The *Baby Makes 3 Plus* project in the Great South Coast region

Final report from the external evaluator
January 2016
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Preface

The report is presented in a number of parts. The first part provides a synthesis of the whole evaluation of the Baby Makes 3 Plus project. The overall evaluation framework and methods used are presented first, followed by findings drawn together from across the different components of the evaluation, including those components carried out by Professor Ann Taket and her team, and from the economic evaluation carried out by Deakin Health Economics, for which a separate report is provided.

These findings are contextualised in what is known from other literature about the impact of various types of parent education programs.

Detailed reports on findings from different components of the evaluation are presented in four appendices that comprise the second part:

A: Uptake and attendance at the Baby Makes 3 program
B: Exploring the impacts of the Baby Makes 3 program – parents views
C: The perspectives of Baby Makes 3 facilitators and other stakeholders
D: The plus component of the Baby Makes 3+ program – provision of capacity building through training

Finally, the third part, Appendix E contains information on the different survey and questionnaire instruments used in the evaluation.

The structuring of the report in this way was in direct response to a request from our funders, who wanted a relatively short report that provided a synthesis of the whole evaluation (part 1). The discussion of findings given in part 1 refers to the detailed reports in appendices A to D so that those interested can follow up on the detail given there as required.
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Executive summary

Introduction
This report presents the evaluation of the Baby Makes 3 Plus project in the Great South Coast region of Victoria. Baby Makes 3 Plus was one of 12 projects funded by the Department of Justice and Regulation in Victoria under initiative to support primary prevention and early intervention-focused partnership projects to address violence against women and children. The project provided the Baby Makes 3 relationship education program to new parents across the region, and conducted a variety of training to increase the skills of Great South Coast early years practitioners (the Plus component of the project). The three key objectives of the project were:

• 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.
• To increase the capacity of health professionals and organisations to promote equal and respectful relationships during the transition to parenthood.
• To building capacity to identify women at risk of experiencing family violence through a gender equity component of in-service training.

Baby Makes 3 in the Great South Coast region
The Baby Makes 3 program was delivered as an opt-out program, forming part of a series of sessions offered to new parents in each of the region’s five local government areas (LGAs). Information about Baby Makes 3 was distributed as part of the information offered on new parent groups by maternal and child health staff following the birth of the child and reinforced during further contact with maternal and child health services; the project manager or Baby Makes 3 facilitators would also often attend one of the new parent group sessions to introduce the program and answer questions.

Piloting an antenatal introductory session to Baby Makes 3
Analysis of uptake rates for Baby Makes 3 over its first year led to the suggestion of a brief introductory session in the antenatal setting, so that fathers-to-be could be introduced directly to the idea of the program. A pilot of this arrangement was carried out in Portland from January 2015.

Evaluation methods
The evaluation used data from: interviews with parents, program facilitators, early years practitioners and other stakeholders; surveys completed by parents and facilitators; and routinely collected data. It examined the impact of Baby Makes 3 on new parents and the uptake of the program across the region, and explored the program delivery factors that underlay these outcomes. It also examined the impact of the training delivered in the Plus component of the project.

Strengths and limitations of the evaluation
A particular strength of the evaluation has been the use of a wide range of different sources of data, allowing for triangulation between different sources. The interviews
with parents, facilitators and other stakeholders yielded extremely rich data, which was invaluable in understanding the particular features of the program that were helpful to parents, the challenges in program delivery, and how these might be met in the future. Three further strengths are connected with the interviews with parents. Firstly, all parents eligible for Baby Makes 3 were invited for interview and the invitation made clear that interviews were sought with those who had not attended the program at all or who had attended only part; this enabled inclusion in the sample of members of both these groups, including some who had not attended the final session of the program and therefore had not had the opportunity to complete follow-up surveys. Secondly parents were interviewed on their own, and usually by an interviewer of the same gender, both of which reduce the risk of social desirability bias. Thirdly, the interview sample obtained was very diverse in terms of social and employment background; although it is not possible to know the extent to which the participants were representative of the population who attended Baby Makes 3, or indeed the population of first-time parents in the region, it does indicate that they were not drawn solely from a particular socio-demographic subset.

In terms of limitations, the assessment of the impact of Baby Makes 3 relies mainly on self-reporting by parents. Sample sizes for some of the quantitative data collected were small, and this particularly affected the economic evaluation reported in Deakin Health Economics (2015) for the GSC region. Secondly, only a very small number of parents in the interview sample had chosen not to attend the program, so it was not possible to explore any differences in attitudes and behaviour between those who had and had not attended the program. The evaluation does not therefore include a comparison group that did not attend the program.

**Findings**

Baby Makes 3 was successfully implemented throughout the region, with parent involvement levels across the different local government areas ranging from 18% to 29% of all new parents (average 21%). This represents a considerable achievement in the face of factors outside the project’s control, such as shift work, farm work, and fly-in, fly out work. The evaluation identified a range of suggestions for improving uptake, summarised in the recommendations below.

The pilot of an antenatal session introducing Baby Makes 3 was very successful. The reaction of fathers to the session was extremely positive; all of the fathers interviewed went on to attend that postnatal program with their partners and all reported that the decision to attend the postnatal session was made mutually with their partners and influenced by the antenatal session. The positive effect of the antenatal session echoes findings in the literature from research into other parent education programs.

Parents regarded the program with a high level of satisfaction, and reported a range of positive impacts up to 15 months after its completion. These impacts included changes in their awareness, attitudes, skills and behaviour that directly support gender equity, a primary determinant in reducing violence against women and children. The overall cost to the service provider was $581 per couple, a relatively
low figure, in view of the range of positive impacts produced. A particularly important feature in program delivery was using a pair of facilitators (male and female). Minimal possible negative effects were identified, and the experience gained in program delivery should enable these to be further reduced in the future.

The gender equity training to the health and human services workforce in the region provided in the Plus component of the project produced positive improvements in attitudes supportive of gender equity in those attending. Positive changes in practice, both at work and in a personal context, were also reported.

The evaluation identified the importance of good working relationships between program providers and maternal and child health staff, as well as the importance of wider partnerships with other stakeholders. There were considerable advantages to organising delivery of the Baby Makes 3 program on a region-wide basis.

Conclusions and recommendations
The findings demonstrate evidence of achievement in each of the three project objectives. The Baby Makes 3 program successfully generated positive impacts, according to the overwhelming majority of parents who attended all or part of the program and contributed their views to one or more parts of the evaluation. As such these conclusions are very consistent with those reached in the original (metropolitan) evaluation of Baby Makes 3, and demonstrate the program’s applicability in a rural and regional setting. The successful delivery and evaluation of the Baby Makes 3 program in the rural and regional settings of Great South Coast can inform implementation across similar catchments and ensure program sustainability. The specific recommendations made below are those that seem particularly important for future development and sustainability of the important initiative represented by Baby Makes 3.

Recommendation: To improve the reach of the program, it would be worth:
- Continuing provision of an introductory session in the antenatal setting and extending this to other LGAs in the region
- Strengthening the information available on the program and publicising it more widely
- Investigating an additional, concentrated form of delivery in one or two daytime sessions at weekends

Investigating more targeted versions of the program for groups under-represented in the current project, especially indigenous parents and young parents; these might benefit from being provided in a concentrated form.

Recommendation: Revise the group program manual to discuss how to deal with: the presence of single mothers; the presence of lone partners (where the other partner is absent from the session); small group sizes; and the particular dynamics of different groups of parents. While the current manual discusses the issue of resistance from fathers, it would be helpful to expand the coverage of possible strategies to respond to this within the manual.
1 Introduction and background

Domestic violence, that is abuse (physical, sexual, psychological or financial) by a current or previous intimate partner, is a major public health problem both globally (García-Moreno et al 2005) and in Australia (National Council to Reduce Violence against Women and their Children 2009; Office of Women’s Policy 2009).

It occurs in all countries irrespective of culture, socio-economic status, or religion, and in all types of relationships, both same-sex and heterosexual (Krug et al 2002). The context and severity of violence by men against women makes domestic violence against women a much larger problem in public health terms than domestic violence against men (Krug et al 2002; WHO 1997).

Domestic violence has severe short and long-term health consequences, physical and mental, for the partner experiencing abuse, and for any children in the family (Bedi and Goddard 2007; Campbell 2002; Ellsberg et al 2008). As evidence of the magnitude of the problem, domestic violence is a major cause of death, disability, and illness among women aged 15–44 years in Victoria (VicHealth 2004; Vos et al 2006). The problem has major societal costs in both social and economic terms; the latest estimate, published in November 2015, puts the annual cost of domestic violence in 2014–15 in Australia at $AU21.7 billion (PwC 2015).

The prevalence and severity of domestic violence makes the development and implementation of primary prevention a priority, alongside the provision of a comprehensive service in all sectors that can respond to the needs of those who experience domestic violence and those who perpetrate it.

Inequality in the distribution of power and resources between men and women is well established as a primary determinant of violence against women (VicHealth 2007; Wall 2014; Our Watch 2015). While other contributory factors have been identified (such as alcohol use, childhood exposure to violence or low socio-economic status), many are significant only within a context of gender inequity or rigid gender norms (VicHealth 2007).

Primary prevention approaches to reducing violence against women therefore tend to have particular focus on improving gender equity. Research has found gender roles and relations become more traditional in the year following the first child’s birth (Katz-Wise, Priess and Hyde 2010). This can create power imbalances in relationships between men and women, including couples who previously professed little support for traditional gender roles (Flynn 2011a). This also provides an opportunity to work with new parents.

The relationship education program at the centre of *Baby Makes 3* is one of very few specifically designed for prevention of violence against women. The literature contains only a few similar examples (Florsheim et al 2011, Tiwari et al 2011, Tiwari et al undated, Coster et al 2015). Many other relationship education programs are designed to improve satisfaction (and prevent breakdown) in the couple relationship.
and/or improve parenting skills; see for example the reviews by Glade et al (2005), Pinquart and Teubert (2010), and Hunter and Commerford (2015). In terms of program content and delivery, however, there are many overlaps between these two types of programs and *Baby Makes 3*. This literature is considered further in the discussion in section 4 below.

1.1 *Baby Makes 3 Plus*

*Baby Makes 3 Plus* was one of 12 projects funded by the Department of Justice and Regulation in Victoria under its initiative to support primary prevention and early intervention-focused partnership projects. These projects seek to prevent violence before it occurs or address the key contributing factors of violence against women and their children. Their focus is on changing behaviours and attitudes that allow violence against women and children to continue.

*Baby Makes 3 Plus* contributes to Victoria’s Action Plan to Address Violence Against Women and Children (Victorian Government 2012) and aligns with the National Plan to Reduce Violence Against Women and their Children (FaHCSIA 2011), and most particularly with the first priority of the national Second Action Plan (Department of Social Services 2013), which focuses on driving whole of community action to prevent violence.

The *Baby Makes 3 Plus* project was led by Warrnambool City Council and located in Barwon South West region. Partner organisations were four other councils (Corangamite Shire Council, Glenelg Shire Council, Moyne Shire Council and Southern Grampians Shire Council), Whitehorse Community Health Service (now Carrington Health) and Women’s Health and Wellbeing Barwon South West. The project operated over the part of the region referred to as the Great South Coast.

The main part of the project was the delivery of *Baby Makes 3* throughout the Great South Coast. This was the first time this program had been implemented in a non-metropolitan setting and on a region-wide basis. *Baby Makes 3* was originally developed by Whitehorse Community Health Service and the City of Whitehorse as a program which sought to prevent violence by promoting respect and equality between couples who had recently become parents for the first time. By being offered to all first-time parents by maternal and child health staff, it 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 was found to be an effective and cost-efficient violence prevention strategy (Flynn, 2011a).

**Baby Makes 3 in the Great South Coast region**

In the Great South Coast, the program was delivered as an opt-out program, forming part of a series of sessions offered to new parents in each of the region’s five LGAs. The positioning of the three *Baby Makes 3* sessions in the new parent groups varied over the course of the project and between LGAs. *Baby Makes 3* sessions were offered in the early evening, whereas the rest of the new parent group sessions were delivered in the daytime.
Information about *Baby Makes 3* was distributed as part of the information offered on new parent groups by maternal and child health staff following the birth of the child. This information was offered verbally and/or in written form (practices varied according to LGA) and reinforced during further contact with maternal and child health services; the project manager or *Baby Makes 3* facilitators would also often attend one of the new parent group sessions to introduce the program and answer questions.

Single parents were not excluded from *Baby Makes 3*. This was a deliberate decision, made in view of the lack of other groups available, and to allow them to focus on past and/or future relationships.

The program was delivered by a pool of facilitators working across the region. During the course of the project, local facilitators were recruited for two of the LGAs, which reduced travel time and costs.

**Piloting an antenatal introductory session to Baby Makes 3**

Analysis of uptake rates for *Baby Makes 3* over its first year led to the suggestion of a brief introductory session in the antenatal setting, so that fathers-to-be could be introduced directly to the idea of the program. This led to a pilot of this arrangement carried out in Portland from January 2015.

**The Plus component of Baby Makes 3 Plus**

As well as supporting local men and women during the transition to parenthood, the project also aimed to strengthen the five councils’ partnerships with local health and welfare organisations, and increase the skills of practitioners involved in early years work across the Great South Coast.

To this end the Plus component of the project offered a variety of training to relevant professionals. In 2013, three different types of session were delivered: understanding family violence; gender equity; and responding to disclosures of sexual assault. During 2014, the sessions on understanding family violence and gender equity were combined into a single session titled “Gender equity — action to prevent violence against women”.

Stand-alone sessions were also delivered to a regional maternal and child health professional development day, Corangamite early years staff and Corangamite family day care educators. Maternal and child health nurses also received a one-day overview on *Baby Makes 3* in early 2013 to ensure they were familiar with the program.

**1.2 The structure of this report**

Section 2 below introduces the methods used in the evaluation of the *Baby Makes 3* Plus project, setting out the overall framework and then discussing the different sources of data used in the various components of the evaluation. Section 2.2 deals with the interviews that were carried out; section 2.3 discusses survey and other
data. Data analysis is summarised in section 2.4 and section 2.5 details ethics clearance.

Section 3 then presents the overall findings from the evaluation, drawing on the reports from the separate components of the evaluation that are presented in Appendices A to D. The discussion of overall findings uses the RE-AIM\(^1\) framework (Glasgow et al 1999) to structure the discussion of the Baby Make 3 program in sections 3.1 to 3.5, followed by findings in relation to the Plus component of the project in section 3.6.

Section 4 discusses some important aspects of Baby Makes 3 alongside literature on other parenting education programs, particularly those aimed at new parents, before summarising conclusions and main recommendations.

\(^{1}\) The RE-AIM framework captures five important dimensions that is it important to consider in assessing the public health impact of health promotion interventions: namely reach, efficacy, adoption, implementation and maintenance, see Box 1.
This section gives an overview of the summative evaluation. The focus of the evaluation is on the impacts of *Baby Makes 3* Plus on primary prevention, examining the *Baby Makes 3* program itself and the part of the Plus component that was particularly focused on primary prevention, namely the gender equity training.

Section 2.1 sets out the overall framework for the evaluation. The summative evaluation is based on two major sources of data: summative evaluation interviews, discussed in section 2.2 below; and analysis of survey and other data gathered internally by project partners (section 2.3). Section 2.4 then presents a summary of the different sources of data used in the analysis for different parts of the evaluation and finally section 2.5 details the ethics clearance for the evaluation.

### 2.1 The overall framework for the evaluation

The overarching framework used is that of theory-based evaluation (Chen and Rossi 1983) drawing on elements of realist (Pawson and Tilley 1997) and theory of change (Connell et al 1995) evaluation. This section outlines a number of key features of the proposed approach to the evaluation.

It is important that the efforts of internal and external evaluation taken together are capable of answering a wide range of questions about the achievements from the implementation of the various components of *Baby Makes 3* Plus, to inform decisions about how the strategy can sustainably be taken forward following the end of the Department of Justice and Regulation funding. This necessitates not only exploring outcomes during the three years, but also gathering data to explore and understand how and why the particular patterns of outcomes came about, including factors in the wider context that were important either positively or negatively.

