal and respectful relationships within the workplace and in programs and services	Changes in policies or strategies Messages to staff or community on these topics

Objective 4: To build partnerships with local health and welfare organisations to support implementation of the other objectives

Process Indicators	Methods of evaluation
X number of local partners reached or engaged, including community health, women's health and counselling services.	Documentation of meetings/emails

Process Indicators	Methods of evaluation
X number of local partners reached or engaged, including community health, women's health and counselling services.	Documentation of meetings/emails
Impact Indicators	Methods of evaluation
Local organisations committed to <i>Baby Makes 3</i> partnership, aims and objectives	Memorandum of Understanding Records of Steering Committee Meetings
Partnership is successful in supporting <i>Baby Makes 3</i>	VicHealth Partnerships Analysis Tool Records of support provided (e.g. counselling clients seen, venue provided, funding provided)

3.4 Budget

As you would realise by now, there are many variables in implementing *Baby Makes 3*, which have significant impact on the budget. Below is a summary of the costs involved, with more detailed budget examples on the following page.

Staff training, professional development and resources

There will be some costs associated with training and resources during your set-up phase. All *Baby Makes 3* facilitators must complete the Facilitator Training Program. There is also a range of professional development workshops available (see page 43). For up-to-date pricing, please contact the General Manager, Health Development at WCHS on (03) 8843 2233.

Materials, catering and venue costs

The materials, catering and venue costs associated with running Fathers Nights and the *Baby Makes 3* Group Program can be kept very low.

- Materials (e.g. butchers paper, textas) are likely to cost less than \$180 a year.
- We suggest you provide a light supper (e.g. fruit and savoury scrolls) to make the evening more enjoyable for participants. This can be prepared by the facilitators, at a cost of about \$30 per session. To reduce costs further, you could ask groups to self-cater, so all you have to provide is tea and coffee.
- In many cases, MCH centres can be used as venues. Alternatively, other council-owned venues can be used, or a venue can be hired from another community service for low cost.

Staff costs

Fathers Nights: A Fathers Night replaces a daytime new parent group session and is held in the evening. Therefore staff costs are approximately \$122 per session (for male facilitator and MCH after-hours loading).

Baby Makes 3 Group Program: The Group Program involves both a male and female facilitator, working for three hours in the evening, for three evenings. Therefore staff costs are approximately \$990 per program.

Ideas for reducing costs

- Ask groups to self-cater
- Use a MCH centre or council venue
- Embed the role of facilitators into existing staff roles
- Recruit volunteer facilitators.

For more ideas on offsetting staff costs, see Section 6.5, page 65.

Notes on the sample budget

The pay rates are included as an **example only**, as these will be different at each council. You will need to adjust the budget with:

- The pay rate for your MCH nurses
- The pay rate for your other facilitators
- The after-hours loading rate and hours that is applied (this differs from council to council)
- Time-in-lieu taken instead of pay
- Your catering costs
- Venue hire (if applicable).

The 'Scenarios' also provide sample budgets – see pages 71–85.

Baby Makes 3 Sample Budget

Baby Makes 3 Group Program		Fathers Nights	
Materials & catering costs		Materials & catering costs	
Annual expenses		Annual expenses	
Textas, whiteboard markers, pens, Blu Tack, tape	\$50.00	Textas, whiteboard markers, pens, Blu Tack, tape	\$50.00
Name tag holders x 50	\$30.00	Name tag holders x 50	\$30.00
Clip boards x 10	\$20.00	Clip boards	n/a
Total annual expenses	\$100.00	Total annual expenses	\$80.00
Expenses per program (3 sessions)		Expenses per session	
Butchers paper x 12 sheets	\$1.20	Butchers paper x 4 sheets	\$0.40
Handouts (photocopying) x 200	\$60.00	Handouts (photocopying) x 20	\$6.00
Light supper prepared by facilitators (e.g. fruit, savoury scrolls)	\$90.00	Participants self-cater (e.g. they order and pay for pizza, or bring food)	\$0.00
Tea, coffee, milk	\$15.00	Tea, coffee, milk	\$5.00
Total expenses per program	\$166.20	Total expenses per session	\$11.40
Staff costs		Staff costs	
COSTS PER PROGRAM (3 SESSIONS)		COSTS PER SESSION	
MCH nurse @ \$45/hr x 9hrs	\$405.00	MCH nurse = time-in-lieu x 2hrs (see note)	\$0.00
MCH nurse after-hours loading @ \$22.50/hr x 6hrs	\$135.00	MCH nurse after-hours loading @ \$22.50/hr x 1hr	\$22.50
Facilitator 2 @ \$50/hr x 9hrs	\$450.00	Facilitator 2 @ \$50/hr x 2hrs	\$100.00
Total staff costs per program	\$990.00	Total staff costs per session	\$122.50
Total cost per Baby Makes 3 program	\$1,156.20	Total cost per Fathers Night	\$133.90
Plus other annual expenses	\$100.00	Plus other annual expenses	\$80.00
		Note: A Fathers Night replaces a regular new parent group session, so the MCH nurse would not be doing any additional hours.	

Sample Budget			
Year 1		Year 2	
Fathers Nights x 40	\$5,256	Fathers Nights x 40	\$5,356
<i>Baby Makes 3</i> Group Program x 10	\$11,562	<i>Baby Makes 3</i> Group Program x 20	\$23,124
Other annual expenses	\$180	Other annual expenses	\$180
Total Year 1	\$17,098	Total Year 2	\$28,660
<i>Plus training, professional development & resources</i>		<i>Plus training, professional development & resources</i>	

Other potential costs
Venue hire – if MCH or other council venue not available
Catering – if you choose to get food pre-prepared and delivered

3.5 Promotion

Effective promotion of the *Baby Makes 3* Group Program is critical to gaining strong attendance from parents. Promotion is also important in gaining widespread support from for *Baby Makes 3* during the set-up phase.

Key messages

It is important to note that there are slightly different key messages when explaining *Baby Makes 3* to staff, than parents who are potential participants, or the media.

Staff

Baby Makes 3 has been specifically designed as a primary prevention program to prevent violence against women and it is crucial that staff understand that foundation. The most convincing point for staff (i.e. health, welfare, MCH and local government staff) will probably be that it is an evidence-based program.

Key messages for staff:

- The *Baby Makes 3* Group Program is a three-week program for first time parents which is added to the MCH service's new parent group program.
- Its goal is to promote equal and respectful relationships between men and women during the transition to parenthood.
- It is an evidence-based primary prevention program to prevent violence against women – by assisting new parents to build healthier, more equal and respectful relationships, it helps to prevent violence *before it occurs*.
- Evaluation results from the City of Whitehorse showed positive feedback from parents and a range of impacts leading to greater equality between parents, establishing the program as 'promising practice'.
- *Baby Makes 3* won a 2011 VicHealth Award for Outstanding Achievement in Health Promotion.
- See the *Baby Makes 3* flyer for staff in the appendix.

Parents

When promoting *Baby Makes 3* to parents, it is recommended that it is described as a "healthy relationships program" which aims to promote equal and respectful relationships between men and women". If it is described as a "primary prevention program to prevent violence against women", it can confuse parents and send the wrong message that it is a program for couples in a violent relationship.

Key messages for parents:

- The *Baby Makes 3* Group Program is a three-week healthy relationships program for first time parents.
- The program guides new parents through the relationship changes that occur following the birth of a child, and provides practical strategies for maintaining a healthy relationship.
- The program is for all couples, regardless of whether they are experiencing any relationship strain or not.
- Parents who have completed the program overwhelmingly report that they find it enjoyable, relevant and helpful.
- It provides an opportunity for parents to share their experiences of parenthood with other parents.
- See below for more information on methods for reaching parents.

Media

As mentioned above, there is a risk that when *Baby Makes 3* is described as a program "to prevent violence against women", people automatically assume that it is a specialised program for couples at risk of, or already experiencing, family violence. If the media coverage gives this impression, the program would be misinterpreted and be likely to result in many parents being put off. For this reason, when dealing with local media, it is best to

describe *Baby Makes 3* as a “healthy relationships program”.

Key messages for media:

- *Baby Makes 3* is a NEW healthy relationships program for first time parents.
- The program guides new parents through the relationship changes that occur following the birth of a child, and provides practical strategies for maintaining a healthy relationship.
- Its goal is to promote equal and respectful relationships between men and women during the transition to parenthood.
- Parents who have completed the program overwhelmingly report that they find it enjoyable, relevant and helpful.
- This is the first time a healthy relationships program has been made available to all first time parents.
- **Baby Makes 3** won a 2011 VicHealth Award for Outstanding Achievement in Health Promotion.
- See the sample media release in the appendix.

Methods for reaching parents

Letter to parents

Many MCH services already send a letter to first time parents to inform them about the new parent group program. You can easily include information about *Baby Makes 3* in this letter.

- See the sample new parent group letter to parents in the appendix.

In Yarra Ranges Shire Council the MCH service has also experimented with sending a separate invitation to the fathers, to help gain their interest and attendance.

Brochure

A *Baby Makes 3* brochure for parents is available from WCHS. You can make these available in centres or send them to parents. Even if you are running the *Baby Makes 3* Group Program as a standard part of the new parent group program,

the brochures can help raise parents’ interest in the program which will encourage attendance.

- Contact WCHS to request the *Baby Makes 3* brochure for parents.

MCH appointments

The MCH nurses themselves can promote the Group Program at MCH appointments. It is important that all nurses know about the program and understand its aims and benefits.

Media releases

Establishing the *Baby Makes 3* Group Program in your area is a ‘good news story’ and your council’s communications department will probably want to promote the work you are doing. It may assist to recruit parents to the program. However, as mentioned earlier, it is important to get the messages right, because the wrong slant on the program could result in parents feeling the program is not for them.

- See the sample media release in the appendix.
- See the key messages for media on the previous page.
- For assistance with media enquiries, use the ‘frequently asked questions’ section on page 88.

MCH and council newsletters

Every council has a variety of publications created for their residents, for example, a parents information handbook, a newsletter for parents, a council newsletter for all residents or ward newsletters; talk to your communications department for more information.

Council website

You might also include information on *Baby Makes 3* on your website.

3.6 Sustainability

Embedding *Baby Makes 3* permanently in your service is the vision. Here are the ingredients which will help that happen:

- **Embed the goal of *Baby Makes 3* in policy.**
This includes organisational policy and service-specific policy. See Section 4.2, page 38.
- **Gain support from councillors and executive management.**
Top level support will help you secure funding and an organisational commitment. Some actions that will assist in this include: presentations to councillors and executive, policy development and reporting on evaluation findings. See Section 4, pages 36–40, and Section 3.5, page 32.
- **Build partnerships.**
Partnerships can really strengthen your project. They can offer expertise, advocacy, 'in-kind' support (venues/catering/staff), or even financial support. A partnership with a maternity service can also be valuable for achieving good attendance at the Group Program. See Section 4.3, page 41.
- **Evaluate.**
Evaluation results showing that *Baby Makes 3* is having the desired impact and has positive feedback from parents, will greatly strengthen your argument for the program to continue. See Section 3.2, page 22.
- **Conduct professional development activities.**
Increasing the knowledge and skills present in your MCH Service will ensure that the goal and principles of *Baby Makes 3* will continue to have an impact on practice, even if ongoing funding for the Group Program is not immediately available. It will also build 'champions' across the service. See Section 4.1, page 36, and 4.4, page 43.
- **Involve MCH staff from the start.**
The involvement and support of the MCH staff is essential to the success of *Baby Makes 3*. Sharing information and including staff in discussions about the program from the beginning will help staff feel commitment and ownership, rather than something which is 'tacked on' to the service.
- **Make *Baby Makes 3* Group Program facilitation part of permanent position descriptions.**
This is the 'holy grail' – it will mean the *Baby Makes 3* Group Program is truly embedded in your service provision and ensures the program will continue for years to come.
- **Tell others about *Baby Makes 3*.**
Share information with your community about *Baby Makes 3* to garner interest and support for the program. You could present to your health and safety committee, community groups and workplaces, put information in your community newsletter and tell people in your networks. See Section 3.5, page 32.

4

Workforce capacity building



"I think after I realised it [what it's like for new mothers] I got an understanding that she's not alone in this, we're in it together. I think that was the biggest thing for me."
- Dad 3



4.1 A whole-of-service/organisation approach

Baby Makes 3 is not just a Group Program – it involves changing the organisational environment to support the *Baby Makes 3* goal:

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

As discussed in previous sections, *Baby Makes 3* is a primary prevention program to prevent violence against women, based on VicHealth's *Preventing violence before it occurs: A framework and background paper to guide the prevention of violence against women* (2007). This research stresses that primary prevention is most likely to be effective when "a coordinated range of mutually reinforcing strategies" is targeted across multiple levels of influence – individual/relationship (including families), community/organisational, and societal. Please refer to Figure 1, 'An ecological approach to understanding violence against women', on page 11.

Although the Group Program is the centrepiece of *Baby Makes 3*, it cannot stand alone. To be effective, it needs "mutually-reinforcing strategies" at other levels of influence. These strategies will need to be developed to suit your organisation, but they might include policy development, changes to work practices, service re-orientation, internal advocacy, and building staff knowledge, skills and confidence.

Developing policy that embeds an ecological approach to the primary prevention of violence against women in your council is the key to the sustainability of *Baby Makes 3*. Policy will guide work practices and set forth an approach which will last beyond an annual budget or council term. For further discussion, see the next section.

Building a successful *Baby Makes 3* program will take time and will involve challenges. Taking a whole-of-service approach will help to build a supportive environment and increase your success.

"At the individual and relationship level the project is concerned with understandings of gender roles, particularly the roles of mothers and fathers, and understandings of femininity and masculinity and the extent to which individual attitudes and behaviours are shaped by these understandings. At the community and organisational level of the ecological model it is concerned with the cultural beliefs, norms and expectations of men and women within communities and organisations."

- *Baby Makes 3 Project Report*

With regard to *Baby Makes 3*, there are two main levels of organisational engagement: the MCH service, and the whole organisation.

Engaging the whole MCH service

It is crucial that the whole MCH service is engaged in *Baby Makes 3* (i.e. not only nurses involved in running the Group Program, but also administration, management and other staff such as immunisation nurses). A deeper understanding of the concepts that underpin *Baby Makes 3* will add value to your MCH service's practice and will help to ensure that the Group Program is effective.

Workshops conducted by WCHS in the City of Whitehorse found that although most nurses had a basic understanding and appreciation of the key concepts of *Baby Makes 3* (primary prevention of violence against women, gender roles, gender equality, societal expectations on mothers and fathers and first time father engagement), they were keen to learn more and to deepen their knowledge on these topics. This knowledge will mean MCH staff will be more confident in promoting the Group Program to parents – thus increasing the chances of success.

Engaging MCH service staff can be done through:

- Professional development workshops about gender roles and gender equality during the transition to parenthood

- Engagement in policy development related to preventing violence against women, gender equality and/or father-inclusive practice
- Discussions about work practices and how they relate to gender roles and gender equality
- Information dissemination via presentations, staff newsletters and other staff communications
- Comprehensive recruitment and orientation practices which are inclusive of understanding the prevention of violence against women.

It is particularly important that staff are given the opportunity to learn about the Group Program – what it covers, and the immediate, and long-term, benefits for parents and children. If staff understand and appreciate the program, they will be more likely to promote it among clients, as a standard and valuable part of the MCH service’s new parent group program.

WCHS can provide presentations or professional development workshops for staff – see Section 4.4, page 43.

Engaging the whole organisation

To begin with, implementing *Baby Makes 3* will require additional funding and a commitment to a progressive new program and approach. For these reasons it is important that the councillors, executive and other parts of the organisation are given the opportunity to learn about *Baby Makes 3* and are kept informed of the success and journey of the program.

Some council departments, groups or staff you may want to liaise with include:

- Councillors
- Executive management
- Community services director
- Family services unit
- Organisational development/human resources
- Community development unit

- Social policy unit
 - Health planner
 - White Ribbon Action Team
 - Family violence working group (or similar)
 - Communications unit.

Policy development which includes consultation can be an effective way of engaging with various parts of the organisation and gaining top-level support. A supportive policy environment is essential to the long-term success of *Baby Makes 3*. See the next section.

Some suggestions of ways to engage with the organisation and to generate support include:

- Prepare briefings and reports for the above departments of council (the ‘frequently asked questions’ section can be helpful with this – see page 88).
- Network internally – seek out individuals among these departments who you think might feel personally passionate and committed to *Baby Makes 3* and seek their help in gaining support.
- Collect evaluation from the *Baby Makes 3* programs you conduct, and present findings to these groups, highlighting that their support is getting positive results.
- Present to other committees and community groups, such as health and safety committees or women’s advisory groups.
- Engage WCHS or other organisations to provide professional development workshops or presentations (see page 43 for ideas).

Consider ways to promote *Baby Makes 3* to the wider community, to increase support for the program.

The ‘Scenarios’ provide examples of various ways of engaging across council. See pages 71–85.

4.2 Policy development

Baby Makes 3 goal:

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

Embedding the goal of *Baby Makes 3* in organisational policy will provide credibility, accountability and sustainability.

Tips for policy development

What do you want to achieve?

Ideally, you want to see an organisational commitment to the primary prevention of violence against women. This policy might sit within a broader policy commitment to gender equality or human rights (freedom from violence). Each council has different priorities and different agendas, so the type of policy or way it is articulated will vary. It is recommended that you discuss this with your council's social policy staff and/or health planner.

Does relevant organisational policy currently exist?

Your council might already have developed a Preventing Violence Against Women Policy, Family Violence Prevention Policy, Gender Equality Policy or Community Safety Policy. If so, you could advocate for it to be revised to include a commitment to the *Baby Makes 3* goal, and/or to the primary prevention of violence against women within the early years or MCH service environments.

Does new policy need to be developed?

If there is currently no supporting policy of this nature, you will need to advocate for policy development. State Government policy drivers for local government action on preventing violence against women can be highlighted in this process (see policy context below). Developing an organisational policy might not be within your role, but you can provide the appropriate staff with helpful information (see 'Resources for local government on the next page and the further reading section on page 90).

What about organisational plans and strategies?

We recommend that you advocate for gender equality and preventing violence against women to be included in relevant plans, such as:

- Council Plan
- Municipal Health and Wellbeing Plan
- Early Years Plan
- Community Safety Plan
- Aged and Disability Services Plan
- Disability Access and Inclusion Plan.

Do you need policy at the early years or MCH service level?

Yes. This will ensure everyone in your service is guided by the same vision and work practices. If there is an organisational policy related to preventing violence against women, it will provide a framework for you to develop a specific policy related to the Early Years or MCH Service level. If not, you might need to develop your own service policy (which might in turn help push for an organisational policy). This policy would also complement a First time Father Engagement Policy.

A policy would set out:

- A commitment to the primary prevention of violence against women and the *Baby Makes 3* goal
- Definitions of key concepts and terms
- A description of work practices and procedures that support the policy commitment.

A strategy or action plan could sit under this policy umbrella, setting out specific actions or projects which will be undertaken.



