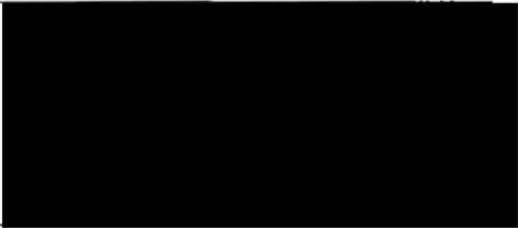


**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT JB-7 TO STATEMENT OF JULIANNE HELEN BRENNAN

Date of document: 9 July 2015
Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 33
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Melbourne VIC 3000



This is the attachment marked '**JB-7**' produced and shown to **JULIANNE HELEN BRENNAN** at the time of signing her Statement on 9 July 2015.

Before me: 



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**



baby makes

Maintaining healthy relationships
during the transition to parenthood



Second Interim Evaluation Report
June 2015

Introduction

Baby Makes 3 is a three-week group program for first time parents delivered in partnership with local Maternal Child Health services as part of their New Parent Groups (NPG). It is a primary prevention program that aims to prevent violence against women by concentrating on promoting equal and respectful relationships during the transition to parenthood.

The *Baby Makes 3* project is funded by the Community Crime Prevention's *Reducing Violence against Women and their Children Grants*. The project runs over three years (Jan 2013- Dec 2015) and involves delivering the existing *Baby Makes 3* program in Maternal Child Health services across the Eastern Metropolitan Region (EMR) in Melbourne.

The project objectives are:

1. To deliver *Baby Makes 3* group programs to over 2,000 first time parent across the eastern region of Melbourne
2. 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
3. To increase the capacity of Maternal Child Health professionals and Local Governments to promote equal and respectful relationships during the transition to parenthood.

Evaluation Questions

This project will contribute to the evidence-base for *Baby Makes 3*, and the prevention of violence against women (PVAW), more broadly, by answering the following evaluation questions:

1. **Is the *Baby Makes 3* program transferable to other areas? What are the different models for implementing *Baby Makes 3* into different contexts?**

The *Baby Makes 3* program had previously been delivered in one council area with positive results. This project aimed to find out if these results can be replicated in different locations, with different demographics. The project has also identified a range of implementation models that reflect the individual council and sub-council settings. This information will contribute to the evidence of the feasibility, sustainability and effectiveness of *Baby Makes 3* in preventing violence against women.

2. **How does *Baby Makes 3* impact on gender equity?**

This project will deliver *Baby Makes 3* to a much larger cohort and will involve a long follow up period with parents post-group to measure changes in behaviours and attitudes that reflect gender equity. This information will contribute to the evidence of the effectiveness of *Baby Makes 3* in preventing violence against women.

3. Is *Baby Makes 3* cost-effective relative to current practice?

Economic evaluation is a useful tool to determine the cost-effectiveness and worth of public health programs, and in particular for prevention programs that aim toward achieving long-term benefits. The Deakin University health economics evaluation of *Baby Makes 3* will provide important information for decision makers, in determining future use of scarce resources.

Purpose

The purpose of the interim evaluation is to;

- Report on progress in relation to the project objectives.
- Share interim evaluation findings
- Share challenges, achievements and learnings that will guide and strengthen project implementation

This interim evaluation report includes data collected via a number of evaluation activities including:

- Project records on group delivery
- Parent feedback on their *Baby Makes 3* group experience (Appendix B: Parent Post-group questionnaire)
- Facilitator's evaluation of the group delivery (Appendix C: Facilitator Post-group Evaluation Form)

This is the second interim project report and it presents data gathered in the first 2 ½ years of the three-year project. It is important to note that the impact data (evaluation question 2) and economic data (evaluation question 3) not presented here because the data analysis being undertaken by Deakin University is scheduled to occur in July-Oct 2015 following completion of the program delivery. The comprehensive evaluation report will be available on the completion of the project in December 2015.