At the first six months of the project, an evaluation strategy and detailed evaluation plan were produced with input from the steering group and other relevant stakeholders. Limited resources meant that in implementing the evaluation plan choices had to be made about where to focus effort. The project steering group and other stakeholders decided the priorities that should be given to various components.

The external evaluation had a formative component, undertaken in the first year of the project. This gave early feedback on project components and allowed problems with implementation and/or opportunities for further enhancement to be identified and acted upon. The formative evaluation was based on a range of interviews as well as use of project documentation and data and has been reported separately (Taket and Crisp 2014). Crisp and Taket (2015), based on the formative evaluation, discusses the implementation issues involved in a rural setting.

An external evaluator is particularly important in ensuring that the evaluation carried out is as robust as possible. While many parts of an evaluation can be carried out
internally, by those responsible for the design and or delivery of the strategy under evaluation, there are certain roles (such as conducting interviews with program stakeholders, including those delivering or in receipt of activities provided) that are best carried out by those who have not played a detailed part in the design or delivery of the strategy. For this reason, a significant part of the resources available for external evaluation were devoted to gathering and analysing such data.

The longitudinal, mixed-methods study employed a fully mixed concurrent equal status design (Leech and Onwuegbuzie 2009), where the timing of the different components of the evaluation was deliberately selected to minimise potential sources of bias and avoid compromising response rates to surveys.

2.2 Interviews

Five different groups of participants were invited for interview:
1. First-time parents who were invited to attend Baby Makes 3
2. Parents who attended a Baby Makes 3 antenatal session
3. Facilitators of Baby Makes 3 who had run at least one complete program
4. Other key stakeholders, including nurses in maternal and child health services
5. Participants at gender equity training sessions run in conjunction with partner agencies as part of the Plus component of the project.

All interviews were carried out by telephone, and participants were offered their choice of time and date within a period of at least six weeks. Interviews were recorded and fully transcribed by a professional agency. Transcripts were checked by the interviewer and anonymised prior to analysis.

A summary of informant numbers and key features for the different groups of interviews is included in section 2.4 below (Table 1).

2.3 Survey and other data

This section summarises the four sources of data collected internally by project partners and provided for the evaluation through Warrnambool City Council: facilitator session evaluation; group program evaluation by parents; questionnaires to parents, pre and post-program; and gender equity training pre and post surveys. Project documentation was also used where appropriate to triangulate with other data sources.

**Facilitator session evaluation**

Facilitators of the Baby Makes 3 program were invited to complete a session evaluation form at the end of each session in every program they ran. The form was to be completed by the male and female facilitator together. Session evaluation forms were returned to the project manager before being sent to external evaluators at Deakin University.
The form invited facilitators to comment on the following topics:

- Number of participants at each session
- Practical issues that need to be addressed
- Session highlights/strengths
- Areas for improvement
- Challenges and how they were addressed
- Concerns
- General comments.

The form also collected data for the economic evaluation of the program, as reported in Deakin Health Economics (2015). The full form is shown in Appendix E1.

**Group program evaluation by parents**

Group program evaluation forms were filled out by parents separately at the end of the final (third) *Baby Makes 3* session. Forms were not completed by any parents who missed this final session. The full form is shown in Appendix E3.

The form featured five elements:

- Ratings for three aspects of the program (was it enjoyable, was it relevant, was it helpful) using a five-point scale
- What the individual had learnt (open question)
- How they would describe it to someone who was thinking of doing it (open question)
- Any additional comments (open question)
- An overall rating for the program using a five-point scale.

**Questionnaires to parents, pre and post program**

Questionnaires were completed by parents immediately before the start of the first session of the program. At the end of the final session, parents were asked whether they would be prepared to complete a follow-up questionnaire three months later. Those that opted in were sent the questionnaire by their choice of email or post.

The form also collected data for the economic evaluation of the program, as reported in Deakin Health Economics (2015).

Data collected included a Hospital Anxiety and Depression Scale (HADS) score (Zigmond and Snaith 1983) as a measure of health outcome, namely mental health and wellbeing, six items on attitudes to gender roles and norms, and eight items relating to who does what in the home. The items on attitudes and behaviour were the same as those used in the initial evaluation of *Baby Makes 3* (Flynn 2011a). Full details of the various items and measures used and the rationale for their choice is given in Deakin Health Economics (2015). A copy of the pre-program questionnaire is given in Appendix E2 and the post-program questionnaire is in Appendix E4.
Gender equity training, pre and post surveys

A short pre and post survey containing questions on gender attitudes was used to evaluate the gender equity training sessions offered in the Plus component of the project. The pre survey was administered before training and the post survey four to six weeks after. There were 12 items on personal attitudes: the eight items used in the gender equity scale used in the National Community Attitudes Towards Violence Against Women Surveys (McGregor 2009); and four items selected from the British Cohort Study (BCS). Fourteen items on perceived organisational gender equity were used from the Interaction gender audit tool (Harvey and Morris 2010).

2.4 Data analysis

Table 1 below summarises the various data sets used in the evaluation, giving basic information on sample sizes and some important features.

<table>
<thead>
<tr>
<th>Data set</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interviews with parents — general</td>
<td>Recruited from all new parents; 40 interviews in total. Included varied levels of attendance at the program, and time since program received, up to 15 months</td>
</tr>
<tr>
<td>2. Interviews with parents who attended antenatal session (Portland pilot)</td>
<td>Recruited from those attending antenatal session; 4 interviews in total</td>
</tr>
<tr>
<td>3. Interviews with Baby Makes 3 facilitators</td>
<td>Recruited from trained facilitators who had facilitated at least one complete program; 10 interviews in total</td>
</tr>
<tr>
<td>4. Interviews with maternal and child health staff and other stakeholders</td>
<td>10 interviews in total</td>
</tr>
<tr>
<td>5. Interview with those who attended gender equity training</td>
<td>6 interviews in total</td>
</tr>
<tr>
<td>6. Parent questionnaire, pre-program</td>
<td>Filled in immediately before first session of program; n=414</td>
</tr>
<tr>
<td>7. Parents’ views immediately post-program</td>
<td>Filled in at end of third session of program; n=342</td>
</tr>
<tr>
<td>8. Parent questionnaire, 3 months post-program</td>
<td>Parents who opted to receiving this at the end of third session and then returned it; n=59</td>
</tr>
<tr>
<td>9. Facilitator session evaluation</td>
<td>Completed after each session; 87 sessions across 32 deliveries of the program</td>
</tr>
<tr>
<td>10. Gender equity training pre-survey</td>
<td>Completed 1–2 weeks before training, n=48</td>
</tr>
<tr>
<td>11. Gender equity training post-survey</td>
<td>Completed 4–6 weeks after training, n=22 (of which 9 could be matched with pre-survey)</td>
</tr>
</tbody>
</table>

A combination of deductive and inductive thematic analysis was used to analyse qualitative data from interviews and open questions on surveys and questionnaires (Braun and Clarke 2006; Thomas 2006). Nvivo, version 10 (QSR International Pty

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2 Documented on http://www.cls.ioe.ac.uk/
Ltd. 2012) was used to support qualitative analyses. In each of the components reported in Appendices A to D, a single member of the research team carried out the qualitative analysis, which was then checked and agreed by other team members. Further details are given in the appendices.

A mix of descriptive and inferential statistics was used to analyse quantitative data. Excel 2013 (Microsoft Corporation 2013) was used to support quantitative data analysis. A conservative significance level of 0.01 is used for reporting results as statistically significant. Further details are given in the appendices.

2.5 Ethics clearance for evaluation

Ethics clearance was granted through Deakin University on 15 May 2014 for the interviews with parents (project reference HEAG-H-58_2014) with an amendment dated 31 March 2015 to cover interviews with parents who attended the antenatal session offered during the Portland pilot; and on 14 April 2015 for the staff interviews and other data analysis comprising the summative evaluation (project reference HEAG-H 36_2015). The formative evaluation for the project was covered under an earlier application and clearance (project reference HEAG-H 45_2013).
3 Overall findings

This section presents the overall findings of the *Baby Makes 3* evaluation, using the RE-AIM framework (Glasgow et al 1999) to structure the discussion in five subsections, corresponding to the dimensions of the framework (Box 1). Each subsection presents the major findings, drawing on all the relevant data sources.

The sections on reach (3.1) and implementation (3.4) explore the factors underlying the outcomes, with a view to identifying how the impact of the program could be improved beyond the end of the three-year project period. The final section (3.6) presents findings about the Plus component of the project.

**Box 1: The RE-AIM framework for evaluating the public health impact of health promotion interventions**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Area for exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>Absolute number and proportion of the target population that participated in the program and the representativeness of participants</td>
</tr>
<tr>
<td>Efficacy</td>
<td>Impact on important outcomes, including potential negative effects, quality of life and economic outcomes</td>
</tr>
<tr>
<td>Adoption</td>
<td>Absolute number, proportion and representativeness of settings and intervention agents who are willing to adopt program</td>
</tr>
<tr>
<td>Implementation</td>
<td>Extent to which the program is implemented as intended in the real world</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Extent to which a program is sustained over time</td>
</tr>
</tbody>
</table>

Adapted from Glasgow et al 1999

### 3.1 Reach of *Baby Makes 3*

The reach, or uptake, of the program was calculated for two successive 12-month periods. The full analysis is reported in Appendix A2.1 to A2.3. The reach of the *Baby Makes 3* program is summarised in Table 2. The table contains two slightly different measures of reach, completion and involvement (or partial completion). The first of these is based on the number of parents who completed the third session of the program; the second is based on an estimate of the number of parents who completed at least one session of *Baby Makes 3*. This second measure of reach is an underestimate, but it is not possible to improve on it, since full registers of attendance at each session were not maintained.

The overall completion rate for the program in 2014–15 was 12% of new parents, with variation by LGA from 9% to 14%. The overall involvement rate for the program was 21% of new parents, with variation by LGA from 18% to 29%. The decreases in completion and involvement rates from 2013–14 to 2014–15 are most likely caused by a combination of the reduced accessibility of program sessions (with parents in
Moyne having to travel further to attend) and the inability to run any programs in Corangamite in 2015 owing to low birth numbers.

Table 2: The reach of Baby Makes 3 in the Great South Coast region

<table>
<thead>
<tr>
<th></th>
<th>No. parents completing third session</th>
<th>Completion rate</th>
<th>No. parents participating in at least one session</th>
<th>Involvement (partial completion) rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 April 2013 to 31 March 2014</td>
<td>162</td>
<td>18%</td>
<td>234</td>
<td>26%</td>
</tr>
<tr>
<td>1 April 2014 to 31 March 2015</td>
<td>111</td>
<td>12%</td>
<td>186</td>
<td>21%</td>
</tr>
</tbody>
</table>

Compiled from Tables A1 and A5

Accurate calculation of the representativeness of those who participated in Baby Makes 3 is not possible given the data available. Such information is obtainable only from the interviews carried out with parents who participated in the program, with program facilitators and with maternal and child health staff. All of these sources suggested under-representation in the same specific groups: indigenous parents; young parents; and parents with lower socio-economic status. However, none of these groups was completely absent from the program.

Understanding and improving reach

Data analysis suggests a number of factors that are responsible for the level of reach obtained, only some of which are modifiable. These are considered below, along with suggestions that were made to address them.

Interviews with parents (Appendix B1.3), facilitators (Appendix C1.3) and stakeholders (Appendix C3.3) all recognised the barriers posed by the distance and time required to travel to Baby Makes 3 sessions, as did feedback given on the parents’ group program evaluation forms (Appendix B2.3).

The program was deliberately run in the early evening to facilitate the attendance of fathers, and while there is no doubt that the timeslot was more convenient than one during the day (the timing of new parent groups), travel in the evening around the time that parents are trying to establish as bath and bed time was not ideal for many. Interviews mentioned that this timing was particularly unpopular in winter months and also caused significant difficulties for those involved in shift work, farm work, fly-in fly-out working or sporting activities.

A number of parents, facilitators and other stakeholders suggested offering the program at weekends, although most also thought that no single solution would suit everyone. Some suggested delivering the whole program in a single day; however, this would remove the opportunity for “homework” between sessions, something that parents reported benefitting from. Others suggested delivering it in two weekend sessions, separated by two or three weeks. This is worthy of consideration.

Another barrier to involvement was lack of information about the program and what it would involve. For those who had chosen not to attend new parent groups (39% of new mothers in 2013–14 and 35% in 2014–15 across the region — see Appendix
A2.1), the only source of information about the program was the written or verbal information from maternal and child health about new parent groups and the integrated Baby Makes 3 sessions. As interviews with parents eligible for Baby Makes 3 demonstrated, this did not always succeed in communicating the availability of the program.

For those who attended new parent groups, there were opportunities to reinforce and explain what was on offer, through the visits made by the project manager and facilitators to introduce the program, and the use of an information leaflet, as well as active promotion by maternal and child health nurses. The success of these depended on strong working relationships between program facilitators and maternal and child health staff.

Both the written invitation and the opportunities for reinforcement in reality applied only to mothers, as attendance by fathers at new parent groups in the region was reported as extremely rare. Early in the project, evening infant first aid sessions were held in three LGAs before the first Baby Makes 3 program. These were reported as popular and an effective way of introducing Baby Makes 3 directly to fathers, but for financial reasons were discontinued in all but one LGA.

In response to the uptake figures for 2013–14, discussions began about piloting a single short session on Baby Makes 3 in the antenatal setting, where fathers-to-be are more often in attendance. The Portland pilot began in January 2015. As Appendix A2.4 reports, the reaction of the fathers to the session was extremely positive; all of them went on to attend that postnatal program with their partners and all reported that the decision to attend the postnatal session was made mutually with their partners and influenced by the antenatal session.

While only a small number of interviews were achieved with those who had experienced the antenatal session, its continuance is recommended as likely to enhance uptake of Baby Makes 3. Initiatives such as the infant first aid training should also be considered, subject to funding.

Antenatal sessions were also suggested as a valuable addition by parents who had not experienced them (Appendix B1.3), by facilitators (Appendix C1.3) and by maternal and child health staff (Appendix C3.3). The facilitators and maternal child health staff linked these suggestions explicitly to improving uptake.

It is important to investigate options for better informing new mothers and particularly fathers about the program and its contents. Interviews with parents (Appendix B1.3) and stakeholders (Appendix C3.3) both emphasised that this would be welcome, and both saw this a possible way to improve uptake. Interviews with stakeholders suggested using local media to offer case studies about the program.

3 The project manager and other Baby Makes 3 facilitators reported seeing only 4 fathers at all the new parent group sessions attended.
It is also important to ensure that the program is not perceived as anti-male, as this could well deter fathers from attending; this is discussed further in the sections on efficacy and implementation below.

Other factors to bear in mind are the needs of particular groups for additional support and encouragement to attend, and ways to maintain the informality and social nature of the sessions — providing refreshments is one important part of this, along with emphasising that many of the past parents have described the program as fun and enjoyable. Careful consideration of the language used to describe the program is necessary, noting that two facilitators (Appendix C1.3) considered that phrases such as “healthy relationships” suggest the program will delve into difficult areas and be too confronting.

In terms of improving reach to under-resented groups, the project manager attempted to stimulate specifically targeted efforts for indigenous parents and young parents, working with the relevant organisations within the region. Within the time span of the project it was not possible to bring any of these to fruition. This remains a task for the future.

3.2 Efficacy of Baby Makes 3

This section examines the impact on important outcomes, including potential negative effects, quality of life and economic outcomes. Different sources of data have provided a wealth of evidence that parents who attended the program received a variety of benefits from it. Below, different types of outcome are considered in turn.

Health outcome

The only formal measurement of health outcome used was the Hospital Anxiety and Depression Scale (HADS), which formed part of the economic evaluation. There was no statistically significant change in this measure between baseline (immediately before the first session of program) and follow-up at three months after the end of the program (Deakin Health Economics 2015), when analysing both the whole sample at each of the two points and the subset of parents who returned both surveys. The number of mothers and fathers returning the follow-up questionnaire was, however, small (42 mothers of whom 40 had returned a baseline survey, and 17 fathers of whom 15 had returned a baseline survey). Importantly however, there was no statistically significant difference at baseline in average HADS scores for either anxiety or depression between fathers and mothers who returned a follow-up survey and those who did not4.