‘Preventing violence against women’, or ‘father-inclusive practice’?

We recommend that you need a policy for both. The key to preventing violence against women is gender equality, and you cannot have a true commitment to gender equality in an Early Years Service without a commitment to father-inclusive practice.

Wider policy context

- *National Plan to Reduce Violence Against Women and their Children 2010–2022*
- *Addressing Violence against Women and their Children Action Plan* (Victorian Government plan; being developed in 2012)
- *Victorian Charter of Human Rights and Responsibilities Act 2006*
- *Public Health and Wellbeing Act 2008* (requires councils to develop Municipal Public Health Plans)
- *Victorian Equal Opportunity Act 2010*
- *Sex Discrimination Act 1984*
- *Preventing Violence Together: Western Region Action Plan to Prevent Violence Against Women*

- *Building a Respectful Community: Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011–2016*

Resources for local government

There are currently several important initiatives which can support your local government in progressing a gender equity or preventing violence against women agenda. These are:

Maribyrnong Respect and Equity: Preventing Violence Against Women Guide for Local Government

Maribyrnong City Council implemented an intensive, three-year project to build capacity to prevent violence against women through council policy, planning, programs and services. Similar to *Baby Makes 3*, this project was funded by VicHealth and was extensively evaluated. The *Preventing Violence Against Women Guide for Local Government* was produced to share the approach and learnings from this project. The full project evaluation report is also available. Go to www.maribyrnong.vic.gov.au and search for “respect and equity”.

Gender Equity in Local Government Working Group

This group comprises representatives from local government, state government and women's health services in Victoria. It is producing a series of 10 fact sheets for local government, due for publication in 2012. Contact: Community Planner Women's Health, Yarra City Council, on (03) 9205 5056 or email maryanne.clarke@yarracity.vic.gov.au

Municipal Association of Victoria's Preventing Violence Against Women Project

This initiative supports councils across Victoria to embed prevention of violence against women and gender equity principles into their policies and programs. The project emphasises the importance of local government taking a leadership role in prevention work. As part of the project, the MAV hosts a Preventing Violence against Women Network, which is open to all Victorian councils to join and provides opportunities for discussion, networking and resource sharing. Contact: Preventing Violence Against Women Project Coordinator, on (03) 9667 5555 or visit www.mav.asn.au/policy-services/social-community/gender-equity

Take a Stand against Domestic Violence: It's Everyone's Business

Women's Health Victoria has developed a whole-of-business program to help prevent violence against women. *Take a Stand* provides organisations and individuals with the knowledge and the tools to challenge traditional attitudes and beliefs that may trivialise and/or condone violence against women. The program includes workplace policy development, awareness-raising, and training. Go to: www.takeastand.org.au

Victorian Early Years Learning and Development Framework

The Victorian Early Years Learning and Development Framework is designed to advance all children's learning and development from birth to eight years of age. It provides early childhood professionals with a common language for describing outcomes for children, and describes practice principles to guide early childhood professionals to work together, with children and with families to achieve the best outcomes for every child.

Go to: www.education.vic.gov.au/earlylearning/eyldf/default.htm

MCH Service Policy and Reports

A range of MCH policy and reports can be found on the Department of Education and Early Childhood Development website. Particularly noteworthy is *Future Directions for the Victorian Maternal and Health Service* (2004). Go to: www.education.vic.gov.au/ecsmangement/matchildhealth/policyreports/default.htm

4.3 Partnerships

A successful implementation of *Baby Makes 3* will be supported by partnerships with community organisations.

Partnerships formed for the *Baby Makes 3* project in Whitehorse

During the implementation of the *Baby Makes 3* project in the City of Whitehorse, several valuable partnerships were formed.

Funding body: **VicHealth**

Lead agency: **Whitehorse Community Health Service Ltd**

Project partners: **Whitehorse City Council**,
MCH Service

Drummond Street Services
Just Families Project

Eastern Health,
Birralee Maternity Centre

A Project Reference Group was also formed to oversee the project, comprising members of these five partner organisations.

Partnerships to support your *Baby Makes 3* implementation

The following are suggestions for potential partnerships which could be established to support your *Baby Makes 3* program, and the type of support they might provide.

Potential partners:

- Internal council units and departments
- Community health services
- Welfare and support services
- Community and neighbourhood houses
- Libraries or recreation centres
- Women's health organisations

- Primary care partnerships
- Integrated family violence services
- Hospital and maternity services
- Early childhood centres
- Counselling services *
- Other local governments
- Philanthropic trusts
- Local businesses which could provide financial support – for example, a community bank
- State/federal government grant programs
- Whitehorse Community Health Service Ltd.

Type of support provided:

- Recruiting or providing facilitators
- Providing community venues (when council venues not suitable)
- Assistance promoting the program to expectant/new parents (i.e. maternity services)
- Expertise and support with primary prevention/health promotion
- Expertise and support with family violence referrals
- Evaluation expertise and resourcing
- Integration with maternity services
- Counselling service for *Baby Makes 3* participants (see * next page)
- Policy development
- Funding
- Professional development and training
- Expertise and support with implementing *Baby Makes 3*.

* Partnership with a counselling service

One critical partnership you will need to establish is with a local counselling service. At times, issues might arise for *Baby Makes 3* participants, and you may wish to refer them to an appropriate service where they can receive priority access. Further discussion is in Section 6.6, page 69.

Steering committee

You might consider forming a steering committee with some of the above organisations. This will provide a framework for the partners to share expertise, and build support for the continuation of *Baby Makes 3*.

Help with partnerships

VicHealth's Partnerships analysis tool

VicHealth's 'Partnerships analysis tool' is a resource for establishing, developing and maintaining partnerships for health promotion. Go to: www.vichealth.vic.gov.au/en/Publications/VicHealth-General-Publications

Victorian Council of Social Service's Partnership Practice Guides

These guides provide information, tools and resources which examine the three stages of partnering: preparing to partner, commencing the partnership and sustaining the partnership. Go to: www.vicoss.org.au/what-we-do/community-sector/human-services.htm

New York Partnership Self-Assessment Tool

This tool was created by the Center for the Advancement of Collaborative Strategies in Health. It is designed to help partnerships understand how collaboration works and what it means to create a successful collaborative process, assess how well their collaborative process is working, and identify specific areas they can focus on to make their collaborative process work better. Go to: <http://partnershiptool.net>

4.4 Training and professional development

Staff training is an integral part of implementing *Baby Makes 3*. The two-day *Baby Makes 3* Facilitator Training Program is the core piece of training involved, but there is a range of other professional development, workshops and presentations available which will build the capacity of staff and help to gain support at a range of levels.

Training, workshops and presentations available from WCHS

	Audience	Length	Description
<i>Baby Makes 3</i> Facilitator Training Program	<i>Baby Makes 3</i> facilitators	2 days	Comprehensive training on the <i>Baby Makes 3</i> course content and background, plus practical facilitation skills. Includes <i>Baby Makes 3 Group Program Manual</i> and DVD. See page 66.
<i>Baby Makes 3</i> Facilitator Refresher Training	<i>Baby Makes 3</i> facilitators	4 hrs	Training to be delivered 6 months after original training program, providing an opportunity to work through challenges and refresh knowledge and skills.
<i>Baby Makes 3</i> Professional Development Workshop	MCH Service	4 hrs	Information and discussion about preventing violence against women, <i>Baby Makes 3</i> 's role as a primary prevention program, and how it can be incorporated into the service.
<i>Baby Makes 3</i> Presentation	Councillors/ Executive	1-2 hrs	Presentation on <i>Baby Makes 3</i> , its place as a primary prevention program, the link to various local government agendas and an introduction to some of the curriculum.
Fathers Night Facilitator Training Session	Fathers Night facilitators	3 hrs	Training on how to run an effective Fathers Night, guidance on appropriate topics and skills development. See page 54.
Engaging Fathers Professional Development Workshop	MCH Service	2 hrs	Information and discussion about why engaging first time fathers is important and how Fathers Nights can augment existing services.
Preventing Violence Against Women Presentation	Councillors/ Executive	1-2 hrs	Presentation covering the broader topic of preventing violence against women, what is 'primary prevention' and the role of local government
Custom presentation/ workshop	Other staff/ audiences	1-4 hrs	Presentation or workshop tailored to request.

Other training available

Primary prevention of violence against women and gender equity

Organisation	Program	Length	Description	Contact
VicHealth	Preventing Violence Against Women Short Course	2 days	Covers the social determinants of health, the VicHealth framework for the prevention of violence against women, and how to plan, implement and evaluate primary prevention programs.	(03) 9667 1333 www.vichealth.vic.gov.au
VicHealth	Participation for Health Short Course	2 days	Covers the social determinants of health and how to plan, implement and evaluate primary prevention programs.	(03) 9667 1333 www.vichealth.vic.gov.au
Women's Health Victoria	Everyone's Business Workshop	3.5 hrs	Introduces key concepts of gender-based violence and provides practical strategies and resources for developing workplace programs for the primary prevention of violence against women.	(03) 9662 3755 www.whv.org.au
Women's Health East	Gender Equity – Working towards a fairer community for all	1 hr	Introductory workshop for local government and other agencies. Introduces key concepts around gender and looks at why gender should be considered in policy, planning and service delivery.	03 8873 3700 www.whe.org.au
Women's Health in the North	Gender Analysis Workshop for Local Government	4 hrs	Introduces key concepts around gender, gender equity and gender analysis. It covers why gender analysis is essential to policy, programs and services and asks participants to apply a gender analysis to a piece of their own work.	03 9484 1666 www.whin.org.au
Other women's health services	Various		Various workshops available: contact your local women's health organisation	List of Victorian women's health services: www.awhn.org.au

Group facilitation


Organisation	Program	Description	Contact
Australasian Facilitators Network	Various	This website lists facilitation training providers across Australia.	www.markbutz.com/afn/training.html
Victorian Facilitators Network	Various	A network for Victorian facilitators with monthly meetings and an annual training day, the 'Facilitation One Day Wonder'	http://victorianfacilitatorsnetwork.blogspot.com
Groupwork Institute of Australia	Short courses and Advanced Diploma	Provides a range of facilitation training, including an Advanced Diploma of Group Facilitation and other short courses. (Not-for-profit registered training organisation.)	www.groupwork.com.au

Working with families

Organisation	Program	Description	Contact
Australian Institute of Family Studies	Various	The Australian Institute of Family Studies provides a list of courses and training for professionals who work with families and couples.	www.aifs.gov.au/afrc/training.html

5

Engaging fathers



“It forces you to converse about it and dudes don’t do that very often... so the program was the only time that I’ve seen a bunch of other fathers together and having a talk about stuff with their baby. So I wouldn’t have ever had that opportunity.” – Dad 4

The illustration shows two stylized human figures. On the left is a teal figure, and on the right is a green figure. A yellow speech bubble with a black border originates from the teal figure and contains the testimonial text. The background is a light blue gradient.

5.1 First time father engagement

MCH services, by name and nature, focus on the health of the mother and baby. There has been a shift over the last decade to increase the level of engagement with fathers, and various strategies have been undertaken, such as changes in terminology from 'new mothers groups' to 'new parent groups' and in some cases from 'Maternal and Child Health Centres' to 'Family Centres'; changes in how nurses work with fathers; and specific programs to increase father involvement.

"Father inclusive practice strengthens and support families and is vitally important for the community as a whole."

– *Father Inclusive Practice Guide (FaHCSIA 2009)*

To strengthen first time father engagement within MCH services it is important to consider whether the service's culture, practices, systems, policy and workforce reflects an approach which supports the positive engagement of fathers.

We recommend that you undertake research and consultation about first time father engagement in your MCH service and support a 'First Time Father Engagement Policy' and environment. This helps to create a consistent approach across the service, so the involvement with fathers in *Baby Makes 3* is reinforced through their other experiences with the MCH service.

"Father inclusive practice aims to value and support men in their role as fathers, actively encourage their participation in programs and ensure they are appropriately and equally considered in all aspects of service delivery. This can include, but is not limited to, the introduction of father-specific programs and resources, the way groups are facilitated, attitudes and skills of staff members, recruitment, language used in promotional material, flexible opening hours and the physical environment."

– *Father Inclusive Practice Guide (FaHCSIA 2009)*

A useful resource is the Father-Inclusive Practice Guide, published by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) in 2009.

Case study:

Whitehorse Community Health Service's First Time Father Engagement Project

WCHS has undertaken research to explore the topic of father engagement in MCH services. This case study presents a brief overview of our project and some of the findings to date.

Background

WCHS identified "freedom from violence and discrimination" as a priority in its 2009–2013 Integrated Health Promotion Plan. With VicHealth research indicating that a key determinant of family violence is the strengthening of equal and respectful relationships, WCHS set the objective for this priority as:

"To work in partnership with the MCH Service to enhance systems, policies, processes and cultures that support equal parent engagement and active involvement of first time fathers in the care and nurturing of infants."

At the time, WCHS had received funding from VicHealth to implement Phase II of the *Baby Makes 3* project, and the objective was formulated to support and add value to *Baby Makes 3*. The Whitehorse First time Father Engagement Project was developed, with the overall aim of increasing and strengthening engagement with first time fathers through Whitehorse City Council's MCH Service.

The first stage of this project concentrated on undertaking research and consultation with fathers and MCH nurses in the City of Whitehorse. The next stage of this project (2012–2013) is to support Whitehorse City Council to develop a First Time Father Engagement Policy, guidelines and a supportive environment.

Research approach and findings

First time father attendance at MCH appointments:

This data was obtained from a one-month snapshot survey. Baseline information indicated that fathers were more likely to attend the home visit and the three centre appointments before or at 12-months, than appointments after the child is 12 months.

First time fathers feedback survey (n=38):

The first time fathers feedback survey reinforced the opportunity to proactively engage with fathers during the first home visit, when 84% of fathers stated they were present. The survey collected both demographic data, MCH engagement features, barriers and utilisation information which could also be used as a comparison with the MCH centre data. Additional to obtaining valuable feedback from first time fathers, the survey called for 'expressions of interest' from fathers to continue their involvement within the Whitehorse First Time Father Engagement Project.

MCH nurses father engagement audit (n=23) and facilitated discussion (n=6):

These two methods complemented each other as a means for gathering information about the MCH service environment and workforce. The audit was developed to provide a comprehensive overview and feedback from MCH nurses on the level of service, practice, support, gaps and barriers of first time father engagement within Whitehorse City Council's MCH Service. The facilitated discussion provided a platform for an in-depth review of the findings from within the audit. Participants felt that some of the barriers to first time fathers engaging in MCH services were around the lack of resources, staff training, lack of flexible centre opening hours, uninviting environment for first time fathers and work commitments of the fathers.

MCH service first time father engagement policy and procedures:

Although the individual practice of MCH nurses largely reflected a positive engagement of first time fathers, there was not an articulated organisational commitment, approach, understanding nor principles identified which could then be translated into positive and consistent recruitment, orientation, strategic planning and resourcing practices. In the next phase of the project, WCHS will support Whitehorse City Council to develop a First Time Father Engagement Policy, guidelines and a supportive environment.

Key learnings to date:

- By adding value to *Baby Makes 3*, a more immediate and willing partnership with MCH has been possible.
- The collection of baseline data has been a critical element in the evaluation process. It is important to consider how ongoing data collection can be integrated within the MCH system, capturing first time father utilisation, engagement and satisfaction.
- Incorporating feedback from first time fathers in the annual MCH client satisfaction survey was opportunistic and should be incorporated into future surveys.
- It is critical to test surveys and audits and to ensure instructions are clear and accurate so as to ensure data accuracy and comparison.
- It will be important to strengthen the first home visit as a time to engage with fathers and ensure consistency amongst MCH nurses.

5.2 About Fathers Nights

A useful way to engage with first time fathers is to include a Fathers Night as part of the new parent group program. Ideally, your MCH service will develop a 'first time father engagement policy' that will provide a systematic and holistic approach to father engagement, via a range of strategies (see previous section).

Background

Whitehorse City Council's MCH Service has, over the past decade, done much pioneering work in engaging first time fathers in their new parent groups. Their successful model was to hold one of the six new parent group sessions in the evening, as a designated 'Fathers Night' and include a discussion of fatherhood. This is understood to be a standard component of the new parent group, which has resulted in high attendance.

Prior to the *Baby Makes 3* project, these evenings were facilitated by MCH nurses. However, no training had been provided to the nurses on how to facilitate these evenings, with some nurses feeling less confident than others in facilitating a discussion about fatherhood. As a result of the lack of training and lack of structure to the fathers' 'discussion', the evenings operated mostly as a social event.

Baby Makes 3 introduced significant changes to the Fathers Nights. These changes included:

- Establishing clear objectives for the evening
- Consolidating the approach to facilitating the fathers' discussion
- Providing training for the MCH nurses
- Providing trained male facilitators to co-facilitate the sessions with a MCH nurse.

***Baby Makes 3* model for Fathers Nights**

The *Baby Makes 3* model for Fathers Nights was developed from WCHS's experience working with Whitehorse City Council.

Objectives

Objective 1: To facilitate social interaction and support among new fathers.

Objective 2: To promote positive father involvement in new families.

The first objective is in line with the broader objectives of the 'new parent group program' (see Section 6.3, page 60). This objective seeks to address the sense of isolation that men can experience during the transition to parenthood.

The second objective, "to promote positive father involvement in new families", complements the objectives of the *Baby Makes 3* Group Program. In particular, this objective establishes an expectation among the group that:

- Men can be caring and nurturing and connect with infants on an emotional level
- Fathers are actively involved in all aspects of child care
- Fathers are able to care for infants in the absence of the child's mother
- Fathers are understanding of the demands placed on new mothers
- Fathers participate in parenting that relieve their female partners of the burden of responsibility.

Core elements

- Sessions are held in the evening to allow working parents (usually the fathers) to attend.
- Conducted by both a male facilitator and MCH nurse.

- During part 1 of the evening, mothers and fathers separate into two groups (babies stay with the fathers). The male facilitator leads a structured discussion with the fathers about fatherhood, while the MCH nurse leads a discussion with the mothers on a topic of their choice (or mothers may choose to use the time to socialise).
- During part 2, the mothers and fathers come together for social time and supper.
- The session becomes a standard component of the new parent group program.

Training

The *Baby Makes 3* model advocates that facilitators of Fathers Nights receive training. A four-hour training session in running an effective Fathers Night is available from WCHS, along with a Fathers Nights Manual. There is a professional development workshop available for the whole MCH service on the role and purpose of Fathers Nights, which will help the Fathers Nights to be widely accepted, understood and integrated across the service.

Training is recommended, because without appropriate guidelines and standards, a Fathers Night has the potential to inadvertently reinforce traditional notions of fatherhood that do not promote active father involvement in new families, and is contrary to the objective of the evening. For example, without guidance from the facilitator, some fathers might talk about a father's role being the protector and breadwinner, but not the nurturer or carer. If this view is accepted by the group without the facilitator prompting other views, or further exploration, it can reinforce to the group that this is their role and does not encourage them to consider different roles for a father.

