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Formative Evaluation of Baby Makes 3

REPORT

May 2014

This report presents findings from the formative evaluation carried out by the external evaluation team focussed on the implementation of the Baby Makes 3 program (BM3) in the Great South Coast Region. A draft of this report was circulated to the stakeholders involved in Baby Makes 3 Plus and discussed at a workshop in Warrnambool on Tuesday May 6, to which steering committee members and other key stakeholders were invited. This final version of the report takes account of all input and comment received by 14 May.

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Contents

Acknowledgements.....	3
Introduction	4
Method	5
Participants	5
Data collection	6
Data analysis	6
Production of this report	6
Findings	7
Recruitment and training of facilitators.....	7
Recruitment	7
Training program	12
Program delivery.....	15
Program design and content.....	16
Program facilitation	22
Program reach.....	25
Logistics.....	31
Baby Makes 3 in a non-metropolitan setting	33
Conclusions	36
References	38
Appendix 1 Recommendations.....	39
For scrutiny in later stages and other parts of evaluation.....	39

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Baby Makes 3: Formative Evaluation

Introduction

Baby Makes 3 was originally developed by Whitehorse Community Health Service and the City of Whitehorse as a program which seeks to prevent violence by promoting respect and equality between couples who have recently become parents for the first time. This is a significant but often stressful event in the life of families and it is not uncommon for couples to adopt ways of relating which reflect gendered norms and foster inequality.

By being offered as a program to all first-time parents by maternal and child health staff, the program in Whitehorse managed to engage with couples at this critical time, many of whom found the program enabled them to adopt greater equality in their relationships. As such, the initial Baby Makes 3 program has been found to be an effective and cost-efficient violence prevention strategy (Flynn, 2011).

The introduction of Baby Makes 3 to the Great South Coast Region is the first time this program has been implemented in a non-metropolitan setting. In addition to the original program aims, a number of additional aims and activities have been added, with the new project being known as Baby Makes 3 Plus. The aims of this expanded project are:

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;
2. an increase in the levels of gender equity experienced by project stakeholders (program providers, participants, Council staff, Councillors);
3. an increased understanding of the determinants of the development of violence against women and their children by project stakeholders (program providers, participants, Council staff, Councillors, partner agencies);
4. improved early identification and referral of women at risk of or experiencing violence;
5. increased competencies of Council Early Years practitioners in the prevention and early detection of violence against women and their children;
6. strengthened relationships between Council Early Years practitioners, providers of Family Violence Services and Women's Health and Wellbeing Barwon South West;
7. incorporation of gender equity approaches into mainstream Early Years services;
8. delivery and evaluation of the Baby Make 3 program in a rural and regional settings leading to findings that can inform implementation across similar catchments and ensure program sustainability;
9. incorporation of Baby Makes 3 and other violence prevention initiatives into the ongoing program offered by Council Early Years services; and
10. a commitment to take up further initiatives focused on prevention of violence against women and their children by GSC Councils.

Programs developed in urban contexts often face different challenges when implemented in rural and regional settings. Likewise, the factors for facilitating success may vary from those in an urban setting (Maidment and Bay, 2012). Hence, this formative evaluation aims to provide feedback on the initial implementation of the original Baby Makes 3 program in the Great South Coast Region with the expectation this will enable problems with implementation and/or opportunities for further enhancement of outcomes to be identified and appropriate action taken.

Method

The formative evaluation is part of the overall evaluation for Baby Makes 3 Plus in the Great South Coast Region and was approved through the Human Research Ethics system of Deakin University in May 2013; reference number HEAG-H 45_2013.

Participants

The regional program coordinator in the Great South Coast Region invited individuals who were participating in the various components of Baby Makes 3 program as part of their employment to participate in the formative evaluation. The invitation pack for the research was sent to 59 individuals. Individuals who were willing to be interviewed then made direct contact with the external evaluators from Deakin University; sixteen completed consent forms were received.

Fifteen interviews were conducted between February and April 2014; despite repeated attempts, it was not possible to arrange for the sixteenth interview to be carried out in the period available for conducting interviews. Informants included eight facilitators of Baby Makes 3 groups, four maternal and child health staff and three staff in organisations which have regional responsibilities for violence prevention programs. Five of the facilitators were male and the remainder of informants were female. Eight of the informants were located in or near Warrnambool which is the major population centre in the Great South Coast Region, but there were nevertheless informants from each of the five municipalities in which Baby Makes 3 is being delivered. Four of the facilitators had been involved in the program in more than one local government area.

Data collection

On receipt of a signed informed consent form, a member of the research team made contact with prospective informants to arrange a time when they would be available for a one hour telephone interview. At the appointed time, the interviewer telephoned the informant and conducted a semi-structured interview which covered the following topics:

- In what capacity and how long has the informant been involved in Baby Makes 3 Plus;
- Informant's perspectives on the aims and objectives of the program;
- Program design and implementation;
- Difficulties encountered with program design or implementation;
- Program reach in respect of target population; and
- Any other views on the future development of Baby Makes 3 Plus in the Great South Coast region.

With the consent of informants, the interviews were audio-recorded and transcribed. Immediately after each interview, notes were made by the interviewer in which she recorded her perceptions of the interview in respect of anything particularly striking and what seemed to be the most important positive features and difficulties or challenges of the program to the informant. Transcripts were fully checked by the interviewer prior to data analysis.

Data analysis

A thematic analysis (Marlow, 2005) was undertaken of the transcript data by a member of the research team who had not been involved in the interview process. This involved an independent reading of the transcripts and identifying the key themes and issues about the Baby Makes 3 program. This was triangulated with notes made by the interviewer in which she recorded her perceptions of the interview in respect of anything particularly striking and what seemed to be the most important positive features and difficulties or challenges of the program to the informant.

An initial draft of the data analysis was subsequently shared with other members of the research team, including the person who had conducted the interviews, and the analysis which follows reflects the team's consensus as to what we understand the data to be saying.

Production of this report

The draft of this report was circulated to the stakeholders involved in Baby Makes 3 Plus and discussed at a workshop in Warrnambool on Tuesday May 6, to which steering committee members

and other key stakeholders were invited. This final version of the report takes account of all input and comment received by 14 May. It is important to note that the Baby Makes 3 project has followed a developmental approach, so that as difficulties and challenges came to the attention of those delivering Baby Makes 3, where-ever possible, action was taken to address these. This was not necessarily known by those interviewed for this evaluation. We have used footnotes throughout the report to note such occurrences, and also to clarify matters of fact about the program where necessary.

Findings

The findings about the implementation of Baby Makes 3 in the Great South Coast Region clustered around three themes: the recruitment and training of facilitators, program delivery and the implementation of the program in a non-metropolitan region. Each will be discussed in turn below.

Recruitment and training of facilitators

The interviews revealed a lack of consensus as to whether Baby Makes 3 is essentially a violence prevention program which is delivered to new parents or a parenting program which includes aims to reduce the likelihood of violence emerging in the parental relationship¹. This tension was very apparent in discussions around the recruitment and training of facilitators.

Recruitment²

Informants who considered Baby Makes 3 to essentially be a violence prevention program were concerned that some facilitators had little or no background in family violence, other than attending the training to become a facilitator in the program:

It is early intervention for the family violence, I have looked at previously about what is recommended for facilitators for this group, these groups. That is it should have some family violence training, whether it be men's behaviour training but at least

¹ The discussion at the workshop emphasised the second of these views. Any specific association of the program with family violence is avoided in discussion with parents. No mention is made on any publications. However in discussions with professionals the preventive aim of the program is highlighted.