Changes in awareness, attitudes, skills and behaviour

Baby Makes 3 received positive feedback from the overwhelming majority of parents interviewed who had attended at least some of the program (Appendix B1.3). These

4 P= 0.65 (mothers, anxiety), 0.25 (mothers depression), 0.71 (fathers, anxiety), 0.72 (fathers, depression), t test.
parents found the program worthwhile, and reported positive impacts from their participation.

Important changes included awareness of societal expectations of mothers and the extent of caring and domestic responsibilities assumed by mothers. These in turn produced changes in behaviour, such as mothers adjusting their expectations of themselves, and fathers prioritising family over work and contributing more towards household tasks and child care. All of these positive changes can be seen as supporting increased gender equity.

The interviews are a particularly important source of data here because the vast majority of parents who had attended were interviewed at least three months after the end of the program and in some cases up to 15 months after. This meant they had had a good amount of time for learning and skills development to have an impact on them and their relationship. The changes they reported were highly consistent with those reported on the group program evaluation forms completed by parents at the end of the third session (Appendix B2.3).

Data gathered for the economic evaluation included six items on attitudes to gender roles and norms and eight items relating to who does what at home. None of the changes shown between baseline and three-month follow-up reached statistical significance in an overall or a matched analysis at the 1% significance level (Deakin Health Economics 2015). The small number of completed follow-up surveys is likely to be responsible for this.

Other important impacts reported in interviews with parents (Appendix B1.3) were experienced within the couple relationship, with parents reporting enhanced communication and conflict resolution skills, and an increased focus on the couple relationship. This strongly reinforces the data from the group program evaluation forms (Appendix B2.3), and offers reassurances that the learning about communication and conflict resolution skills reported immediately after the final sessions (which focused on these skills) is not merely an effect of short-term recall or social desirability bias. Interviews with facilitators also reinforced the value of the program in terms of stimulating increased discussion within couples on topics not previously discussed (Appendix C1.3).

A final impact reported as important by parents in interviews was the social connections they made and maintained as a result of participating in Baby Makes 3. This was also reported by parents on the group program evaluation forms completed at the end of the third session (Appendix B2.3), and was commented on by several facilitators when they reflected on the value of the program (Appendix C1.3). Improved social connectedness is important for protection and promotion of health, and is particularly key for those living in rural and regional contexts.

In terms of the theory of change model set out in the original evaluation of Baby Makes 3 (Flynn 2011a, page 20) and reproduced here in Figure 1, impacts were identified corresponding to each of the different stages and indicators of change (awareness, communication, attitudes, behaviours and equality).
Possible negative effects

One possible negative effect is the program being regarded as directed against men or negative about men. This was an issue that was raised unprompted by some participants in the interviews with parents (Appendix B1.3), the analysis of facilitators’ forms (Appendix C2.3), and the group program evaluation forms completed by parents (Appendix B2.3). In the interviews with facilitators and stakeholders conducted from July to September 2015, the issue was specifically explored if the participant had not raised it in response to open questions.

This issue was raised unprompted by four of the 10 facilitators interviewed, and all but one facilitator interviewed had noticed some of their group participants perceive elements of negativity towards men. In at least one case this resulted in the couple choosing not to attend the third session of the program, with the female partner reporting:

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5 Adapted from Figure 3, Flynn 2011a, page 20

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I know a lot of the males felt it was very critical towards the fathers. Yeah, so that's why we didn't go back for the last session, my partner just didn't — he didn't want to deal with it anymore like, it was very critical towards the dads, there was no sort of positive things, like, they didn't refer to anything positive regarding the fathers.

Other parents who discussed this reported some discomfort. The section on implementation below considers the issue of maintaining a style of program delivery that challenges those present to think about gender equity without compromising their participation, or the benefits achieved from it.

No other negative effects were reported in interviews with parents when discussing the program’s impact on them. Two aspects of program delivery were viewed negatively by parents: difficulty in feeling able to be honest, and the challenge of small groups. These are considered in section 3.4 on implementation of the program. In the analysis of the group program evaluation forms (Appendix B2.3) a small number of single mothers said the program was less relevant to them (although some reported is was useful); this is considered further under delivery. One single mother reported that she had sometimes felt awkward; this could be regarded as a negative effect.

**Economic outcomes**

The program cost for delivery of Baby Makes 3 in the Great South Coast region was $581 per couple to the government service provider (Deakin Health Economics 2015). This cost comprises two components: facilitator training and actual program delivery. A second cost per couple, from the societal perspective, includes the opportunity costs of parents’ time in attending and is $983 per couple (Deakin Health Economics 2015). As expected, costs per couple were higher in this rural region than in the metropolitan setting, due to the higher opportunity cost of travel for facilitators and parents.

Given the results on health outcome reported above, the economic evaluation was unable to use this measure to demonstrate a social return on investment (Deakin Health Economics 2015). However, given the demonstrated short and medium-term impacts reported above on parents’ awareness, attitudes, skills and behaviour that directly support gender equity, Baby Makes 3 may at $581 per couple well be regarded as a worthwhile investment.

### 3.3 Adoption of Baby Makes 3

The project was successful in delivering the Baby Makes 3 program in all five local government areas. From early 2014, delivery ceased in the Moyne LGA, with parents being invited to attend the program in the neighbouring LGA. During 2015, low birth numbers in Corangamite meant that no programs ran there; these parents were not offered programs elsewhere.

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6 This was echoed by a number of facilitators, who said they sensed discomfort and awkwardness from some single mothers in their sessions.
3.4 Implementation of Baby Makes 3

Data collected from parents who attended Baby Makes 3 (report in Appendix B), from facilitators of the program (Appendices C1 and C2), and, to a lesser extent, from stakeholders (Appendix C3) provided a wealth of information about implementation. This will be of value in shaping future program delivery. In this section, only the major issues raised that concern the reach and impact of the program will be covered. Before that, the issue of implementation fidelity is considered.

Implementation fidelity

Both the interviews with facilitators (Appendix C1) and the facilitator session evaluation forms (Appendix C2) demonstrate that the program was delivered according to the program manual (Flynn 2011b) throughout the life of the project, apart from modifications in response to particular issues that required flexibility in delivery. These modifications need to be recognised as the necessary flexibility required to respond to the characteristics and needs of the parents present at any particular session. These included: the presence of single mothers; the presence of lone partners (where the other partner was absent from the session); small group sizes; and the particular dynamics of different groups of parents, most especially around perceptions of negativity of the program towards fathers. These issues are discussed further below.

The program as designed consists of three sessions, with the intention that both members of the couple attend all three sessions, allowing the later sessions to build on the content of earlier sessions and allow for “homework” to be carried out between sessions and discussed.

As the attendance figures in Appendix A2.2 and analysed in Appendix C2 show, significant attrition took place during many programs. Ill-health, work commitments, and the deterrence of travel time, especially in bad weather, all played a part in this pattern of attendance, and are outside the control of the program providers.

What is more amenable to influence is the extent to which certain aspects of the program, and particularly of the second session, were perceived as negative towards fathers/men with consequent effects on attendance at the third session. While there is no way of making any accurate assessment of the size of this effect, one mother reported in interview that it was the reason she and her partner did not attend the third session, and other parents (both mothers and fathers) and facilitators also advanced it as the reason for lower attendance at the third session.

Implementation, reach and efficacy

Creating a safe, supportive and non-judgmental atmosphere in sessions is particularly important to successful program delivery. This was recognised by parents as being key to making the programme effective and enjoyable for them, as well as by facilitators. It is particularly important in countering the difficulty expressed by some parents in interviews about the ability to be honest (Appendix B1.3). How to
maintain this positive atmosphere in the face of resistance by program participants, in particular some fathers, and to counter the perception that the program was anti-male was a significant challenge in some program deliveries. Keeping men positively engaged without compromising the effectiveness of the program or the strength of its messages emerged as a key challenge.

Facilitators (Appendix C1) reported that the components that kept participants most engaged and positive were the interactive activities and break-out discussions. The apparent effectiveness of these in increasing awareness and understanding between couples about gender inequity, and in sparking fruitful discussions, were such that there were calls to extend the time spent on each. Another strong component to successful delivery was the female and male co-facilitation model, which facilitators noted made participants more receptive to gendered information. One strategy reported to minimise resistance from fathers was to have the male facilitator present sensitive components. Other important tactics included adding a lot of qualifications and reassurances to the presentation of data; using a gentle tone; emphasising conversation rather than stating facts; and if all else fails, skipping or moving past sections.

However, many facilitators felt that more training and skills were needed to deliver the program more confidently and effectively, that training needed to be refreshed beyond the initial session and that ongoing discussion about the facilitation process and experience would be useful. It seems especially vital to ensure that facilitators feel adequately prepared for dealing with discomfort and defensiveness, and have an outlet to debrief about any challenges, especially around the issue of perceived negativity towards men. Stakeholder interviews also raised this issue (Appendix C3).

Group size is an extremely important issue in ensuring successful delivery. Groups that were too small or too large posed different problems in creating and maintaining the necessary positive atmosphere and running program activities successfully. Some parents in interview said the small groups had made them feel uncomfortable (Appendix B1.3). The facilitators considered (Appendix C1.3) the optimum size to be four to six couples; however, achieving this size is not always easily controllable.

Challenges to successful implementation are also posed by the presence of single parents and lone parents (those whose partner is absent). In analysis of the group program evaluation forms (Appendix B2.3) a small number of single mothers reported that the program was less relevant to them (although some reported it was useful). One single mother reported that she had sometimes felt awkward; this was echoed by a number of facilitators (Appendix C1.3) who sensed discomfort and awkwardness from some single mothers in their sessions. During the course of the project, facilitators developed ways of modifying delivery and activities to accommodate single and lone parents, and it would be beneficial to incorporate this into a revision of the program manual.
3.5 Maintenance of Baby Makes 3

Delivery of the Baby Makes 3 program was successfully maintained over the course of the project. For the future the program is identified in the Great South Coast Strategy to Prevent Violence Against Women and Children 2013–17 (Great South Coast Group 2013) as a key activity targeting new parents, to be delivered in conjunction with the maternal and child health service.

The program is mentioned explicitly in two out of the five Municipal Public Health and Wellbeing Plans in the GSC region. As a number of stakeholders noted, there were advantages to providing Baby Makes 3 on a regional basis, especially in terms of having a pool of facilitators and in ensuring support and debriefing where necessary. A challenge for the maintenance of Baby Makes 3 will be the departure of the project manager at the end of 2015, and the end of Department of Justice and Regulation funding.

3.6 The Plus component of the project

Evaluation of the Plus component of the project focused on the provision of gender equity training. Sources of data included pre and post surveys of those who attended the training, interviews with a sample of people who attended training, and interviews with stakeholders. Detailed reports on findings from the training participant surveys and interviews are in Appendix D, while views of stakeholders on the Plus component are reported in Appendix C3.3.

Some caution is necessary owing to the small numbers completing the pre and post surveys (48 pre and 22 post surveys, with matching of pre and post replies possible for only nine respondents). However, using a gender equity score (McGregor 2009) calculated from eight of the NCAS items in the survey, the distribution of scores post training was statistically significantly improved over that of pre-training. The subset of matched surveys also showed a clear pattern of improvement.

All five interviewees who had attended the training reported that it had an impact on them at the time, and for four of the participants the memory of content and messages was still strong (these interviews were carried out at least six months after the training). Similarly they all reported that the training had influenced their practice, and in some cases their life more generally; for those who had received other, additional training, effects from the gender equity training was bound up with the gains from other training attended.

Interviews with stakeholders revealed that they saw the Plus component of the project as an important part of building capacity in the region not only to deliver Baby Makes 3, but to support other primary prevention efforts as well as secondary and tertiary prevention in the GSC.
4 Discussion and Conclusions

I was really impressed with it, probably because I hadn’t really been in a group situation like that before. I definitely enjoyed the parts where the men were separated from the women and then they were brought back into the room to discuss the same answers, and that was really insightful. … I’ve kept in touch with a couple of blokes from the course …. [People] shared some brilliant stories and some great experiences and that time to actually tell their story I think was really cathartic for a lot of people, and added to that growing sense of confidence, that things are going to be all right and that we’re doing the right thing. (Father, interview)

Fantastic. Opened my eyes to focusing more on our husband-wife relationship. (Mother, program evaluation form)

Head along, it brings up things you would not necessarily discuss with your partner, plus you get to meet other couples in the same boat. (Father, program evaluation form)

It is great. Makes you think of things that you may not have thought about before. Opens discussion. (Mother, group program evaluation form)

A good chance to raise issues. It gives a really helpful environment and language to work through issues you may be feeling but struggling to understand. (Father, program evaluation form)

A fun yet informative program that has some very useful tools/concepts. (Father, program evaluation form)

These quotes are a small but typical selection of the ways that fathers and mothers summarised Baby Makes 3 in interviews or on feedback forms. The project successfully implemented the Baby Makes 3 program throughout a rural region, with parents recording a high level of satisfaction, and citing a range of positive impacts up to 15 months after their participation. The overall cost to the service provider was $581 per couple.

This section examines some important aspects of the Baby Makes 3 program alongside literature on other parenting education programs, particularly those aimed at new parents.

Baby Makes 3 was specifically designed for prevention of violence against women through the development of greater gender equity. The literature contains only a few other examples of programs explicitly aimed at violence prevention (Florsheim et al 2011, Tiwari et al 2011, Tiwari et al undated, Coster et al 2015). Many other programs are designed to improve satisfaction (and prevent breakdown) in the couple relationship and/or improved parenting skills; here the focus will be on those with a relationship-education focus. In terms of program content and delivery, however, there are many overlaps between these two groups.
To focus first on the other programs established with the aim of violence prevention. Only two of these, Positive Fathering (Tiwari et al 2011) and Becoming Parents (Tiwari et al undated), both developed and delivered in Hong Kong, focus on delivery to the general population of new parents as does Baby Makes 3. Both also feature similar amounts of contact time delivered in the group setting. There are however some important differences: all the group sessions in Positive Fathering and Becoming Parents are delivered in the antenatal setting, and both include more material focused on the care of the baby than does Baby Makes 3; unlike Baby Makes 3’s mixed pair of facilitators, the gender of facilitator and assistants are not specified in Positive Fathering and Becoming Parents. Becoming Parents has a postnatal component delivered by phone by trained volunteers, and Positive Fathering included a men’s line that could be reached by phone or email.

Another two programs, Baby Steps (Coster et al 2015) and Young Parenthood Program (Florsheim et al 2011), focus on “hard-to-reach” or high-risk groups rather than on all new parents. Baby Steps (Coster et al 2015), developed and implemented in the UK, begins with referral or self-referral in early pregnancy. A preparatory home visit is followed by six weekly group sessions before birth and three more after birth. Group sessions are facilitated by a health practitioner (midwife or health visitor) and children’s service practitioner (family support worker or social worker), gender not specified. The sessions cover a much wider range of topics, as might be expected given the longer contact time: strengthening parent-infant relationships; strengthening couple relationships; building strong support networks; improving feelings of self-confidence as well as levels of low mood and worry; and finally, helping parents to understand babies’ development.

The American Young Parenthood Program is the most different to Baby Makes 3, being based on 8–12 weekly sessions delivered to couples in the antenatal period by a counsellor aimed at promoting positive relationship skills, following an assessment process that included interview-based screening for the occurrence of intimate partner violence (administered to parents in separate meetings). This is an example of a program based on assessment followed by tailored education, as opposed to the broadly curriculum-based knowledge and skills training of the other programs.

In terms of findings to date, only the Young Parenthood Program has been subject to an evaluation that included a comparison group. A cluster randomised trial of Becoming Parents has been registered but findings have not yet been reported. All of the studies reported thus far are relatively small in size, none of them report data on cost, and none report on any resistance to the program or possible negative effects. Although the Young Parenthood Program is the least similar to Baby Makes 3, it is of interest, since the pilot randomised control trial (Florsheim et al 2011) included assessment of intimate partner violence at baseline, three months after birth and 18 months after birth. The findings demonstrated that couples who were randomly assigned to the Young Parenthood Program were significantly less likely to have engaged in IPV at the first follow-up, compared to couples in the “treatment as usual” control group, but the strength of this finding diminished over time.
The studies of *Positive Fathering* and *Becoming Parents* both used a depression measure, the Edinburgh postnatal depression scale (Cox et al 1987) and the Dyadic Adjustment scale relationship measure (Spanier 1976) as well as self-reporting of the helpfulness of the program on a number of features. *Positive Fathering* also used the SF12 measure of health. For *Positive Fathering*, Tiwari et al (2011) report significant reduction in depressive symptoms for both the expectant fathers and mothers at post-intervention and six weeks post-delivery, with significant improvement of physical health by expectant mothers at six weeks post-delivery; and for mental health, significant improvement for both fathers and mothers at six weeks post-delivery. For *Becoming Parents* (Tiwari et al undated), with a longer follow-up at three months post-delivery, there was significant reduction in depressive symptoms for the fathers while the reduction in depressive symptoms reported by the mothers was not statistically significant. Self-reporting of *Becoming Parents*’ helpfulness in improving couple relationships and communication skills was high, over 95% in each case.