Discussion topics

Below are examples of topics that could be included in the fathers' discussion. Additional detail on each topic and the facilitated discussion is included in the Fathers Night Facilitator Training Session and *Fathers Night Manual*.

- Changes since the birth of the baby
- Looking after the baby by yourself
- Settling techniques
- Maintaining a social life
- Work/family balance
- Managing stress
- Supporting your partner
- Relationship issues
- Extended family
- Changing nature of fatherhood.

Fathers Nights as a step to the *Baby Makes 3* Group Program

The *Baby Makes 3* model recommends Fathers Nights be included in the new parent group program for two reasons: one, as they have value in their own right, and two, as they are an important stepping stone to engaging fathers in the *Baby Makes 3* Group Program.

Strong attendance at the Group Program is crucial to its success, which makes the Fathers Night particularly important. The Fathers Night allows fathers to meet each other and allow the mothers time for social interaction. The discussion of fatherhood provides an opportunity for them to connect with each other and their experiences as new parents, and introduces the concept of fathers as nurturers and carers of infants – an important underlying concept of the *Baby Makes 3* Group Program. It also allows fathers to meet the male facilitator who will be facilitating the *Baby Makes 3* Group Program.

For these reasons, running an effective Fathers Night is highly likely to increase participation in the *Baby Makes 3* Group Program and make it run smoothly from the outset, as the fathers will have already established a level of comfort with the facilitator, and each other.

Note: holding a Fathers Night instead of a daytime new parent group session does not reduce the value to the mothers, as they still have the opportunity for a regular session with a MCH nurse while the fathers have a discussion of fatherhood.

‘Fathers Nights’ or ‘Family Nights’?

Whilst writing this guide we debated the pros and cons of calling these evenings “Fathers Nights” or “Family Nights”. We decided to refer to them here as “Fathers Nights” because the term is likely to be familiar and self-explanatory to MCH/local government/health professionals.

However, you might consider calling them “Family Nights” when promoting them to parents, for the following reasons:

- Calling them “Fathers Nights” can reinforce the concept that fathers have less importance in parenting than mothers by indicating the other 5–7 daytime new parent group sessions are for mothers and just this one session is for fathers.
- Although the evening is designed to be inclusive of all mothers – including single or lesbian mothers – by having a separate mothers discussion/socialising time, the title “Fathers Night” can give the wrong message that it is only for those with male partners.

The terms “Parent Nights” or “Couples Nights” have also been used by Whitehorse City Council.

5.3 Basic considerations

Scheduling	Ideally week five or week six of the new parent group program
Timing	Two hours in the evening (e.g. 6.30–8.30)
Group size	Minimum four fathers, maximum 14 fathers. If less than four, consider merging with another group.
Venue	Venue must have two rooms for when group separates into groups of mothers and fathers
Room set up	Chairs in a circle without tables Music playing as group arrives Baby change tables available Other considerations for babies can be nice, e.g. rug on the floor for tummy time, comfy chairs at the side of the room for breastfeeding.
Materials	Name tags (have name tags for all mothers, fathers and facilitators) Whiteboard and/or butchers paper Textas, whiteboard markers, pens, Blu Tack, tape Evaluation forms
Catering	Tea, coffee, water Jug which can be filled with hot water to heat baby bottles Light supper or pizza (cost can be either carried by provider, or participants can each contribute \$5/10).
Staff hours	Three hours per session
Promotion	Fathers Nights are intended to be included in the new parent group program as a standard component, and so shouldn't need special promotional activity. The letter or flyer given to parents about the new parent group program should include information about the Fathers Night – see the sample letter in the appendix.

5.4 Recruiting Fathers Night facilitators

Is a male facilitator needed?

The *Baby Makes 3* model recommends having both a male facilitator (to lead the fathers' discussion) and a MCH nurse (to run a session with the mothers, as per daytime sessions).

Some services may prefer to conduct Father's Nights with two MCH nurses as facilitators, to avoid the need to recruit and train a male facilitator, however, the evidence in the *Baby Makes 3 Project Report* strongly supports the engagement of both a male facilitator and a MCH nurse, for the following reasons:

- Informal feedback has indicated that first time fathers prefer to discuss fatherhood with another male, preferably someone who is a father himself or has experience caring for young children. Anecdotally, some parenting facilitators have found that fathers, when asked if they would prefer a male or female facilitator, say they have no preference. However, the *Baby Makes 3* experience was that having a male facilitator makes for a more robust and open discussion of fatherhood.
- The male facilitator is also the facilitator of the *Baby Makes 3* Group Program, which provides a link to *Baby Makes 3* and enables the facilitator to establish rapport with the group.
- Having both a male and female facilitator (MCH nurse) models gender equality and raises the profile of men being involved in early parenting.
- Having a MCH nurse present is important, as she provides the facilitation support and guidance to the mothers, parenting expertise and a link with the MCH service.

Recruiting male facilitators

Finding a facilitator can be easier than you think! Look around your council or shire offices; is there someone who has some basic facilitation skills, a good attitude to gender equality and is a father themselves? Perhaps there is someone on your White Ribbon Action Team or try your local community health service or welfare agency. Remember, there is training available to prepare them for the job.

Ideally, the person you recruit as the male facilitator for Fathers Nights will also be able to become a *Baby Makes 3* Group Program facilitator in the future. This is not essential – you might have some Fathers Nights facilitators who aren't able to run the *Baby Makes 3* Group Program due to time commitments – so don't let this become a barrier, but do keep it in mind. As the skills and knowledge needed to become a Fathers Night facilitator are similar to those needed for a *Baby Makes 3* facilitator, please also refer to Section 6.5, page 65.

Fathers Night Facilitator Training Session

This three-hour training session is for male facilitators who will be facilitating the Fathers Nights. It is provided by WCHS, and covers the following topics:

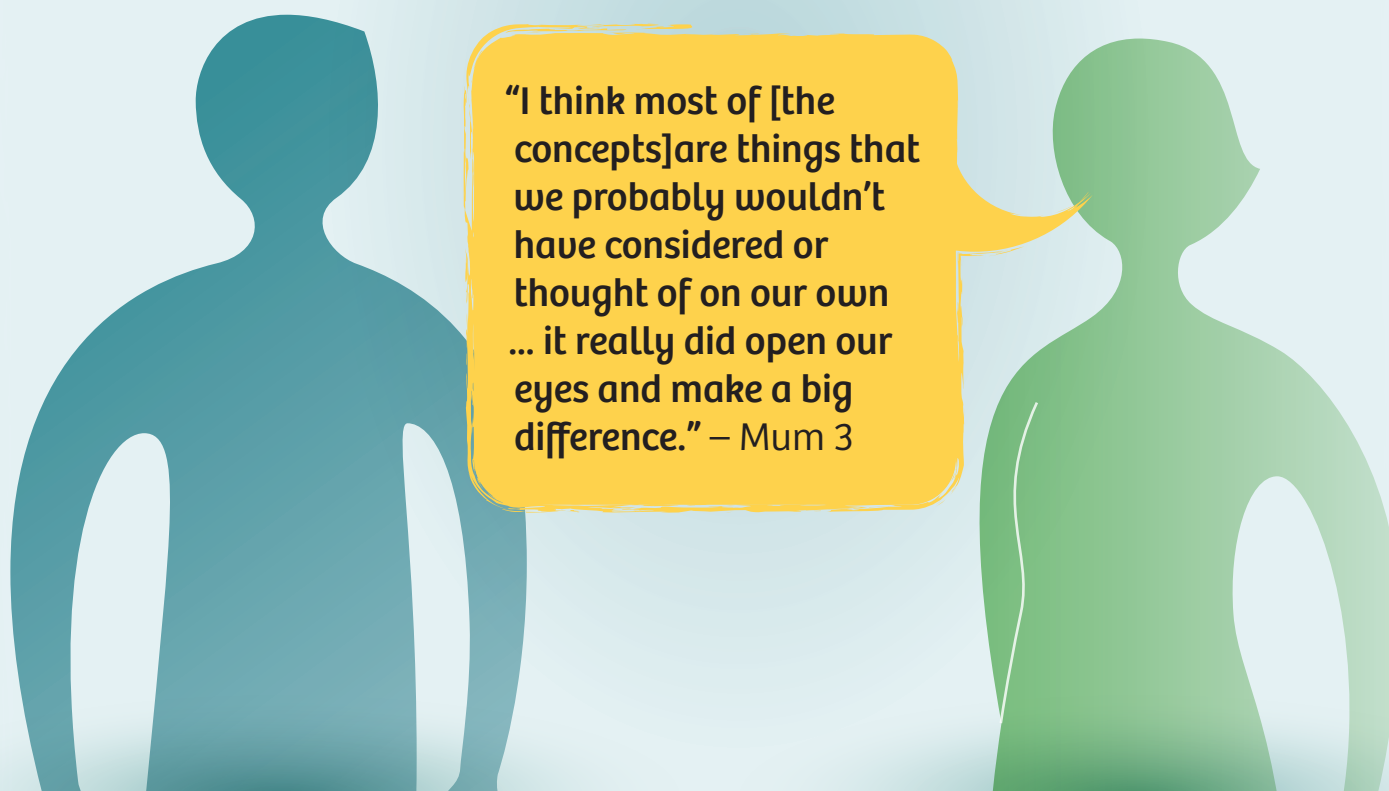
- Understanding first time fathers
- Objectives of a Fathers Night
- Group work skills
- How to facilitate the 'fatherhood' discussion
- Responding to specific situations.

Engaging Fathers Professional Development Workshop

The two-hour professional development workshop for MCH nurses covers father engagement in general, and explores how Fathers Nights complement existing MCH services. Available from WCHS.

6

Baby Makes 3 Group Program



6.1 About the Group Program

The *Baby Makes 3* Group Program is a three-week program for first time parents, about healthy relationships. The target group is first time parents whose baby is less than 12 months old. The program is facilitated by male and female co-facilitators, who work with groups of 6–10 couples, who attend with their babies.

The *Baby Makes 3* Group Program complements the MCH service's new parent group program and, ideally, is integrated as a standard part of this program.

The sessions cover a specific curriculum and are discussion-based, working with the insights and challenges that the participants raise. The program includes large group discussions and activities, small group discussions (separated into groups of mothers and fathers), and facilitator presentations. The value of the program lies in discussing the *Baby Makes 3* topics in a group situation, so that parents can see that many challenges of the transition to parenthood are shared experiences.

- On the next page is a summary of what is covered in the three sessions of the *Baby Makes 3* Group Program. This content is provided to facilitators through the *Baby Makes 3* Facilitator Training Program.
- The *Baby Makes 3* brochure for parents gives a great overview of the program – contact WCHS or visit www.wchs.org.au
- The rest of this section covers all other essential ingredients for setting up *Baby Makes 3*.

Remember, for the Group Program is the centrepiece of *Baby Makes 3*. However, to be effective and sustainable, it is critical to have a supportive policy environment and organisational culture. See Section 4, page 35.

How is the *Baby Makes 3* Group Program different from other programs for new parents?

Baby Makes 3 is the first program of its kind to focus on addressing entrenched gender roles and gender equality in couples' relationships during the transition to parenthood. It is different from other programs in several ways:

It is about the relationship between the mother and father

There are a variety of group programs for new parents that focus on aspects of parenting, including the relationship between mother and baby, and between father and baby. *Baby Makes 3* is different because it focuses on the relationship between mothers and fathers. It is not actually a parenting program; it is a program about healthy relationships.

It is a mainstream program

There are relationship programs that target couples who are considered at-risk of family violence or relationship breakdown. *Baby Makes 3* is a mainstream program for all parents, and is a *primary prevention* program. It is not about fixing broken relationships, but about assisting couples to understand how they can maintain a healthy relationship and stop problems from occurring in the first place.

It focuses on gender equality and respect

Baby Makes 3 recognises equality and respect as foundations of a healthy relationship, and discusses these topics in the context of the transition to parenthood. The Group Program is specifically designed as a primary prevention approach to preventing violence against women. VicHealth research has identified equal and respectful relationships between men and women, and less rigid gender roles, as the key components of preventing violence against women. This is the foundation for *Baby Makes 3*.

What does the *Baby Makes 3* Group Program cover?

Session 1

Welcome and introduction
Participants' introductions
The transition to parenthood
Expectations of 'Family'
Homework: household portrait

Session 2

Welcome and review
Who does what?/household portrait
Time spent with parents
What is a healthy relationship?
Meaningful equality
Homework: intimacy request

Session 3

Welcome and review
Sex and intimacy
Conflict in relationships
Communication
Program summary
Closing activity
Evaluations

A feature of the Group Program is the small group discussions, where the group splits into smaller groups of mothers and fathers, and then comes together to compare their thoughts in a larger group. Sessions include large group activities and discussions, facilitator presentations, handouts and homework exercises.

***Baby Makes 3* Facilitator Training and Group Program Manual**

This publication intentionally does not provide the detailed curriculum or guidelines on how to facilitate the Group Program. This content must be delivered through the ***Baby Makes 3 Facilitator Training Program***, to ensure the elements of evidence-based practice are retained.

We strongly recommend that you do not try to implement the *Baby Makes 3* Group Program without this training. For more information on the training program, see Section 6.5, page 65.

6.2 Basic considerations

Scheduling	Ideally incorporated into the new parent group program, either in the middle or at the end. For more information on scheduling, see Section 6.4, page 63.
Timing	Two hours in the evening (e.g. 6.30–8.30) x three weeks Experience has shown that a weeknight (excluding Fridays) is best, as programs scheduled on the weekend result in low attendance
Group size	Minimum four couples; maximum 12 couples Couples attend with their babies
Venue	Venue must have two rooms for when group separates into groups of mothers and fathers (see next page for more information on venues) Chairs, baby change tables, side tables for food
Room set up	Chairs in a circle without tables Two facilitator’s chairs at front beside whiteboard/projector screen A second room (with chairs set up) is needed for when the group separates into mothers and fathers Music playing as group arrives Baby change tables set up Other considerations for babies can be nice, e.g. rug on the floor for tummy time, comfy chairs at the side of the room for breastfeeding.
Materials	Name tags (have name tags for all mothers, fathers and facilitators) Projector and laptop (and screen if wall not suitable) are recommended, but if these are not available a whiteboard or butchers paper can be used instead – the presentation slides have been kept very simple for this reason. Whiteboard (if not available, use butchers paper) Butchers paper Textas, whiteboard markers, pens, Blu Tack, tape 10 clip boards (for couples to fill out the Intimacy Worksheet in Session 3) Handouts Evaluation forms
Catering	Tea, coffee, water, light supper Jug which can be filled with hot water to heat baby bottles The light supper can be organised in several ways, depending on budget: <ul style="list-style-type: none"> • Have food delivered, e.g. pizza, sandwiches (higher cost – approx. \$50) • Facilitators prepare food, e.g. fruit, bakery scrolls (lower cost, but labour time) • Group is asked to self-cater, each bringing a plate (this reduces costs, but can have the negative impact of reinforcing gender roles as it is usually the women who feel obligated to prepare the food.)
Staff hours	Three hours per session

Choosing a venue

Finding appropriate venues can be a challenge in some municipalities, as MCH Centres often do not have a large enough space for 20 participants (with babies) to sit on chairs in a circle. The venue also needs to have two rooms for when the group splits into mothers and fathers for separate discussions (the second room can be smaller as it only needs to fit half the group).

First consider:

- How many MCH Centres can be used? Could all *Baby Makes 3* programs be held at these centres (meaning couples might have to travel to somewhere that is not their normal centre)? This can work well for metropolitan municipalities where distances are small.
- Are there any other venues owned by your local government that could be hired at no cost? For example, community halls, libraries, children's centres.

If there are no appropriate council-owned venues, consider hiring other community venues which could be provided at low or no cost. Some community organisations may provide the venues at no cost, as part of a partnership arrangement in support of the program.

For example:

- Community health centres
- Other health organisations
- Welfare services
- Children's centres
- Scouts halls
- Neighbourhood houses.

Attendance: getting parents there

Gaining strong attendance at the Group Program can be challenging. Our experience is that once couples attend Session 1, they overwhelmingly return for Sessions 2 and 3. But how do you get them there in the first place? Here are some tips for success:

- Make the *Baby Makes 3* Group Program a standard part of every new parent group program, so an expectation is set up that they will attend.
- Include a Fathers Night in the new parent group program. See page 51.
- Ensure all MCH nurses understand the Group Program, have attended a professional development workshop about *Baby Makes 3*, and know how to promote it to parents.
- Promote the Group Program through letters to parents and other promotional methods.

For more information on promoting *Baby Makes 3* to parents, see Section 3.5, page 32.

6.3 Integration with the new parent group program

The new parent group program is offered to all new parents in Victoria, provided through the MCH service and funded by the Department of Education and Early Childhood Development.

Ideally, the *Baby Makes 3* Group Program is incorporated into the new parent group program, either by following the standard six new parent group sessions with the three *Baby Makes 3* sessions, or by adding *Baby Makes 3* in the middle of the new parent group program. Both programs are of great value and complement each other extremely well.

The new parent group program and *Baby Makes 3* Group Program have different, but closely aligned, purposes. While the new parent group program focuses on improved parenting and reduced social isolation (primarily of mothers), *Baby Makes 3* focuses on enhancing the health of the parents' relationship with each other – both of which lead to improved outcomes for children, healthier families and healthier communities.

According to the *First Time Parent Group Resource and Facilitation Guide for Maternal and Child Health Nurses* (Edgecombe et al, 2001), the purpose of these groups is to:

- Enhance parental and emotional wellbeing
- Enhance parent-child interaction
- Provide opportunities for first time parents to establish informal networks and social supports
- Increase parental confidence and independence in child rearing.

The goal of the *Baby Makes 3* Group Program is to:

- Promote equal and respectful relationships between men and women during the transition to parenthood.

Through this aim and the way the program operates, *Baby Makes 3* **complements** the purpose of the new parent group program in the following ways:

- **Enhance parental and emotional wellbeing** – by improving the health of the parents' relationship with each other.
- **Enhance parent-child interaction** – through discussing different types of baby care (for example, nurturing, caring, playing) and the value of time spent alone with the baby (particularly in relation to fathers).
- **Provide opportunities for first time parents to establish informal networks and social supports** – by providing facilitated spaces where mothers and fathers can talk intimately about their experiences of parenting.
- **Increase parental confidence and independence in child rearing** – particularly in relation to fathers, by promoting father-involvement in early parenting.

There are two ways the program can be incorporated into the new parent group program, through an 'Opt-In Model' and 'Opt-Out Model'.

Opt-In Model

Parents who attend the new parent group program are given information about *Baby Makes 3* and encouraged to enrol in the program, as an 'optional extra'. *Baby Makes 3* Group Programs are run on demand, not as a standard part of the new parent group program. **This model is intended to be used for a year or two while establishing *Baby Makes 3*, followed by switching to the Opt-Out Model.**

Replacing one of the daytime new parent group sessions with a Fathers Night is key to getting couples to attend *Baby Makes 3*, especially when the Group Program is offered as the Opt-In Model. For further discussion, see Section 5.2, page 51.