² There was no formal requirement for qualifications for facilitators. The recruitment of BM3 facilitators looked for people who could present the program and had plenty of life experiences and related well to the target group.

experience and time in family violence and family work. That is not being supported by the people that have been employed to do this program, in most cases. (W2)

One informant, although not her particular view, commented that there were people in the region who believe that the only people qualified to facilitate Baby Makes 3 were those who had completed a certificate such as the Graduate Certificate of Social Science (Male Family Violence) or similar qualifications which focus specifically on men's behaviour change. However, the parents attending Baby Makes 3 were not the same as participants in programs which were specifically aimed at individuals who are or have been in relationships in which gender-based violence was an issue³:

I don't know who all the facilitators are, but it's been suggested to me that some of the facilitators are not suitably skilled because they don't have that deep understanding of male perpetrated violence. My particular response to that is that this is a parenting - yes it's about family violence, it's an early intervention program, and it's about parenting and it's about family violence. So it's not targeting couples who have a history of family violence. Yeah. So, that is, yeah I think it's probably an unfair criticism. (W9)

For others, experience in working with families was considered the key requirement for a Baby Makes 3 facilitator:

Many of the people that were trained don't have any family experience, family work experience, so they've never done any work, they've never done any training in family work. In fact some have never done any group work at all, many hadn't, some had never worked in the field working with people at all, they were just people that came in. Because they applied they were suitable. So I had a bit of a problem with that, there were people that were coming in what really had no background in where they were going, understanding of family violence, understanding of language or family, and then having a two day training that everyone's supposed to be able to grasp this stuff and then do it. (W2)

Instead of professional experience, an informant who had no prior training in family violence prior to the Baby Makes 3 training, proposed that their credibility as a facilitator emerged from their experience of having been a parent⁴:

I think when you think about life generally and this sort, we can all go back to this thing called maturity of life skills. You know those skills that you get when you're

³ BM3 is a universal program and not therapeutic. It is not designed for those already identified with family violence issues

⁴ There are facilitators who are not parents. Being a parent was not a requirement nor discussed during recruitment. "Person" skills, life experience and the ability to present to groups were seen as the most important criteria.

later in life because you've learnt the hard way. Having a baby and the baby entering your relationship is one of those things. You can either sink or swim in a relationship when a baby comes along and it's only with that maturity of life skills – like with both my wife and I, I think we have that small essence of maturity of life skills. We're both in our early fifties now and you can share that with other people. It's almost like a mentor type relationship where you've done it. You've been there and done it and now you're explaining or sharing your wisdom almost if you like with people who are just going through the stages themselves. I know that if I was in their shoes, I mean if I had that opportunity when our children came along it would have been fantastic. We've gone through the process, it's all been good but it would have been even better if that had of been explained then as well. (W4)

While there is no consensus as to extent of knowledge required concerning family violence or parenting, facilitators do need to have skills in group facilitation and being able to communicate with parents:

I think that when you have some experience in facilitating groups and doing group work, obviously it makes you more comfortable talking to people, and you get your flow a lot easier, both that public speaking aspect of it, but also the organisational side of it too, so that you know what you need to have prepared, that you need to get there earlier, you need to have some refreshments all of those things. So the basic operational side of it is one part, but also having the skills to feel comfortable and talk to groups of people, and to also know that it's okay if you don't have all of the answers that you can write them down and say 'I'll get back to you on that'. So that's really, really helpful. But also being able to make the links into what else might help for this couple, or what else can they be referred to, or what other supports are out there. (W8)

Until now, facilitators of a range of backgrounds and with differing organisational affiliations have been recruited. However, some informants believe that if the program is to survive long-term, it needs to be embedded within programs with ongoing funding:

Yeah or choosing your facilitators in a specific way so that you're training people who are already working within certain systems, who can deliver that information, and just say worst case scenario it doesn't get funded again, what do you want to do with all that wonderful information, you don't want it to just disappear and sit on a shelf somewhere. So it's about embedding it within a range of different service organisations. (W8)

For others the assumption was the program would become part of the work of the maternal and child health nurses:

We're not really involved in Baby Makes 3 but, I'm talking about nurses, we all probably know that if the program's successful maternal and child health will have to

pick it up and do it in part of their workload. I guess that's what's been indicated. (W6)

While none of the maternal and child health staff informants had undertaken the training for Baby Makes 3, those who had trained as facilitators reported up to 20 or participants in their training sessions. Concerns were raised that too many facilitators had been recruited⁵:

... a lot of effort was gone into putting this training out and so many people trained, for what reason I have no idea. Because we can't do that, you can't - there's so many trainers with not getting experience, not getting fluid work that's happening with the groups. (W2)

This was particularly an issue in Warrnambool and surrounding areas. It was the understanding of one facilitator that there had been

Twenty-eight people trained to facilitate the groups in this area. There was only plans for 24 sessions for a year, which means that there's not - that's not even two groups per year for people to do, so there's no consistency in using the material. Even though the training it's there and there's something shown how to work through each part of it, just to work through the booklet. But the amount of people there each time you go back, even though with this training, I had to go back to it next time and go okay we had to go through the whole process again. Of relearning this because it's been six months since we've done a program. So I think that - I don't think that supports good work. (W2)

Hence, it was not uncommon for facilitators to report delays of several months between completing the training and commencing as a Baby Makes 3 facilitator:

Yeah it was definitely a long time between doing the training and running the program, and I think if I hadn't had quite a bit of prior experience, I would have been very nervous about, 'oh my gosh what am I going to do, I can't remember half of it, I'm not sure what they said', you know all of those things. So definitely the time lapse between the training and running the program, I think is a bit of a red flag, it's an issue. (W8)

In some instances a lengthy delay between training and running a group was due to a planned group being cancelled but could be associated with facilitator availability:

Yeah, it was a pretty long time. So basically the last night of the training I came and shadowed a person doing the delivery of the first program in [Location]. So that was

⁵ It was decided to have a pool of facilitators given issues of geography, cost of travel and need to ensure the ease of finding a facilitator. It is acknowledged that this means a time period between the opportunities to present sessions. In addition, it was anticipated that there would be attrition after training, however, so far only 2 facilitators have left the pool, far fewer than expected.

really quick and that was really good to do that. But the time before, it would have been a good three or four months I reckon. ... I guess that was a bit of me being blamed for that. The sessions in [Location] didn't gel with nights that I could do it. So with that in mind, it was sort of me really. But I was itching to do one and that's why I did the one up in [Elsewhere] because I wanted to get in and do it before I totally lost it. (W12)

While it is necessary to have a geographic spread of facilitators across the Great South Coast Region, Baby Makes 3 has been designed to be run by pairs of male and female facilitators, but there were far more female than male facilitators.

There is not a lot of us trained down here so what I have seen it's really really difficult to plan when you will do the program and we don't know, 6 months and a year. We just don't know so it's a fine balance between having enough facilitators and too many. So ah that's not a huge issue for me because I am a male and there is not many of us but for the females it's an issue but it's a long time between drinks. Perhaps you are better off giving a few people a lot of work rather than this sporadic work because sometimes I am on the verge saying I don't think this is really worth it. I can get more consistent employment somewhere else (W5)

From a management perspective, there may well have been some logic to recruiting considerable numbers of facilitators and training them to be facilitators for Baby Makes 3, such as wanting to ensure sufficient facilitators remain after some attrition. However, as the previous informant notes, if there is too little work available, this can lead to facilitators leaving the program.

A further issue potentially associated with the numbers of facilitators being trained was the cost associated with this. This was raised by a facilitator whose experience of Baby Makes 3 was that the budget for running costs, such as basic catering for group sessions, was insufficient and suggested that a more targeted approach to training might release additional funds for program delivery:

So I think that was an area, and I think the other part to that is when training so many people, it did take the financial loss of doing that, meant that when we did have the nights. Things like supper or other resources had to suffer because all the money had been spent in training areas rather than on the groups to be able to support them. (W2)

Training program

Prospective facilitators of Baby Makes 3 are required to attend a two-day training program. As with many training programs, a portion of this was taken up with administrative arrangements⁶:

I mean we live in a climate where everything has to be, you know, 'the t's have to be crossed and the i's dotted.' Probably a quarter of it was bureaucracy going through occupational health and safety to do with Council stuff which is almost irrelevant.
(W5)

The majority of the training time covered issues directly associated with the program including an overview of issues associated with family violence and the content of the Baby Makes 3 program. The program provided was the same for all participants, irrespective of prior training and experience in the field of family violence. Consequently, tensions around the recruitment of facilitators were reflected in facilitators' evaluations of the training program. A facilitator with considerable work experience in this field, believed the training to be suitable for someone with their experience but doubted it would be sufficient for someone new to this work:

Well it was okay, I'm actually trained as a - and I've got - of men's behaviour change, men's family violence, I've done over 300 hours of men's behaviour change group programs. So I've got a very good background in group work and also in family violence and the processes of it. So I thought that was probably easier for me to grasp what it was about. For others I don't know if it was probably enough training ... (W2)

Indeed, for a facilitator with no background in family violence⁷, it would have been beneficial had the training been slightly longer as there was much to comprehend:

Well for me it's a huge eye opener. I think whenever you're told something new for the first time and particularly when you're told it and your ears stand up and you think crikey I didn't know that, it draws inquiry. You think to yourself, that's interesting. How can I do something about it or how does that impact on people that you see every day? How does it impact on a particular type group, for example young parents in this case and the factors that influence their behaviour and if there's anything that you can do as an educator to improve the outlook, then so be it because at the end of the day if that actually improves, well it reduces risk first of all and then hopefully goes towards improving the outlook. So it's one of those things.