The evaluation of *Baby Steps* used the same measure of anxiety and depression as the economic evaluation carried out for *Baby Makes 3*, the Hospital Anxiety and Depression Score. The final measurement point of *Baby Steps* came at the end of the final postnatal session. Coster et al (2015) report a statistically significant reduction in anxiety at this point compared to baseline (before the start of the program), but no significant change in depression, based on the sample of 99 parents for whom this data was available.

The results presented in this report for *Baby Makes 3* are broadly consistent with those from the Hong Kong and UK studies. What is also similar is the positive feedback from parents about group discussions and active learning activities as opposed to more didactic presentations. However, a number of distinctive features about the *Baby Makes 3* evaluation emerge. The first is calculation of the cost of delivery on a regional basis (Deakin Health Economics 2015) and the exploration of potential negative effects (section 3 above). Another is the identification of the importance of the mixed gender facilitation team for successful program delivery. The study here also identifies the importance of social interaction generated by the program as an outcome valued by parents; this connected to the value of the program in normalising the challenges they were facing as new parents. The findings here have also identified the importance to parents of the diversity in the program group, appreciating the opportunity to hear different viewpoints and responses to the common challenges they experience as new parents. This implies the importance of the provision of the program to all new parents, rather than as a targeted program towards those at high risk. Exceptions to this were suggested as necessary for two particular groups, indigenous parents and young parents, who were under-represented in the current project.

Turning briefly to the literature on relationship education programs more generally, a meta-analysis of 21 studies of couple relationship education delivered in the antenatal and/or postnatal period reported small mean effects on couple communication and relationship satisfaction (Pinquart and Teubert, 2010). Moderate to large effect sizes occurred when programs contained five or more sessions, took
place across both the antenatal and postnatal period and were facilitated by professionals. Not all of the education programs were group-based.

More recently, Hunter and Commerford (2015) reviewed the research on relationship education, incorporating programs designed for other relationship stages as well as those targeting new parents. Their review concludes that the transition to parenthood is an under-utilised opportunity to deliver relationship education and that integration within services offered by nurses and midwives offers a good opportunities to reach under-served groups. The findings presented here for Baby Makes 3 are highly consistent with this; however they also demonstrate that problems still exist with reaching all groups to the same extent. Hunter and Commerford (2015) also identify a lack of research demonstrating the effectiveness of relationship education in the longer term.

**Strengths and limitations of the evaluation**

The evaluation reported here has both limitations and strengths. First and foremost of the limitations, the assessment of the impact of Baby Makes 3 relies mainly on self-reporting by parents. Sample sizes for some of the quantitative data collected were small, and this particularly affected the economic evaluation reported in Deakin Health Economics (2015). Secondly, only a very small number of parents in the interview sample had chosen not to attend the program, making it not possible to explore any differences in attitudes and behaviour between those who had and had not attended the program. The evaluation does not therefore include a comparison group that did not attend the program.

A further limitation is the extremely restricted range of socio-demographic information collected on those who attended the program. A deliberate decision was made to restrict such data collection directly from parents, given concerns about the burden of collection, the perceived intrusiveness of questions and likely interference with building rapport in an interview situation, thereby risking comprising the richness of data obtained from the interviews.

A particular strength of the evaluation has been the use of a wide range of different sources of data, allowing for triangulation between different sources. The interview sample sizes obtained, while not large, are sufficient for the type of qualitative analysis undertaken here (Guest et al 2006). The interviews of parents, facilitators and other stakeholders yielded extremely rich data, which was invaluable in understanding the particular features of the program that were helpful to parents, the challenges in program delivery, and how these might be met in the future.

Three further strengths are connected with the interviews with parents. Firstly, all parents eligible for Baby Makes 3 were invited for interview and the invitation made clear that interviews were sought with those who had not attended the program at all or who had attended only part; this enabled inclusion in the sample of members of both these groups, including some who had not attended the third session and therefore had not completed the group program evaluation form or contributed to the
three-month follow-up survey. Secondly parents were interviewed on their own, and usually by an interviewer of the same gender, both of which reduce the risk of social desirability bias (Kane and Macaulay 1993). Thirdly, the interview sample obtained was very diverse in terms of social and employment background; although it is not possible to know the extent to which the participants were representative of the population who attended Baby Makes 3, or indeed the population of first-time parents in the region, it does indicate that they were not drawn solely from a particular socio-demographic subset.

Conclusions and recommendations

The Baby Makes 3 Plus project has demonstrated the feasibility of delivering, in a non-metropolitan regional setting, a program that succeeds in building 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 their first child, and reduce the risk of family violence.

While involvement levels of 18% to 29% across the five LGAs (average 21%) were not as high as desired, they represent a considerable achievement in the face of factors that were not under the project’s control (see section 3.1 above).

The program successfully generated positive impacts, according to the overwhelming majority of parents who attended all or part of the program and contributed their views to one or more parts of the evaluation. Minimal possible negative effects were identified, and the experience gained in program delivery should enable these to be further reduced in the future. As such these conclusions are very consistent with those reached in the original (metropolitan) evaluation of Baby Makes 3 (Flynn 2011a), and demonstrate the program’s applicability in a rural and regional setting.

While this evidence is compelling, it is important to acknowledge that this evaluation did not contain any comparison group, and any future research should aim to build this into the design. The program cost for delivery of the Baby Makes 3 program in the Great South Coast region, $581 per couple to the government service provider (Deakin Health Economics 2015), is relatively low.

Gender equity training to the health and human services workforce in the region, delivered as a part of the Plus component of the project, produced positive improvements in attitudes supportive of gender equity in those attending. Positive changes in practice, both at work and in a personal context, were also reported. This was an important part of capacity building within the region to support the delivery of Baby Makes 3.

During a time when traditional gender norms and roles tend to influence couple relationships, the findings reported here suggest that Baby Makes 3 plays an important role in raising awareness of gender inequality in relationships for some

---

7 As revealed during the interviews.
parents, and reinforcing and bringing to the fore existing knowledge for other parents. This consciousness enables some couples to make changes in their relationships that place a greater value on the responsibility women tend to assume for caring and household tasks, an increased perception of parenting as a partnership, and a greater consciousness and focus on open communication, conflict resolution and intimacy in couple relationships.

These changes suggest increased respect and a gradual shift towards equality in relationships between new parents. The group format was essential to the changes achieved by Baby Makes 3, providing a supportive, positive and engaging forum for new parents to share experiences, learn from each other and discuss issues that may not otherwise have been raised.

These conclusions are consistent with and augment the existing evidence of the program’s effectiveness in contributing to the primary prevention of violence against women.

This study has provided a wealth of evidence of the ways in Baby Makes 3 fostered changes in parents’ awareness, attitudes, skills and behaviour that are directly supportive of gender equity.

The successful delivery and evaluation of the Baby Makes 3 program in the rural and regional settings of the Great South Coast has produced findings that can inform implementation across similar catchments and ensure program sustainability. The evaluation identified the importance of good working relationships between program providers and maternal and child health staff, as well as the importance of wider partnerships with other stakeholders. Some specific recommendations are made below as particularly important for development and sustainability of the important initiative that is Baby Makes 3.

**Recommendation:** To improve the reach of the program, it would be worth:
- Continuing provision of an introductory session in the antenatal setting and extending this to other LGAs in the region
- Strengthening the information available on the program and publicising it more widely
- Investigating an additional, concentrated form of delivery in one or two daytime sessions at weekends

Investigating more targeted versions of the program for groups under-represented in the current project, especially indigenous parents and young parents; these might benefit from being provided in a concentrated form.

**Recommendation:** Revise the group program manual to discuss how to deal with: the presence of single mothers; the presence of lone partners (where the other partner is absent from the session); small group sizes; and the particular dynamics of different groups of parents. While the current manual discusses the issue of resistance from fathers, it would be helpful to expand the coverage of possible strategies to respond to this within the manual.
References


## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCS</td>
<td>British Cohort Study</td>
</tr>
<tr>
<td>DoJR</td>
<td>Department of Justice and Regulation</td>
</tr>
<tr>
<td>GLBTI</td>
<td>Gay, Lesbian, Bisexual, Transgender and Intersex</td>
</tr>
<tr>
<td>GSC</td>
<td>Great South Coast</td>
</tr>
<tr>
<td>HADS</td>
<td>Hospital Anxiety and Depression Scale</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Area</td>
</tr>
<tr>
<td>PVAWC</td>
<td>Preventing violence against women and children</td>
</tr>
<tr>
<td>MPHWP</td>
<td>Municipal Public Health and Wellbeing Plan</td>
</tr>
<tr>
<td>NCAS</td>
<td>National Community Attitudes towards Violence Against Women Survey</td>
</tr>
<tr>
<td>RE-AIM</td>
<td>Reach Efficacy Adoption Implementation Maintenance</td>
</tr>
<tr>
<td>VAWC</td>
<td>Violence against women and children</td>
</tr>
<tr>
<td>WCC</td>
<td>Warrnambool City Council, the lead agency for the project</td>
</tr>
</tbody>
</table>
Appendix A: Uptake, attendance and completion

Contents

A1: Methods
A1.1 Data collection 32
A1.2 Data analysis 32

A2: Results
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A2.2 Patterns of attendance: attrition during the program 34
A2.3 Involvement in Baby Makes 3 — partial completion 37
A2.4 The Portland antenatal pilot 38

A3: Summary 42
A1: Methods

The aim of this component of the evaluation was to explore uptake and attendance at the Baby Makes 3 program in the Great South Coast region, focusing on the extent to which the program was successful in reaching all first-time parents.

The overall evaluation framework and its components is described in the main evaluation report. Ethics clearance for the quantitative data analysis included in this component was granted through Deakin University’s research ethics system in September 2014, project reference number HEAG-H 36_2015. Interviews with parents who attended the Portland pilot antenatal session are covered under an amendment granted on 31 March 2015 to project reference HEAG-H-58_2014.

A1.1 Data collection

Data used was collated from a variety of sources, summarised below:
- Data on total births, first-time mothers, attendees at new parents groups collated from records held by councils by the Baby Makes 3 project manager
- Attendance at different sessions of each delivery of the program, collected on the form filled in by facilitators at the end of each session
- Counts of attendance at the final (third) session in each program, collected from group program evaluation forms completed by parents at the end of the third session
- Interviews with a sample of parents who attended the antenatal session of Baby Makes 3 offered in the Portland pilot.

A1.2 Data analysis

The quantitative data collected was analysed using a mix of descriptive and inferential statistics. Interviews with parents who attended the Portland pilot were analysed thematically, concentrating on the role of the antenatal session in the decision to attend (or not) the three-session postnatal program.

A2: Results

Results are presented below in four sections. The first explores uptake and completion of the Baby Makes 3 program, using the severest possible definition of completion. The second explores patterns of attendance over the three sessions in the program. The third section then calculates some measures of overall attendance providing an alternative to the severe measure of completion presented in the first section. The fourth section reports on the Portland pilot, using both quantitative data and the interviews with parents.
A2.1 Uptake and completion

In the Great South Coast Region *Baby Makes 3* is intended to be delivered to all first-time parents (including to couples where the child is the first they have had together, regardless of previous children with other partners). Using data for two consecutive full years (1 April 2013 to 31 March 2014 and 1 April 2014 to 31 March 2015), the levels of uptake and completion of *Baby Makes 3* were calculated for the different local government areas and the whole region. Table A1 presents the data and details the assumptions made.

Table A1 shows that, overall, of those parents eligible for *Baby Makes 3*:

- In 2013–14, around 1 in 5 parents completed the final session; this is a relatively low figure. There was considerable variation between LGAs, from 13% to 29%.
- In 2014–15, around 1 in 10 parents completed the final session; this is a relatively low figure. There was considerable variation between LGAs, from 9% to 14%.

One important issue is the level of uptake of new parent groups, since it is at the first meeting of the NPG that more detailed information about *Baby Makes 3* is given out. Overall, in 2013–14, 39% of first-time mothers did not attend the first NPG; while in 2014–15, 35% of first-time mothers did not attend.

Calculating *Baby Makes 3* completion for couples in which the mother did attend the first NPG:

- In 2013–14 completion was 30% overall, with variation by LGA from 23% to 38%
- In 2014–15 completion was 22% overall, with variation by LGA from 15% to 24%.

Compared to the figures for 2013–14 shown in Table A1, the overall completion rate is statistically significantly lower in 2014–15; however there are differences between the different local government areas. The decrease in Warrnambool and Moyne is not statistically significant using a 1% significance level. The decrease in Glenelg is not statistically significant, nor is the decrease in South Grampians. The decrease in Corangamite is statistically significant at the 0.001 level.

A number of factors contribute to the lower overall figure in 2014–15. The first is the cessation of program delivery in Moyne from early 2014, necessitating longer travel times for Moyne parents to attend groups in Warrnambool. Secondly, low birth numbers in Corangamite in 2015 meant no programs were run there. The decrease in completion rate from 2013-14 to 2014-15 is most likely caused by a combination of

---

1 P<0.0001, chi squared test of difference in completion rate in the two years
2 P=0.02, chi squared test of difference in completion rate in the two years
3 P=0.26, chi squared test of difference in completion rate in the two years
4 P= 0.05, chi squared test of difference in completion rate in the two years
5 P <0.0001, chi squared test of difference in completion rate in the two years
the reduced accessibility of program sessions (with parents in Moyne having to travel further to attend the program) and the inability to run any programs in Corangamite in 2015 owing to low birth numbers.


<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
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<td>Warrnambool and Moyne</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013–14 580 233 140 81</td>
<td>60% 29%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014–15 591 250 166 67</td>
<td>66% 20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenelg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013–14 184 92 53 24</td>
<td>58% 23%</td>
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</tr>
<tr>
<td>2014–15 183 71 46 14</td>
<td>65% 15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Grampians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013–14 185 73 41 31</td>
<td>56% 38%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014–15 171 66 40 19</td>
<td>61% 24%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corangamite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013–14 146 45 35 26</td>
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<td>2014–15 198 62 26 11</td>
<td>39% 24%</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2013–14 1095 443 269 162</td>
<td>61% 30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014–15 1043 449 252 111</td>
<td>65% 22%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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Notes:
* Data not provided.
# From January 2014, parents in Moyne were invited to attend the program in Warrnambool, so results are presented for the two LGAs combined.

Column D is based on the number of Group Program Evaluation Forms collected from parents at the final Baby Makes 3 session.

Column E Calculation of figure assumes that only one of each couple attended the new parent group (column C); it is thus an overestimate of the actual % uptake.

Columns F and G Calculation of figures assumes that at the last session of Baby Makes 3 there were no single mothers; figures are therefore only rough. No account is taken of whether only one member of a couple was present.

Calculating a completion rate based on the numbers of parents handing in their group program evaluation form at the end of session 3 provides a severe estimate, since it does not take into account those who attended some of the sessions, but not the final session, or who attended this session but did not hand in an evaluation form. Section A2.3 below provides some estimates of involvement in Baby Makes 3 based on estimates of numbers who completed at least part of the program.

A2.2 Patterns of attendance: attrition during the program

Attendance at Baby Makes 3 sessions within a single program delivery is by no means uniform. Tables A2 and A3 show attendance by session for the different
groups run so far: Table A2 shows groups run prior to 31 March 2014 and Table A3 shows groups starting in April 2014 and later.

Table A2 (the first year of programs) shows that:
• In four of the 21 groups the highest attendance was at session 2 or 3
• There are very mixed patterns of attendance
• Average attendance at session 1 was 93%, with sessions 2 at 65% and session 3 at 73% (using average weighted by group size).