The experience from *Baby Makes 3* in the City of Whitehorse was that although the 'opt-in' model was useful when starting to implement *Baby Makes 3*, the 'opt-out' model resulted in much greater attendance.



Opt-In Model: Parents attend a new parent group (NPG) and are offered the option to enrol in *Baby Makes 3* (BM3). *Baby Makes 3* programs are run on demand (e.g. scheduled monthly, but cancelled if less than six couples enrol)

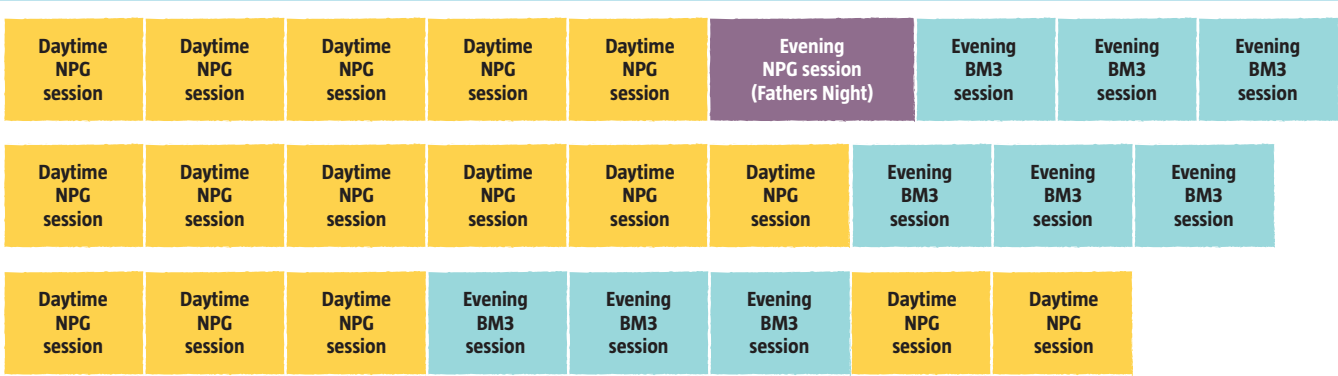
Opt-Out Model

In the Opt-Out Model, *Baby Makes 3* is added to every new parent group program and promoted as a standard part of the program that all parents attend. The dates for *Baby Makes 3* are included in the letter sent to parents about the new parent group program (see sample letter in the appendix). In this way, parents would naturally go on to attend the *Baby Makes 3* Group Program unless they ‘opted out’.

Ideally, the full 6–8 sessions of the new parent group program (including a Fathers Night) are

offered as well as *Baby Makes 3*. However, due to financial constraints, a MCH service might choose to replace some of the new parent group sessions with *Baby Makes 3* to offset staff costs. This is relevant to councils where eight sessions are offered for the new parent group program, as these could potentially be reduced to five, plus the three *Baby Makes 3* evenings. However, in areas where only five or six sessions are offered, this might not be possible as it would result in too few of the normal new parent group sessions.

The ‘Scenarios’ also illustrate the use of Opt In and Opt Out models. See pages 71–85.



Opt-Out Model: *Baby Makes 3* Group Program (BM3) is included as standard part of new parent group program (NPG).

Including a Fathers Night

Even when the *Baby Makes 3* Group Program is included as a standard part of each new parent group program, the Fathers Night is still considered valuable. It has a different purpose to *Baby Makes 3* and serves to increase the likelihood of couples attending *Baby Makes 3* (for elaboration on this point, see Section 5.2, page 51).

Note: holding a Fathers Night instead of a daytime new parent group session does not reduce the value to the mothers, as they still have the opportunity for a regular session with a MCH nurse while the fathers have a discussion of fatherhood. However, a MCH service might choose not to hold a Fathers Night if four evening sessions are not viable (for staff or parents).

Working with diverse families

It is important to acknowledge that the *Baby Makes 3* Group Program was specifically developed in response to male violence against women, as a primary prevention program focussed on addressing the gendered societal expectations placed on mothers and fathers. This means the Group Program is most relevant to heterosexual couples, with both parents involved in the baby's life.

However, the Group Program can also be relevant to parents in a range of parenting circumstances – such as same-sex couples, single parents and multiple-parent families – as all parents experience gendered societal expectations and most face the challenges of having a 'stay at home parent' and a 'working parent'. When completing the *Baby Makes 3* Facilitator Training Program, facilitators will learn about ways to ensure parents of all family types have the option to be included and have a say in how this is done.

During the *Baby Makes 3* project in the City of Whitehorse, couples from various cultural backgrounds attended and found the program relevant. However, it was not specifically evaluated with culturally and linguistically diverse (CALD) families. In the future WCHS hopes to work with various organisations and communities to develop a *Baby Makes 3* Group Program which is appropriate for families from CALD and non-English speaking backgrounds.

6.4 Timing and scheduling

Timing

The one requirement of timing is that sessions need to be held at a time when both parents can attend. The exact day and time might vary in different municipalities, and you might need to experiment with different days and times to find which suit best. Below are some suggestions for timing.

Why evenings?

Parents usually start attending a new parent group program when the baby is 4–10 weeks old. Usually by this time, one parent – most often the father – has returned to work and is unable to attend sessions held during the day. This makes weeknight evenings the most suitable time for the program. Evenings can be a challenging for new parents, however the City of Whitehorse experience showed that almost 90% of parents who attended Session 1 continued on to Sessions 2 and 3, indicating they found them valuable enough to give up their evening time.

Which day of the week?

Tuesdays, Wednesdays and Thursdays were considered the ideal days to hold the sessions. Although groups might occasionally say they would like to hold the sessions on the weekend, experience demonstrated that this produced a low attendance rate. However weeknights might not work in all areas, for example, in a rural area you might find fathers commute from long distances and arrive home very late, so it might be worth trialling a daytime session on the weekend instead.

What time?

The time might vary depending on venue availability, facilitator availability and the demographic of the municipality. For example, in the City of Whitehorse a 6.30–8.30pm timeslot worked well, but at one of the MCH Centres in Yarra Ranges Shire they chose 5.30–7.30pm, because a high proportion of fathers worked in trades which meant they finished work earlier and wanted to go to bed earlier.

Babies and evenings

Parents are encouraged to bring their babies to the *Baby Makes 3* Group Program, as babies are at an age where many parents are reluctant or unable (for example, due to breastfeeding) to leave them with babysitters. Experience in the City of Whitehorse showed this did not inhibit the program in any way and the evening timing did not have a significant impact.

Scheduling

When you begin to incorporate the *Baby Makes 3* Group Program as a standard part of all new parent group programs, you might find scheduling programs throughout the year can be a logistical challenge, due to the large number of evening sessions. This section aims to make that task easier.

Consider group size

The first point to consider is whether you want to run one *Baby Makes 3* program for every new parent group, or whether you could combine two new parent groups for each *Baby Makes 3* program, to save staff costs. This will depend on the average number of participants in your new parent groups, remembering that the ideal number of couples in a *Baby Makes 3* Group Program is eight (minimum four, maximum 12).

- If you usually have large numbers in your new parent groups, e.g. 8–12 families, then you will need to run one *Baby Makes 3* program for every new parent group.
- If you usually have small numbers, e.g. 4–6 families, you could combine two new parent groups into one *Baby Makes 3* program.

Baby Makes 3 Group Program

If you choose to combine groups, you could do this in two ways:

Combine groups from neighbouring suburbs:

Two new parent groups run simultaneously at MCH Centre A and MCH Centre B, and then combine as one group for *Baby Makes 3* at MCH Centre A.

Combine groups in the same suburb, over time:

New Parent Group 1 runs over 5 weeks at the MCH Centre. Then New Parent Group 2 runs at the same centre, while New Parent Group 1 continues to meet informally. Then both groups return to the centre together to attend the *Baby Makes 3* Group Program. This would be more relevant in a regional municipality where towns are far apart and parents would be reluctant to travel to a different town.



Consider the number of evening sessions per week

When scheduling the new parent groups and *Baby Makes 3* Group Programs throughout the year, it is important to stagger the groups so that you do not have too many evening sessions falling in any one week. If too many evening sessions fall in a week, this could cause difficulty with finding venues and having enough facilitators, for example, if you have four evening sessions in a week, you will need four facilitators (two pairs), who each facilitate two sessions.

Consider seasonal impacts

In some areas, you might find you need to have seasonal breaks due to weather, work or lifestyle patterns of your residents. For example, in Yarra Ranges Shire Council they found attendance dropped off during winter, due to the cold weather and evening footy training, so they decided to have a break in-between programs in June/July.

To see an example of how you could schedule 40 new parent groups and *Baby Makes 3* Group Programs throughout the year, please refer to the Sample Annual Group Schedule in the appendix.

6.5 Recruiting *Baby Makes 3* facilitators

The *Baby Makes 3* Group Program is designed to be co-facilitated by one female facilitator and one male facilitator. Facilitators can be sourced in a variety of ways.

The 'Scenarios' provide examples of sourcing facilitators from a variety of settings. See pages 71–85.

Finding your facilitators

You can recruit your facilitators from various sources, including:

- MCH nurses
- Other staff at your council/shire
- Local health and welfare organisations
- Private contractors
- Existing *Baby Makes 3* facilitators working in other municipalities
- Past participants of *Baby Makes 3*.

Maternal and Child Health nurses

Finding MCH nurses from your existing staff to be trained as *Baby Makes 3* facilitators is likely to be the best, and most feasible, option. The nurses provide a strong link between *Baby Makes 3* and the rest of the MCH service, ensuring consistency and advocating the program to other nurses. They bring with them a wealth of knowledge and skills in working with new parents and will have credibility with the participants.

The challenge may be finding nurses with strong group facilitation skills, who are prepared to work evenings. Staff costs and/or backfilling will be a consideration. In some areas the pay rate for MCH nurses with after-hours loading may exceed that of a private contractor.

Other staff from your council/shire

When looking for male facilitators (or female facilitators, if you do not use MCH nurses), your own organisation is a good place to start. With a large pool of employees to draw from, there could be many appropriate staff working in other areas of your council who could become *Baby Makes 3* facilitators, for example:

- Staff with existing group facilitation skills, such as from community development or family services areas
- Staff with training qualifications, such as those who have completed Certificate 4 in Training and Assessment
- Staff who have a personal interest and passion for the aim of *Baby Makes 3*, such as staff from a 'White Ribbon Action Team', gender equity working group, the social policy or health units.

As explained below, it is recommended that, where possible, staff who have children themselves are selected, so that they can relate to, and deeply understand the topics, and have credibility with the participants.

Becoming a *Baby Makes 3* facilitator should be promoted as a professional development opportunity which can enhance knowledge sharing across council, job satisfaction and staff retention. To reduce staff costs, an arrangement with the staff member's current team can be made to include *Baby Makes 3* facilitation in their position description and allow time-in-lieu for this work. Supportive organisational policy can assist with this. Adding *Baby Makes 3* facilitation to a range of position descriptions across the council will ensure sustainability of the program.

Local health or welfare organisations

There are likely to be suitable candidates working at your local health and welfare organisations – people who have experience working with groups and clients, and who understand a health promotion approach. Your local government could seek a partnership with one of these

organisations to support the implementation of *Baby Makes 3*, where the health or welfare organisation provides a facilitator at a low cost.

Private contractors

Professional facilitators working as private contractors are becoming more common, and you might find your local government has an existing arrangement with some facilitators. A professional facilitator brings the enormous benefit of having strong group facilitation skills, but may not have experience working with parents.

The contractor does not have to be a professional facilitator, although basic facilitation skills and a commitment to a group work approach are necessary. You might find a private contractor who has undertaken the VicHealth Preventing Violence Against Women Short Course (see page 44) and/or is an expert in a related topic, such as gender equality or early childhood development.

Past participants of *Baby Makes 3*

After the *Baby Makes 3* Group Program has been running in your area for a few years, you may be able to recruit new facilitators from past participants. If a neighbouring council has conducted *Baby Makes 3* for a couple of years you could also consider approaching the previous participants from that area.

Key skills required

A sample position description is included in the appendices, to provide detail on the role and the type of candidates you hope to attract.

In summary, you are looking for someone with:

- Group facilitation skills and experience
- Experience working with families
- Understanding of topics related to *Baby Makes 3*: preventing violence against women, health promotion, parenting, healthy relationships, family violence.
- Demonstrated commitment to gender equality.

As the role of a *Baby Makes 3* facilitator is an unusual one, it may be challenging to find people who are ideally suited to the role. Therefore, look for people who have some ability and experience in the above areas and who show potential to develop the skills and knowledge through training.

As previously noted, experience and understanding of the transition to parenthood is important. This could be through their own experience of parenting, experience of caring for the babies of friends or relatives, or professional experience working with parents and babies. This will help to establish the facilitator's credibility with the group and their ability to more deeply understand the participants' experiences and the topics covered.

Advertising the position

A sample position description and sample advertisement are included in the appendix.

In some cases you might only be seeking male facilitators, as the female facilitators may have already been recruited from your MCH service. In this case, you will need to seek exemption from the *Victorian Equal Opportunity Act 2010* through the Victorian Civil and Administrative Tribunal. When making this application for WCHS, we found it to be a quick and easy process. We can provide you with support in this matter if needed.

Baby Makes 3 Facilitator Training Program

All *Baby Makes 3* facilitators must complete the Facilitator Training Program, provided by WCHS. This 2-day course will provide facilitators with the background knowledge a skills they will need to conduct the Group Program and uphold the principles of evidence-based practice. Participants receive a copy of the *Baby Makes 3 Group Program Manual* and access to the training DVD.

The key competencies covered in the Facilitator Training Program include:

Knowledge

- Ability to describe the key lifestyle and relationship changes that couples experience during the transition to parenthood.

- Familiarity with the *Baby Makes 3* curriculum:
 - Background and aims
 - Target group
 - Structure, topics, activities
- Advanced understanding of *relationship equality*, including the ability to describe how models of equality apply to couples undergoing the transition to parenthood.
- Ability to describe how gender norms and expectations influence attitudes and behaviours during the transition to parenthood.

Skills

- Generic group work skills:
 - Ability to establish a safe, supportive environment
 - Ability to establish a good rapport with participants
 - Ability to facilitate discussions
 - Ability to respond respectfully and confidently to all participants.
- Specialist *Baby Makes 3* group work skills:
 - Ability to model equal male/female co-facilitation
 - Ability to engage men and women in discussions which are non-blaming
 - Ability to respond to resistance and common challenges.

Offsetting staff costs

Staff costs are the major area of expenditure involved in implementing *Baby Makes 3*. Here are some suggestions for offsetting costs:

1. Write the *Baby Makes 3* facilitation role into permanent position descriptions

This is the key to making the program sustainable. Due to the frequent change in projects, programs and staff roles that occur within local government, an opportunity might arise to have the *Baby Makes 3* facilitator's

duties included in a pre-existing staff role.

This possibility will be more likely if there is a supportive policy environment, for example, if your council has a policy commitment to gender equality. *Baby Makes 3* facilitation could be included as a significant component of two or three positions, or, with a strong supportive policy, *Baby Makes 3* facilitation could be included as a small component of a range of staff roles (for example, throughout the community services department). Scenario 2 includes an example of this strategy – see page 76.

2. Enable staff to take time-in-lieu

Where MCH nurses are recruited, they could be offered time-in-lieu if the *Baby Makes 3* session was replacing a new parent group session. Where staff from other areas of the council are recruited, but you are unable to have their position descriptions amended (see point 2, above), their managers might still be willing to allow them time-in-lieu if it aligns with their current work. It is important to engage with your human resources department so that they see the value of *Baby Makes 3* as an opportunity for professional development, enhanced job satisfaction and staff retention.

3. Build a partnership with a local health or welfare organisation

Your local government could seek a partnership with a health or welfare organisation to support the implementation of *Baby Makes 3*. Community health services, welfare and counselling services often run group programs and could be employing suitable facilitators. If *Baby Makes 3* aligns with their organisational goals you could enter into a partnership arrangements to share resources, or provide facilitators at a low cost.

4. Share facilitation staff with a neighbouring municipality

As more local governments take up *Baby Makes 3*, there will be increasing opportunities to share staff. This could mean saving on recruitment costs and time, and saving on training costs.

5. Recruit volunteers

In some cases, volunteer facilitators could be considered. This is yet to be trialled.

6. Charge a small fee to participants (last resort)

This option is also yet to be trialled. Charging a fee to participants is not encouraged, as it would be a barrier for low-income families and it potentially positions *Baby Makes 3* as an 'extra' program rather than an important, standard, government-endorsed program. However, as an interim measure, charging a fee could be trialled with monitoring and evaluation done in partnership with WCHS. This is only an option while you are running *Baby Makes 3* as an 'opt-in' model (see page 60) during a pilot phase, because once it is incorporated into the new parent group program it needs to be a universal service provided free-of-charge to all parents.

Case Study: Yarra Ranges Shire Council

Yarra Ranges Shire Council began a pilot of the *Baby Makes 3* Group Program at three MCH centres in 2011. They recruited male facilitators in the following ways:

- The Community House suggested a facilitator who runs the Men's Shed program.
- The MCH Coordinator recruited the council's Community Safety Officer.
- The Coordinator also recruited a facilitator who had experience working with the MCH's Enhanced service, Men's Line and crisis support services.

6.6 Counselling support

From time to time, couples who attend the *Baby Makes 3* Group Program may seek, or need additional support, to work through their relationship issues. It is imperative that there is an established partnership with a counselling service that can give priority access to couples attending *Baby Makes 3*.

The *Baby Makes 3* Group Program is not recommended for couples who are already experiencing significant conflict in their relationship. These couples should be referred to other programs and support services which can work with them on their individual issues.

Responding to issues during the Group Program

As *Baby Makes 3* discusses various aspects of relationships and encourages participants to think about the balance and equality in their own relationship, it can bring issues to the surface. Facilitators will receive training on appropriate responses during the *Baby Makes 3* Facilitator Training Program.

Referring participants to a counselling service

Before implementing *Baby Makes 3*, if you do not already have one, you will need to establish a partnership with a counselling service in your municipality which can provide relationship counselling. This could be through a community health service, welfare agency, Relationships Australia, or a private practice. You will need to arrange that a system of priority access to maintain your duty of care to the participants of the *Baby Makes 3* Group Program. If topics in the course trigger conflict for a couple, they need to be given the support to work through the issues as soon as possible.

It is important that the counselling service staff understand the *Baby Makes 3* Group Program and key topics. It is recommended that counselling staff are invited to attend professional development workshops conducted with MCH staff to give them a more in-depth understanding of the program.

Scenarios



“I think the most I got out of it was seeing other people going through exactly the same thing ... that was really comforting.”
– Mum 5

The illustration shows two stylized human figures, one in teal on the left and one in green on the right, facing each other. A yellow speech bubble with a black border originates from the green figure and contains the testimonial text. The background is a light blue gradient.

7.1 Overview of scenarios

This section includes six fictional stories illuminating how six local governments might implement *Baby Makes 3*. They highlight the many variations in how *Baby Makes 3* is implemented, how challenges might be overcome, and how various factors can make the program more cost-effective and sustainable. In particular, they provide examples of where and how you might recruit facilitators.