⁶ It was acknowledged that the administrative procedures were time consuming, but they are necessary for employment by Warrnambool City Council.

⁷ Training includes a component on family violence. It is acknowledged that this might be more or less relevant depending on the professional background and experience of the facilitator. All staff are encouraged to do any relevant professional development training in the family violence area. The 2 day VicHealth course was provided free to facilitators soon after the BM3 training.

This woman said to me that you live in a part of Victoria that displays domestic violence to x percent but nationally it's only this much and we're off the radar. Well it's cause for concern. (W4)

Some facilitators would also have liked more opportunities to practise the role plays and other group activities:

Personally, I wouldn't have minded another day just of practising, of our instructors just perhaps even consolidating with the background behind the program and that a bit more. (W13)

The opportunity to participate in practical training exercises was not only appreciated by those with limited experience in the field of family violence, but also by some participants for who already worked in this area:

In linking that in because they don't really want to talk about domestic violence in the training, so yeah. The information sort of gives you a background of why it's so important in the rates of domestic violence and those sort of things. I think that the rationale, if you like, of doing "Baby Makes 3," was adequately explained. For me, working in the industry, what I liked about some of the exercises in it, I could see how giving that sort of information to newly formed families would be very helpful in hopefully offsetting domestic violence. So the exercise, like shared workloads and setting the conversations within the family but this is a difference and we need to be talking about that, so just to open up that I think would be a really positive shift. (W3)

However, for most facilitators, the length of the training session seemed appropriate:

I think if you tried to squeeze it into anything less, that wouldn't be a good thing. Much more probably wouldn't have been. So when I gave my response back for that training, those days, I did say that that was exactly right. (W7)

Similarly,

Yeah, I certainly felt confident in going out and delivering it. It would be interesting to—because I've done the training and presentations to other people in other areas, I guess I felt pretty confident but even listening to some of the other participants, they felt confident who hadn't done that sort of stuff. I think the training was really good for that (W3)

In addition to the training sessions, participants were provided with a range of resources in the form of manuals and DVDs and USB stick, which they could refer back to when running a group. This material was highly regarded for both the quality of the content and its relevance:

Yeah, the training manual is very nicely put together and I like the way things are highlighted. I like the fact that it's very succinct to the point and the running order, when to show your slides, what to show, the meaning behind each of the slides and also the objectives of each exercise, they're very clearly laid out. The trainers do a great job in explaining the booklet to you and they'll often point you towards the facilitators' guidelines which give you an idea of how you should be directing that particular presentation. (W4)

Although most facilitators spoke positively about the training program, the facilitation of the training program is crucial. One participant spoke of attending a training session in which presenters confused attendees by a lack of clarity as how the sessions would be run. Furthermore, it resulted in participants finding that what they had prepared for the second day was not used and conversely they had not prepared for the scenarios which were practised:

I think the way it was presented was excellent, and the opportunity for a group discussion and role play was really good. The materials were good, but we then changed, during the training we changed the process around which caused a bit of confusion with some people. ... So during the training on the first day we were all told, well this is what we are going to do, you are going to practise this part and go away and do that. And then when we came back on the second day they said, well actually that's not going to work like that because we haven't covered that part yet, so we'll all stick to this particular scenario. Whereas people had sort of read over a few different scenarios, but some of them because we hadn't read over them the day before, they then said 'no we won't do those'. (W8)

When Baby Makes 3 was introduced to the Great South Coast Region, it was recognised that there would be the need to provide ongoing support to facilitators after the initial two-day training event:

How do we equip ambassadors to model what they're speaking about, and be able to have the conversations around violence? It's the same thing, I think, with facilitators. How do you equip them, and support them, and sustain them in the tricky conversations around violence? Which will always come up in this space. Yeah. And be confident that we're modelling what we say. You know, because we're talking about being the difference. We're asking people to facilitate a discussion around healthy, equitable, respectful relationships. So we want to keep coming back and checking that we are doing that. (W1)

While some facilitators had participated in subsequent meetings of Baby Makes 3 facilitators, others would have valued this opportunity:

At that time but perhaps it would be great if after you've perhaps delivered one or two programs, to come back and just regroup and have – I suppose we've done that a little bit, we've had a couple of catch ups – but to perhaps even have a little bit of additional training then. A good evaluation and a bit of additional training would be

really good to just look at, okay what was your experience of that and what others experiences might be and troubleshooting a little bit. Because we sort of have had it informally I think kind of. (W13)

As Baby Makes 3 has been embedded into a broader strategy for gender equity and violence prevention within the Great South Coast Region, facilitators may well have received invitations to various training and other events but which were not specifically badged as being for Baby Makes 3 facilitators:

One of the things that we were tracking ourselves alongside the development of Baby Makes 3 was the need for there to be, as I said before, a more generalist approach to building people's understanding of the issue of family violence, as well as the need to do some significant work in raising people's awareness of primary prevention and, quite frankly, what primary prevention is. ... So while that included maternal and child health staff who were explicitly connected with Baby Makes 3, it also included a range of other service providers working with children and families in that early years area. So we looked at making sure that we were tailoring both – not so much the information, which, you know, is quite Family Violence 101 I suppose you would say, in its scope, but about making sure that we were drawing on the experiences of people within the early years area to complement the training. So making sure the examples that we used related to the experiences that people within the early years area might have, particularly around gender equity, that was important. So using some examples that drew on children's play or roles of parents as they might expressed within either a maternal and child health space or in a kinder or childcare space was really important for us to be able to connect the concepts that we were discussing with the work, the day to day work that the practitioners were doing, because the majority of the training thus far has been with practitioners directly. (W14)

Most of the Baby Makes 3 facilitators had in fact participated in violence prevention training beyond the two-day training program for Baby Makes 3. However the extent to which was associated with their involvement in Baby Makes 3 or other employment remains unclear.

Program delivery

Baby Makes 3 programs have been conducted in a range of settings across the region. Although the program has been designed to deliver the same content irrespective of who and where the facilitators are located, the experiences of facilitators and participants varied in respect of their responses to particular aspects of the program, understanding of the role of the facilitator, the

congruence between attendees and the target audience, size of the group and the appropriateness of the venue.

Program design and content

Informants were enthusiastic about the arrival of Baby Makes 3 in the Great South Coast Region and happy to be involved in this initiative. For example, as one facilitator reflected

Well I just wholeheartedly support the venture. I'm very pleased to be on board with such an exciting venture. I think it's got a lot of value. It's got a lot of merit in the community most definitely. I've only done three sessions but I know, the sense of awareness that you get of what young parents think of it and what other people think of it as well. It's a great asset to have on board. It's a great set of I suppose guidelines which can only stand you in good stead. (W4)

Baby Makes 3 has also been well received by many of the parents who have participated in the program:

The units are delivered in two hour sessions over three sessions, so which is three two hour sessions and they tend to be done on a weekly basis one evening per week over three consecutive weeks. Each module is delivered and I must commend the document itself. It's very well crafted. A lot of interaction and discussion as well as workshops and one on one time as well. Some of the feedback that we've had from parents, indicate that they're very pleased with the product. They like its casual nature, casual but also slightly structured as well and they like the fact that this is probably the first time, the first opportunity that a lot of the parents get to actually talk about issues that normally they wouldn't talk about. So it's great in that sense. (W4)

Although funded as a violence prevention initiative, one of the attractive aspects of Baby Makes 3 to informants was that it focused on the development of healthy relationships between parents rather than having an overt focus on violence:

I think the Baby Makes 3 is quite an outstanding model. I like the idea that we actually – you know, in my thinking, it's sort of best practice primary prevention because you don't even need to have the conversation per se about violence. Your focus is more on equality and respect. Certainly, they're the themes and that's our message. We aim to work in the primary prevention space. (W1)

By not focusing on violence, this opens up an opportunity for parents to explore potentially difficult issues which can emerge after becoming a parent for the first time:

