



29 May 2015

To whom it may concern,

Submission to the Royal Commission into Family Violence

Carrington Health (formerly Whitehorse Community Health Service Ltd), owner and developer of the *Baby Makes 3* program, are pleased to provide the following submission to the Royal Commission into Family Violence specific Terms of Reference:

- build respectful family relationships; and
- reduce and aim to eliminate family violence.

Baby Makes 3 is an evidence-based, primary prevention program that aims to prevent violence against women by promoting healthy relationships between men and women during the transition to parenthood. Sadly, pregnancy and the time following the birth of a child is a time when intimate partner violence is likely to first occur or intensify, (VicHealth, 2011; ABS 2006). By assisting couples to maintain equal and respectful relationships, it helps to prevent violence *before* it occurs.

Context:

Pregnancy and the time following the birth of a child is a time when intimate partner violence is likely to first occur or intensify, (VicHealth, 2011; ABS 2006).

The birth of a first baby can be a time of great joy. However, it is also a time of major changes as parents transition into their new roles of ‘mothers’ and ‘fathers’ and become acquainted with the stress, difficulties and expectations associated with looking after a new born baby.

A generation ago our notions of motherhood and fatherhood were heavily influenced by what is generally known as a ‘traditional’ model of family, with the father as the ‘breadwinner’ and the mother responsible for all the child care and unpaid work inside the home.

The past generation has seen the emergence of a new ‘shared parenting’ model of family, characterised by fathers being more involved in child care and housework, and greater equality between men and women (Berlyn, Wise & Soriano 2008). This change has been paralleled by increasing recognition of the benefits for children of positive father involvement, including



favourable cognitive, emotional and social development outcomes (Allen & Daly 2002; Flood 2003).

Despite this shift, traditional notions of parenthood continue to exert a powerful influence on how men and women approach and negotiate parenting roles (Berlyn, Wise & Soriano 2008; Wall & Arnold 2007). While many men appear more visibly involved in child care, evidence from the “Growing up in Australia” longitudinal study of 10,000 families suggests there are still large differences between the amount of time mothers and fathers spend with children and the types of care activities they engage in (Berlyn, Wise & Soriano 2008). This has significant bearing on the level of equality within a relationship, and between men and women more generally.

Therefore, issues of gender equality are central to the transition to parenthood. *Baby Makes 3* aims to promote greater equality between men and women by bringing these issues to the attention of new parents and giving them the space and language to explore how they might be affecting their relationships and how they can create healthier and more equal partnerships.

The transition to parenthood is a key time for engaging men. It is a specific time in men’s lives when they are in contact with health services and are open to receiving information and skills development. It represents a ‘window period’ where men are accessing support and focussing on family relationships, during which it is possible to promote alternate models of masculinity based on the model of men as carers and nurturers of infants. As such, it provides an opportunity which does not readily present itself during other life stages.

The transition to parenthood, therefore, presents a major opportunity to engage and work with both men and women, to challenge traditional attitudes to gender roles, and to promote gender equality during this key life-stage in which gender roles are shaping the level of equality in relationships.

Prevention of Violence against Women theory:

Victoria is leading the way in research and building the evidence-base on effectively preventing violence against women *before* it occurs. VicHealth conducted a meta-analysis of international evidence, looking at the underlying factors that cause violence against women and models of good practice.

The results appear in VicHealth’s publication *Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria* (VicHealth, 2007).

The VicHealth framework identified the determinants of violence against women and recommended key themes for action.



Baby Makes 3 specifically addresses the determinants:

- Unequal power relations between men and women; and
- Adherence to rigid gender stereotypes.

In addition, it addresses the theme for action of 'promoting equal and respectful relationships (VicHealth 2007).

Baby Makes 3 adopts an ecological approach that seeks to engage men and women at an individual/relationship level complemented by mutually reinforcing strategies at the organisational/community level. At the individual and relationship level, *Baby Makes 3* is concerned with understandings of gender roles, particularly the roles of mothers and fathers, and understandings of femininity and masculinity and the extent to which individual attitudes and behaviours are shaped by these understandings. At the community and organisational level of the ecological model, it is concerned with the cultural beliefs, norms and expectations of men and women within communities and organisations.