Use the scenarios to get a feel for the program and to get ideas of how you might implement it in your area.

Please note: If you would like more detail on how the budgets have been calculated, please contact WCHS (contact details inside front cover).

Overview of Baby Makes 3 scenarios

Council	1. Harmony City Council	2. Cockatoo City Council	3. Hilltop Shire Council	4. Lakeside Shire Council	5. Sunshine Rural Shire	6. Rivers Rural Shire
Location	Inner Metro	Inner Metro	Outer Metro	Outer Metro	Rural	Rural
Population	120,000	90,000	75,000	70,000	35,000	20,000
MCH centres	10	8	12	8	7	2
New parent groups (NPG)	At 8 centres, 6 times a year	At 6 centres, 8 times a year	At 12 centres, 5 times a year	At 8 centres, 5 times a year	At 4 centres, 4 times a year	At 2 centres, 4 times a year
Total NPGs	48	48	60	40	16	8
Previous NPG program	6 daytime sessions	6 daytime sessions	8 daytime sessions	6 daytime sessions	8 daytime sessions	6 daytime sessions
Revised NPG program	5 daytime sessions + Fathers Night + BM3 (3 additional sessions)	5 daytime sessions + Fathers Night + BM3 (3 additional sessions)	Year 1: 7 daytime sessions + Fathers Night Year 2: 5 daytime sessions + BM3 (no additional sessions)	5 daytime sessions + Fathers Night + BM3 (3 additional sessions)	5 daytime sessions + Fathers Night + BM3 (no additional sessions)	5 daytime sessions + Fathers Night + BM3 (3 additional sessions)
Facilitators	Mix of MCH nurses, council staff & contractors	Written into existing Children's Services roles	Mix of MCH nurses, council staff & contractors	External contractors	MCH nurses & male contractors	External contractors
Catering	Food delivered @ \$30/session	Groups asked to self-cater	Self-cater for Family Nights; \$30/session for BM3	Food prepared by staff @ \$30/session	Groups asked to self-cater	Groups asked to self-cater
Venue	4 larger MCH centres used	2 larger MCH centres used	8 centres large enough, but have to hire 4 other council venues (no cost)	4 larger MCH centres used	MCH centres large enough	1 centre large enough, have to hire another venue @ \$60/evening

Costs	1. Harmony City Council	2. Cockatoo City Council	3. Hilltop Shire Council	4. Lakeside Shire Council	5. Sunshine Rural Shire	6. Rivers Rural Shire
Year 1	32 Fathers Nights 6 BM3 (opt-out)	32 Fathers Nights 10 BM3 (opt-in)	60 Fathers Nights	40 Fathers Nights 10 BM3 (opt-in)	16 Fathers Nights	8 Fathers Nights 2 BM3 (opt-in)
Year 1 costs	\$9,113 + training charges	\$870 + training charges	\$7,300 + training charges	\$15,850 + training charges	\$3000 + training charges	\$3900 + training charges
Year 2	48 Fathers Nights 24 BM3 (opt-out)	36 Fathers Nights 36 BM3 (opt-out)	45 BM3 (opt-out)	40 Fathers Nights 30 BM3 (opt-out)	16 Fathers Nights 16 BM3 (opt-out)	8 Fathers Nights 8 BM3 (opt-out)
Year 2 costs	\$23,593 + training charges	\$2,360 + training charges	\$23,758 + training charges	\$39,300 + training charges	\$11,900 + training charges	\$8,800 + training charges
Equivalent cost per participant	\$49 (av. 10 couples/program)	\$4 (av. 8 couples/program)	\$33 (av. 8 couples/program)	\$82 (av. 8 couples/program)	\$49 (av. 7 couples/program)	\$97 (av. 6 couples/program)

Scenario 1: Harmony City Council (inner metro)

Harmony City Council is in an inner-metropolitan area with a population of 120,000. It has 10 MCH centres and 35 nurses. New parent groups are held at eight of the MCH centres, six times a year (total of 48 NPGs). The MCH Coordinator, Sally Chan, has decided to start running Fathers Nights and a pilot of *Baby Makes 3*.

Year 1

Groundwork

Sally discusses *Baby Makes 3* at MCH staff meetings and with her manager. She asks one of her nurses to develop a First Time Father Engagement Policy. Sally organises for a *Baby Makes 3 Presentation* at a Councillor Briefing Session. She outlines the program to the Community Development Unit and White Ribbon Action Team and they offer their support in advocating for *Baby Makes 3*.

Recruiting facilitators

From her discussions with colleagues, Sally head-hunts some council staff:

- James works in the Community Development team. He has two teenage children and extensive group facilitation experience. James' manager is supportive of *Baby Makes 3* and agrees to incorporate some facilitation into his work role.
- Onur coordinates family-friendly sports programs in Leisure Services and is part of the White Ribbon Action Team. He agrees to facilitate the program as extra hours.
- Gillian and Sue are MCH nurses who have shown excellent group facilitation skills and are keen to be part of the new program.

James and Onur complete the Fathers Nights Facilitator Training Session. They all complete the *Baby Makes 3* Facilitation Training Program. All MCH nurses attend a *Fathers Night Workshop*.

Facilitators: Mix of MCH nurses, council staff & contractors

Fathers nights begin

Fathers Nights begin in May, and are incorporated into the new parent group program by replacing one of the daytime sessions. James and Onur take turns facilitating these nights, along with MCH nurses.

Baby Makes 3 Group Program begins

In the second half of Year 1, they hold six *Baby Makes 3* Group Programs, using the 'opt-out' model to make *Baby Makes 3* a standard part of the new parent program at two centres. All MCH nurses attend a *Baby Makes 3 Workshop*.

Year 1: 32 Fathers Nights
6 BM3 Programs

Year 2

Recruiting more facilitators

In Year 2 there will be more *Baby Makes 3* programs, so more facilitators are needed. Sally recruits John, an employee with the local Community Health Service, and Jacqui, a group work counsellor with the council's Family Services Team, Jacqui's manager agrees for her to facilitate *Baby Makes 3* as part of her role.

Baby Makes 3 is embedded in the service

Sally embeds Fathers Nights and *Baby Makes 3* a standard part of the new parent group program. To make this more cost-effective, she schedules one *Baby Makes 3* program for every two new parent groups (so that's 48 new parent groups and 24 *Baby Makes 3* programs each year). This means that sometimes there are 12 couples in a program, which is a little crowded, but Sally feels it is worth it to keep costs down.

Year 2: 48 Fathers Nights
24 BM3 Programs

Scenario 1 staff costs

Year 1

- Fathers Nights start in May and are incorporated into 32 of the 48 new parent group programs
- 6 *Baby Makes 3* Group Programs ('opt-out' model at two centres)

	Type of staff	Fathers nights	BM3 programs	Hourly rate	Extra pay year 1
James	Community Development Officer (TIL + loading)	16	2	\$38	\$475
Onur	Leisure Services (extra hours)	16	4	\$38	\$3,230
Gillian	MCH nurse (extra hours)	0	2	\$45	\$1013
Sue	MCH nurse (extra hours)	0	4	\$45	\$2025
Other nurses	MCH nurse (TIL + loading)	32	0	\$45	\$720
Sub total					\$7,463
Other costs					Cost
Catering - food delivered @ \$30 x 50 evening sessions (incl. Fathers Nights)					\$1,500
Materials					\$150
Venue - no cost					\$0
Sub total					\$1,650
Total costs year 1					\$9,113

Year 2

- Fathers Nights incorporated into all 48 new parent group programs
- 24 *Baby Makes 3* Group Programs ('opt-out' model): two new parent groups are combined for each *Baby Makes 3* program

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 2
James	Community Development Officer (TIL + loading)	24	12	\$38	\$1,482
Onur	Leisure Services (extra hours)	12	6	\$38	\$3,705
John	Contractor from community health	12	6	\$50	\$3,900
Gillian	MCH nurse (extra hours)	0	6	\$45	\$3,038
Sue	MCH nurse (extra hours)	0	6	\$45	\$3,038
Diana	MCH nurse (extra hours)	0	6	\$45	\$3,038
Jacqui	Family Services (TIL + loading)	0	6	\$38	\$513
Other nurses	MCH nurse (TIL + loading)	48	0	\$45	\$1,080
Sub total					\$19,793
Other costs					Cost
Catering - food delivered @ \$30 x 120 evening sessions, incl. Fathers Nights					\$3,600
Materials					\$200
Venue - no cost					\$0
Sub total					\$3,800
Total costs year 2					\$23,593

NOTE: There will be additional costs for training and professional development during the establishment phase.

Total couples attending *Baby Makes 3* in Year 2 = 240
 (average 10 couples/program)
 Equivalent cost per participant: \$49
 Includes Fathers Nights.

Scenario 2: Cockatoo City Council (inner metro)

Cockatoo City Council is in an inner-metropolitan area with a population of 90,000 and eight MCH Centres. New parents groups are held at six of the MCH centres, eight times a year (total of 48 NPGs). With an internal restructure underway, the Manager of Family and Children Branch, Christine Ricks, sees an opportunity to incorporate *Baby Makes 3* into the service permanently.

Year 1

Groundwork

Christine has been informally discussing *Baby Makes 3* with the CEO and Community Services Director for some time and has built up support among MCH nurses. With the restructure underway, she proposes that facilitating Fathers Nights and the *Baby Makes 3* Group Program be permanently incorporated into existing Children's Services positions. She arranges for a *Baby Makes 3 Presentation* to executive management to cement support for this idea. The development of a Preventing Violence Against Women Strategy is underway at council, which also provides support for Christine's proposal. Sally, the MCH Coordinator at Harmony City Council, meets with Christine to share her experience.

Recruiting facilitators

Christine is successful in her lobbying and receives approval to re-write two Children's Services positions to include facilitating the Fathers Nights and *Baby Makes 3* Group Program.

Due to the changes to the Children's Services positions, Cockatoo City Council has to go through a new recruitment process. The successful candidates are Pete, who was already working in Children's Services, and Felicity, a new staff member. Pete completes the Fathers Nights Facilitator Training Session and Pete and Felicity complete the *Baby Makes 3* Facilitator Training Program. Professional development workshops are also run with the MCH staff.

Facilitators: Permanently written into two Children's Services positions

Fathers Nights begin

Fathers Nights are incorporated into the new parent group program. Pete facilitates these nights, along with the MCH nurses who usually run the new parent group programs.

Baby Makes 3 Group Program begins

Christine schedules 10 *Baby Makes 3* programs for the first year. These programs use the 'opt-in' model, meaning they are in addition to the normal new parent group program and are promoted to all parents as an 'optional extra'. These programs are held at the two largest MCH centres and to keep costs low, the groups are asked to self-cater for the evening sessions.

Year 1: 32 Father's Nights
10 *BM3* programs

Year 2

Recruiting more facilitators

Several other staff are recruited as back-up facilitators, and this role is included in their position descriptions. Christine also forms a partnership with Harmony City Council so that when other staff are unavailable, facilitators from Harmony can be called in.

Baby Makes 3 embedded in the service

Christine is determined to make the program sustainable, for little additional funding. She decreases the number of new parent groups from 48 to 36 (so they run six times a year instead of eight times, and are larger groups). She then adds *Baby Makes 3* as a standard part of all new parent groups.

Year 2: 36 Father's Nights
36 *BM3* Group Programs

Scenario 2 staff costs

Year 1

- Fathers Nights start in May and are incorporated into all 32 new parent group programs
- 10 *Baby Makes 3* Group Programs ('opt-in' model)
- *The facilitator roles are incorporated into existing Children's Services roles*

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 1
Pete	Children's Services Officer (TIL)	32	10	\$38	\$0
Felicity	Children's Services Officer (TIL)	0	10	\$38	\$0
Other nurses	MCH nurse (TIL + loading)	32	0	\$45	\$720
Sub total					\$720
Other costs					Cost
Catering – groups asked to self-cater (no cost)					\$0
Materials					\$150
Venue - no cost					\$0
Sub total					\$150
Total costs year 1					\$870

Year 2

- New parents groups changed to run only 6 times a year (8 was too many) = total of 36 NPGs
- Fathers Nights incorporated into all 36 new parent group programs
- 36 *Baby Makes 3* Group Programs ('opt-out' model)
- *The facilitator roles are incorporated into existing Children's Services roles*

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 1
Pete	Children's Services Officer (TIL)	26	26	\$38	\$0
Felicity	Children's Services Officer (TIL)	0	26	\$38	\$0
Back up 1	Other council staff (TIL)	10	10	\$38	\$0
Back up 2	Other council staff (TIL)	0	10	\$38	\$0
Back up 3	Contractors from Harmony Council	0	3	\$50	\$1,350
Other nurses	MCH nurse (TIL + loading)	36	0	\$45	\$810
Sub total					\$2,160
Other costs					Cost
Catering – groups asked to self-cater (no cost)					\$0
Materials					\$200
Venue - no cost					\$0
Sub total					\$200
Total costs year 2					\$2,360

NOTE: There will be additional costs for training and professional development during the establishment phase.

Total couples attending *Baby Makes 3* in Year 2 = 288
(average 8 couples/program)
Equivalent cost per participant: \$4
Includes Fathers Nights.

By incorporating the facilitation of *Baby Makes 3* into existing staff roles, this council has been able to embed *Baby Makes 3* without significant extra cost.

Scenario 3: Hilltop Shire Council (outer metro)

Hilltop Shire Council is a rapidly growing municipality on the metropolitan fringe. It has a population of 75,000 and covers about 1200 sq km. It has 12 MCH Centres and new parent groups are held at all 12 centres, five times a year (total of 60 NPGs). The area has a high birth rate.

Year 1

Groundwork

Councillor Tom Barton has rallied support from the other councillors to implement *Baby Makes 3*. With the high birth rate, there is a strong demand in the community for programs for babies and children. The council approves funding for a four-year trial of *Baby Makes 3*. MCH Coordinator Kerry Di Stasio decides to start with Fathers Nights in Year 1 and a full roll-out of *Baby Makes 3* in Year 2. To help gain the support of the MCH nurses, Kerry arranges for a *Baby Makes 3 Workshop* with the MCH service.

Recruiting facilitators

Kerry approaches Mark, who works with the shire's Youth Services Team. He runs group programs for teens and has a 6-year-old son. He agrees to do the Fathers Nights as extra hours. Kerry also recruits Simon, a private contractor who does a range of facilitation work for the shire. Mark and Simon complete the Fathers Nights Facilitator Training Session.

Fathers Nights begin

As there are 60 new parent groups, they need to be staggered across the year and various weekdays to balance the workload for Mark and Simon.

Year 1: 60 Fathers Nights

Year 2

Changing the new parent group program

Kerry wants to make *Baby Makes 3* a standard part of the new parent group program, but the council funding she received to implement *Baby Makes 3* falls short. Kerry reluctantly decides to drop the Fathers Nights and instead runs one *Baby Makes 3* Group Program as part of every new parent group. Of the 60 new parent groups, some have attendance rates which are too low to make *Baby Makes 3* feasible, so when this occurs groups are offered to combine with another new parent group for *Baby Makes 3*. The net result is 60 new parent groups and 45 *Baby Makes 3* Group Programs.

One aspect that makes *Baby Makes 3* more feasible for Lakeside Shire is that their previous new parent group program comprised eight sessions. So with *Baby Makes 3* replacing three of these sessions, it means MCH nurses facilitating *Baby Makes 3* can take time-in-lieu.

Recruiting more facilitators

As MCH nurses taking time-in-lieu is the cheapest option, Kerry works hard to recruit nurses. She gets Teresa, Beth, Gilda, Julie and Nancy. Both Mark and Simon agree to become *Baby Makes 3* facilitators, and Kerry recruits two more council staff – Craig, a Human Resources Officer, who can add this to his role, and Rowan, who coordinates the Men's Shed. One more private contractor, Che, is recruited. All 10 staff complete the *Baby Makes 3* Facilitator Training Program and other MCH staff attend a refresher *Baby Makes 3 Workshop*.

Facilitators: Mix of MCH nurses, council staff & contractors

Baby Makes 3 embedded in the service

Having a large group of 10 facilitators has been valuable, as they have formed a team that meets regularly to debrief and discuss the program. After six months, the facilitators, along with Kerry, complete the Facilitator Refresher Training.

Year 2: No Fathers Nights
45 BM3 programs

Scenario 3 staff costs

Year 1

- Fathers Nights incorporated into all 60 new parent group programs

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 1
Mark	Council Youth Worker (extra hours)	30	0	\$38	\$2,850
Simon	Contractor	30	0	\$50	\$3,000
MCH nurses	MCH nurse (TIL + loading)	60	0	\$45	\$1,350
Sub total					\$7,200
Other costs					Cost
Catering – groups self-cater					\$0
Materials					\$100
Venue - no cost					\$0
Sub total					\$100
Total costs year 1					\$7,300

Year 2

- No Fathers Nights.
- New parent group program changed from 8 daytime sessions to 5 daytime sessions plus *Baby Makes 3*
- Results in 45 *Baby Makes 3* programs ('opt-out' model, but some groups combined)
- As *Baby Makes 3* sessions replace daytime NPG sessions, MCH nurses can take time-in-lieu

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 1
Mark	Council Youth Worker (extra hours)	0	10	\$38	\$4,275
Simon	Contractor	0	12	\$50	\$5,400
Craig	Human Resources Officer (TIL + loading)	0	10	\$38	\$855
Che	Contractor	0	10	\$50	\$4,500
Rowan	Men's Shed Coordinator (extra hours)	0	3	\$38	\$1,283
Julie	MCH nurse (TIL + loading)	0	10	\$38	\$855
Teresa	MCH nurse (TIL + loading)	0	12	\$45	\$1,215
Beth	MCH nurse (TIL + loading)	0	10	\$45	\$1,013
Gilda	MCH nurse (TIL + loading)	0	10	\$45	\$1,125
Nancy	MCH nurse (TIL + loading)	0	3	\$45	\$338
Other nurses	MCH nurse (TIL + loading)	60	0	\$45	\$0
Sub total					\$20,858
Other costs					Cost
Catering: group self-caters for Fathers Nights. Food prepared @ \$30 x 90 evening sessions					\$2700
Materials					\$200
Venues: hire of 3 other council venues (no cost)					\$0
Sub total					\$2,900
Total costs year 2					\$23,758

NOTE: There will be additional costs for training and professional development during the establishment phase.

Total couples attending *Baby Makes 3* in Year 2 = 360
 (average 8 couples/program)
 Equivalent cost per participant: \$33
 Doesn't include Fathers Nights.

Scenario 4: Lakeside Shire Council

Lakeside Shire is on the metropolitan fringe with a population of about 70,000. New parent groups are run at eight centres, five times a year (total of 40).

Year 1

Groundwork

The Social Policy Manager, Fran Black, has drafted a Gender Equity Policy and Action Plan, which includes *Baby Makes 3*. The policy was adopted by the councillors, but with limited funding. Fran works with the MCH Coordinator, Jenny Graeme, on a funding submissions and they secure a philanthropic grant of \$60,000 over three years.