Yes I don't think we should be using the word violence in there I don't think we need to discuss anything about violence within the groups. That wouldn't be a good place to go at all, I think we'd be frightening everyone, we don't want to be talking about that. But it's more about what they do in their everyday life, what role do they have in their families, what role do they have with their babies, what role do they have with their partners, how do they support that. When it's really put out that and discussed and starts, you do find that a lot of the men will openly say I do recognise that she does all the work, I'm not there even when I'm home, I rely on my partner to look after the baby. I do feel nervous and the discussion gets broader and broader, and it's encouraged. (W2)

Whereas the mothers frequently were already linked in with other new mothers through the maternal and child health service, for many of the fathers attending Baby Makes 3, the opportunity for discussions with other new fathers was a new experience:

I went to this facilitators meeting the other day and so I was able to hear other facilitators talking, that particularly with the men, they found it was really good, like just to get them in a room together and just talk about some of these things because they don't talk to their father's about it and they don't talk with their mates about it. So being in a room with other new dads, the feedback was a really positive experience. (W3)

When Baby Makes 3 succeeds in opening up discussion on issues of equity, the program was considered to have met one of its key objectives:

I think the most common one that they all seem to get is the communication side of it – how important it is throughout the relationship. I guess going back to the model of the Baby Makes 3 is that the equity part of it when you're looking at their household portraits and all that. I reckon you see a few pennies drop in people's minds and thought processes through that. I really think that one people really see how things are from another person's perspective and how important the other person's role is in that family unit. (W12)

Baby Makes 3 is a highly structured program and each session has a different focus. Nevertheless, there was perceived to be an overall coherence across the sessions:

So, you know, each night is a specific focus and they do lead in to each other. So it does flow I guess. And I think also that it's not specifically worded about domestic violence towards women but, you know, by the end of it, everyone's got the picture that you're trying to reduce the risk of an unhealthy family unit and that taking place. (W12)

Not all components of the program were well received with some facilitators commenting on participants not engaging with the discussion on intimacy or using the intimacy cards which were provided:

We give them the intimacy card, they're coming back they don't seem to be fully using the intimacy cards, they seem to forget it ... So maybe there's a little bit more work that needs to be done, it's more enthusiasm about doing that and explaining more time spent on that homework part about the importance of this and what it means. (W2)

Resistance to engaging with the topic of discussion was also an issue for some facilitators in subsequent sessions, particularly when the focus was on issues of violence or hostility:

That's a good question. Alright, well if you take Session 2 for example, it's trying to push an agenda. It's trying to flush out, from the participants and the people that turn up, a certain angle as to, like the discussion around hostility and violence. I think from my experience that's been rather difficult because you don't really know, but it would appear that the people who have been attending, it's not really the area that's probably at the forefront of their issues I guess. (W5)

Some parents experienced that second and third sessions as being too focussed on fathers as being problematic in the relationship:

I've had the odd one or two that said, well the first one was really good but then following on from there they felt that it was too negative, that it was focused on the fathers' problems and not really helping and they felt – this is very a minority – they felt that their particular partners had enough to do with working, coming home. (W10)

Facilitators reported that the majority of parents participating in Baby Makes 3 found the experience beneficial⁸, even if some of the content was confronting:

I think the overall concept of having the experience of both parents are there, and I think at each of the two that we've done, when mum and dad have both been there for the whole group. By the end of it the discussion they're having is so much richer than it was at the beginning and they're saying we're now talking about stuff more than before and we're now recognising things that we hadn't thought of. So I think the concept and most of the material is really good if both parents are there, and they're attending each week, so they're getting all of it. I think that is creating conversation as well. (W2)

⁸ This is reinforced by the feedback from parents, as with few exceptions overall ranking of BM3 by parents on the feedback sheet completed at the end of the third session has been very positive. Attrition rates however show it is hard to keep all parents for all three sessions.

Almost inevitably in a program which is delivered in only three sessions, there will be issues not included or touched on very slightly:

Well there's a lot of material in three sessions, there's a lot of material in three sessions. But again it's that commitment to actually get people to turn up and then you say right oh we'll stretch it out to say four sessions. Then what do we do go to five six seven, I think the discussions that we have within this program are very simplistic. I think we're really just touching on it, I think that's the idea of the program, just to bring that awareness to the couples that there can be more to be done here. (W2)

On the other hand, it was recognised by a number of informants that for many of the participants, three sessions was a considerable commitment and increasing the number of sessions may well reduce the attractiveness of the program to new parents.

I think for couples to make a commitment for three weeks with a little baby, dads working, he's got to get home from work, and come along without having a meal or anything. To come to these groups I think it's a massive commitment for him in the first place, so I take the hat off to any of those people that come along to it. So I think we've got to be careful about not making them any bigger. (W2)

While there was a suggestion from one informant that “Maybe if it was tightened a little bit and you could get it down to a two week session” (W12), the general consensus was that three sessions was the appropriate length for the Baby Makes 3 program.

Another concern raised by a facilitator was a perceived lack of follow up to Baby Makes 3⁹:

I don't know that there's really any offer of anything ongoing for support from this program, where do we go from here. I don't think there's anywhere that's given out where we can go from here and they wish to continue this discussion or more support with it. (W2)

Although Baby Makes 3 was only a three session program, within the Great South Coast Region it was being offered to all first-time parents as a part of the standard Maternal and Child Health care package of services¹⁰. Yet for some participants the relationship between Baby Makes 3 and other maternal and child health services was unclear. As one facilitator explained:

When we were recruited as trainers we were told that the parents that would attend would come via the maternal child health referral pathway and they'd have an understanding of why they were there. My experience has shown that not all of

⁹ BM3 is not intended to provide any ongoing support to the parents. It has been noted that some mother continue to meet socially.

¹⁰ All parents come via the MCH new parent groups.

them know exactly what to expect when they come. So I'm not sure if that link is as strong as maybe we'd like to think it is. Not all parents are aware of what BM3 is, what it's about, what it means. So we spend a quick 10 or 15 minutes at the beginning of the first presentation just reiterating the message behind BM3 and why parents are there. Just very gently, just to sort of ease people into it slowly. So the link is not as strong as perhaps we'd like to think. (W4)

Consequently, some parents initially came to Baby Makes 3 expecting it to be more explicitly about parenting than about the impact of having a baby on their relationship¹¹:

So maybe if they had that full understanding of why they were coming to Baby Makes 3, as opposed to a parenting – you know, normal antenatal class, then they might see a bit of a difference. It's not all about baby. Baby Makes 3. (W7)

Whereas facilitators were primarily focused on content and design of the three session Baby Makes 3 program, for other informants the pressing issue was how it related to other services provided to parents. Unlike other services provided through the maternal and child health staff which were specifically for mothers and held during the day, Baby Makes 3 was specifically designed to include both mothers and fathers and held during the evening. Yet facilitators were concerned that some of the maternal and child health staff may not have been explaining to mothers that the presence of fathers was integral to Baby Makes 3:

When I had my first few classes, the people that were turning up, they had no idea what they were turning up for. They were just told to turn up. They didn't know what they were getting, or what it was all about, so that was a bit of a wakeup call, the alarm bells were ringing. So I'm guessing that—and I don't know, I haven't spoken to any infant welfare nurses down here, but if they're not on board, this thing won't happen. They're the ones that have got to sell it, they're the ones that have got to get it into the mum's heads that the dads have to—that it's really beneficial that the dads come along and that you're going to get a whole heap out of this course, you know, it's going to be really beneficial to you in the next couple of years. (W5)

It was not uncommon for Baby Makes 3 to be run as three of the sessions in a larger program over eight or nine weeks for new parents and for the coordinators of pre-existing parenting programs to have to configure in the Baby Makes 3 sessions. As one facilitator said of the local parenting group coordinator in the maternal and child health centre:

¹¹ To address the knowledge that parents have about BM3 the project manager now attends all MCH new parent groups and many of the MCH nurses actively promote the BM3 program to the mothers in attendance. It is acknowledged that only mothers attend these groups and some might be absent when the BM3 presentation is given.