Application of evaluation results

The evaluation results and learning gained from the project so far have had relevance for other PVAW projects/work in relation to:

- how to engage men in PVAW and Maternal and Child Health Services
- strategies for having difficult conversations about gender equity,
- how to measure changes in gender equity,
- developing strategies for promoting gender equality, positive father engagement and primary prevention in a MCH setting
- how to engage with fathers in a way that also promotes gender equity

Sharing of evaluation results

These interim evaluation findings will be presented to project stakeholders including:

Within the EMR:

- *Baby Makes 3* Steering Committee Meeting
- Managers and Coordinators of the seven EMR Council MCH Services
- *Baby Makes 3* Evaluation Team (including Deakin University, University of Melbourne, Warrnambool Council)
- Women's Health East
- "Together for Equality and Respect" Regional PVAW Strategy Project partners/regional signatories
- Community of Practice Meeting for *Baby Makes 3* Facilitators
- Summaries of attendance and parent feedback are regularly disseminated to MCH staff (via emails and phone conversations).
- Project stakeholders via project communiques.

Beyond the EMR:

- Project communique sent to project stakeholders
- Presentation at PVAW meeting groups and networks including the MAV PVAW Network.

Pilot sites

The *Baby Makes 3* program is being delivered 19 sites (MCH centers) across the seven municipalities of the Eastern Metropolitan Area. Carrington Health (formerly Whitehorse Community Health Service) as lead agency has partnered with the seven councils in the EMR to deliver *Baby Makes 3* within Maternal and Child Health (MCH) Services. During the course of the project, some pilot sites have been changed due to building works and fluctuating birth rates. In sites with consistently low birth rates "feeder sites" were introduced (i.e. parents attending NPGs in adjoining suburbs were invited to join the *Baby Makes 3* group). In total, *Baby Makes 3* has been offered to first-time parents from 24 MCH centers across the EMR.

Group Facilitators

Over the past two years, 23 men and women have been recruited and trained as *Baby Makes 3* facilitators for the EMR project. The male and female facilitators come from a diverse range of backgrounds including community development, family services, social work, psychology, maternal and child health nurses and early childhood teachers. All the facilitators possess highly developed facilitation skills. The evaluation has highlighted the importance of facilitation skills and an awareness of gender equality issues as essential for the effective delivery of the program. Quality assurance measures for maintaining the

integrity of the program include; peer feedback, reflective practice, group observation by *Baby Makes 3* project staff and learning activities at community of practice meetings.

Eight MCH nurses (MCHN) were employed at *Baby Makes 3* facilitators. There have been pros and cons having MCHNs as *Baby Makes 3* facilitators at their usual work site. Pros include the smooth introduction of communication processes to parents and the timeliness of addressing issues. Cons include blurred responsibilities around decision-making and lines of communication and staff movement requiring changes to the planned group schedule.

As expected, additional facilitators did need to be recruited during the lifespan of the project, due to staff turnover. Using existing facilitators to target colleagues and friends for recruitment, proved an effective in attracting appropriate and highly skilled applicants.

Group delivery and participation

The project has delivered 108 groups and 1305 parents have attended *Baby Makes 3* programs.

LGA	# pilot sites (in 2015)	Number of groups delivered			Total # groups delivered	# groups cancelled	Total # participants
		2013	2014	2015			
Boroondara	2	1	13	3	17	1	170
Monash	2	2	14	6	22	1	279
Manningham	2	1	6	3	10	3	159
Whitehorse	2	1	11	4	16	8	164
Knox	6	1	9	7	17	6	266
Maroondah	3	1	13	3	17	7	197
Yarra Ranges	2	1	6	2	9	3	70
TOTAL	19	8	72	28	108	29	1305

108 *Baby Makes 3* group programs have been conducted in EMR MCH services across the life of the project. This represents a reach of 1305 first time parents. This exceeded the revised target of 1200 parents; however it is lower than the original project target of 2000. The project has provided significant learnings about the factors that impact on the parent's attendance, including:

- Small new parent group numbers (i.e. 4 parents or less). *Baby Makes 3* is delivered as an extension to the existing new parent group (NPG) program.
- Persisting miscommunication issues (e.g. wrong group dates given to parents)
- Group dates being changed at short notice during the course of the NPG e.g. due to changes to venue availability, to decrease proximity to public holidays.
- Extreme weather. As anticipated, attendance significantly dropped on extremely hot days (i.e. over 35 degrees) and with stormy weather.