Fran sets up a small Reference Group to oversee and guide the three-year program. This includes representatives from the MCH service, the local maternity service, the two local community health services and the women's health service.

Recruiting facilitators

Fran feels that the *Baby Makes 3* Group Program will be most successful if it is run by experienced group facilitators, so she advocates for all facilitators to be highly-skilled contractors. Jenny agrees – it does make scheduling easier if backfill for nurses isn't needed. Fran and Jenny call on their Reference Group for help to recruit facilitators and also advertise the positions. The process takes three months, but they end up with Ben, Rakesh, George, Ai Lin, Paulina and Hyma. The team of six facilitators, plus Fran and Jenny, complete the *Baby Makes 3* Facilitator Training Program.

Facilitators: External contractors

Fathers nights and *Baby Makes 3* begin

Fathers Nights are incorporated into the new parent group program by replacing one of the daytime sessions. Ten *Baby Makes 3* Group Programs are held over the year, using the 'opt-in' model where parents can enrol in the program as an 'optional extra'.

Year 1: 40 Fathers Nights
10 BM3 Group Programs

Year 2

Baby Makes 3 is embedded in the service

In the second year, a *Baby Makes 3* Group Program is incorporated into every new parent group. These are added in the middle of the program in the following way:

Three daytime new parent group sessions > Fathers Night > *Baby Makes 3* > two more daytime sessions

When the new parent groups are very small, they are combined with other groups for *Baby Makes 3*.

As the *Baby Makes 3* program is facilitated run by external contractors, Fran and Jenny see professional development for the MCH service as particularly important, to ensure the MCH staff understand the *Baby Makes 3* program and concepts, and can align their workplace practices. They schedule three workshops for MCH throughout the year and offer one larger workshop to all council staff.

At the end of Year 2, *Baby Makes 3* is evaluated. Fran organises articles in the council newsletter and local paper, presentations to the Women's Advisory Committee and Health and Safety Committee, and encourages the Reference Group members to 'spread the word'. She knows that a show of support from the community will assist in securing ongoing funding.

Year 2: 40 Fathers Nights
30 BM3 Group Programs

Scenario 4 staff costs

Year 1

- Fathers Nights are incorporated into all the 40 new parent group programs
- 10 *Baby Makes 3* Group Programs ('opt-in' model)

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 1
Ben	Contractor	20	4	\$50	\$3,800
Rakesh	Contractor	10	4	\$50	\$2,800
George	Contractor	10	2	\$50	\$1,900
Ai-Lin	Contractor	0	4	\$50	\$1,800
Paulina	Contractor	0	4	\$50	\$1,800
Hyma	Contractor	0	2	\$50	\$900
Other nurses	MCH nurse (TIL + loading)	40	0	\$45	\$900
Sub total					\$13,900
Other costs					Cost
Catering: food delivered @ \$30 x 60 evening sessions					\$1,800
Materials					\$150
Venue: no cost					\$0
Sub total					\$1,950
Total costs year 1					\$15,850

Year 2

- Fathers Nights incorporated into all 40 new parent group programs
- 30 *Baby Makes 3* Group Programs ('opt-out' model)

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 2
Ben	Contractor	20	12	\$50	\$7,400
Rakesh	Contractor	10	9	\$50	\$5,050
George	Contractor	10	9	\$50	\$5,050
Ai-Lin	Contractor	0	12	\$50	\$5,400
Paulina	Contractor	0	12	\$50	\$5,400
Hyma	Contractor	0	6	\$50	\$2,700
Other nurses	MCH nurse (TIL + loading)	40	0	\$45	\$900
Sub total					\$31,900
Other costs					Cost
Catering: food delivered @ \$30 x 240 evening sessions					\$7,200
Materials					\$200
Venue: no cost					\$0
Sub total					\$7,400
Total costs year 2					\$39,300

NOTE: There will be additional costs for training and professional development during the establishment phase.

Total couples attending *Baby Makes 3* in Year 2 = 240
 (average 8 couples/program)
 Equivalent cost per participant: \$82
 Includes Fathers Nights.

Scenario 5: Sunshine Rural Shire

Sunshine Rural Shire is in a regional area of Victoria with one large township and six small towns. It has a population of about 35,000 and has four MCH centres. The new parent group program is held at each centre, four times a year (total of 16 programs).

Year 1

Groundwork

The Community Services Manager, Trent Croft, is new to the shire. He had previously been living in Lakeside Shire and he had attended a *Baby Makes 3* Group Program as a new father himself. He has a strong belief in the value of *Baby Makes 3*. However, being new to the shire, he needs to do a lot of groundwork. He arranges a series of professional development workshops for staff and managers and builds a relationship with the MCH Coordinator, Kim McKenzie. Trent allocates a small amount from money in his budget to start Fathers Nights in Year 1 while he seeks more funding.

Recruiting facilitators

With only 16 new parent groups in the year, Kim decides that one male facilitator will be enough. She asks around the local services, and recruits Roger from the community health service. Roger travels to Melbourne to join a Fathers Night Facilitator Training Session being run at another council. Kim also organises a *Fathers Night Workshop* for her small team of four MCH nurses.

Fathers nights begin

Fathers Nights are incorporated into the new parent group program. Attendance is not high, due to the evening timeslot, but it is high enough to warrant continuing, backed up by very positive feedback from attendees.

Year 1: 16 Fathers Nights

Year 2

Recruiting more facilitators

With Fathers Nights deemed successful, Trent has secured some more funding to implement the *Baby Makes 3* Group Program as part of all new parent groups as a two-year trial. Roger continues as the facilitator for Fathers Nights and the Group Program. All five MCH nurses, Kim and Roger complete the *Baby Makes 3* Facilitator Training Program, but to start with only two nurses, Val and Libby, facilitate the Group Program.

Facilitators: MCH nurses & male contractors

Baby Makes 3 begins

The new parent group program has now changed from the usual eight daytime sessions, to five daytime sessions, one Fathers Night and the three *Baby Makes 3* sessions. With no net increase in sessions, it means Val and Libby can take time-in-lieu for the *Baby Makes 3* sessions.

The first 12 months of implementing *Baby Makes 3* brings up some challenges. The main challenge is attendance rates. Kim and her team try the following ways to address this:

- Changing the times of the evening sessions
- Changing the evening sessions to a weekend
- Leaving out the Fathers Night to reduce the number of evenings (But this actually results in lower attendance, as the Fathers Night is a key way to get men engaged in *Baby Makes 3*).
- Increasing promotion of *Baby Makes 3* through MCH visits, letters to parents, posters and an article in the local paper.

By the end of the year Kim and Trent feel that *Baby Makes 3* is becoming more accepted and attendance is increasing, with an average of seven couples per Group Program. Kim seeks out another two male facilitators to back Roger up for the next year of the trial.

Year 2: 16 Fathers Nights
16 BM3 Programs

Scenario 5 staff costs

Year 1

- Fathers Nights are incorporated into all the 16 new parent group programs

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 1
Roger	Contractor from community health	16	0	\$50	\$1,600
MCH nurses	MCH nurse (TIL + loading)	16	0	\$45	\$360
Sub total					\$1,960
Other Costs					Cost
Catering: groups self cater - no cost					\$0
Materials					\$100
Venue: no cost					\$0
Sub total					\$100
Total costs year 1					\$2,060

Year 2

- Fathers Nights incorporated into all 16 new parent group programs
- 16 *Baby Makes 3* Group Programs ('opt-out' model)

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 2
Roger	Contractor from community health	16	16	\$50	\$8,800
Val	MCH nurse (TIL + loading)	0	8	\$45	\$810
Libby	MCH nurse (TIL + loading)	0	8	\$45	\$810
Other nurses	MCH nurse (TIL + loading)	16	0	\$45	\$360
Sub total					\$10,780
Other costs					Cost
Catering: groups self cater - no cost					\$0
Materials					\$200
Venue: no cost					\$0
Sub total					\$200
Total costs year 2					\$10,980

NOTE: There will be additional costs for training and professional development during the establishment phase.

Total couples attending *Baby Makes 3* in Year 2 = 112
 (average 7 couples/program)
 Equivalent cost per participant: \$49
 Includes Fathers Nights.

Scenario 6: Rivers Rural Shire

Rivers Rural Shire is in a rural area of Victoria, with a population of about 20,000 spread over 1800 sq km. There is one major township, where the main MCH centre is located, and one outlying town with a small MCH centre in the community health service building. The new parent group program is held at both centres, four times a year (total of 8 programs).

Year 1

Groundwork

Horizon Family Services, a state-wide welfare organisation, wants to fund a trial *Baby Makes 3* in a rural area. The regional office is in Rivers Shire and the regional manager, Leanne Smith, has successfully lobbied for the trial to be in Rivers. She already has the support of her good friend Bev, the MCH Coordinator.

Recruiting facilitators

There are only two MCH nurses employed at Rivers Shire, including Bev. The other nurse, Tracy, is happy to co-facilitate the Fathers Nights, but doesn't feel confident about facilitating the *Baby Makes 3* program. Bev is very enthusiastic about the trial, but is already stretched to the limit. They decide to employ two contractors to facilitate *Baby Makes 3*. The male recruit is Jack, who works at Horizon Family Services. Carmel is the female recruit, she is a part-time teacher at the local primary school and has a background in facilitating community consultation sessions for the shire.

Facilitators: External contractors

Fathers nights and *Baby Makes 3* begin

In the first year, Jack facilitates a Fathers Night as part of every new parent group (a total of eight). One *Baby Makes 3* Group Program is run at each town as 'opt-in' models, where new parents are invited to participate as an 'optional extra'.

Finding venues

In the main town there is a council venue that has sufficient space for the Fathers Nights and *Baby Makes 3*. However, at the smaller town Bev has to hire a community hall to accommodate the larger groups of mothers, fathers and babies that they hope will attend the evening sessions. This is an extra cost of \$60 for every evening session.

Year 1: 8 Fathers Nights
2 BM3 Programs

Year 2

Baby Makes 3 continues

In Year 2, *Baby Makes 3* Group Program is added to every new parent group. It is promoted to parents as a standard part of the program which all parents are expected to attend.

The Fathers Nights have been deemed pretty successful, with good attendance rates and positive feedback from fathers and mothers. However, Leanne and Bev face some major challenges in getting couples to attend the *Baby Makes 3* Group Program. Many of the fathers commute long distances to work, or work in agricultural businesses or trades where they rise very early. Some people live a long way out of town. So heading out in the evening after a long day is not popular.

Despite these challenges, they have an average of six couples per program, and the evaluation results are positive. This gives Horizon Family Services enough encouragement to continue the trial into the next year and then consider taking it to other rural areas.

Year 2: 8 Fathers Nights
8 BM3 Programs

Scenario 6 staff costs

Year 1

- Fathers Nights are incorporated into all 8 new parent group programs
- Two *Baby Makes 3* Group Programs ('opt-in' model)

	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 1
Jack	Contractor	8	2	\$50	\$1,700
Carmel	Contractor	0	2	\$50	\$900
MCH nurses	MCH nurse (TIL + loading)	8	0	\$45	\$180
Sub total					\$2,780
Other costs					Cost
Catering: groups self cater – no cost					\$0
Materials					\$100
Venue: 1 venue hired x 7 sessions @ \$60					\$840
Sub total					\$940
Total costs year 1					\$3,720

Year 2

- Fathers Nights incorporated into all 8 new parent group programs
- 8 *Baby Makes 3* Group Programs ('opt-out' model)

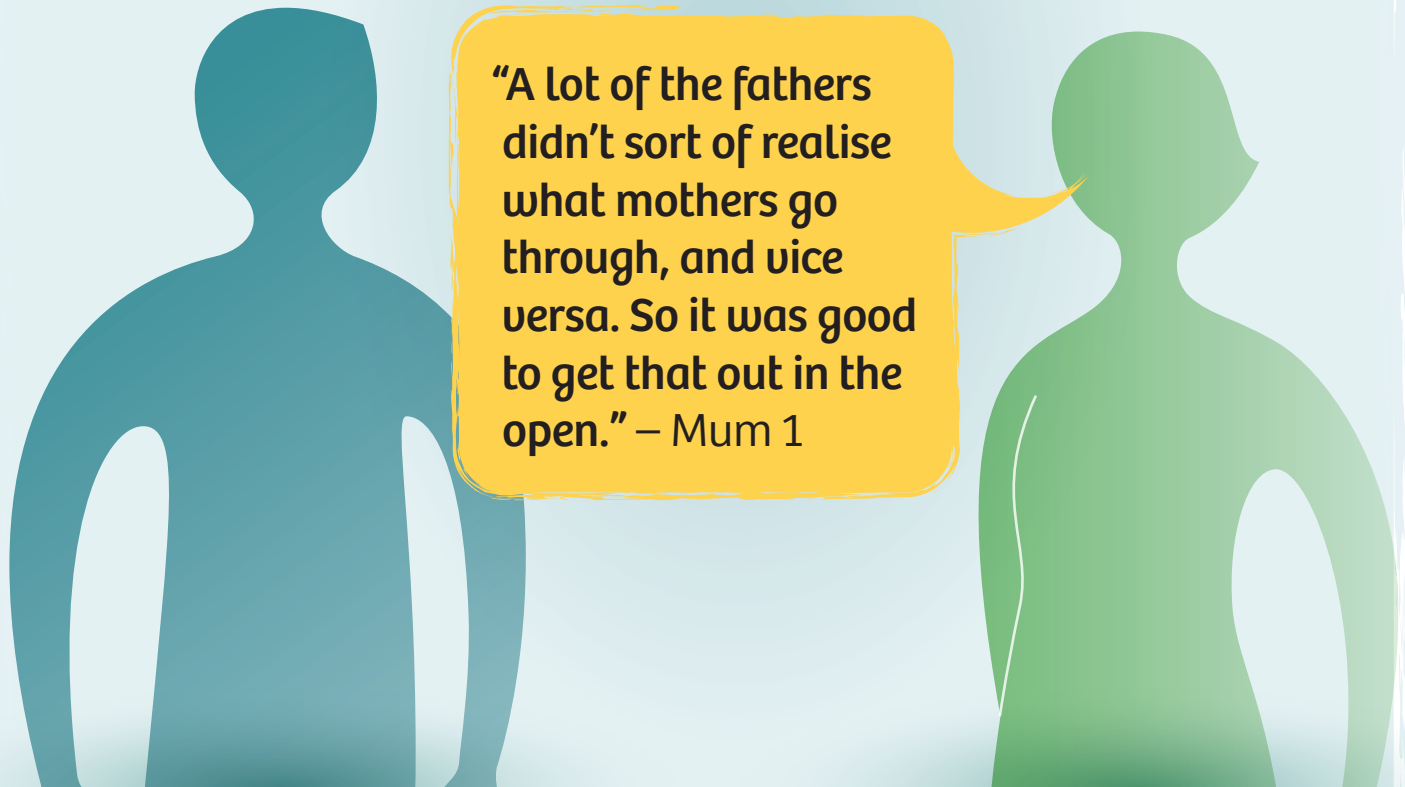
	Type of staff	Fathers Nights	BM3 programs	Hourly rate	Extra pay year 2
Jack	Contractor	8	8	\$50	\$4,400
Carmel	Contractor	0	8	\$50	\$3,600
MCH nurses	MCH nurse	8	0	\$45	\$180
Sub total					\$8,180
Other costs					Cost
Catering: groups self cater - no cost					\$0
Materials					\$200
Venue: 1 venue hired x 16 sessions @ \$60					\$960
Sub total					\$1,160
Total costs year 2					\$9,340

NOTE: There will be additional costs for training and professional development during the establishment phase.

Total couples attending *Baby Makes 3* in Year 2 = 48
 (average 6 couples/program)
 Equivalent cost per participant: \$97
 Includes Fathers Nights.

8

Additional information



8.1 Frequently asked questions

This information aims to answer some of the most common questions that local government, health and welfare professionals might have about *Baby Makes 3*.

Q: What is *Baby Makes 3*?

A: *Baby Makes 3* is a new, evidence-based program that promotes healthy relationships among new parents. It is a **primary** prevention program that seeks to prevent violence against women **before it occurs**, by promoting equal and respectful relationships between men and women during the transition to parenthood.

Central to this is the *Baby Makes 3* Group Program, a three-week program for first time parents, intended to complement the Maternal and Child Health (MCH) Service's new parent group program. Supporting the *Baby Makes 3* Group Program are mutually reinforcing strategies, including professional development, policy development and community partnerships. These elements are essential to create the supportive environment that will see the Group Program be most effective.

Q: Who is it for?

A: The *Baby Makes 3* Group Program is a mainstream program for first time parents. Even couples who already have a strong and healthy relationship will experience relationship changes following the birth of their first child and will benefit from having a supportive space to explore and understand these changes. When the program was conducted in the City of Whitehorse, the feedback from parents was positive, with more than 96% saying they "agreed" or "strongly agreed" that the program was relevant, helpful and enjoyable. *Baby Makes 3* also aims to build the skills and knowledge present in the MCH Service – and in local government more broadly – through training and professional development and support.

Q: What topics does the Group Program cover?

A: The three sessions cover topics related to the transition to parenthood, including: expectations of mothers and fathers, who does what at home, healthy relationships, meaningful equality, sex and intimacy, dealing with conflict, and communication. The value of the program lies in exploring these issues through group discussion. New parents are able to see that many of the challenges they are facing have universal themes.

Q: Why is it important?

A: *Baby Makes 3* is one of only a few evidence-based programs aimed at the primary prevention of violence against women. Violence against women is a prevalent and serious crime in our society which causes an immense health and welfare burden. Through *Baby Makes 3* we hope to see healthier, more equal and respectful relationships between men and women – which means better outcomes for children and healthier families in general.

Q: Why do we need to prevent violence against women?

A: Men's violence against women is a significant global human rights issue and is present in all communities, including our own. VicHealth research identified that intimate partner violence is the greatest contributor to the disease burden for Victorian women aged 15 to 44 years. This violence causes immense physical and psychological damage to women and their children, affecting our whole community and placing great demands on our health and welfare services. For more information on the prevalence and serious nature of violence against women, visit www.vichealth.vic.gov.au/programs-and-projects/freedom-from-violence

Q: How does *Baby Makes 3* help to prevent violence against women?

A: The program is grounded in internationally-recognised research conducted by VicHealth which identifies the key causes of violence against women as gender inequality and adherence to rigid gender roles. By building healthier, more equal and respectful, relationships between men and women during the transition to parenthood, *Baby Makes 3* helps to prevent relationship conflict and **reduce the chance of violence occurring in the future.**

Q: What is the evidence for this?

A: *Baby Makes 3* was implemented in the City of Whitehorse from 2008–2011 and was extensively evaluated. The project included running 17 Group Programs (over 120 couples), 82 Fathers Nights, two professional development workshops for MCH nurses and other workplace support.

The evaluation demonstrated the following impacts:

- Parents had a greater understanding of, and commitment to, gender equality
- Parents had a greater awareness of topics related to healthy relationships and equality
- Parents had greater communication with each other about these topics
- MCH nurses had a greater awareness of the role they can play in the primary prevention of violence against women
- MCH nurses had increased confidence in talking to parents about relationship issues.