Overview of the *Baby Makes 3* program:

Baby Makes 3 is a universal program for all first parents helping them to maintain healthy relationships. The most accessible and appropriate setting for engaging first time parents in primary prevention work throughout Victoria is undoubtedly the Maternal Child Health Service. For first time families in particular, the Maternal Child Health Service is an important source of knowledge, skills and support. The service is in regular contact (through home visits and centre-based appointments) with new families, especially during the early months of parenthood.

In addition to the regular visits and appointments, a key service provided by Maternal Child Health is the formation of 'New Parent Groups'. These groups are coordinated and facilitated by Maternal Child Health nurses and run weekly, over five to six sessions. All new parents within a local catchment area are invited to attend a group. *Baby Makes 3* is delivered as part of new parent groups offered by Maternal and Child Health services, which are accessed by 98% of Victorian families (MAV 2014).

The *Baby Makes 3* program is led by a male and female facilitator. Mums and dads attend with their baby. The program consists of a two-hour session, once a week for three weeks.

The *Baby Makes 3* topics include:

- Transition to parenthood;
- Societal expectations of mothers and fathers;
- Division of household labour and child care;



- What makes a relationship healthy;
- Meaningful equality;
- Sex and intimacy;
- Dealing with conflict; and
- Communication skills.

The *Baby Makes 3* program offers a suite of resources to support the program including:

- Position description;
- DVD;
- Maternal and Child Health resources; and
- Evaluation templates.

The workforce capacity building *Baby Makes 3* are an additional way of ensuring messages of gender equality are understood and reinforced at an organisational level through policy and professional development activities, and in the day-to-day interactions between Maternal Child Health nurses and the new parents who access their services.

The *Baby Makes 3* program is supported by family nights, professional development and training, policy development, partnerships with local health and welfare organisations.

Historical Background:

In 2007, Carrington Health was funded by VicHealth to undertake a research project to explore the engagement of first time fathers in the primary prevention of violence against women. The research framed future approaches for primary prevention strategies including improving current perinatal services, raising awareness of the social determinants of violence against women and developing innovative primary prevention programs for first time parents.

Between 2009 and 2011, VicHealth funded Carrington Health, to develop and apply the research findings. The result was *Baby Makes 3*; an innovative and world first approach to preventing violence against women. The programs centrepiece being a three week group program for first time parents promoting equal and respectful relationships during the transition to parenthood, delivered in partnership with local Maternal Child Health services. The program was piloted in the City of Whitehorse Maternal Child Health Services over a three year period and was extensively evaluated (Phase 1).



Evaluation methods included pre- and post-group questionnaires (measuring attitudes to gender roles, gender equality and the division of labour), post-group feedback forms, in-depth interviews with couples, focus groups with maternal and child health nurses, professional development workshop feedback forms, and observations of program facilitators.

The evaluation demonstrated the following impacts:

- Parents had a greater understanding of, and commitment to, gender equality.
- Parents had a greater awareness of topics related to healthy relationships and equality, such as gender roles, societal expectations and the division of labour.
- Parents had greater communication with each other about these topics.
- Maternal and child health nurses had a greater understanding of the role they can play in the primary prevention of violence against women.
- Maternal and child health nurses had increased confidence in talking to parents about relationship issues.

Participation in the *Baby Makes 3* program leads to a significant shift in couples' attitudes characterised by greater understanding of their partner's role, and culminating in greater support for gender equality in new families. In addition, there was evidence that some couples go on to implement changes to how they structure their parenting and relationship roles, and that this is in direct response to seeking a more gender equal relationship.

The Phase 1 evaluation also showed that the parents enjoyed attending the Group Program:

- 95% of mothers and 89% of fathers rated the program as 'very good' or 'excellent'.
- More than 96% of parents said they 'agreed' or 'strongly agreed' that the program was 'relevant', 'helpful' and 'enjoyable'.

In 2011, the *Baby Makes 3* program won a VicHealth Award for Outstanding Achievement in Health Promotion.

The transition to parenthood, therefore, presents a major opportunity to engage and work with both men and women, to challenge traditional attitudes to gender roles, and to promote gender equality during this key life-stage in which gender roles are shaping the level of equality in relationships.