- However, the main factor contributing to a lower number of participants has been group cancellations. Reasons for group cancellations are varied. A breakdown of cancelled groups is provided below (Table 2).

Reasons	2013	2014	2015
Low birth rates - NPG cancelled	2	1	0
Small NPG i.e. < 4 couples attending NPG Outcome: <i>Baby Makes 3</i> group cancelled 1-2 weeks prior	0	3	1
Expected > 4 couples but < 2 couples attended <i>Baby Makes 3</i> group, therefore cancelled at session 1	1	4	0
NPG large enough but < 4 couples interested or able to attend	0	2	4
Parents given < 2 weeks' notice of <i>Baby Makes 3</i>	4	4	0
Lack of facilitator availability (due to end of project)	N/A	N/A	4
TOTAL groups cancelled	7	13	9
			29

Parent recruitment

It was expected that uptake into *Baby Makes 3* would be approximately 70% of parents attending NPGs. The project allows for parents to self-select out (opt out) and recognises that the timing of *Baby Makes 3* sessions will not suit every couple's availability and routine.

Unfortunately, Councils have not provided Carrington Health with access to the data that would enable us to calculate rate of uptake of parents attending NPGs. We are therefore, relying on anecdotal data from MCH nurses and observational records from *Baby Makes 3* staff when they attend NPGs to promote the program. Based on this information we estimate that approximately 70% of mums attending NPGs go on to attend *Baby Makes 3* groups with their partners. It is important to note, the reach of *Baby Makes 3* is constrained by who is attending NPGs and accessing MCH services.

Parent feedback

The key sources for evaluating the couple's experience were the post-group feedback form (Appendix B) and reflections of the group facilitators.

The post-group feedback form (Appendix B) asks parents to rate their level of agreement with the statements that *Baby Makes 3* was *enjoyable*, *relevant* and *helpful* and their responses are summarised in Table 3 below. Most participants either agreed or strongly agreed that the program was enjoyable, relevant and helpful with the female participants only slightly more likely to agree with these statements than male participants.

Statement		Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
The <i>Baby Makes 3</i> group was enjoyable	Mums	1%	< 1 %	3%	51%	44%
	Dads	< 1 %	< 1 %	5%	59%	35%
The <i>Baby Makes 3</i> group was relevant to my situation	Mums	2%	1%	8%	44%	45%
	Dads	1%	< 1 %	10%	52%	36%
The <i>Baby Makes 3</i> group was helpful	Mums	1%	1%	6%	53%	39%
	Dads	1%	< 1 %	8%	57%	34%

The parents were also asked to rate the program overall. Over 76% of mums and 81% of dads rated the program either very good or excellent. Their responses are summarised in Table 4.

Participants	Poor	Fair	Good	Very Good	Excellent
Mums	< 1 %	3%	20%	42%	34%
Dads	< 1 %	3%	15%	47%	34%

The post-group feedback form asks parents to describe this program to another person who was thinking of doing it and to make additional comments.

A number of themes emerged from these comments. These include;

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

It is of interest to note here that the interim evaluation findings described in this section mirror the results of the initial pilot of *Baby Makes 3* in the City of Whitehorse (2009-11).

Program impacts

The pre and post-group questionnaires were designed to measure the group program's impact in relation to behaviours and attitudes that reflect gender equity (See Appendix A and B).

The first section of the questionnaire measures the participant's attitudes to gender roles and gender norms associated with the transition to parenthood.

The second section of the questionnaire measured the perceived level of equality in the relationship, in terms of the couple's actual behaviours and contributions to work and family. This section asked participants to apply an 'equality lens' to 'who does what' in relation to baby care, paid and unpaid work, and household management. It asks participants if a particular set of tasks was performed more by their partner, or themselves.