I feel for [Name] ... she's in charge of the first time parent's group. I feel that she's made, she's never said, she's just absolutely a fantastic person, she's never said or anything, but she's got to kind of make room for the three consecutive Baby Makes 3 programs to come in. (W13)

In some places this resulted in a group that had one or two day-time sessions, then three weeks of evening sessions for Baby Makes 3, then further day-time sessions. For maternal and child health staff who were responsible for these larger programs, concerns were expressed that mothers who were unable to participate in Baby Makes 3 would not return for the latter sessions, and even if they did, the connections they made in the first weeks might have been lost¹²:

I do place a lot of value onto it. But the concerns are more around if people aren't going to Baby Makes Three and they're not catching up from week to week those three weeks well then that connection I guess is lost. With the whole First Time Parents group there's the education component then also building up that social network and sharing those challenges and I think they're just as important perhaps as what's going on, oh not just as important, but it's really important for them to finish that eight weeks and have those strong connections to people in their community because if things do a bit pear shaped if they're isolated then they're in a bit more strife. (W11)

In some areas, the issue of group disruption had been resolved by maternal and child health staff facilitating a five-week day-time group, followed by the three evening sessions for Baby Makes 3. Another variation was to run Baby Makes 3 in alternate weeks:

Either side of that we have an introduction - the first group we have an introduction to the group, so we talk about supports and communications with babies, questions whatever they have. Then the next one we have - we talk a little bit about lifestyle changes with a new baby and then after that they follow on with a Baby Makes 3 session in the evening the following week. Then they come back to us and we talk about development, what to expect in the first six months. Then they do another Baby Makes 3 the following week, I mean it varies because we're in the country. Very different to being in a city. (W10)

¹² Various models of when to deliver BM3 have and are being trialled. In general it is presented at the end of the MCH daytime new parent group sessions. This is still a work in progress. More work is to be undertaken to look at the "path" between new parent groups and BM3. There is a drop off between the number of new parent "births", the numbers who attend new parent groups and then the numbers who attend BM3.

Program facilitation

While there was a high level of agreement around the design of Baby Makes 3, the experiences of facilitators around delivering the program were varied. First-time facilitators tended to follow the manual very closely but with experience learn to adapt the program to the particular circumstances of the group:

Well the first time I did it I was probably really looking at, oh my goodness, can I facilitate this information and keep the group engaged and voice of flow and relax a bit and all the rest of it. Then I suppose the second one I was thinking a bit more about what they're looking for, how we're going about it and that and then and so on. I honestly feel that the manual is very helpful. There's not too much or too little information and say if the group is very small as occasionally you have, just change the format a little bit and really try and tune in to how the group is and covering the essentials at the same time, that sort of trying to develop that skill a bit more. So generally, because occasionally we might kind of like go into something that's, start to go into something that's covered in the next session or in the next week which is often great because then it's sort of that, topic has been opened a bit for discussion but don't pursue it then just leave it for next week which also I feel indicates that how the information is presented, like it flows on well, it flows on quite well. I haven't got any personal or – I think that's all good and I like the manual. I'd be lost without that. (W13)

However, Baby Makes 3 may actually be most effective when facilitators are able to put aside the manual and draw on the experiences of groups members which differ from usual expectations about the roles of mothers and fathers:

There was a couple there who had the sort of opposite traditional roles, like dad did most of the work with baby, and mum was happy to let him do that, and he was quite open about if he had his way he would have stayed home with the baby, but it was much more about the financial decision. And that was good for everyone else to hear, that here is a new dad who actually would prefer to stay at home with the baby. So there were conversations that took part between the groups, and the conversations that came out of the material I think were probably some of the best parts. And it was because it wasn't scripted by us, it was actually just that free flow of conversation. (W8)

One issue raised by facilitators was the length of time for the weekly sessions¹³. For example, some found the two hour sessions too short a time to get through the material:

¹³ Facilitators are paid for 1 hour before through to 1 hour after each session.

Well the only issue that we tend to have, particularly the first one, we went way over time and that's purely because the material was new. Although a time indication is given as to how much time you should spend on a particular component or where you should be by halfway for example, I felt that on the first session we went a long time over, probably about 40 minutes. We did two hours, forty or almost three hours in the first session and of course we sort of clawed that back in the second session. So rather than rush the material, I think the timeframe should maybe be made to two and half hours per session rather than two because as adults we all learn in different ways and we do the hands on stuff, we do the stuff through the projector and on the board, we do the group activities. So we're kind of trying to tackle all the sort of other learning styles but I think the timeframe and the amount of information that we're trying to impart we could do with a bit more time for it to be totally effective, to be more effective. (W4)

Conversely, it was also suggested that the session times could have been reduced to around one and a half hours in length:

We probably could have got away with an hour-and-a-half in all honesty, because we took a couple of breaks and things like that, because changing babies, or having a cup of tea, and we had refreshments there, but nobody really wanted to have anything to eat, I think they just wanted to do it and go. Not in a bad way, I mean nobody was rushed to get out the door. But after probably all of the workshops, people just talked for another 20 minutes, 15-20 minutes, and that was really good as well. So I think having the, maybe cutting it down to an hour-and-a-half, and then allowing half an hour for refreshments and discussion at the end, so people can choose whether they want to stay or go, might help as well. (W8)

Having time for participants to talk amongst themselves was also important, and in some groups participants would stay talking with each other and/or the facilitator for half an hour or more after the formal end of the session. Some facilitators experienced this as a tension:

So after 8 o'clock, we're conscious to kind of – and we are. We are packing up. Like I did – I was putting things away because I needed to get home to my kids and whatever. You feel a bit guilty because you know that they probably want to hang around a bit longer. (W7)

At the same time, there may be considerable benefits to parents by providing opportunity for the discussion to continue informally after the session:

They've had a great evening; they've got so much out of the two hours that they were there. If they've got issues, you want to be able to just talk through them or – even if they just want to have a chat afterwards. You don't want to be hurriedly trying to get them out the door. (W7)

Integral to the design of Baby Makes 3 is that the program is delivered by a pair of facilitators, one male and one female, and this was endorsed by informants.

I think of anything I know about domestic violence, it's always good to have both genders present. Yeah, because it does help, you know, and that's what's good about being able to break off and do a bit of individual work, which is gender specific and come back as a group because I think it's just good modelling, if nothing else. (W3)

In some groups this modelling of relationships was associated with the facilitators being married to each other. These facilitators considered that talking about their experiences as a couple made it very real for the participants, and that this resulted in an extra level of connectedness which helped participants to feel safe and discuss more sensitive issues. For example:

We understand each other, there's a good chemistry and I guess it exemplifies what we're trying to do. In terms of BM3 it's all about sort of harmonious relationships and the fact that yeah you can have your disagreements but hey this is how we would deal with them and you can reflect on your own experiences and I think that creates a nice grounding for all the parents that are there. (W4)

At the other extreme, there were some facilitators who first met just prior to the first session¹⁴:

Most of them I met at training and I think one of them I met on the night, but we had discussions beforehand, phone calls We got there early, got used to each other's space and went through the literature. (W5)

However, for some facilitators, not meeting until just before the first session was far from ideal for developing an effective working relationship.

Yeah, we met before. So we met and sort of talked about what we, you know, could deliver each and talked about where we'd back-up each other. So there's a bit more time planning it than what you would think, but that's alright. (W12)

Establishing a working relationship was especially important when facilitators came with differing expectations as to how they would deliver the program:

I suppose other than that it's just personal differences, like my co-facilitator was happy to give examples of his own children and things like that, whereas I wouldn't do that, so that's not the way I do things. But that was okay because there was nothing personal or nothing that crossed the line or anything. So it's just individual differences after that in how you present. (W8)

¹⁴ All facilitators are encouraged to meet and discuss the presentation prior to delivering the first BM3 session.

The availability of a co-facilitator of the opposite gender, along with an expectation that new presenters would work alongside an experienced facilitator of Baby Makes 3 has resulted in some facilitators working a new co-facilitator each time they have presented the program. For those who had the opportunity to continue working with the same co-facilitator, this was a preferable arrangement and much easier for the presenters¹⁵:

I guess we don't have too many trained facilitators in [Location], so we've got I guess the advantage of we're stuck with each other, which is a good thing I think because we work well together and it's not as though we have to sit down before each session and go, "Well this is what I'll say and this is what you'll say". We sort of just stick with that routine. (W12)

Program reach

Baby Makes 3 was designed as a program for all new parents and as several informants noted managed to attract parents of various ages:

Age is varied, we had some very young parents, right through to parents that were first baby round 40. So we did have a very broad view of them and I think they all participated in their own way. Probably the younger ones were more open about participating, but that wasn't necessarily something well not in every case. So I think the discussion really opened up for everyone a bit to participate, ... I think everyone was participating okay and I think having that mixed age and mixed groups was good. (W2)

Nevertheless, at least one informant considered that younger parents were less likely to attend a program like Baby Makes 3, particularly if they don't have access to transport in the evenings. There was also perceived to be a bias towards parents who already had the communication and relationship skills which Baby Makes 3 is promoting:

I have had that feeling and thought myself a little bit because the couples that we have seem to be quite well versed and educated in a lot of the skills, particularly perhaps the skills like communicating with one another, problem solving, respect and things like that and appear to be. (W13)

A number of informants specifically commented that the program was "preaching to the converted". For example:

¹⁵ To spread work around the "pool" of facilitators it is common that there is no consistency in who might be your co-facilitator. This is another logistical issue that has both advantages and disadvantages.