Current Implementation:

Baby Makes 3 is funded through the Department of Justice Crime Prevention Grants until the end of 2015 to deliver *Baby Makes 3* across the seven local government areas in the eastern metropolitan region of Melbourne and the five local government areas of the greater south west coast of Victoria. Carrington Health are conducting the eastern project (Phase 2) and supporting Warrnambool Council to conduct the south west coast project. A range of implementation models have been developed to suit the varying context of different councils in regional and metropolitan areas.

In addition, there are five other local governments who are piloting *Baby Makes 3* and using the findings to raise the agenda for ongoing delivery and whilst this has resulted in some limited success, policy and funding support will be needed for local government to embed the program as part of Maternal and Child Health services.

To date, ninety one facilitators, male and female, have attended the two-day *Baby Makes 3* training course. Facilitators are very highly skilled in group work and have a high level of understanding about gender equity. The facilitators are well supported through Community of Practice forums and peer support.

Deakin University has been engaged in the Phase 2 evaluation, to build on the evaluation findings from Phase 1. Interviews are being conducted with parents, facilitators, and project partners. The evaluation data will also incorporate economic data for program delivery. A combination of quantitative and qualitative methods are being used to answer the evaluation questions:

1. To what extent have parent attitudes and behaviours (that reflect gender equity) changed after participating in *Baby Makes 3*? And are these changes sustained over time?
2. Is *Baby Makes 3* transferrable to different settings?
3. Is *Baby Makes 3* cost-effective?

Data on parent attitudes and behaviors will be collected at three time-points; pre-group or baseline; and follow-up at 3 months; and 12-18 months post-group. 89% of parents agreed to participate in follow-up evaluations. Furthermore, there has been a 52% return-rate on the 3 month post-group evaluations.



The post-group evaluation form asks parents to describe *Baby Makes 3* 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.

At least 89% of participants either agreed or strongly agreed that the program was enjoyable, relevant and helpful.

- The program provides insights.

“Eye-opening. Give some time to just sit down and think about how important our relationship is.” (Dad)

- Improves the parent’s relationship e.g. provides tools, opens up discussions at home.

“Baby Makes 3 made us have conversations that we wouldn’t have had otherwise” (Dad)

“It was helpful to focus on how relationship has changed and to find ways to work together to keep the family healthy and balanced” (Mum)

- It was beneficial to share with others going through similar experiences.

“The program can really help get a better perspective of the experience we’re all going through” (Mum)

“You have to go it is so worth it. It’s great to be around others who are experiencing the same things” (Dad)

- Provided an opportunity for dads to meet with other new dads.

“Very useful, especially for fathers - teaches you to be conscience of your relationship” (Dad)



The evaluation data to date in Phase 2 has shown *Baby Makes 3* has been rated very highly, with strong evidence that the experience was not only enjoyable (99% of parents) and helpful, but highly relevant to first time parents (93% of parents). Retention rates have been high with 82% of parents attending all three sessions. This is particularly positive given participants are families with newborn babies.

The interim evaluation findings described above mirror the results of the first pilot of *Baby Makes 3* in the City of Whitehorse (2009-11).

Recommendations:

In accordance with the Royal Commission goals outlined in the Issues Paper, Carrington Health would like to recommend the following:

- That there be a State-wide roll-out of *Baby Makes 3* as an embedded, universal primary prevention of violence against women program in Victoria's New Parent Program policy and service agreements within local government Maternal and Child Health Services;
- That funding is continued to build the evidence-base of *Baby Makes 3* so as to develop tailored, integrated and culturally supportive/appropriate approaches;
- That there is a commitment to invest in the early childhood setting, in particular the Maternal and Child Health service in the primary prevention of violence against women;



Conclusion:

Given its ability to constructively engage large numbers of first time parents, particularly men, *Baby Makes 3* has the potential to form an integral part of a population wide approach to the primary prevention of violence against women.

Carrington Health has responded to the need for a primary prevention and early intervention approach to preventing violence against women and children by developing *Baby Makes 3*, an innovative and promising approach to primary prevention, that focuses on raising awareness of the importance of maintaining equal and respectful relationships during the transition to parenthood, and in a way that provides first time parents with practical strategies for achieving it.

I would be pleased to provide you with any further information if you require it and would be happy to discuss the points presented in this submission at your convenience. Please don't hesitate to contact me on [REDACTED]

Kind Regards

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