The pre-group questionnaire is completed at the start of session 1 and provides baseline data. At the end of session 3, the parents are invited to participate in the follow-up evaluation and asked to provide their contact details if they agree. Currently, 78% of parents have agreed to participate. The follow-up evaluation involves completing the post-group questionnaire at 3 months and 12-18 months after the group's completion. The target response rate for the 3 month follow up survey was 30%. This has been exceeded. The response rate is currently 40-65%.

At the time of this report, data collection is still underway and the follow up data has not been analysed by Deakin University. Pre-post data demonstrating the impact on parents from attending *Baby Makes 3* will be reported in the Final Evaluation Report.

Capacity Building with MCH

Maternal and Child Health services have been highly supportive of *Baby Makes 3*. Staff recognise that MCH is an appropriate setting for engaging first-time parents in primary prevention work for family violence. Eight MCH nurses from three councils have been recruited and trained as *Baby Makes 3* facilitators i.e. over 50% of the female *Baby Makes 3* facilitators.

The *Baby Makes 3* project aims to build the capacity of MCH to ensure messages of gender equality are understood and reinforced at an organisational level, and in the day-to-day interactions between Maternal Child Health nurses and the new parents who access their services.

Planned capacity building activities included:

- Staff meeting presentations
- Professional development workshops
- Policy development
- Sharing resources that promote gender equity
- Co-facilitating family/fathers nights (Whitehorse only)
- MCH nurses trained as *Baby Makes 3* facilitators

To date, the project has delivered the following training and to MCH staff (Table 5).

Table 5: Training and presentation records			
Activity	Duration	# presentations	Attendance #
<i>Baby Makes 3</i> Workshops	3 hours	2 (5 more planned)	32
Meeting presentation to MCH nurses <ul style="list-style-type: none"> • Project overview • Progress updates 	30m-1hr	16	185
" <i>Baby Makes 3</i> /Gender Equality" presentations	1hr	5	42

APPENDIX A: Parent Pre-group Questionnaire

My date of birth: _____ (day) _____ (month)

I am a mum dad

Place where *Baby Makes 3* program held _____

Today's date _____

Attitudes towards parenting - please indicate (✓) whether you agree or disagree with the following statements

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1 With the exception of birthing and breastfeeding, a father can do everything that a mother can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The parent who stays home to care for the children should also be responsible for the housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Mothers are more nurturing than fathers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Gender equality is an important part of a healthy relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 It is more important for a mother than a father to stay at home and care for an infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 The most important role a father can play is to be a 'breadwinner'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who does what at home? - Please indicate (✓) who does the following activities...

	Always Mum	Mostly Mum	More Mum than Dad	Shared equally	More Dad than Mum	Mostly Dad	Always Dad
Caring for infants							
1 Childcare activities such as changing nappies, dressing, bathing, feeding etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurturing infants							
2 Nurturing activities such as soothing, comforting, responding to crying, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activities							
3 Activities such as playing with child, taking for a walk in the pram, creative interaction, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadwinner							
4 Providing an income etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider							
5 Activities such as grocery shopping, clothes shopping etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housework							
6a Housework activities such as cleaning, tidying, washing up, washing, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b Kitchen duties such as planning and cooking meals etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing the household							
7 Activities such as paying bills, organising family/social activities, appointments, decision making, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B: Parent Post-group Questionnaire

1. I am a: mum dad

Today's dateVenue.....

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

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

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

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

7. Any additional comments?

8. How would you rate the program overall?

poor fair good very good excellent

Thank you!

APPENDIX C: Facilitator Post-group Evaluation Form

Session Evaluation Form

(both facilitators to complete together)

	Date	
Session #1	_____	Venue _____
Session #2	_____	
Session #3	_____	

How many people attended the program?

Session #1	_____
Session #2	_____
Session #3	_____

Any practical issues that need to be addressed? (eg. Venue, catering, materials)

What were the highlights / strengths of the session?

Any areas that you think could be improved upon? Learnings to pass on?

Challenges and how were these addressed?

Any concerns that you wish to raise? Any other comments?