Table A3 shows that for groups running in April 2014 and later:
• In four of the 23 groups the highest attendance was at session 2 or 3
• There are very mixed patterns of attendance
• Average attendance at session 1 was 97%, with sessions 2 at 77% and session 3 at 60% (using average weighted by group size).

Table A2: Attendance by session for groups completing prior to end March 2014

<table>
<thead>
<tr>
<th>Program location</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>% attendance for session 1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamilton</td>
<td>16</td>
<td>No data</td>
<td>14</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moyne</td>
<td>8</td>
<td>No data</td>
<td>13</td>
<td>62%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warrnambool</td>
<td>12</td>
<td>8</td>
<td>12</td>
<td>100%</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Terang</td>
<td>10</td>
<td>12</td>
<td>12</td>
<td>83%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Moyne</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>100%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Camperdown</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Portland</td>
<td>15</td>
<td>6</td>
<td>8</td>
<td>100%</td>
<td>40%</td>
<td>53%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>6</td>
<td>12</td>
<td>9</td>
<td>50%</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>8</td>
<td>5</td>
<td>10</td>
<td>80%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>16</td>
<td>14</td>
<td>12</td>
<td>100%</td>
<td>88%</td>
<td>75%</td>
</tr>
<tr>
<td>Portland</td>
<td>11</td>
<td>10</td>
<td>3</td>
<td>100%</td>
<td>91%</td>
<td>27%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>100%</td>
<td>67%</td>
<td>83%</td>
</tr>
<tr>
<td>Moyne</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>100%</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>208</td>
<td>144</td>
<td>162</td>
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</tbody>
</table>

Table A3: Attendance by session for groups running in April 2014 and later

<table>
<thead>
<tr>
<th>Program location</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>% attendance for session 1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portland</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>100%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>11</td>
<td>7</td>
<td>5</td>
<td>100%</td>
<td>64%</td>
<td>45%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>16</td>
<td>10</td>
<td>4</td>
<td>100%</td>
<td>63%</td>
<td>25%</td>
</tr>
<tr>
<td>Portland</td>
<td>15</td>
<td>7</td>
<td>6</td>
<td>100%</td>
<td>47%</td>
<td>40%</td>
</tr>
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<td>14</td>
<td>10</td>
<td>8</td>
<td>100%</td>
<td>71%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Total 208 144 162 Average 93% 75% 74% Weighted average 93% 65% 73%

Notes
1. Calculated in relation to the session with the largest number of parents attending; highlighted rows are those in which this was not at the first session.
2. These are the crude unweighted averages of the column above. This allows for the fact that group size went up as well as down as sessions progressed but does not account for the different sizes of groups.
3. These averages are weighted by group size.
### Appendix A

Table A3: Attendance by session for groups starting in April 2014 and later

<table>
<thead>
<tr>
<th>Program locations</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>% attendance for session $^1$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>2014</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warrnambool</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Portland</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>83%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>26</td>
<td>20</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Camperdown</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Terang</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Warrnambool</td>
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<td>9</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>75%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Portland</td>
<td>11</td>
<td>7</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>100%</td>
</tr>
<tr>
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<td>10</td>
<td>6</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Portland</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>83%</td>
</tr>
<tr>
<td><strong>2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamilton</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>18</td>
<td>12</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>100%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>22</td>
<td>20</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>16</td>
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<td>Hamilton</td>
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<td>100%</td>
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<td>Hamilton</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Portland</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Portland</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>239</td>
<td>186</td>
<td>146</td>
<td>Average $^2$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weighted average $^3$</td>
</tr>
</tbody>
</table>

**Notes**

1. Calculated in relation to the session with the largest number of parents attending; highlighted rows are those in which this was not at the first session.
2. These are the crude unweighted averages of the column above. This allows for the fact that group size went up as well as down as sessions progressed but does not account for the different sizes of groups.
3. These averages are weighted by group size.
Table A4 summarises changes over time by showing overall attendance by local government area for two periods: up to 31 March 2014 and from 1 April 2014 as before. Changes in patterns of attendance shown were not significant for any of the local authority areas. Moyne is not shown in this table as no groups were delivered there in the second period; parents were instead invited to groups in Warrnambool.

### Table A4: Attendance patterns by LGA

<table>
<thead>
<tr>
<th>LGA</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>% attending in session 1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013–14</td>
<td>2014–15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corangamite</td>
<td>24</td>
<td>26</td>
<td>26</td>
<td>92%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2013–14</td>
<td>2014–15</td>
<td>13</td>
<td>9</td>
<td>100%</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenelg</td>
<td>49</td>
<td>30</td>
<td>24</td>
<td>100%</td>
<td>61%</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>2013–14</td>
<td>2014–15</td>
<td>20</td>
<td>12</td>
<td>100%</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Grampians</td>
<td>28</td>
<td>21</td>
<td>27</td>
<td>100%</td>
<td>75%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>2013–14</td>
<td>2014–15</td>
<td>17</td>
<td>21</td>
<td>100%</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warrnambool</td>
<td>68</td>
<td>48</td>
<td>51</td>
<td>100%</td>
<td>71%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>2013–14</td>
<td>2014–15</td>
<td>148</td>
<td>104</td>
<td>100%</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>179</td>
<td>132</td>
<td>126</td>
<td>100%</td>
<td>74%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>2013–14</td>
<td>2014–15</td>
<td>239</td>
<td>186</td>
<td>100%</td>
<td>78%</td>
</tr>
</tbody>
</table>

**Notes**

1. Calculated in relation to the session with the largest number of parents attending.

---

### A2.3 Involvement in Baby Makes 3 — partial completion

Calculating a completion rate from the number of parents handing in an evaluation form at the end of session 3 (as in section A2.1 above) provides a particularly severe estimate, since it does not take into account those who attended some sessions, but not the final session, or who attended this session but did not hand in a form.

This section therefore estimates overall attendance based on estimates of numbers who attended at least one session — i.e. a partial completion or involvement rate in Baby Makes 3, where the number of parents attending each session is taken from the facilitators’ feedback forms.

Table A5 shows partial completion rates or involvement rates by local government area. It shows that overall for 2014–15, around one in three new parents who

---

6 P values between 0.01 and 0.73, chi squared test of difference in distribution of attendance across 3 sessions.
attended a new parent group were at least partially involved in *Baby Makes 3*. This was equivalent to around one in five of all new parents.

Table A5: Estimated partial completion rates by LGA, 2013–14 and 2014–15

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>Number of parents attending at least one session¹</th>
<th>Partial completion in relation to NPG attendance (%)</th>
<th>Uptake and partial completion of <em>Baby Makes 3</em> (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warrnambool and Moyne</td>
<td>108</td>
<td>39%</td>
<td>23%</td>
</tr>
<tr>
<td>2013–14</td>
<td>2014–15</td>
<td>89</td>
<td>27%</td>
</tr>
<tr>
<td>Glenelg</td>
<td>49</td>
<td>46%</td>
<td>27%</td>
</tr>
<tr>
<td>2013–14</td>
<td>2014–15</td>
<td>34</td>
<td>37%</td>
</tr>
<tr>
<td>South Grampians</td>
<td>51</td>
<td>62%</td>
<td>35%</td>
</tr>
<tr>
<td>2013–14</td>
<td>2014–15</td>
<td>38</td>
<td>48%</td>
</tr>
<tr>
<td>Corangamite</td>
<td>26</td>
<td>37%</td>
<td>29%</td>
</tr>
<tr>
<td>2013–14</td>
<td>2014–15</td>
<td>24</td>
<td>...</td>
</tr>
<tr>
<td>Total</td>
<td>234</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>2013–14</td>
<td>2014–15</td>
<td>186</td>
<td>32%</td>
</tr>
</tbody>
</table>

Notes
1 Calculated from the maximum numbers attending in a program. Note that this will be an underestimate since sometimes parents missed session 1 and/or 2 but attended later sessions.

The decreases in involvement rates from 2013-14 to 2014-15 are most likely caused by a combination of the reduced accessibility of program sessions (with parents in Moyne having to travel further to attend the program) and the inability to run any programs in Corangamite in 2015 owing to low birth numbers.

A2.4 The Portland antenatal pilot

Once the analysis of uptake figures for the year 2013–14 was reported, discussion took place as to how uptake might be improved. One idea was to introduce parents to *Baby Makes 3* during antenatal sessions, where the father was likely to be present. This would more likely introduce the father directly to the program, rather than the invitation coming via the mother.

From January 2015, a pilot took place of a short *Baby Makes 3* session delivered in the antenatal setting at Portland hospital. Parents who attended this session were invited for a telephone interview. These invitations were distributed after the subsequent full postnatal *Baby Makes 3* program which these parents would or could have taken.

Consent forms were returned by four mothers and four fathers; however in the limited time available, interviews were achieved only with one mother and three fathers. Contact details given on one form were incorrect, and repeated attempts over six
weeks to contact the other three parents did not result in an interview. Despite this small sample of four, the interview participants were socially quite diverse.

All four had gone on to attend the postnatal Baby Makes 3 program, and each had attended two out of the three sessions. Reasons given for partial attendance were work (two fathers), sickness (one father) and a deliberate decision to attend only two sessions (one mother).

Before Baby Makes 3: the antenatal session

The session delivered in the antenatal setting was one hour in length and designed as a brief introduction to the topics to be covered in the postnatal program. It started with time spent in two groups, one for mothers, one for fathers, discussing likely changes post-birth, followed by the sharing of lists generated and whole-group discussion. This was followed by an exercise in couples on the question “How equal is your home” and then a whole-group session on the topics “Equal doesn't mean the same” and “Equality is the fundamental aspect of a healthy relationship”.

Parents’ views of the antenatal session

All of the parents interviewed appreciated the value of the antenatal session as a taster for what was on offer in the postnatal program.

All reported positive impressions of the antenatal session. The fathers all mentioned how good it was to hear from other fathers-to-be. As one expressed it:

… good. We actually split up into two groups at one stage, which was really good, with the other guys and the girls did their own thing. So that was pretty good. See how everyone was going along with it, so yeah … that was a good idea. (Father)

The mother gave her overall impression of the session as:

Very brief probably. I feel like it was probably more of an overview as to what they were all about … There was a little bit of doing. Thought-provoking probably. (Mother)

Two of the three fathers and the mother said they found the session a good overview of what to expect as a new parent and of the postnatal program.

Making the decision about attendance at the postnatal program

All of the interviewees reported that the antenatal session made them keen to attend the postnatal program.

Three of them reported that it had been a joint decision with their partner to attend the postnatal program. One father linked this specifically to the antenatal session, saying they “both thought it was worthwhile based on the antenatal session”. Another emphasised that it was a “mutual decision to attend as [they] both wanted all the info [they] could get”. The mother expressed a similar view:
Appendix A

I think it was very much a joint decision. … He’s keen to get all the information as well and I guess you don’t know what it’s going to be about until you go. So as well as feeling it’s the right thing to do, you sort of think okay well here we are, first-time parents, we’ve never done this before so if there’s information out there to get, let’s go get it. (Mother)

Parents’ views of the postnatal program

The parents’ experience of the postnatal program was influenced by attendance levels at the sessions they attended. Two parents had attended a program where the number of couples had been particularly small. One explained:

There was probably one thing that I got out of it and it’s certainly not new information. I don’t feel like I learnt anything, but the last session was just a good reminder about things. We talked about it at home so it’s good, it got the discussion happening. And I talked a lot to my sister about it, she’s just broken up with her partner and it’s all very true. It was the whole communication thing and “you” statements versus “I” statements; “You were home late, you didn’t think of me, you, you”, whereas “I feel that” whatever. And I think it’s a really good reminder just about how you do communicate and the way that you express things because it can make a huge impact and it can turn a conversation into an
argument just in the way that you phrase a sentence. So for that it’s worth it.
(Mother)

Three of the four parents interviewed had very positive overall views of the program. The fathers all thought it was well facilitated and they appreciated the opportunity to hear from the male facilitator and the other fathers. They valued the information given and talked in different ways about what they thought they had gained from the program:

… a new perspective on what his wife is experiencing. (Father)

[We] support each other more now. (Father)

One father talked about his changed understanding of societal expectations of new mothers, giving as an example that if his wife went to the supermarket with their baby and it was crying, she would be regarded as a bad mother; whereas if he went with a crying baby, people would consider him a great dad for taking the baby with him. Another father explained what he had found particularly important, contrasting how they each spent their time before and after the birth and commenting:

… looking after the young one or the other one’s at work … you’re both doing different stuff but it, you know, it’s both equally as important. That was the biggest thing to get the head around. (Father)

The third father emphasised the importance for him of making sure to keep some intimacy as a couple without focusing on the baby the whole time. He said that was one of the things that had changed most in his relationship and that they were still working on it as a couple.

For the mother, she commented that:

My whole overview after all of [the session in the program] was that the people who need it most are probably the people who don’t or didn’t attend, and the few of us that did attend were, and this is not to say that married couples can’t improve their communication or anything like that, but we’re all married couples in quite steady relationships and therefore the ones who need it the least.

Despite this, she still went on to say:

We [she and her partner] agreed that we certainly didn’t learn anything out of the sessions but it wasn’t a total waste of time. I don’t regret going or think why did we waste our time, but I don’t regret missing one either.

Parents’ suggestions
A number of suggestions around improving attendance were raised, including holding the whole program in the antenatal period:

So I get that the whole concept is how it’s changed now that you’ve become a family, but I think that if it was all planned in the antenatal sessions where people are going “God, how do I do this parenting thing? My baby’s two months away
from being born", then it may have a better chance of getting the people to attend because it’s a hell of a lot easier when you’re pregnant than when you’ve got a newborn.

Another suggestion was to run the program as an intensive on one or two Saturdays, to avoid clashing with baby’s bedtime or work commitments. However it was recognised that this would not necessarily solve the attendance problems for everyone.

A3: Summary

All new parents in the region were invited to Baby Makes 3, through a written or verbal invitation from Maternal and Child Health Services to the mother. The letter contained information on the series of new parent group sessions, held in the daytime, together with information on the Baby Makes 3 sessions in the early evening.

For those who attend the new parent groups, there were further reminders from MCH staff and when the project manager or a Baby Makes 3 facilitator dropped in to the group to introduce the Baby Makes 3 program. As seen in section A2.1 above, uptake of new parent groups is by no means complete, and those who did not attend a group received no reminder about Baby Makes 3.

The overall completion rate for the program in 2014–15 was 12%, with variation by LGA from 9% to 14% (section A2.1 above). The overall involvement rate for the program was 21%, with variation by LGA from 18% to 29% (section A2.3 above). The decreases in completion and involvement rates from 2013-14 to 2014-15 are most likely caused by a combination of the reduced accessibility of program sessions (with parents in Moyne having to travel further to attend the program) and the inability to run any programs in Corangamite in 2015 owing to low birth numbers.

From the beginning of 2015, a short Before Baby Makes 3 session was introduced as part of the antenatal sessions run at Portland hospital. A small number of interviews carried out with parents who experienced this revealed very positive views about this session, with all of the fathers enthusiastic about this chance to meet other fathers-to-be. The antenatal session was reported to be instrumental in making the decision to attend the postnatal program, and the decision was reported as mutual between partners.
Appendix B: Exploring the impacts of the *Baby Makes 3* program — parents’ views

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Appendix B

B1: Interviews with parents

B1.1 Introduction

_Baby Makes 3_ was originally developed by Whitehorse Community Health Service (now known as Carrington Health) and the City of Whitehorse as a program that 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 to all first-time parents by maternal and child health staff, the program in Whitehorse managed to engage couples at this critical time, many of whom found it enabled them to adopt greater equality in their relationships. As such, the initial _Baby Makes 3_ program was found to be successful (Flynn 2011a).

The introduction of _Baby Makes 3_ to the Great South Coast region of Victoria is the first time this program has been implemented in a non-metropolitan setting. This report forms part of the summative evaluation of _Baby Makes 3_ in the Great South Coast. It explores parents’ views of program impact and delivery.

B1.2 Methods

This qualitative study explored the views of parents who had been invited to attend the _Baby Makes 3_ program, focusing on their views of its impacts on them and their experiences of program delivery, as well as any reasons for partial or non-attendance. The overall evaluation framework and its different components is described in the main report. Ethics clearance for this study was granted through Deakin University’s research ethics system in September 2014, project reference number HEAG-H 58_2014.