Mainly what I've told you that I think we are preaching to the converted, I do feel that quite strongly. Although I'm quite happy, I just think it should be perhaps linked into whatever we - even though we say domestic violence is across the whole structure of society. It often does seem much higher in lower socioeconomic groups, it is quite high there. I think those groups probably need to be addressed a bit more, that's probably my main concern I suppose. (W10)

In the main, participants were perceived to be middle class and among the more affluent members of the community:

They're certainly not low socioeconomic. They both work in most cases, or they have the ability to work. So I wouldn't - in any of those couples, I didn't see any socially excluded or disadvantaged couples in any of those. So they were pretty much middle of the road couples that attended. (W7)

As such, Baby Makes 3 has a similar reach to many other community-based health promotion programs:

So that's one thing [laughs]. But the other thing is that - I think is a struggle for all health promotion, actually, to engage effectively with people from relative socioeconomic disadvantage because sometimes - and I'm not saying this is the case with this program - but I think sometimes health promotion programs are seen as kind of targeting the worried well or the kind of, you know, people who's already got enough health literacy or enough underlying information to acknowledge that this is something that they want to participate in. So whether the pitch is right for everyone, I don't know. (W14)

Nevertheless, Baby Makes 3 was still considered by informants to be worthwhile for those who do attend:

I think they might think they're bullet-proof in that sense. You know, they come along and it covers quite a lot and I just know, in my own life, you just think about things that you deliver and that and what I've learnt from it and you can certainly put it in your aspect. You know, do you use it within your life? And who is to say, you know, at the moment they are all rosy, but things might change and they mightn't change to the extreme, but they may hadn't they done Baby Makes 3. You know, so this is, I guess, part of my thought process of the participants that say, you know, you're teaching the already converted - well, who knows what's around the corner really. And I'm hoping some of the stuff they learn in Baby Makes 3 will prevent worst case scenarios taking place throughout their lives. (W12)

The intent of Baby Makes 3 is to be a program for couples with their first baby, including those parents with "a first child of this current relationship", despite one or both parents having a child

from a previous relationship. It was unclear to some informants as to whether these families were within the target group:

I think that one of the things that is a problem is where new families have a further child and the previous children aren't to the same partners, so it's like a new child to the next couple but I don't know whether they get automatically into this programme because they have previous children. So I think that would be something worth thinking about because I think as we know, there's a lot of issues come up with step-families and stuff like that and I think that probably needs to be addressed (W3)

A number of facilitators reported having single parents attending¹⁶. Not only was the material not aimed at single parents, but ensuring they felt included in the group potentially detracted from the program for its intended audience:

Well because it is about communication between male and female, about mum and dad. It is for communication and about that equality discussions to have dad included in those discussions. Which when you've got a single mum that's just not going to be happening and I'm not saying they should be excluded, but talking to this girl over that period of time. She did feel a little excluded, everyone tried to support her and make her part of the group, but I don't want to exclude anyone, because I think everyone should have the opportunity to be able to discuss it and be able to talk about it. (W2)

One possible explanation for the attendance of single mothers at Baby Makes 3 is a failure of maternal and child health staff to appropriately target the intended audience for the program. However, there was some evidence that parents in the target audience were inviting others they knew to attend the group with them:

Well it was interesting talking to them because some of them had been informed about the program through the maternal child health nurse, but then there were also comments such as, 'my friend told me to come along', you know. So I think that what had happened, and this is only my assumption, was that there had been maybe one or two meetings of the mums group, and that they were talking about it and say 'oh I'm going to this, you should come along'. And that's what happened. And the first session where the single mum was there, it was quite clear to her after a short time that this wasn't the right place for her at that particular time. Not that she was

¹⁶ In the discussion at the workshop, LGA nurse managers emphasised that they strongly supported single mothers attending, particularly if the BM3 sessions were scheduled in the beginning or the middle of the new parent group sessions. Attention therefore needs to be paid to making sure facilitators are aware of this, and to ensuring that the activities during BM3 sessions can be appropriately directed for any single mothers present. Encouraging single mothers to bring a support person if they wished was recommended.

uneasy or anything, because her friend was there, but she sort of you know, the materials weren't of great benefit to her. (W8)

However in the absence of more suitable programs, parents outside the target group may be drawn to Baby Makes 3. One program need which was identified was around parenting and relationships for single parents:

Sometimes I think because it's for couples, you'll sometimes get single parents who do not come because they're on their own, but also those are the very parents who will end up with a new partner. We're missing those, because they're not going, they're not part of a couple maybe at that particular time, it may be a single mum. This I haven't known this happen, so they're kind of not being given the same information and then if they do then, which is often the case, go into a new relationship with this fairly young child. Then they haven't had any of that information. So I don't know how you get around that. (W10)

In terms of program reach, as well as taking account of who is attending, equally important to consider is who does not participate in Baby Makes 3. Although designed for couples, it was not uncommon for fathers not to attend:

But you get a lot of the mums coming along with the babies and no dads. So you'll have half the group there'll be no dads there, and really that discussions, we're putting that back then for the mums, again for the women who are responsible for the communication and looking after the baby and even turning up for these groups. Which is what we're there for to try and get past the support and the quality. (W2)

While there may be fathers who chose not to attend Baby Makes 3 with their partners, other commitments, particularly those which were work-related, would often result in one or both partners not attending all three program sessions:

I suppose the other thing is logistics. You get parents who will come to the first session. They might miss the second session because they've got a work commitment and I don't know what the guidelines are around, will they be counted as data for the overall continuity of the three sessions that they should have had and they've only had two, because they come to the first and the third or the second and the third? There's those kind of things that – I know that in the ideal world it would be great to have both parents at all three but that's not always possible and sometimes the timing cannot be right for sort of shift workers and that kind of thing. But those are, I suppose, more social issues than anything else, yeah, flexibility around work and availability. (W4)

With a sequential program, facilitators would expect participants attending the second and third sessions to have attended the previous sessions. Yet it was not uncommon for facilitators to have

new participants arriving after the first week. This not only created difficulties for the facilitators but threatened the rapport that group members had begun to develop. As one facilitator explained:

I think I had one case where I had one lady turn up on the last session and the last session's the best session because you get to kind of sell it and it's a really good session usually, but I had basically a brand new person turn up and it's killed it. The night was a bit of a flunk. I mean they still all rated the course really highly, but one couple—well a couple of the dads, actually the dads didn't speak at all that night. It's hard enough to get them there, and then it's hard enough for them to feel comfortable, and it's hard enough to get them confident, and then you've got a stranger come in and, you know, it killed it basically. (W5)

Informants considered the program had little or no reach to families where there was already a high level of welfare involvement:

I think that – you know, the other thing about our region is there are a high number of people already connected in some way to the welfare system and it may be that preventative programs don't have an immediate reach because they're perceived as being another level of kind of government intervention in people's lives. (W14)

The question was raised as to whether the links between Baby Makes 3 and child welfare programs and child protection systems could be strengthened:

Let's say the more at risk families where the potential for family violence is much higher, and these are the ones that we are not getting to see a lot of in any of the programs, it's not only Baby Makes 3. I think that there are certainly avenues for referral into Baby Makes 3 through Child First or Child Protection, if there is, because there's a high risk infant panel that's already set up to monitor at-risk pregnancies. So referring these couples or the mum and her partner into such a program and saying 'look this is what we want you to do', would be ideal. Through family services, and I know because we run a family services program here, there's fantastic potential there because we are always looking for programs that will help support clients. So referring in through family services when we have an expectant couple, is another avenue. (W8)

Participants in Baby Makes 3 were predominantly of Anglo-Celtic backgrounds and as such somewhat representative of the broader community in the Great South Coast Region. In a typical group:

We didn't have any Koorie people in the group that it know of, that doesn't mean that there wasn't, just that I didn't recognise them or have any evidence that they were Koorie or anything. We don't have other cultures, many other cultures in these areas here, they're mostly your white Australian backgrounds farming backgrounds yeah, British descent people. (W2)