The evaluation also showed that the parents responded positively to the Group Program:

- Almost 90% of couples who attended Session 1 continued on to Sessions 2 and 3.
- 95% of mothers and 89% of fathers rated the program overall as “very good” or “excellent”.

Q: Why focus on new parents?

A: The birth of a first child provides a great opportunity to assist couples to build more equal and respectful relationships, for two key reasons. One, it is a time when the couple’s relationship is undergoing great change; research has shown that the patterns set at this time are likely to continue into the future, meaning it is imperative that a healthy balance is established early after the birth. The other reason is that it is a time when men come in contact with health services and are more receptive to receiving and discussing the health of their family and their relationship.

Q: Why was *Baby Makes 3* originally created?

A: *Baby Makes 3* was one of 29 small research projects funded by VicHealth in 2006 under Phase I of its ‘Respect, Responsibility and Equality: Preventing Violence Against Women’ program. In 2008, VicHealth chose five of these projects, including *Baby Makes 3*, to be ‘scaled-up’ as three-year action research projects and these were rigorously evaluated (Phase II).

Q: How do we implement *Baby Makes 3*?

A: *Baby Makes 3* is designed to be located within a MCH service. The *Baby Makes 3 Implementation Guide* provides information on how to plan, coordinate and create a supportive environment for *Baby Makes 3*. The next step is to recruit facilitators for the Group Program, who undertake the *Baby Makes 3* Facilitator Training Program.

More information:

General Manager Health Development
Whitehorse Community Health Service Ltd
Telephone: 03 8843 2233
www.wchs.org.au

8.2 Further reading

Baby Makes 3

Publications:

- Flynn, D. (2008) *Baby Makes 3: promoting safety and wellbeing among new families* (Phase I report)
Available at: www.wchs.org.au/publications
- Flynn, D. (2011) *Baby Makes 3 Project Report* (Phase II evaluation report)
Available at: www.wchs.org.au/publications

Violence against women

Websites:

- **VicHealth:** www.vichealth.org.au
Overview, framework for primary prevention, research and resource list.
Key publications (available in the 'Publications' section of the website) include:
 - Preventing violence against women in Australia: Research summary (2011)
 - Preventing Violence Before It Occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria (2007)
 - The Health Costs of Violence: measuring the burden of disease caused by intimate partner violence (2004)
- **Domestic Violence Resource Centre Victoria:** www.dvrcv.org.au
Information, research, referral and training on family violence responses and prevention.
- **Partners in Prevention:** www.dvrcv.org.au/pip
Information, resources and network for workers who are engaging young people in the primary prevention of violence against women.
- **Victorian Government initiatives and resources for women:** www.dhs.vic.gov.au/for-individuals/women

- **White Ribbon Foundation:** www.whiteribbon.org.au/resources
International campaign to stop violence against women. Includes fact sheets and policy papers.
- **Australian Family and Domestic Violence Clearinghouse:** www.austdvclearinghouse.unsw.edu.au
Issues papers and newsletters on topics related to family violence responses and prevention.
- **UN Women:** www.unifem.org/gender_issues/violence_against_women
International research and information on the United Nation's prevention program.

Publication:

- Council of Australian Governments (2010) *National Plan to Reduce Violence Against Women and their Children 2010-2022*, Commonwealth of Australia.
Available at: www.fahcsia.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx

Also see: 'Resources for local government' page 39.

MCH first time parent group program

Publication:

- Edgecombe, G., White, S., Marsh, G., Jackson, C., Hanna, B., Newman, S., and Scott, D. (2001) *First Time Parent Group Resource and Facilitation Guide for Maternal and Child Health Nurses*, Victorian Government Department of Human Services, Melbourne.
Available at www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/mch/guiderunparentgroup.pdf

Father-inclusive practice/working with fathers

Publications:

- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2009) *Father-inclusive practice guide*, Commonwealth of Australia.

Available at: www.fahcsia.gov.au/sa/families/pubs/Pages/Father-inclusive_practice_guide

- Berlyn, C., Wise, S. & Soriano, G. (2008) 'Engaging fathers in child and family services: participation, perceptions and good practice'. *Family Matters* 80, 37-42.

Available at: www.fahcsia.gov.au/about/publicationsarticles/research/occasional

Website:

- **University of Newcastle Family Action Centre:** www.newcastle.edu.au/research-centre/fac
Research and resources on fathers and father-inclusive practice.

Gender equality and the transition to parenthood

Journal articles and briefing papers:

- Baxter, J. & Smart, D. (2010) 'Fathering in Australia among couple families with young children', *Australian Institute of Family Studies Occasional Paper No.37*. Commonwealth of Australia.

Available at: www.fahcsia.gov.au/about/publicationsarticles/research/occasional

- Baxter, J., Haynes, M. & Hewitt, B. (2005) *Pathways Into Marriage: life course patterns and the domestic division of labour*, paper prepared for the HILDA Survey Research Conference, University of Melbourne, 29-30 September.

Available at: http://melbourneinstitute.com/hilda/Biennial_research_conf/conf2005papers.html

- Craig, L. (2006) 'Does Father Care Mean Fathers Share? A comparison of how mothers and fathers in intact families spend time with children', *Gender and Society*, 20(2) 259-281.

Available at: www.crr.unsw.edu.au/media/File/Craig_DoesFatherCareMeanFathersShare.pdf

- Flood, M (2003) 'Fatherhood and Fatherlessness', *Discussion Paper 59*, The Australia Institute.

Available at: https://www.tai.org.au/documents/dp_fulltext/DP59.pdf

- Katz-wise, S., Priess, H. & Hyde, J. (2010) 'Gender-role attitudes and behaviour across the transition to parenthood', *Developmental Psychology*, 46(1), 18-28.

Available at: <http://psycnet.apa.org/journals/dev/46/1/18>

- Parker, R. & Hunter, C. (2011) 'Supporting couples across the transition to parenthood', *Australian Family Relationships Clearinghouse Briefing Paper No.20*, Commonwealth of Australia.

Available at: www.aifs.gov.au/afrc/pubs/briefing/b020/index

- Squire, S. & Tilly, J. (2007) *It's About Time: women, men, work and family*, Final Paper, Human Rights and Equal Opportunity Commission, Sydney.

Available at: www.hreoc.gov.au/sex_discrimination/its_about_time

- Wall, G. & Arnold, S. (2007) 'How involved is involved fathering? An exploration of the contemporary culture of fatherhood'. *Gender and Society*, 21 (4) 508-527.

Available at: <http://gas.sagepub.com/content/21/4/508.abstract>

Health promotion

Website:

- **Department of Health:** www.health.vic.gov.au/healthpromotion

Guidance and resources for steps in health promotion. Includes the Integrated Health Promotion Resource Kit.

8.3 References

- Council of Australian Governments (2010) *National Plan to Reduce Violence Against Women and their Children 2010-2022*, Commonwealth of Australia.
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2009) *Father-inclusive practice guide*, Commonwealth of Australia.
- Department of Victorian Communities (2007) *Family Violence Risk Assessment and Risk Management: supporting an integrated family violence service system*, Family Violence Coordination Unit, Melbourne.
- Edgecombe, G., White, S., Marsh, G., Jackson, C., Hanna, B., Newman, S., and Scott, D. (2001) *First time Parent Group Resource and Facilitation Guide for Maternal and Child Health Nurses*, Victorian Government Department of Human Services, Melbourne.
- Erel, O. & Burman, B. (1995) 'Interrelatedness of marital relations and parent child relations: a meta-analytic review'. *Psychological Bulletin*, 118 (1) 108-132.
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- Flynn, D. (2011) *Baby Makes 3 Project Report*, Whitehorse Community Health Service Ltd, Box Hill.
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- Katz-wise, S., Priess, H. & Hyde, J. (2010) 'Gender-role attitudes and behaviour across the transition to parenthood.' *Developmental Psychology*, 46(1), 18-28.
- O'Brien, C. & Rich, K. (2002) *Evaluation of the Men and Family Relationships Initiative Final Report and Supplementary Report*, Commonwealth Department of Family and Community Services, Canberra.
- Office of Women's Policy (2009) *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010–2020*, State Government of Victoria Melbourne.
- Parker, R. & Hunter, C. (2011) 'Supporting couples across the transition to parenthood'. *Australian Family Relationships Clearing House – Briefing Paper No. 20*. Commonwealth of Australia.
- Richards, K. (2011) 'Children's exposure to domestic violence in Australia'. *Trends and Issues in Crime and Criminal Justice*, No. 419. Australian Institute of Criminology.
- Sarkadi, A., Kristiansson, R., Oberklaid, F. & Bremberg, S. (2007) 'Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies'. *Acta Paediatrica* 97, 153-158.
- Taft, A. (2002) *Violence Against Women in Pregnancy and Childbirth: current knowledge and issues in health care responses*, Issues Paper 6, Australian Domestic and Family Violence Clearinghouse, University of New South Wales.
- VicHealth (2007) *Preventing Violence Before It Occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria*, Victorian Health Promotion Foundation, Carlton.
- VicHealth (2004) *The Health Costs of Violence: measuring the burden of disease caused by intimate partner violence*, Victorian Health Promotion Foundation, Carlton.
- Whitehorse Community Health Service Ltd. (2009) *Integrated Health Promotion Plan 2009–2013*, Box Hill.

9

Appendix



Appendix A

Preventing violence against women: A framework for action

Addressing the social and economic determinants of violence against women

Key social and economic determinants of violence

Theme for action: promoting equal and respectful relationships between men and women

Individual and relationship	Community and organisational	Societal
<ul style="list-style-type: none"> • Belief in rigid gender roles and identities and/or weak support for gender equality • Masculine orientation or sense of entitlement • Male dominance and control of wealth in relationships 	<ul style="list-style-type: none"> • Culturally-specific norms regarding gender and sexuality • Masculine peer and organisational cultures 	<ul style="list-style-type: none"> • Institutional and cultural support for, or weak sanctions against, gender inequality and rigid gender roles

Key contributing factors

Theme for action: promoting non-violent norms and reducing the effects of prior exposure to violence

Individual and relationship	Community and organisational	Societal
<ul style="list-style-type: none"> • Attitudinal support for violence against women • Witnessing or experiencing family violence as a child • Exposure to other forms of interpersonal or collective violence • Use and acceptance of violence as a means of resolving interpersonal disputes 	<ul style="list-style-type: none"> • Neighbourhood, peer and organisational cultures that are violence-supportive or have weak sanctions against violence • Community or peer violence 	<ul style="list-style-type: none"> • Approval of, or weak sanctions against, violence and/or violence against women • Ethos condoning violence as a means of settling interpersonal, civic or political disputes • Colonisation

Theme for action: improving access to resources and systems of support

Individual and relationship	Community and organisational	Societal
<ul style="list-style-type: none"> • Social isolation and limited access to systems of support • Income, education or employment • Relative labour force status • Alcohol and illicit drug use* • Poor parenting • Personality characteristics and poor mental health* • Relationship and marital conflict • Divorce or separation 	<ul style="list-style-type: none"> • Weak social connections and social cohesion and limited collective activity among women • Strong support for the privacy of the family • Neighbourhood characteristics (e.g. service infrastructure, unemployment, poverty, collective efficacy) 	<ul style="list-style-type: none"> • Support for the privacy and autonomy of the family • Unequal distribution of material resources (e.g. employment, education)

* Denotes increased risk of perpetration only.



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 vichealth@vichealth.vic.gov.au
 www.vichealth.vic.gov.au

May 2009

Priority populations and preventative actions

Priority populations	Preventative actions
<ul style="list-style-type: none"> • Children • Young people • Women and men • Indigenous communities • Culturally and linguistically diverse communities • Rural communities • Neighbourhoods affected by disadvantage • Women with disabilities 	<ul style="list-style-type: none"> • Research, monitoring and evaluation • Direct participation programs • Organisational and workforce development • Community strengthening • Communications and social marketing • Advocacy • Legislative and policy reform

Priority settings for action

<ul style="list-style-type: none"> • Community services • Local government • Corporate • Faith communities • Education 	<ul style="list-style-type: none"> • Workplace • Cultural institutions and networks • Arts • Sports and recreation • Media and popular culture 	<ul style="list-style-type: none"> • Health • Cyberspace and new technologies • Justice • Academic • Military and like institutions
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Intermediate outcomes

Individual and relationship	Organisational	Community	Societal
Individuals and relationships with: <ul style="list-style-type: none"> • improved connections to resources and support; • respectful and equitable gender relations; • improved attitudes toward gender equity, gender roles and violence and/or violence against women; • improved skills in non-violent means of resolving interpersonal conflict; and • responsible alcohol use. 	Organisations that: <ul style="list-style-type: none"> • model, promote and facilitate equal, respectful and non-violent gender relations; • work in partnerships across sectors to address violence; • implement evidence-based violence prevention activities; and • are accessible to and safe and supportive for women. 	Environments that: <ul style="list-style-type: none"> • value and support norms that are non-violent and build respectful and equitable gender relations; • build connections between people and sources of formal and informal support; and • take action to address violence. 	A society in which there are strong legislative and regulatory frameworks and appropriate resource allocation for supporting: <ul style="list-style-type: none"> • gender equity; • the prevention and prohibition of violence; • the positive portrayal of women (e.g. in advertising); and • the development of healthy relationships between men and women.

Long-term benefits

Individual and relationship	Organisational	Community	Societal
<ul style="list-style-type: none"> • Reduction in violence-related health problems and mortality • Improved interpersonal skills and family and gender relations • Reduced intergenerational transmission of violence and its impacts 	<ul style="list-style-type: none"> • Violence prevention resources and activities integrated across sectors and settings • Organisations that value and promote respectful gender relations • Improved access to resources and systems of support 	<ul style="list-style-type: none"> • Communities that value gender equity and respectful relationships between men and women • Reduced social isolation and improved community connections 	<ul style="list-style-type: none"> • Reduced gender inequality • Improved quality of life for men and women • Reduced levels of violence and/or violence against women • Improved productivity

Appendix B

Baby Makes 3 Sample Funding Application

This document aims to provide concise and persuasive answers to some of the questions you might be asked when completing a funding application.

Outline of the project/project brief

Baby Makes 3 is a new, innovative, evidence-based program that promotes healthy, equal and respectful relationships between men and women during the transition to parenthood.

It is a primary prevention program to prevent male violence against women – by assisting couples maintain equal and respectful relationships, it helps to reduce relationship conflict and **prevent violence before it occurs**.

The centrepiece of *Baby Makes 3* is a 3-week group program for first time parents. This group program follows on from the Maternal and Child Health Service's new parent group program. It is a discussion-based program, facilitated by male and female facilitators. The curriculum includes the following topics: Transition to parenthood, expectations of mothers and fathers, who does what at home, healthy relationships, meaningful equality, sex and intimacy, dealing with conflict, and communication. The *Baby Makes 3* Group Program is complemented by workforce capacity building activities, including workshops with Maternal and Child Health nurses.

Baby Makes 3 has been extensively evaluated and returned strong results (see 'Background' section). It won a 2011 VicHealth Award for Outstanding Achievement in Health Promotion.

Project goal

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

Background

Baby Makes 3 was developed by Whitehorse Community Health Service through VicHealth funding, to build the evidence base for the primary prevention of violence against women. It was conducted as an action research project in partnership with Whitehorse City Council's Maternal and Child Health Service and Drummond Street Services from 2008–2011, and was extensively evaluated.

The evaluation found strong evidence that as a result of attending *Baby Makes 3*:

- Participants had an increased **awareness** and understanding of issues related to the transition to parenthood, including gender equality, gender roles, societal expectations and each others' experiences
- There was greater **communication** between parents about these topics
- And some shifts in **attitudes** in relation to these topics.

The evaluation also found early evidence that:

- Couples were changing their **behaviour** in terms of how they structured their relationship and tasks, leading to greater **gender equality**.

It is also significant that the program appealed to both mothers and fathers, as indicated in the **high retention rate and positive feedback responses** from participants.

- Almost 90% of couples who attended session one continued on to sessions 2 and 3; and

- More than 96% 'agreed' or 'strongly agreed' that it was enjoyable, relevant and helpful.

The full evaluation findings can be found in the *Baby Makes 3 Project Report* (Flynn, 2011). This is available at www.wchs.org.au or www.vichealth.vic.gov.au/Publications/Freedom-from-violence/Sharing-the-evidence

Baby Makes 3 is currently being implemented at X, X and X councils [check with Whitehorse Community Health Service for an update].

Target group

Primary target group (Baby Makes 3 Group Program): First time parents, about 10 weeks after the birth of their first baby. The value of *Baby Makes 3* is that it is a mainstream program for all couples (not a specific program for couples facing relationship strain). Even couples currently in a healthy relationship will undergo great changes and challenges following the birth of a child and can greatly benefit from establishing healthy patterns early on. By working with all first time parents, it will help to create a community-wide improvement in relationships and better outcomes for children.

Secondary target group (workforce capacity building): Maternal and Child Health nurses. *Baby Makes 3* includes training and professional development for nurses to increase their capacity to promote equal and respectful relationships.

Need for the project

Violence against women is a significant problem with serious social, economic and health consequences for women, their families and communities. VicHealth's *The Health Costs of Violence* (2004) established violence against women as a major public health issue. It found that intimate partner violence was the largest preventable contributor to death, disability and illness in Victorian women aged 15–44 years. This violence causes immense physical and psychological damage to women and their children, affecting our whole community and placing great demands on our health and welfare services.

- More than one third (40%) of Australian women have experienced physical or sexual violence since the age of 15 (ABS 2006).
- Women who have experienced violence are more likely to suffer from mental health issues and ongoing physical conditions (VicHealth 2004).
- After financial difficulty, family violence is the leading cause of homelessness in Victoria, with women and children still being forced in the majority of cases to flee the family home (Australian Institute of Health and Welfare, 2005).
- There is extensive research showing family violence has a wide range of impacts on children, including psychological and behavioural impacts, health and socioeconomic impacts.
- Family violence and sexual assault perpetrated against women costs the nation \$13.6 billion each year (KPMG, 2009).
[Add family violence data from your local area. This is available from the Victoria Police statistics division.]

Expected impact

Expected short-term impacts

The evaluation of *Baby Makes 3* in the City of Whitehorse demonstrated the following impacts:

- Parents had a greater understanding of, and commitment to, gender equality
- Parents had a greater awareness of topics related to healthy relationships
- Parents had greater communication with each other about these topics
- MCH nurses had a greater awareness of the primary prevention approach to violence against women and the role they can play in achieving it
- MCH nurses had increased confidence in talking to parents about relationship issues.

Potential long-term outcomes

- Greater gender equality between men and women
- Reduction in the prevalence of family violence

All of these impacts contribute to healthier relationships, improved outcomes for children and healthier communities more generally.

Evaluation methods

The evidence base for *Baby Makes 3* has been established through the evaluation of the three-year project conducted in the City of Whitehorse (2008–2011). However, *Baby Makes 3* would also be evaluated in our area to ensure that it is having the desired impacts and achieving its objectives. Evaluation methods could include the following:

- Group Program Evaluation Form
- Pre- and post-group questionnaires
- Interviews with parents
- Workshop Evaluation Forms
- Focus group with MCH nurses.