Recruitment of parents

All parents invited to attend _Baby Makes 3_ were invited for interview. This was deliberate as it was hoped to interview a small sample of parents who had chosen not to attend _Baby Makes 3_. Invitations were issued by the _Baby Makes 3_ project manager from November 2014 to May 2015. These invitations were sent in batches (see Table B1), and, until April 2015, were sent at least three months after completion of _Baby Makes 3_, to ensure parents had an opportunity first to complete the three-month post survey. All invitations were mailed through the postal service to the mother, and contained a second, sealed pack marked “Please pass this invitation pack to your partner”.

Use of the three-month post survey stopped at the end of April 2015. For _Baby Makes 3_ program completions after this date, the invitation to interview was given out to individual parents at the end of the final session. Since these methods of recruitment resulted in very few parents who had chosen not to attend _Baby Makes 3_ coming forward, a final set of
invitations packs was left with maternal and child health nurses to distribute to parents they saw at MCH clinics who had not attended any of the Baby Makes 3 sessions.

Table B1: Distribution of invitation packs

<table>
<thead>
<tr>
<th>Date</th>
<th>Packs sent out</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2014</td>
<td>299 packs covering Warrnambool and Glenelg, to parents who were invited to Baby Makes 3 programs that ended before or during July 2014</td>
</tr>
<tr>
<td>January 2015</td>
<td>61 packs covering Corangamite, Moyne and Southern Grampians, to parents who were invited to Baby Makes 3 programs that ended before or during July 2014</td>
</tr>
<tr>
<td>February 2015</td>
<td>142 packs sent to all LGAs covering parents who were invited to Baby Makes 3 programs ended before or during October 2014. Some invitations sent in error to couples in one LGA who were welcoming a second, third or fourth child.</td>
</tr>
<tr>
<td>End April 2015</td>
<td>13 packs distributed to parents at the final Baby Makes 3 session (following cessation of three-month post survey).</td>
</tr>
<tr>
<td>May 2015</td>
<td>Packs left with MCH nurses to hand out to parents who did not participate in Baby Makes 3.</td>
</tr>
</tbody>
</table>

As might be expected given the target population (new parents who are often extremely time-poor), and the length of time that had elapsed for many parents since attending the program, the overall response rate was low. The final sample obtained is shown in Table B2. Interviewing ceased at the end of June 2015, to allow completion of analysis and reporting according to required schedule.

Table B2: Sample obtained

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent forms received</td>
<td>32</td>
<td>17</td>
<td>49</td>
</tr>
<tr>
<td>Consent later withdrawn</td>
<td>1*</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unable to arrange interview despite repeated contact</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Interview completed</td>
<td>26</td>
<td>14</td>
<td>40</td>
</tr>
</tbody>
</table>

Note

* Reason given for withdrawal was time constraints

All 40 participants for whom interviews were completed were members of a couple, meaning there were no single parents interviewed. There were 10 known couples. Participants were from a wide variety of social and employment backgrounds; although it is not possible to know the extent to which the participants were representative of the population who attended Baby Makes 3, it does indicate that they were not drawn solely from a particular socio-demographic subset. There were participants from each of the five local government areas in the region. Participants were a mix of parents who had attended every session in the program, those who had attended only some sessions, and two mothers who had attended no sessions; a summary is given in Table B3.

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7 As revealed during the interviews.
Appendix B

Table B3: Levels of attendance at the program

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended all three sessions</td>
<td>15 (56%)</td>
<td>9 (64%)</td>
<td>24 (60%)</td>
</tr>
<tr>
<td>Attended 2 or 3 sessions (unsure)</td>
<td>1 (7%)</td>
<td>1 (3%)</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Attended 2 out of three sessions</td>
<td>9 (35%)</td>
<td>4 (29%)</td>
<td>13 (33%)</td>
</tr>
<tr>
<td>Attended no sessions</td>
<td>2 (8%)</td>
<td>2 (5%)</td>
<td>4 (10%)</td>
</tr>
</tbody>
</table>

Data collection

Semi-structured telephone interviews were used to collect data; one mother completed the interview by email and one chose not to be interviewed but provided a written statement. The interviewer was usually of the same gender as the participant. The interview schedule included open-ended questions relating to some of the topics covered during Baby Makes 3, including expectations on new mothers, what at home, and intimacy and couple relationships.

It also included direct questions about the impacts of the program, parents’ views of program delivery (positive and negative), and suggestions for the future. Interviews lasted between five and 45 minutes with an average length of 21 minutes for mothers and 13 minutes for fathers. All interviews were recorded and fully transcribed and anonymised by a commercial agency, with transcripts checked by the interviewer.

Data analysis

A combination of deductive and inductive thematic analysis was used to analyse the data. Deductive analysis was based on the topics covered during Baby Makes 3, with inductive analysis used to enable the emergence of themes beyond those directly related to program content.

In the following discussion, mothers and fathers are denoted as (Mother n) or (Father n) respectively; for example, (Father 3). Numbers were assigned in order of receipt of consent form. A male and female with the same number does not indicate a couple. The ten known couples in the sample are Father 3 and Mother 6; Father 5 and Mother 8; Father 7 and Mother 15; Father 8 and Mother 16; Father 11 and Mother 20; Father 12 and Mother 21; Father 13 and Mother 22; Father 15 and Mother 28; Father 17 and Mother 27; and Father 18 and Mother 25.

B1.3 Findings

A range of themes relating to parents’ experiences of Baby Makes 3 emerged from analysis of the interviews. The following section is broken up into analysis of parents’ views on program impact and on program delivery. The use of “parents” or “participants” indicates a theme or sub-theme was raised by both mothers and fathers. The use of “mothers” or “fathers” indicates a theme or sub-theme was raised only by members of that group.
Appendix B

Reported impacts of *Baby Makes 3*: Changes in parents’ awareness, attitudes, skills and behaviour

Participants’ overall impressions of the program were overwhelmingly positive, with parents feeling it was a worthwhile use of their time.

> I think it was good. I think it's a worthwhile thing to do. You know, all these tools and mothers' group and all those things are all there to help new families, and … it seems to be the impression I've gotten from the mums from mothers' group, everybody got something out of it, whether they thought that it was all accurate or all worthwhile. (Mother 20)

The overwhelming majority of parents interviewed identified one or more positive impacts which they considered significant to them. Only a couple of parents reported that they “didn't get a lot out of it”, and neither attended the final session as a result. One indicated that the lack of impact was related to both content and delivery:

> It was poorly run and information given was just far from relevant really. There was not much interaction, it was just sit there, PowerPoint presentation and that's it. And I just, yeah, and judging from everyone else's response as well. Like obviously you want my response, but yeah just didn't really get anything from it. (Father 6)

Father 6 did report however that his partner had benefited in terms of social connection. Interestingly, seven participants specifically said they did not consider themselves to be the target audience for the program, but almost all then said they found the program worthwhile, and described positive impacts on their relationship; for example:

> I don't think that program was specifically designed for someone in our situation, being that, you know, we had a fairly healthy … relationship. We understood each other’s needs and wants but I can really, really see the value for a lot of other parents that were going through it that same time who were in a slightly different position. So, you know, potentially being a little bit younger or not knowing each other for as long or not being you know, two steady stable jobs and things like that. Where they'd have different stresses on their life and, you know, having a baby is one more on top whereas we, we had very low stress in our life and, and we had a very good understanding of what each other’s responsibilities were and how we could achieve, achieve them together.

> … I think it's a really, really good program for almost any new parent going in, just to see how other people are coping, regardless of their socio-economic status and, and see what methods that they use to get, to get each other through it but, you know, there was quite a bit on — about expectations of mother and what, what the partner thought of, thought of those expectations and then reaffirming, you know, when those expectations were probably too much and identifying those times as well and … when the main caregiver needed a break and then giving them that time to them as well. (Father 13)

Participants found it difficult to separate the impact of the program from the impact of having a child in the family. When analysing the data however, a number of positive impacts emerged in relation to changes in awareness, attitudes and behaviour in areas directly addressed by *Baby Makes 3*. These are discussed in the first three subsections below: expectations on new mothers; who does what at home; intimacy and the couple relationship.
Appendix B

A further positive impact unrelated to program content was the improvement in social connections, discussed in the fourth subsection below. No negative impacts were reported directly.

**Expectations on new mothers**

Findings are discussed here in two subsections, the first on mothers’ views and the second on the understanding of fathers.

**Mothers’ views**

Many mothers reported that they had gained an awareness of the high expectations they placed on themselves, which were not necessarily reflective of expectations placed on them by others.

*Well I think something from the Baby Makes 3 program highlighted is the expectations that we put on ourselves, that was something that came up in conversation quite a bit and a lot of the mothers were feeling the same way that we had this expectation that we had to have the house clean, we had to have dinner done and we have to do this and that where that was the expectation that we were only putting on ourselves. So our partners never had that expectation of us and nobody who came to the house was expecting the house to be clean or anything like that, that was just an expectation that us as mothers thought that we had to do. We came up with the conclusion that because we were sitting inside this house all day that we were looking around and seeing all these jobs that needed to be done and adding them up and feeling a bit of an overload that oh god, I’ve got to do this, I’ve got to do that, I’ve got to do this, I’ve got to do that.* (Mother 29)

Many mothers realised that they needed to judge themselves less harshly, that they would not necessarily be able to achieve as much as they had previously expected to.

*I certainly probably feel more relaxed in the days where maybe I didn’t get a shower before I had a nine o’clock appointment somewhere. Like, I knew that I had showered the night before but in my head it’s unacceptable to leave the house unshowered in the mornings. So, I did learn things like that. To probably be a little bit easier on myself when I wasn’t meeting what I would call my previous standards. Coming from a corporate world and pretty in control of everything and I’d had panic attacks in the past about being out of control. Also I was worried about that but I didn’t want to slip down too far, but I was accepting of 98% perfect, I guess. Which is a big deal for me. It probably sounds pretty weird.* (Mother 22)

Many also reported that after becoming a mother they stopped judging other new mothers so harshly, as they now understood the difficulties of being a new parent and that most mothers were trying their best for their children.

*I think before you’re a mum it’s very easy to judge and to think certain things and to think, oh I wouldn’t do this or I would do this; but for me very quickly after becoming a mum, one of my biggest things I learnt was not to judge anyone for any decision they make because we all do what we can for our children. … I guess I try to relax a little bit more about my parenting, because you’re always constantly doubting whether you’re doing things right and I think maybe the main thing is I try to just go with my gut and not get too worked up over … trying to do things the right way, which I think is easier said than done.*
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as a first-time mum these days. There is just so much expectation out there and judgments from whether it be other mum or just other people in the community. Yeah, I think for me it’s really just day-to-day trying to lower my expectations. (Mother 15)

Fathers’ understanding
Prior to attending Baby Makes 3, many of the fathers had not realised the societal expectations placed on new mothers.

Yeah, I guess it opened my eyes to a lot of the expectations that are there, that I was unaware of, like in regards to the expectation that is on the new mums, you know, from family and friends and social people, like just down the street etc. (Father 17)

As a result of this realisation, some fathers reported that they were better able to support their partner.

I think it made me more aware of the expectations from the outside, so what the community or the family expect of [partner’s name], really, and the pressures that are put on her to be a housewife and a mum kind of thing, and Baby Makes 3 just reinforced the fact that it doesn’t have to be like that; we can be a team and go from there. (Father 8)

Yeah, the other thing I think that really helped us just understanding regardless of how much we share the roles and the duties, the expectation on [Mother 8], even I have this expectation that she would always be ready, be wanting, be kind of enthusiastic or feeling like she wanted to be constantly feeding and patting and changing and whatever else…so I think I was just able to support her a little bit more by understanding that, if that makes sense. (Father 5)

Who does what at home
In relation to the program’s impact on sharing of household and caring tasks, the majority of parents reported a change in awareness or behaviour. Findings are discussed below in three subsections: reported changes in behaviour; no change in behaviour, and the reasons given for this; and the consistency between answers given by the mother and father in the 10 couples interviewed.

Changes in behaviour
The most common change in behaviour reported was that the father helped more with household and caring tasks, although the mother still did most.

Probably I guess from a childcare point of view, I would do a bit more than prior to going to the course and helping out with young [baby’s name] or just doing a reasonable share of the actual housework. (Father 17)

Well I think there was the graph shown of how much dad time and how much mum time and how much together time with the baby, and I think that’s been quite — [partner’s name]’s been quite aware of that, so he’s sort of — after the sessions he sort of made more time to have one-on-one time, like he gets up in the morning with the baby and I stay in bed and he has that one-on-one time before he goes to work, so that sort of started after that, and I think it’s his little mission to not fall into that percentile. I mean, physically he can’t be here all the time because he’s at work, but the times there he’s trying to be really active, which is good. (Mother 30)
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If anything he probably helps me more than I thought — I didn’t think I’d need as much help as I do need. Yeah, so even if he’s just minding the child while I clean the house, but I can’t mind the child and clean the house at the same time. So quite often yeah, he my husband is needing to lend a hand more than I thought I would need. (Mother 12)

One mother reported that although the division of labour has not changed, her partner is now more supportive of the idea of seeking external help.

I think before, my husband would have been, not against having a cleaner but not too keen; but now I’m saying, “Look, I’m going back to work … full time. It’s just not feasible,” and like, he helped me a couple of times and then he realises, “Yes, that’s not feasible.” So that having — that helped for us, I suppose, to discuss what kind of things, the things that we were not doing, how could we do them? Either should we not do them at all or how could be find a way to do them, get them done? (Mother 21)

No change

A few mothers and fathers reported that their partners had come to realise that although they would like to contribute more to household or caring tasks, it was not feasible logistically.

I think it would be the struggle between working and wanting to come home and help out but needing to work, and I think for my husband it is really hard when they have to work hard and then they’re tired when they get home, but then they feel they need to help out or they want to play with the baby. I think it’s just all that kind of, the balancing act which is for all of us, but probably for my husband maybe that balancing act between wanting to do everything but you can’t <laughter>. (Mother 15)

<Laughs> My, my wife’s expectations of what she can get done, I believe, she still thinks she can get everything that she wanted to get done, that she can get — that she could achieve before our baby was born. She still writes, writes up her list and she still puts the pressure on herself and the expectation on herself to achieve … those targets, even though there’s a baby involved now. So that’s probably the main thing for me that I’ve had to deal with, is just reassuring her that, that, you know, if, if for whatever reason one of the chores isn’t done, that she doesn’t need to beat herself up over it. (Father 13)

Others reported that they just accepted that it was difficult to change given surrounding circumstances.

He was still working away a couple of months after she was born, so I guess it was me doing pretty much everything because he wasn’t there. And then we actually bought a business probably 18 months ago, so that he could be home instead of flying away. So he’s virtually running the business and I’m at home with baby, so pretty much I was still doing everything. And he’d participate during bath time and feeding at night time, but as for during the day it was me sort of doing that. (Mother 14)

A high proportion of participants, however, felt that they already shared the household tasks fairly equally before the birth of their child and so the situation has not changed as a result of attending Baby Makes 3.

… I think before he came along we were a bit of a mixed bag here anyway. We were both working and we just both did what we could. There were some things that I did more and some things my wife did more. I guess since going through the sessions and listing out all
the things and then looking at all the things we’ve done since with our son and it’s still much the same. There’s some things that my wife will always do and some things that I’ll always do. It’s still a fairly — I guess it’s as balanced as we can make it. (Father 2)

Consistency between members of a couple

There was general agreement between members of couples about the level of contribution, as illustrated by quotes from Father 8 and his partner, Mother 16:

... I’ve always done all the cooking and the shopping for the house and I’m still doing that anyway, and [Mother 16] was doing dishes and the other housework stuff, so now I guess I’m doing a bit more of that because she’s spending more time with him and can’t get that done during the day. So the expectations haven’t really changed a lot because we’ve always been pretty even — well, I’d like to think so but [Mother 16] would probably say otherwise, but I try to do as much as I can anyway. (Father 8)

Yeah, so my husband’s really hands-on anyway; so he’s always cooked tea and I’ve always sort of cleaned up after him and stuff. So that’s sort of, even before the baby which is really good and especially now that the baby’s here. I probably do a little bit more around the house now, just because I’m home. But, like overall, we’re pretty good and not that much has changed in regards to that. (Mother 16)

There were however examples where the female felt she contributed more to household chores, but the male thought it was fairly evenly distributed, as this interview extract from Mother 8 and quote from her partner Father 5 illustrates.