Despite the presence of indigenous communities, particularly in the Framlingham area near Warrnambool, Baby Makes 3 was not perceived as necessarily appropriate for use in indigenous communities in its current format. For a start, it was considered that a program for indigenous Australians would need to recognise the importance of the community context rather than focus solely on a nuclear family:

I think we'd have to rewrite the program, in a wholly different language, because I do work with a number of Koories we do have a fairly large Koorie population in this area here. I do have Koorie men coming to our groups for the men's behaviour change. But there is a different language, because we see families so differently, the Koorie see family so differently and talk about families so differently when you're talking Aboriginal family you don't just talk mum and dad. When you're talking family you're talking extended family and that can mean dozens and dozens of people, so it's a family circle rather than immediate couple. ... (W2)

This leads to a differing understanding of the causes of violence which may diverge from the theoretical underpinnings of a program like Baby Makes 3:

We certainly know that there's a high prevalence of family violence within Aboriginal communities. But the way we look at it through non-Aboriginal eyes, is we see it from a feminist perspective, so it's about power and control and it's about patriarchy. Whereas, in an Aboriginal context, it's different. It's about kinship and family and the shame associated with it in the Aboriginal community is huge. (W9)

In practical terms:

I think you'd have to have a different language for it about what does it mean, what does their culture mean, what does it mean by having the rest of the family involved, are the rest of the family involved. It is appropriate because when we talk about men's business or women's business, it's not appropriate for men in many cases in the aboriginal culture to do different things with their babies or do different things with their children. That's a cultural issue it's not an equality issue, it's men have men's business and women and have women's business and men stand over here with that, that's more mum or grandma will be the support person for the mother and the child. (W2)

Despite recognising that a program tailored to the needs of the indigenous community would be more appropriate than Baby Makes 3, the question remains as to whether there would be sufficient indigenous families in the region having a first child to make such a program viable:

I mean I think last year there was 16 babies across say five LGAs, 16 Aboriginal, identified Aboriginal babies. So you're not looking at a huge number. Look if there was a few at the same time you possibly could, but they're spread across, as I say that wider area. (W8)

Logistics

The numbers of participants varied considerably between groups with up to 18 adults attending some groups; this was considered too large a group for meaningful interactions:

Well we've had nine couples and their babies. That's the largest that we've had. Now that was quite difficult to maintain because you have a lot more to deal with in many respects. So nine, that's eighteen, I mean that would be too big. I'd probably say six couples, which is twelve adults in a room plus their babies. (W4)

Conversely, there were groups which commenced with two or three couples, not all of whom attended each session.

I – dealt with some groups where I was dealing with three people; the first week you'd have three or four couples which is only just enough to kind of go with it, and then next week you've three people turning up, you know, two mothers and a partner. (W5)

As to the ideal group size, four couples was suggested as a minimum group size, with six couples considered the optimal size for group activities. By commencing with six couples, there was also an expectation that the group would remain viable even with some attrition in numbers over the weeks. However, forming the ideal sized group is not straightforward. From the experiences of informants forming groups, the numbers of parents who take up an invitation to join Baby Makes 3 is unpredictable and can result in groups which are larger or smaller than what is optimal:

I think all those groups, sometimes you have a huge uptake. I could send out 15 invitations and I might only have seven people that want to come anyway. But I don't know. (W11)

Baby Makes 3 groups are conducted in a range of community centres across the Great South Coast Region including maternal and child health centres. A key advantage of these centres is that they are suitable for families with young children:

Both the venues that I've worked out of have been very appropriate. I guess they're where maternal and child health nurses are set-up or there's children's services there. So they're set-up well for families' needs. And it's comfortable. (W12)

An added advantage where maternal and child health centres were co-located with other services for children and families, was an opportunity to introduce parents to these community resources:

We've got a great venue. It's an integrated complex so the families are used to going down there for the maternal and child health. Yeah, so that's centrally

located. It's a nice new building with all the mod cons. And I think parents like, mums have liked showing their dads, if the dads haven't been along to any of the maternal and child health appointments they'll say, "Oh, this is where we come for the needles," or whatnot. And I think that's a nice thing because there's a long day care there so it's kind of getting a little bit of familiarity and ownership about this family complex. (W11)

Some informants spoke about other community education programs, particularly aimed at men, which had been conducted in local pubs, commenting that they did not think this would be as appropriate a venue for Baby Makes 3 as the maternal and child health centres:

I was talking with colleagues in the women's health sector earlier in the week about, you know, people who locate men's health activities in pubs and stuff like that, and whether or not that was entirely appropriate. And to me, you know, you're going where people are already. You're connected it up with an existing mechanism through, you know, either ante-natal or post-natal – or you know, kind of maternal and child health groups. So I don't – I think you'd struggle to find anything more appropriate than that. (W14)

Conversely, it was proposed that community centres which do not have a child focus may not be an attractive venues for families to attend:

Well if you look at one of the main facilities here, it's called the 'Archie Graham Centre' and without being cruel, you know, you don't go in there unless you're over 70. It's got a hydro bath and it's – set up for the elderly in our community. I don't know whether you'd get young people thinking of going in there. You could sell it that way. Maybe it's another hurdle, I don't know. ... (W5)

Whatever the venue, it needs to be large enough¹⁷:

The venues we were fortunate in that the last venue we had was only the two couples. If there had of been six or eight couples we would not have fitted in the room, we would have been that jammed in they would have to hold the babies the whole time, it was just too small. (W2)

This means a space large enough for participants to bring their children in prams or pushers:

If it was like – you know, you would have a training room. I don't think that would be a nice feeling. Whereas this, you can push your pushchair, or baby carrier, whatever, right up to where you're sitting, next to you. It's very flexible. It's just easy. Yeah, the formalities are not there. I think that that's the way this program has to be. (W7)

¹⁷ It is believed all current venues are suitable for the BM3 sessions. 1 or 2 smaller venues are no longer used.

Further requirements include having:

enough space on the sides to do the baby changing. To do the breakout group. We actually went outside for one of the sessions. Then the dads went – or they might have stayed in the room. But there is an actual other room as well. So the space is nice. It doesn't feel confined. There's tea and coffee making just there, so no one has to actually go out of the way. (W7)

It is also essential that if a group is advertised with the promise of a meal then there is the capacity to provide this. While food such as pizzas or sandwiches may not require extensive kitchen facilities, requirements for serving food nevertheless need to be taken into account when selecting a venue to run Baby Makes 3.

Baby Makes 3 in a non-metropolitan setting

This is the first time that Baby Makes3 has been implemented in rural and regional areas and it was anticipated there might be different challenges to delivering this program in a metropolitan setting. For example, it was suggested by one participant that the Great South Coast Region may have more traditional understandings of gender roles than elsewhere in Victoria:

From a personal perspective I – you know, I actually grew up in this region ... where other regional areas have shifted somewhat in their attitudes towards gender and how it's constructed and how it's experienced I don't feel like the Great South-Coast area, as a general rule, has made those same kind of strides. (W14)

Nevertheless, it was considered an important initiative and a tribute to the five local municipalities in being able to work together to bring the program to the region.

What's amazing is the Great South Coast have just developed a prevention of violence against women strategy. I guess what I'm trying to get to is that I think – I don't know where the readiness is at. Probably I've been thinking – in my observations and experiences, that people are a little less ready than you think. But it's awesome that the five local governments have made a commitment to this and are ready to work in this space. Baby Makes 3 can only be a really positive momentum to kind of push the region to be ready, if that makes sense. I think their message and the model is an example that people can kind of get. I think understanding what is primary prevention and understanding the causes of violence, or even really understanding the issue of violence, is challenging. So I think Baby Makes 3 is something that most people can relate to and most people can understand. So it's a really amazing opportunity in a rural and regional area to actually have the next iteration rolled out here, and be growing and developing the evidence here. (W1)

Had the councils in the region not collaborated, it is unlikely that Baby Makes 3 would have been implemented across the region as individual councils would not have had the resources to support such an initiative:

I also think there's quite a strong intent to collective work within the Great South-Coast region, particularly within local government, so I think that was a real strength as well. I think had it located itself in just one local government or in one or two local governments that that might have actually done more harm than good in some ways. ... because what you often get back from councils when you try to work with them is, "Well, we just don't have the capacity to do this. We've only got one staff member in – you know, in department x and that person's already, you know, up to their ears doing what they need to do. So, again, that collective approach means that you can create some mechanisms to do work together so you don't have individual staff out on their own trying to, for example, draft an equity and inclusion policy or trying to drive, you know, management level training in understanding family violence. So you've got some in-built supports there which I think are very valuable and I also think the governance and leadership model for Baby Makes 3 has been very successful too because it utilises very well-respected people within each of those local councils who can then, you know, really not only drive the project downwards in terms of their staff participating in the activity, but also really advocate for it very effectively with the leadership of the organisation. (W14)