Risk management

- A partnership with a local counselling service will be established to ensure that any participants of the *Baby Makes 3* Group Program who need further support can have priority access to an appointment.
- For all evening sessions there will be two facilitators working together.

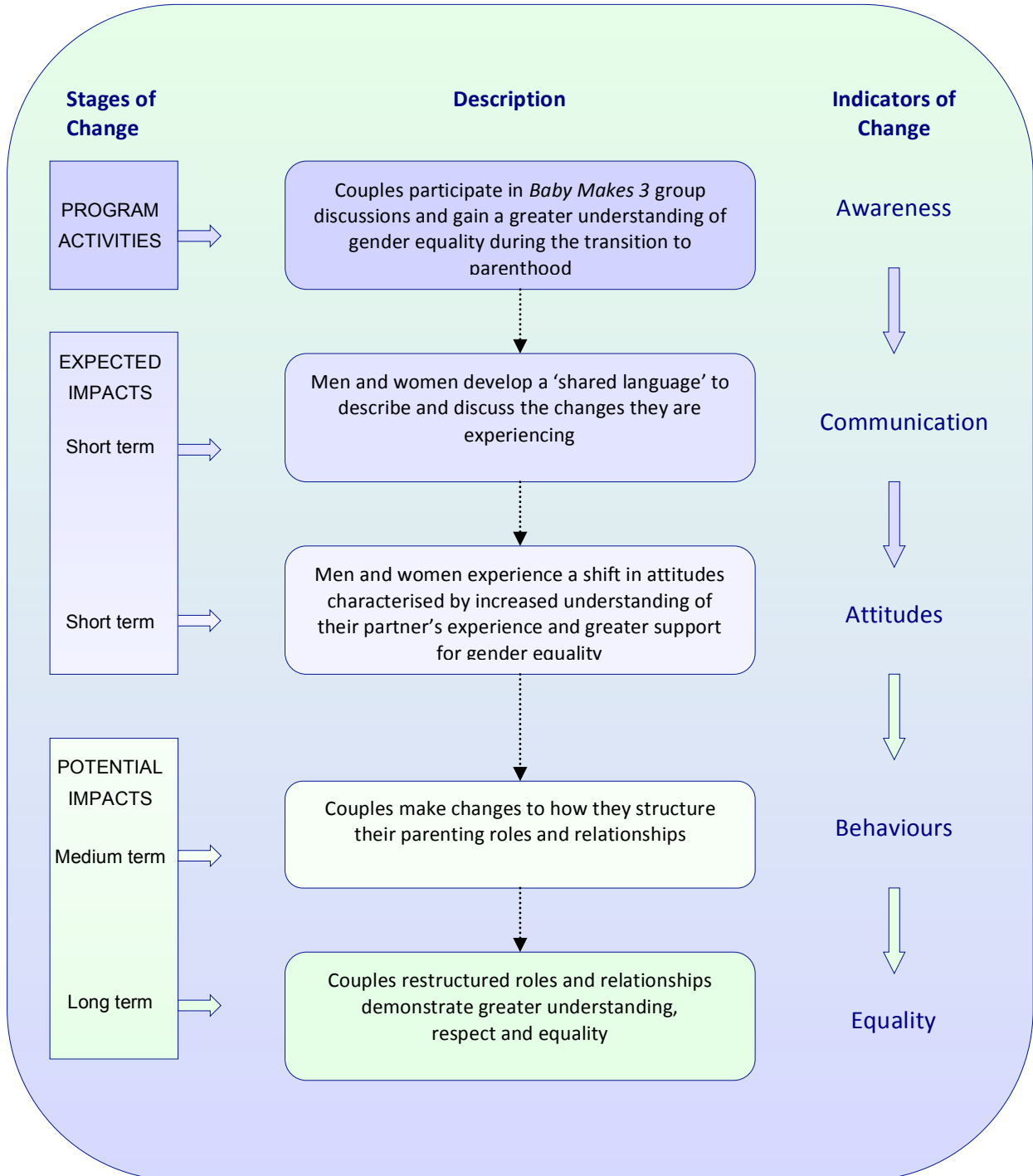
Notes

When applying for internal funding (for example, a new initiative bid) remember to refer to any of you council's commitments, priorities, strategies or policies that *Baby Makes 3* will help to achieve, such as:

- Family violence prevention plan
- Early years strategy
- Commitment to gender equity
- Health, wellbeing and safety commitments.

Appendix C

Baby Makes 3 Group Program Theory of Change



Appendix D

Baby Makes 3 Group Program Evaluation Form

1. Are you a: mum dad

Please indicate (✓) whether you agree or disagree with the following statements ...

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2	The <i>Baby Makes 3</i> Group Program was enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The <i>Baby Makes 3</i> Group Program was relevant to my situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The <i>Baby Makes 3</i> Group Program was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The three main things I have learned from this program are:

6. How would you describe this program to another person who was thinking of doing it?

7. Any additional comments?

8. How would you rate the program overall?

poor fair good very good excellent

Thank you!

Appendix E Baby Makes 3 Sample Annual Group Schedule 1

- 40 First-Time Parent Groups with *Baby Makes 3* included
- Scheduled at 8 centres, over 46 weeks (to allow 6-week break over Christmas/New Year)
- 4 facilitators each work 3 evenings a fortnight, over 41 weeks

New parent group session
 Baby Makes 3 session

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16
Group 1								Group 9							
Group 2								Group 10							
		Group 3								Group 11					
		Group 4								Group 12					
				Group 5								Group 13			
				Group 6								Group 14			
						Group 7								Group 15	
						Group 8								Group 16	
Number of evening sessions per week:															
				2		2	4	2	4	2	4	2	4	2	4

Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32
Group 17								Group 25							
Group 18								Group 26							
		Group 19								Group 27					
		Group 20								Group 28					
				Group 21								Group 29			
				Group 22								Group 30			
						Group 23								Group 31	
						Group 24								Group 32	
2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4

Week 33	Week 34	Week 35	Week 36	Week 37	Week 38	Week 39	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46
Group 33													
Group 34													
		Group 35											
		Group 36											
				Group 37									
				Group 38									
						Group 39							
						Group 40							
2	4	2	4	2	4	2	4	2	4	2	4	2	2

Appendix F

Baby Makes 3 Sample Facilitator Position Description

This document aims to provide information that you might wish to use when recruiting *Baby Makes 3* facilitators. It is based on the position description used by Whitehorse Community Health Service and is intended to be adapted to your needs.

Position: *Baby Makes 3* Group Facilitator

Reports to: Maternal and Child Health Coordinator

Classification: _____

Time fraction: 3 hours sessional work: evenings as required.

Approved: _____

Primary objective:

The position is responsible for the provision and development of services in accordance with a new and innovative family violence prevention project titled *Baby Makes 3*.

The *Baby Makes 3* project seeks to fill a gap in current service delivery by promoting healthy relationships between men and women throughout their transition to parenthood. *Baby Makes 3* is a collaborative project between X partner organisations: [list partner organisations]. The project aims to address cultural norms and gender roles in new families, and to give first time parents the information and skills they need to create equal and respectful relationships.

Key aspects of the role include:

- Facilitation of group work with first time fathers
- Facilitation of group work with couples/new parents
- Ongoing project evaluation.

Key duties:

Health promotion

- Co-facilitation of group work addressing gender roles and gender equality with first time parents
- Work alongside Maternal and Child Health nurses to share skills in conducting group work with first time fathers to promote active involvement of fathers in the care and nurturing of children
- Facilitate and support community action to promote healthy and respectful relationships.

Service development and networking

- Identify further opportunities for ongoing development and sustainability of project activities
- Work closely with the Project Coordinator and partner agencies to develop strong links with broader health and welfare service system.

Organisational

- [as per organisational policy - not specific to role]

Record Keeping

- Collect and report statistics and other associated information in relation to the project objectives as relevant
- Undertake evaluation activities in conjunction with external evaluator.

Occupational Health and Safety

- [as per organisational policy – not specific to role]

Team work

- Participate in and contribute to the continual evaluation of the project
- Contribute to the ongoing refinement of the project
- Attend training sessions as required
- Participation in peer group supervision.

Position dimensions:

Direct reports: Nil

Internal liaisons: Health Promotion Team

External liaisons: Partner organisations including [for example], counselling service, family violence support service, local community health service, Whitehorse Community Health Service.

Level of involvement: Facilitators must be available Tuesday/Wednesday/Thursday evenings between 6pm and 9pm, and be able attend evening training sessions and team meetings when required.

Use of a private vehicle is required as groups are delivered at community settings throughout the municipality.

Police check: Applicants will be required to undergo a Police Check

Qualifications and experience:

Mandatory qualifications

- Minimum of three years experience working in the primary health care or welfare sector, or as a facilitation/group work professional
- Current drivers licence – position requires access to a private vehicle.

Desirable qualifications

- Relevant tertiary qualification in Health/Social Sciences such as Social Work, Psychology or Counselling
- Qualification in facilitation or group work
- Post-graduate qualifications in a related and relevant area
- Work experience in the family violence service system.

Experience and skills

- Experience in working with families (especially men) with particular reference to the transition to parenthood, early childhood and relationship issues including family violence
- Experience caring for young children and/or experience of the transition to parenthood
- Demonstrated knowledge and experience working within a health promotion framework
- Knowledge of the VicHealth Framework for the Prevention of Violence Against Women
- Ability to work autonomously within community-based environments
- Well developed interpersonal skills and the ability to liaise and develop effective working partnerships with diverse interest groups
- Good oral and written communication skills
- Computer literacy
- Good problem solving skills, initiative and the ability to be flexible and responsive to issues and new developments
- Commitment to organisational values and the Social Model of Health

- Capacity to take initiative and engage in the planning, implementation and evaluation of health promotion initiatives
- Awareness of and willingness to respond to the needs of clients from culturally and/or linguistically diverse backgrounds
- Commitment to the principles of continuous quality improvement.

Group work/facilitation skills

- Demonstrated experience in facilitating groups and workshops
- High level communication skills, including public speaking skills, and ability to engage and encourage effective group communication
- Ability to:
 - Teach core modules with clarity
 - Apply and adapt session content to curriculum requirements
 - Establish safe practices in a group setting
 - Establish group norms
 - Work effectively in mixed gender co-facilitation roles
 - Reflect on mixed gender facilitation roles
 - Demonstrate communication skills such as summing-up, questioning, reframing
 - Apply challenge strategies
 - Apply support strategies
 - Address participant disclosures in group setting.

Key Selection Criteria

Please ensure you address the key selection criteria in your application

- KSC1** Relevant qualifications and work experience
- KSC2** Experience in working with families with particular reference to early parenting and relationship issues including gender equality and family violence
- KSC3** High level group facilitation skills, including ability to facilitate effective group communication
- KSC4** Demonstrated experiencing in working with men in ways that address the social determinants of violence
- KSC5** Well-developed problem solving skills and the ability to work collaboratively within a community-based environment

Appendix G

Baby Makes 3 Sample Facilitator Recruitment Advertisement

***Baby Makes 3* Group Facilitator**

Baby Makes 3 is a 3-week group program for new parents that aims to promote healthy, equal and respectful relationships. It is a discussion-based program that follows a set curriculum and is co-facilitated by a male and female facilitator. *Baby Makes 3* is coordinated through the Maternal and Child Health Service.

The successful applicant will have:

- Qualification in social work, health promotion, facilitation or training and assessment
- Excellent group facilitation skills and related experience
- Experience working with families
- Knowledge of topics related to *Baby Makes 3*, which include: healthy relationships, parenting, preventing violence against women, health promotion.
- Demonstrated commitment to gender equality.

To apply ...

Appendix H

Baby Makes 3 Sample New Parent Group Letter

Johnson Family
33 Redgrove Avenue
Brookton VIC 3123

22 February 2012

Dear Johnson Family

You are invited to attend the New Parent Group with other first time parents whose babies are about the same age as your baby.

The program will be run weekly for nine weeks, and will consist of informal discussions with an educational focus, related to the care and development of your baby in the first year of life. Some of the sessions will be held in the evening so working parents can attend.

Daytime Parent Group Sessions: Facilitated by a Maternal and Child Health Nurse, these will cover parenting topics such as sleep and settling, baby health, maternal wellbeing, safety, growth and development, and immunisation.

Family Night: Both parents are encouraged to attend this session, with your babies. It will include a discussion of fatherhood for the fathers and social time for mothers.

Baby Makes 3: The arrival of a baby is a big change to your life. The *Baby Makes 3* sessions focus on building and maintaining healthy relationships and will assist you to manage the changes you experience during the transition to parenthood. It is strongly encouraged that both mothers and fathers attend, with your babies.

Dates, times and locations

	Date	Time	Location
Parent Group	Tuesday, 20 March	9.30–11.30am	Rosehill MCH Centre
Parent Group	Tuesday, 27 March	9.30–11.30am	Rosehill MCH Centre
Parent Group	Tuesday, 3 April	9.30–11.30am	Rosehill MCH Centre
Parent Group	Tuesday, 10 April	9.30–11.30am	Rosehill MCH Centre
Parent Group	Tuesday, 17 April	9.30–11.30am	Rosehill MCH Centre
Family Night	Tuesday, 24 April	6.30–8.30pm	Fernhill Central MCH Centre
<i>Baby Makes 3</i>	Tuesday, 1 May	6.30–8.30pm	Fernhill Central MCH Centre
<i>Baby Makes 3</i>	Tuesday, 8 May	6.30–8.30pm	Fernhill Central MCH Centre
<i>Baby Makes 3</i>	Tuesday, 15 May	6.30–8.30pm	Fernhill Central MCH Centre

These groups have been enjoyed by other first time parents and have become social friendship groups and ready-made playgroups for the children.

We look forward to your attendance.

Maternal and Child Health Service Team

Appendix I

Baby Makes 3 Sample Media Release

New healthy relationships program for parents

First time parents in Harmony City Council are being offered a free, healthy relationships program, as part of the Maternal and Child Health Service.

Harmony Mayor, Cr Karen Greene, said the program had received excellent reviews from parents and she was very pleased that Harmony was one of the first councils in Victoria to offer it to all new parents.

“The birth of your first child is a time of great joy and great challenges. Your relationship with your partner undergoes significant changes which can have long-term impacts on the health and equality of your partnership,” Cr Greene said.

“Identifying and responding to these changes is important, and can often be forgotten amid the overwhelming demands of caring for a new baby. The *Baby Makes 3* Group Program assists couples to explore their relationship changes and discuss ways to create a healthy balance, right from the start.”

The *Baby Makes 3* Group Program includes three evening sessions led by trained facilitators. The sessions cover topics related to the transition to parenthood, including: expectations of mothers and fathers, who does what at home, healthy relationships, meaningful equality, sex and intimacy, dealing with conflict, and communication.

“The aim of *Baby Makes 3* is to promote equal and respectful relationships between men and women. By assisting first time parents to build and maintain healthy relationships, we will see better outcomes for children, healthier families and healthier communities,” Cr Greene said.

Baby Makes 3 was awarded a 2011 VicHealth Award for Outstanding Achievement in Health Promotion.

<<add information on any other council priorities/strategies that *Baby Makes 3* helps to achieve>>

The program will be offered to all first time parents in Harmony City Council. Parents will be informed of the program dates at their Maternal and Child Health Service visits. For more information or to make a Maternal and Child Health appointment, call 9999 8888.

The *Baby Makes 3* Group Program was developed by Whitehorse Community Health Service through funding from VicHealth.

Media enquiries:

<<add media unit's details>>

Appendix J

Before any prevention initiatives are undertaken, there must be a good tertiary system in place. Below is a list of key contacts for family violence services in Victoria and training available.

Family violence services and training

Crisis services

Women's Domestic Violence Crisis Service Victoria

24-hour crisis telephone support, information and referral.

Telephone: (03) 9322 3555 or toll free 1800 015 188

Centre Against Sexual Assault (CASA)

24-hour crisis support, counselling and information.

Telephone: 1800 806 292

Specialist services

inTouch Multicultural Centre Against Family Violence

9am–5pm, Monday–Friday

Telephone: (03) 8416 6800 or toll free 1800 755 988

Elizabeth Hoffman House: Aboriginal Women's Services

24-hour crisis line, support and information.

Telephone: 1800 796 112

Metropolitan family violence outreach services

All 9am–5pm, Monday–Friday

- **Eastern Metro Region:** (03) 9259 4200
- **Northern Metro Region:** (03) 9450 4700
- **Southern Region:** (03) 9536 7777 and 1800 627 727 (*after hours general crisis line*)
- **Mornington Peninsula:** (03) 5971 9454
- **Western Metro:** (03) 9689 9588

- **WAYSS housing and support services Cranbourne:** (03) 5990 6789
- **WAYSS Dandenong:** (03) 9791 6111
- **WAYSS Frankston:** (03) 9781 4658
- **WAYSS Narre Warren:** (03) 9703 0044
- **WAYSS Pakenham:** (03) 5945 3200

Rural and regional family violence outreach services

Barwon South West Region

- **Geelong:** (03) 5224 2903
- **Warrnambool:** (03) 5561 1934
- **Hamilton:** (03) 5571 1778 (Tuesday and Thursday)
- **Terang:** (03) 5592 1172
- **Camperdown:** (03) 5593 1892
- **Portland:** (03) 5521 7937 (Monday and Wednesday)
- **Casterton:** (03) 5581 2109

Gippsland region

- **Bairnsdale:** (03) 5152 0052
- **Leongatha:** (03) 5562 4502 (freecall 1800 221 200)
- **Warragul:** (03) 5622 7000
- **Morwell:** (03) 5120 2000
- **Lakes Entrance:** (03) 5152 0052

Grampians region

- **Horsham:** (03) 5362 1200
- **Ballarat:** (03) 5333 3666
- **Stawell:** (03) 5358 7400
- **Ararat:** (03) 5352 6200

Hume region

- **Shepparton:** (03) 5823 3200 or (03) 5821 9458
- **Broadford:** (03) 5784 5555
- **Wangaratta:** (03) 5722 1100
- **Wodonga:** ph (02) 6022 8888

Loddon Mallee region

- **Mildura:** (03) 5021 2130
- **Bendigo:** (03) 5443 4945 or 1800 884 038
- **Swan Hill:** (03) 5033 1899

Family violence training

Domestic Violence Resource Service Victoria/Swinburne	CRAF: Family Violence Common Risk Assessment Framework	Training in family violence identification, assessment and referral. There is a specific course for MCH Nurses.	(03) 9214 6959 www.tafe.swinburne.edu.au/CRAF
Domestic Violence Resource Service Victoria	Various courses	DVRCV offer various types of training for people who work directly with clients, and can provide tailored workshops for specific groups, upon request.	(03) 9486 9866 www.dvrcv.org.au
Centre Against Sexual Assault (CASA House)	Responding to Sexual Assault	Examines the nature and consequences of sexual assault and key issues relevant to providing an effective response.	(03) 9635 3600 www.casahouse.com.au