Mother 8: It’s probably about 70/30 I think.
Interviewer: 70 you?
Mother 8: Yeah. Look and we talk about it and he does do, [Father 5] does stuff, but it’s also standards, you know, like I have higher standards for the house than he does. So that means that I do it and he cooks, but I do washing and of course, over the time, you know, that has really increased now that, you know, you go through a lot more, you know clothes and things like that and then he just dumps stuff on the floor, you know, so it ends up being, it is a point of tension in our household sometimes.

No, we are pretty evenly split down the middle on that, and all it’s really done for us in that way is just be a little bit more empathetic towards each other when we’re feeling overloaded with other responsibilities, but we’re both so hands-on. I do all the cooking, she stacks the dishwasher, whatever, it was never really an issue for us and when we did the homework sheet itself, it was really clear to us that we’re both really toeing the line and getting as much done as we can, and we’re able to interchange those duties quite easily, so when Mother 8 needs a break and wants to mow the grass, she can go and do that, and I’ll stack the dishwasher or whatever, so we’re fine. (Father 5)

Intimacy and the couple relationship

The majority of participants described a decreased focus on the couple relationship following the birth of their child and an increased focus on the family as a unit.

Yeah, it changed because everything now is — you decide on what’s happening with the child rather than trying to be the two of you. It’s always — everything you do now changed — for the child. So you don’t have that time together anymore. We tried to, but there’s a child there, [child’s name]’s there, we, he always comes first. (Father 11)
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Your focus shifts from your husband really to you know how they say, you know, it goes up a ladder, your focus shifts, so your daughter is sort of almost your top priority, but you also have to make time for your husband as well. So like your focus shifts. But you have to be more open and listen to what they’re talking about, too. (Mother 11)

Some described that there was not much of a change in the couple relationship, but an additional set of relationships created between the parents and their child.

Yeah I guess, I mean it’s been a change just because of all of a sudden there’s a third person in our relationship, which has altered things. But I don’t think the relationship between us has actually changed itself all that much. I think it’s just changed because all of a sudden now, it’s not just a relationship between us, there’s also with a third person involved. So the changing relationships of now there’s a relationship between us and the relationship between me and my son, my wife and our son, then there’s a family relationship between us all three. But I think that the one just between myself and my wife hasn’t really changed all that much I don’t think. (Father 2)

A small number of participants described spending more time together following the arrival of their child.

I—I’m going to—it’s going to sound a bit crazy but we actually spend probably more time together, yeah. So we did have a lot more time where we were working on our own pursuits and now we actually, you know, seek out opportunities to spend more time together, so… (Father 13)

Parents reported that Baby Makes 3 had a positive impact on improving intimacy and the couple relationship by allowing a greater understanding of their partner’s viewpoint, and improving levels of support and communication. These are considered below in three subsections: better understanding and support; better communication; and intimacy.

Better understanding and support
The most commonly discussed impact of the program was that the participants had gained a better understanding of their partner’s position. Twenty-seven of the 40 participants highlighted their newfound understanding of the issues faced by their partner, and said they were more likely to support them now, having done the program.

Yeah, I think it was pretty straightforward, but possibly, the main thing that changed was just that we realised that despite being both hands-on, no matter what, it was really important to support each other emotionally. I know that since that course, we’ve both been able to recognise when we’re feeling under pressure, stressed and tired, and help each other out a little bit more with a sympathetic feeling rather than frustration or whatever, and then pick up the lag later on, so if there’s extra workload on either one of us, we can just kind of chip in and get it done, support each other through it, and move on, whereas before, it might’ve just got a little bit more, what would you say, less understanding of the background emotions going on, so [partner’s name] might’ve felt more fragile than what I realised, so now we’re able to just kind of step in quickly. (Father 5)

It made us sit down for two hours each week for four weeks, and think about what the hell we’re doing. And that we’re doing it together, and to think about the other person as well. Because when you’re tired you’re just thinking about yourself and how you’re going
A number of participants discussed a newfound sense of working together as a team to raise their child.

Working together as a team to do the best for our son. We are getting better at working out problems and laughing at things that don’t matter. [Husband’s name] and I are a good match in that our weaknesses match the other’s strengths, so where something like teething or behavioural worries might worry one of us (usually me) and the other one will be able to console or de-stress them. (Mother 4)

I think you have a different sense of joy and happiness as much as there’s loads of negatives because it’s a massive shift in everything else that you did, but you’re genuinely happier and more joyful people because you’ve got a little person there who screams at you and plays with you and carries on, all that sort of stuff... but it brings you closer together because two people have made this little person and you’re both now responsible. (Mother 20)

In addition to having a better understanding of their partner, many participants felt reassured to know that other couples in the group were experiencing similar relationship issues. An extract from the interview with Mother 19 illustrates how this was discussed.

Mother 19: It’s probably the hardest thing to adjust to; it becomes confrontational and we were never like that as a couple. Not that — fighting’s probably not the correct word, but you would tend to be like the bickering, it’s just tiredness. Because you feel like you don’t get time to yourselves and yeah. So that probably was a wake-up call for us as well. That’s normal, but we probably had 10 years of not having that.

Interviewer: So it felt even more extreme, the contrast?

Mother 19: Yeah it did, but at least that’s why Baby Makes 3 was good, because you talked to other people and they would say the same thing. There were times where they thought, “Oh my god, I don’t like my child” or “I don’t like how this is going at the moment” and all of that. So it was just good to hear other people talk about that as well.

Twelve participants discussed the impact of the program on communication within their relationship. Couples were more likely to discuss issues that they would not have previously discussed, and to realise that their partner may not be aware of issues unless they raised them.

Better communication

I just reckon the communication, it just probably made us aware that we’re not making time for each other, or there’s things we’re not talking about. We’re just assuming that the other person knows — yeah, I think it just put things out there and made us aware that
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maybe there were things going on that we weren’t really aware of until we sat down and talked about it or thought about it as such. (Mother 19)

We were a fairly new couple to begin with, so we’ve already learned a lot more about each other, having had a baby coming to the mix, so I would say we’ve transformed in many ways, and we’ve had to definitely develop better communication and a greater tolerance I guess for stress and tiredness and these types of things. It’s better, communication’s a lot more open and I do think that the course really helped us out with that, particularly when it came to dealing with kind of negative emotions or intimacy issues, we were able to just talk about it, feel safe and secure in it and move on from it. (Father 5)

I think it’s made a change in the way that we communicate to each other. Not always, but I found that session particularly interesting because it’s not — as much as I love a yack — it’s not my strong point <laughter> when you’re having a disagreement. So just I think in having a bit of an understanding for the other person and how their life has changed, and those sorts of things. So it’s probably the biggest thing that I’ve got from the Baby Makes 3. (Mother 20)

The communication techniques discussed in Baby Makes 3 were considered a useful tool to improve open communication within participants’ relationships.

It was a very stressful fortnight and that was probably the most alien we’d felt to each other ever and for the first time ever, I didn’t really feel like I could talk to him about it and I just thought, well I’ve just got to look after this baby, whatever I’ll just see you on the other side of this. And that was unusual for me. But then … I do remember thinking at some point about the things that we’d learnt at Baby Makes 3. It was like the, “You did this to me” kind of language. So the language he taught us to say, “I feel”. I certainly used that in that week and said, “I feel like we’re not getting along very well this week and we need to because we won’t make it otherwise.” And by not make it, I mean we’ll have a blow up. So, yeah, our relationship did change for a few weeks but we certainly had the right tools this time to get through it and come back and now I think we’re pretty much back where we were. (Mother 22)

Intimacy

Many participants said Baby Makes 3 made sure they focused on the couple relationship, rather than always focusing their energy and attention on the child.

Yeah, we got a lot out of that, and I guess that intimacy thing. It was something that it was really good at the time, because obviously post-pregnancy you’re just feeling, not feeling intimate or sexual at all and it really helped us to start talking about it and thinking about being intimate together again and getting our relationship sort of back on track, because the focus is for the first three months of a baby’s life your focus is just purely on them. So I think what we got out of it was just to bring us as a couple back into remembering that we’re a couple as well as having a baby. (Mother 15)

The reminder to continue intimate gestures in particular was considered valuable.

I think that she could also say that what she liked about the course was this idea of keeping up the nice things, so doing something nice for each other or being able to ask something that you needed, something that was nice, like let’s say it was a bath or a
massage or whatever, just being able to say, I can ask you and you’ve got my back and you’ll help me out with that, whether to take the baby for a little while or just help me, so that was really good. She’s really enjoyed that part of it. (Father 5)

For me — yeah, for me a big thing was all the things … that you do as a couple and you don’t even realise that you’re doing them together. All the mark of affections or different things like that which all of a sudden, you’re so tired that they all go and you just kind of — you’re missing them but you don’t feel like, I don’t feel like straight away explaining and it’s just — and for me it was realising all those things which were automatic, if you want, I now have to make an effort to do them and I, like I want to but it’s hard. (Mother 21)

A few participants said that a decrease in physical intimacy since the birth of their child did not reflect their feelings for each other.

Well I feel like we’re more connected now with having the baby. I know my husband, he sort of feels like there’s less intimacy, as it was, compared to what we were, and when I say intimacy I mean sex <laughs> — which is pretty normal — but I think we seem closer and… I don’t know, it just seems like we’re — this sounds a bit corny — but complete. (Mother 30)

Some participants discussed the fact that while intimacy had decreased initially, the relationship has returned to its previous state with time.

Well obviously for the first couple of months at the start, it did. Because you’ve got to sort of feed during the night and at the start you get a bit less sleep and you’re sort of looking after this person full time and it gets a bit draining and tiring, so I guess intimately you’re sort of, that gets put on the back burner a bit. But after a couple of months when things got settled and our daughter started sleeping through, our lives sort of started getting back to normal, so we were able to get back into a normal routine again. (Mother 14)

Social connections

The social connections that parents made and maintained as a result of participating in Baby Makes 3 were a final important impact of the program.

Oh and another thing about the Baby Makes 3 program, is that yeah I can’t emphasise enough, the friendships, the bonds that were strengthened through attending that with other mothers and fathers. (Mother 12)

Most enjoyed meeting and socialising with other families in their situation, and meeting both the mothers and fathers. A few participants said this was particularly important given that they lived in small towns.

I just enjoyed meeting other families and I guess not just meeting other mums but meeting other couples, like whole families, the dads and the mums and their babies and the way they interact. Since finishing Baby Makes 3 we have formed a group and we’ve caught up for coffee every week since we’ve finished, so that’s been important, I guess meeting other people… We live in a small town and actually lived half an hour away from where our Baby Makes 3 program was held, so socially we’ve made some friends, which possibly isn’t the whole idea of Baby Makes 3, but that’s been an added bonus I think, making some friends who I’ve been friends with for a long time now. (Mother 25)
Yeah, a lot of the mums had already met through the mothers’ group too which I thought was quite good because then that allowed that continuity and then it also allowed the male, the blokes, the partners to put names to faces and things like that for when they’re talking about it. (Father 3)

Quite a few said that the connections they made during the program had since become friends.

Well those parents that we, that we met in that program, we’ve, we’ve integrated parts of our lives into theirs already. So as, as for a like-minded event, community event, you know, all of those parents we’ve actually caught up with since then, since the program finished. So in terms of getting value out of it for meeting new people in a similar situation and being able to, to discuss, you know, your feelings and what you’re going through, that’s, that’s what we got out of the program; the other people who were in it, not so much the content that was delivered to us but, yeah. (Father 13)

One mother said that the social connections formed as a result of Baby Makes 3 were particularly important because she did not form a strong connection with the members of her parents’ group.

The good thing for me was that because I’m … not in [place name], I’m in [place name], then the mothers’ group … I was in was very small, which could be a good thing but then that means I didn’t really gel with any of the mothers over there. So going to the Baby Makes 3 allowed me to meet some other mothers from [place name] and that was really good. But, yeah, so I’ve been in contact with them, yeah. (Mother 21)

Parents’ views of program delivery

Findings in relation to program delivery are presented below in four sections. The first examines reasons for attending and expectations of Baby Makes 3. The second and third sections cover aspects of program delivery that parents viewed positively and negatively respectively. The fourth section examines attendance, looking at those who attended only part of the program and those who did not attend the program at all.

Reasons for attending and expectations of Baby Makes 3

All of the female participants said they had heard about the Baby Makes 3 program through their new parents groups or the local council, while most male participants had heard about the program from their partner.

Twenty-three participants said it was a joint decision to attend, 13 said the mother decided to attend but the father was happy to join in, and a further three decided to attend based on a recommendation from someone they knew. One mother decided to attend without her partner.

Most described the decision to attend as a natural one to take advantage of any opportunity to learn and share information associated with new parenthood.
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We both like to be informed about what’s going on and we thought, “We might learn something so let’s go along and see what we can get out of it.” (Father 8)

We were of the opinion that, that we’d take any … type of learning or experience that we could get where there were other parents in our same situation. So it was a program that was presented to my wife and, and, you know, she sort of jumped on it …. Because we’re — we were first-time parents and we just wanted to, you know, allay our fears and talk about it with someone who was in the same situation. (Father 13)

Some indicated that they particularly wanted the chance for the fathers to meet other fathers.

I wanted to go purely so that my husband, [name], could meet some of the dads and make a bit of social connection, because a lot of the time mums get to meet each other but dads don’t. (Mother 28)

I honestly believe that going along my expectations were to meet other fathers, to find a bond with them basically and get to know each other and share our experiences (Father 15)

A couple of mothers said the decision was easy because the rest of their new parents group were all attending.

Yeah and it was almost like — not that I thought it was a non-negotiable, but it was very clever in how they did it. Like a follow-on almost to our first mothers group. So it was obviously an invitation to attend, but we all pretty much talked in the lingo that we were going. So it was like, well, everyone’s going so we’ll go too. (Mother 19)

One of the fathers said it was the first time he felt that his role in the family was being focused on.

I was particularly motivated to do it because it was the first kind of instance where I felt as the dad, or as the partner, we would be able to discuss it kind of together, like our roles. I think once the baby came, and in the pregnancy, it was very much about [partner’s name] and her experience and when this idea of Baby Makes 3 and how it impacted us as a couple came up, I went, This is brilliant, like we get to talk about how it’s affecting all of us, so I was quite motivated and [partner’s name] was really keen to go along as well. (Father 5)

Most participants indicated that they had no expectations before beginning the program.

And yeah I just sort of go in with an open mind I guess. I didn’t really have any expectations of what it should be like or shouldn’t be like. I just thought I’ll go along and hopefully learn some new information about looking after a baby and what to expect and all that sort of thing. (Mother 14)

Aspects of program delivery viewed positively by parents

A number of positive themes emerged from parents’ views of program delivery. These are discussed in the following sub-sections: sharing experiences; involving fathers; smaller group discussions for mothers and fathers; particular activities; and the facilitation.
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Sharing experiences
The strongest theme to emerge was that of sharing experiences with other new parents; 21 parents said it was one of the most important aspects of the program. The majority appreciated the opportunity to share the challenges associated with parenthood with other new parents and to realise that they were not alone in their experiences.

I think just hearing the input from the other people in the group, because it’s quite interactive sessions and things. So hearing that other people are going through the same thing or different things that they have done to overcome obstacles was interesting too, because it’s all well and good for the instructor people to be up there talking, but to have real-life experience from somebody who is quite literally going through the exact same thing… (Mother 20)

A few participants felt reassured that they were coping well with new parenthood when comparing experiences with others in the group.

I’ll give you the positives: they had the males and females going to two different rooms and coming out with our different lists and seeing how they actually compared and how they were quite different. For us it was also about seeing how other people do it and it was good for us because we were doing a lot of that stuff already so it was reinforcing that what we were doing was right so as new parents that’s a good thing because you just don’t know what you’re doing, you’re learning with the baby, I suppose, so no, it was all positives really. (Father 8)

Many participants valued the opportunity to hear and learn from people with diverse backgrounds and to see issues from different perspectives.