In rural and regional communities, even if there is sufficient staffing, having enough parents to form a group for parents with a first-born child can be difficult. For example, within a rural community, there may only be enough new parents to be able to run one or two groups per year of Baby Makes 3, and even then only recruiting 3-4 couples:

It's also been my understanding that's been an issue for the kind of construction of and then delivery of the groups too, that – you know, that the combination of low population base and geography means that it can sometimes be difficult to connect everything up and maybe things happen, and I think that's a challenge. ... So I don't know if that's true of other regions as well but I know that, you know, people are regularly frustrated by their inability to get people together in a room. (W14)

Even if a group can be put together, it may take longer than is optimal as someone else involved in recruiting participants for Baby Makes 3 commented:

First time parents, I think there's a time limit, but we didn't strictly keep to that, I think it was four months or five months or something, three months maybe. We can't keep to that in a country area because we've only got enough participants to actually run postnatal parenting a couple of times a year. Sometimes the babies are a bit older than that. (W6)

As this informant noted, it was difficult to recruit parents for a Baby Makes 3 group at an indeterminate time in the future, and that if the delay was too long, parents might no longer have the same incentive for attending a group. Whereas in metropolitan areas, it may not be an issue for parents to attend a group in another suburb, some informants noted a reluctance for community members to attend a group in another town, particularly on winter evenings and in the absence of public transport for those unable to drive or without access to a car.

Evening timeslots were also identified as potentially problematic for farmers, especially those in the dairy industry whose day may have commenced at 4am:

I think it's great that this is involved in the first parents, the only - the problems I have with it is because a lot of our clientele are actually farmers, they often can't get to those evening sessions from distance and timing sometimes. They're milking or they're just tired and they don't want to come in again, because they're often living outside of Warrnambool or wherever. (W10)

Yet facilitators working in parts of the Great South Coast Region where other forms of farming predominate, have reported a willingness of farmers to attend Baby Makes 3 sessions. For example,

Yes we have noticed there've been a few farmers in the group. In some ways some of them have said they're more flexible because they're farmers and they can, it's like a work at home mum type of thing or something, they can work it around better. (W13)

Similarly,

And especially say on a farm perhaps there's that, the man might not have a lot of social interaction so maybe he is keen or his wife or partner is keen to get him out. But yeah, that's really surprised me that that's not a problem and they're used to coming into town for this or that so it's not a hard slog to commit to it. (W11)

In rural communities where “football’s ‘God’ down here, everything comes second” (W5) and sporting fixtures or even practice sessions are an important aspect of community life, scheduling parenting groups which clash with sporting commitments may create difficulties for group facilitators:

One of the things that I did find—that I have found is that it's hard to retain the men. ... it was hard to retain them because of their work commitments and also because of what else they're doing in their life. They're not going to give up playing basketball on a Wednesday night, or they're not going to give up footy training, or that sort of mentality too. (W5)

To maximise the participation of fathers, there may also be times in the year when it may be best to avoid running Baby Makes 3 programs in farming communities, such as during harvesting or haymaking. Nevertheless, while there may be particular challenges in running groups in specific communities, it is also important to remember the Great South Coast Region is far from homogenous:

I mean you've got Hamilton where there's sheep farmers and you've got Warrnambool there's dairy farmers and you've got Port Fairy where they're most likely dairy and tourism. It could be a mix of that. Then you've got Portland which is industry, like Alcoa, so you know, the variety can be quite different, from where those people are sitting... (W5)

Consequently, arguably organisers and facilitators of Baby Makes 3 will need to take account of the different communities in which it is delivered across the region. As one informant commented, the design of the program allows for this:

One of the comments that I would make about design is that the approach of working across the entirety of the region is really positive because it allowed for there to be some variety within the project and for the project to actually think constructively about how the different geographic contexts might impact on delivery. (W14)

Whereas some facilitators of Baby Makes 3 ran groups only in their own area, others had been involved in the program in multiple locations across the region, and possibly with little prior knowledge of the community in which they were delivering the program. Among facilitators who had run the program in different locations, there was little evidence of adapting Baby Makes 3 to fit the local community.

Conclusions

The Baby Makes 3 program has generally been well received in the Great South Coast Region, although opinion would seem to be divided as to whether this primarily a positive approach to tackling the issue of gender-based violence in the region or a welcome addition to the current offerings around parenting education. While there are good reasons for not advertising the program to new parents as a violence prevention program, the lack of clarity among professional staff with an involvement in Baby Makes 3 is likely to contribute to the fact that many parents arrive at the first session somewhat unaware of what sort of group they are attending.

Recognition of the potential of Baby Makes 3 has undoubtedly resulted in a substantial number of facilitators being recruited and undergoing training to deliver the program. It may well be that the program organisers have sought to gain maximum benefit from the training sessions offered by ensuring training sessions were run at capacity, as the cost reduction from having few participants would be minimal. Assumptions may also have been made as to the likely attrition of facilitators. Although such prudence is understandable, the number of facilitators available, particularly in the Warrnambool area, means there is little work for many of the facilitators. This potentially results in a lack of ongoing commitment to the program from facilitators who have few opportunities to run groups as well as quality management issues. Infrequent opportunities to be involved in Baby Makes 3 may hinder the development of expertise in running these groups, and the ability of program managers to provide ongoing support to a large but occasional workforce may be limited.

As with many primary prevention programs, the reach of Baby Makes 3 is uneven with some groups within the target population more likely to attend. From the perspective of the informants in this evaluation, the group sessions are clearly valuable and it is not suggested that these be changed. However, in terms of time, day and location and other logistical factors, it may be worth exploring whether an alternative to sessions on a week night in a maternal and child health centre would attract members, particularly from groups identified as less likely to attend the current offerings.

It is recognised that in rural and regional Australia there may well be limited community facilities for running groups such as Baby Makes 3 in some locations. It is also acknowledged that parents often prefer to attend a group locally than one elsewhere in the region, even though the facilities may be more appropriate for a program such as Baby Makes 3. However, it is concerning to hear of programs being run in venues which were too small or for other reasons considered inappropriate. Moreover, inappropriate venues may contribute to group attrition.

The geography of the Great South Coast region does present challenges in running Baby Makes 3 which would not occur in a metropolitan setting. In particular, in smaller locations across the region there may not be sufficient new parents to run a group in the first few months of a child's life. Furthermore, unlike in metropolitan areas where there may be relatively little inconvenience for parents to attend a group in another suburb, it may be unrealistic to expect parents in rural areas to travel long distances to attend a parenting group. However, it is also important to recognise that each community in the region has its own characteristics and in particular that "farming" communities are not homogenous and do not all revolve around the requirements of milking schedules.

Although clearly some fine tuning of Baby Makes 3 will be necessary to embed the program into the offerings for new parents in the Great South Coast Region, this is an expected and normal part of program development. Any changes should however also take account of parents' perspectives. There are early indications that parental response to the program has been positive and that the program is beneficial, and parental experiences of the program will be a subsequent part of the evaluation of Baby Makes 3 Plus. Appendix 1 to this report contains some recommendation and items for scrutiny in later stages and other parts of the evaluation.

References

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Appendix 1 Recommendations

- Review BM3 materials (especially group facilitation manual) to support inclusion of single mothers in BM3 groups.
- Ensure presentation of BM3 as parent education program that focuses on the couple relationship.
- Examine use of facilitator pool for other programs coming into the region, there may be unintended benefits of large recruitment and training.

For scrutiny in later stages and other parts of evaluation

- Issues of facilitator confidence – and especially in relation to time since last group, and time since training.
- Timing of BM3 within new parents' group sessions. There has been a lot of experimentation with the placing of the BM3 sessions within the new parents' sessions and it will be useful to look back at this once more groups have been held. Key issues are the switching between evening (BM3) and day sessions (other new parents sessions); in WCC BM3 has been positioned at end of series of sessions in order to allow an earlier start of next new parents group.
- There have been no teenage parents or identified koori families. This raises the bigger issue of the relevance of the current BM3 material to these groups, and this should be investigated further.