It was interesting because it was a mix of different types of new families, so some younger, some kind of middle-aged, some a little bit older, twins, single kids, the whole gamut was there, and while some people were more interactive than others, we still got a lot of value out of sharing that experience with such a diverse range of people. (Father 5)

A couple of mothers also appreciated the chance to share experiences about the changes in their relationships, unlike at the parents group where discussion was directly related to motherhood and babies.

… The mothers group was fantastic for me because that allowed us to … talk about our little concerns with our babies or laugh about getting up in the middle of the night to check if the baby was still alive and all of that sort of stuff. But it was nice [at Baby Makes 3] to be able to focus on the relationship of husband and wife, as well as just the baby. It’s like I had the two things going on. I had the group where I could focus on being a new mum with the baby and then had this other group that acknowledged that there’s also another change that’s happening, and that’s between you and your partner. That was nice to be able to think of it in that light and then see that the problems that we were having, other couples were having too. (Mother 24)

For some, the social connections formed during the program meant this benefit of sharing experiences continued.

I’ve met some mums through the program that I’m getting on quite well with and it’s good to keep that contact because that helps me keep in touch with reality… Like sometimes I would — like I find that my daughter is not sleeping very well. I’m thinking, “It’s terrible.
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I’m going to, like I’m going back to work in two weeks, how am I going to survive?” Then I talk to other mums and they’re like, “Well mine is waking up every two hours.” Oh! It’s not that bad after all <laughs> or you know, just around the sleep routine and I’m thinking, “Oh my God I’m doing everything wrong. Everything I’m told not to do, I’m doing,” and other mums are saying, “Well, we’re doing the same because we don’t know what else to do.” So, yeah, that helps. (Mother 21)

Involving fathers

Many mothers remarked on the importance of fathers participating in the group sessions. Hearing the perspective of the new fathers and how they felt about the changes they were experiencing was considered insightful.

It definitely opened my mind a bit more to how a dad would feel and seeing that was very beneficial. Yep and it’s not just about mum and baby. It was how — just listening to how they felt and each week was really interesting. (Mother 10)

Some thought it important to involve fathers in the experience as there was a perception that new fathers were neglected when a child was born, because mothers generally receive most of the attention and are catered for with services and programs such as maternal and child health and the new parents group (typically attended by mothers only).

Yeah, I think that was probably the biggest bit to it, was that it was focused on the dads as well, because I can remember I did say to my sister who is younger than me but has got two older children. I said there was a new parents group and she couldn’t believe that my husband and the other dads were coming along. … So I guess that that was, you know, trying to break down that idea that it is just for new mums and they were very careful making sure they called it new parents’ group and Baby Makes 3 as opposed to new mothers’ group which is what it always used to be referred to as. (Mother 9)

Others enjoyed sharing the learning experience as a new family, with a couple of mothers commenting that their partners were likely to receive messages better if they came from a facilitator than from them.

… You know, you do a lot of reading in the pregnancy and you put some interesting articles aside for the husband, but yeah I think having done it together was the most important thing for me. Because there are so many things a new mother learns that the new father doesn’t have to and they’ll pick up later. But doing it as a couple, or even as a family I suppose, was the best thing for me. (Mother 22)

Separate discussions among mothers and fathers

The separate discussions between men in the group and women in the group who then reported back to a whole group discussion was considered an important aspect of the learning experience that brought up issues that may not have been considered by the opposite sex.

Yes. For me personally, I just — it was good for my partner to have a, for him and myself, seeing how both men and, mums and dads felt and having the discussion and then coming together. You know, the mums would have a discussion of — and the dads would have a discussion and then coming back together and sharing that as a group. I felt that was a real eye-opener and it gave you empathy and understanding and consideration for each other a bit more and also that it was in a safe environment as well. (Mother 10)
Some female participants thought the males were more likely to open up about their feelings in a group of men than in conversation together as a couple.

*But because they were in a group of men and they were all talking and being comfortable around each other, a lot more things probably came out than they would have if you were just having a one-on-one conversation… Maybe, oh, just them finding their responsibility in parenting, what they … thought their role was as a father. What they thought they needed to do as a father, and also the pressures that they are experiencing. Because they go to work and we just think they're having the best time at work, but they're feeling the stress of not being at home or when they get home. So, they work all day and then they’ve come home to a child, so they just have different pressures. (Mother 12)*

Male participants were more likely to say they enjoyed the separate discussions for the different perspectives revealed when the male and female groups were brought back together.

*I was really impressed with it, probably because I hadn't really been in a group situation like that before. I definitely enjoyed the parts where the men were separated from the women and then they were brought back in to the room to discuss the same answers, and that was really insightful. (Father 5)*

**Particular activities**

Some participants pointed out the value of particular activities undertaken during the program, in particular the household tasks activity and the intimacy card activity.

*Some of the big things I guess were just when we did the sessions on the role of the mum and the dad and we had the tick boxes where you tick through who does what, and I think for a lot of the guys, they were like, oh wow. Even though the woman’s at home you think she’s doing nothing, but she’s doing a lot to keep the house running and so forth, and I think that’s a real eye opener and I think for the blokes, like actually seeing it on paper. You know, all those ticks with mum does most. Mum does, mum does, mum does, mum does, mum does. I think it just helps them really see it and you could see it click for some of the guys, and even my husband. He’s really helpful and great. He’s like, geez. You know, even he thought, “wow I didn’t realise how much you do just to keep everything going”, and I know my husband keeps that in mind as well. To me they’re the sessions that you really needed both parties so the couple that could be there to get something out of it I think, and I think as well, on the flip side as well you saw how much the dad did as well. Like from a mother’s perspective. Sometimes you think, oh he does nothing; but he does do a lot and all that. Like the emphasis on, you know, what emphasis you place on the paid work versus unpaid work and so forth. (Mother 15)*

**Facilitation**

Most comments on facilitation were positive. Most participants thought the sessions were well run, that the facilitators were knowledgeable and helped group members to feel comfortable.

*I loved our — [facilitator], who ran the program. She was fantastic. You could kind of ask her anything. Anything that you were worried about she’d do a session on it. She was very positive, and supportive and kind of based what she spoke about around the feedback we were giving her. And I thought that was really beneficial. She was lovely. (Mother 33)*
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The people that ran it were fantastic and it was good. (Father 8)

Parents also emphasised how important the facilitators were to the program’s effectiveness; for example:

I guess particularly fathers or partners might be a little hesitant to go along, they might feel pressured or feel worried about going to that type of environment. But I think definitely making sure that you have it run by people who are welcoming and open and that kind of stuff definitely makes a difference. It would be very hard if you had facilitators who were sort of pressuring you to answer questions and that kind of stuff. I think that might be something I would find that hard. I know that my partner, he didn’t share a lot but he did listen a lot, so I think definitely making sure that facilitators and people who run it are those type of open people who can create conversations with people who perhaps might find it difficult to open up to start with. But yeah, [facilitators’ names] were wonderful and they were really kind and honest and spoke about their experiences as parents as well. (Mother 25)

Aspects of program delivery viewed negatively by parents

The major negative issue raised by parents was the perception that the program was very critical of fathers; this is discussed in the first subsection below. Two other issues raised, discussed in the second and third subsections, were the difficulty in feeling able to be honest, and the challenge of small groups.

Perception of the program being anti-male

Nine participants discussed their perception of the program as anti-male, with content very critical of fathers — particularly in the second session. These views, expressed by males and females, were all offered unprompted by any direct question from the interviewer, and were the most common reason given in interviews for reduced attendance at the final session.

One father mentioned this early in his interview in response to a question about whether he’d attended all the sessions; he replied that he had, but many others had not, because “they picked on the males a lot. It was very anti-male that second session”. Later in the interview, in response to a prompt from the interviewer on his earlier comment, he expanded:

Look, yeah it was very anti-male as far as they assumed all males were chauvinist pigs, almost like it's been designed in the 1950s for the males. They haven't changed it for more modern males. I think that's what they might need to look at how they structure it, otherwise they're going to always find after the second night you're going to get a lot of males not turn up. (Father 11)

The view was shared by his partner:

The middle session talks about the roles and responsibilities of the mums and the dads at home. Basically the dads cop an absolute hiding for doing nothing and not interacting with the, you know, not being involved enough with the kids, and you know, the statistics are there but there was certainly a lot of dads that didn’t come back. (Mother 20)
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One participant said the facilitation of the second session did not help fathers to feel comfortable with critical content, and this was the reason she and her partner did not attend the final session.

**Mother 17:** Yeah, we went for two, we didn’t go for the third because my partner wasn’t — he didn’t enjoy it at all.

**Interviewer:** What made him uncomfortable?

**Mother 17:** Probably the instructors. The instructor, yeah, probably the instructors I would say and just the way the class was run, like, the content of it.

**Interviewer:** Was it too confronting or too sensitive, what was it? I’m just trying to see why — what prevented you from going so that, you know, we can improve the program.

**Mother 17:** Yeah, it was very — I know a lot of the males felt it was very critical towards the fathers. Yeah, so that’s why we didn’t go back for the last session, my partner just didn’t — he didn’t want to deal with it anymore like, it was very critical towards the dads, there was no sort of positive things, like, they didn’t refer to anything positive regarding the fathers.

On the other hand, one participant indicated that she expected it to be anti-male but thought it was not delivered that way.

> I think he enjoyed it more than he thought he would; he was probably a bit nervous and a bit anxious. I think too he thought, “Oh maybe it’s going to be a bagging session too, they’re all going to be women whinging and complaining about what the husbands aren’t doing.” But at the end of the day the way they did it was very clever, it wasn’t just about us as well. We had to think about the husbands and were they part of the family unit at home as well, make sure that we include them and they might not be as open. (Mother 19)

On a similar line, some parents reported that the facilitators gave little consideration to the changes that fathers were experiencing and did not involve the fathers well.

> I’m not sure if it was whether the content was this way, or just the people who ran our sessions are this way, but especially the female [facilitator] seemed very — a couple of us brought up some points that it also raises a lot of challenges for first-time dads, especially as not only being a good dad and there’s also stay-at-home dads out there and all that kind of stuff and she seemed very much to try and continually push the conversation away from that and wasn’t interested in looking at that I guess. So I’m not sure if that was a deliberate content thing, or just her opinions, but she seemed to be of the opinion that the topic was only to talk about the difficulties that new mums face and not really involve new dads. (Father 2)

**Hard to feel comfortable enough to be honest**

One participant said it was difficult for group members to open up during sessions.

> I think the hardest thing is just being completely open and honest and feeling comfortable enough to open up. I could see the facilitators doing their best to try and make everyone feel like they could open up, but that’s probably the hardest thing for me. Was just feeling comfortable. Like, you know, I really wanted to partake because I wanted to get something out of it, but it is hard to let your guard down I guess. That’s probably the most challenging part. (Mother 15)
She provided no suggestions to address the issue, but others considered that covering difficult content in later sessions (see section on suggestions) might assist here.

**Small groups**

One couple commented that the small group they attended may not have been as beneficial as a larger group; however they recognised the challenge in trying to control for this.

I think the program was great, but the only thing was to see attendance, like if we had a few more people there it might have been a little bit more, you know, productive sort of, like more people sort of to bounce ideas off and things. I know that that’s a tricky one because night times are hard when you’ve got a baby, so I’m not sure how you get around that, but I think if you could get more people there obviously it would be more beneficial to everyone. (Mother 16)

There was only one other couple when we did it so we were a bit disappointed; it was good only a small group but then I think it would be good to see more people there, so I suppose that’s more because it wasn’t that well advertised, so that’s the only negative thing I can think of… I think, like two couples was probably not enough but if you had too many then if you’re a bit shy then you might not speak up at all, so it’s sort of, “What’s the balance?” I’m not sure. (Father 8)

**Attendance**

Two aspects to attendance emerged from the interviews: non-attendance and partial attendance. These are considered in the subsections below.

**Non-attendance**

Two participants had not participated in *Baby Makes 3* at all. One mother who chose not to be interviewed and who did not attend the program provided a written statement about her reason for non-attendance.

I did not attend Baby Makes 3 because I did not consider the group to be my local community (I live in [town 30 km outside city]) and also did not wish to travel to [city] at night with baby. (Mother 18)

Her statement is echoed by many parents who did attend and raised the challenges they faced in doing this.

Mother 23, who did not attend the program, told her interviewer she had wanted to go but “never heard back from them”, indicating perhaps that she had missed the key information on the start date.

One mother speculated that people from her new parents group did not attend due to either laziness or a belief that they did not need any help with their relationship.

No, I didn’t find it overly confrontational or anything like that. But I feel like the people that did the course wanted to learn. You know half of our mothers’ group did the course, and the other half didn’t. … The reason why they didn’t do it I think probably was laziness and also they thought they had it all. They weren’t willing to admit they might be having challenges. Whereas the people that went, were — they went in with an open mind and
they thought even if I get one thing from this it’s great. But the people that didn’t go, I think were closed-minded. (Mother 12)

Other parents commented that those who needed the program most were also those least likely to attend:

For us we think the hardest thing is we’re probably not the people that you really need to target because we want to be great parents and great partners. Well everybody wants to do that, but we’re really keen to better ourselves. Whereas it’s the people that think, oh that’s just a load of bollocks or whatever, they’re the people that really need to come to the program. (Mother 15)

**Partial attendance: reasons and suggestions**

In response to the perception that the program was “anti-male”, a few parents suggested moving content from the second session to the third session to help retain participants.

… We weren’t put off and so we were happy to go. But the only thing I would suggest is if they want to keep that same sort of schedule maybe move the second night to the third night and that would keep the people there the whole time. (Father 11)

There was however the counter-argument that moving the “anti-male” content to the final session would end the program on a negative note, which would not be ideal.

For the majority of parents who were unable to attend all three sessions or whose partners were unable to attend any sessions, the main reasons given were conflicting work responsibilities or illness.

It was just me because my partner was doing fly-in, fly-out work in the mines in Western Australia, so he was unable to attend. He was doing three weeks away and then one week at home. (Mother 14)

We missed the first [session] because it was the second day that I’d gone back to work and my husband also was at work; so it just didn’t work for us. (Mother 28)

[Explaining why she attended alone] We’re on a farm. And my husband’s an agricultural contractor and it’s just crazy time for us. (Mother 33)

We missed one session, unfortunately, because bub got crook with a tummy upset, but we were able to duck up there and just quickly hand in your homework to the facilitators and we stayed in touch with them and they back-briefed us on the session, anyway, so we didn’t feel like we’d missed out on too much. But we did feel like, we wished we had’ve made it to that session because they were really good sessions. (Father 5)

For Mother 2, a health issue combined with a feeling that she and her partner would not benefit further resulted in them not attending the final session:

Well the last session I had mastitis so I wasn’t real keen on going along. To be honest the first — I think it was only three sessions all up, wasn’t it? The first two it wasn’t bad and it was interesting enough but I just felt that perhaps me and my husband and perhaps even everyone else who was there weren’t the people who would have got the most benefit out of it. Someone who commits to going along to that and their partner have already at least
Some parents suggested that changing the day or time of the sessions might improve attendance.

Some parents suggested that changing the day or time of the sessions might improve attendance.

Others said that there would never be a time that pleased everybody.

Parents’ suggestions for future programs

Suggestions to improve program content or delivery included: covering more sensitive topics later in the program; more clarity about the program before commencing; inclusion of information in antenatal sessions; presentation of information; additional content; and additional follow-up sessions. These are covered in the subsections below.

Covering difficult content in later sessions

A couple of parents thought that it was difficult for group members to feel comfortable enough to share their feelings openly in the early sessions of the program. If the more sensitive topics were covered in later sessions, once people knew each other better, a more open, honest discussion might arise.

Antenatal sessions

Some participants suggested that an antenatal session would be a valuable addition to the program:
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Mother 6: I think it would be good to go over some of the stuff before you have the baby, so maybe in the antenatal — or whatever they’re called — classes. Just how it will change stuff, but not necessarily, not to scare people, but yeah, to maybe bring up some of that — the change in relationship beforehand.

Interviewer: And you don’t think that there’s a lot of information at antenatal?

Mother 6: No — oh no, it’s really good, but I don’t think it covers that sort of thing. I don’t think it — they sort of skim over that it’s going to change, but they don’t really talk about some of the stuff. I think in Baby Makes 3 it would be good just a little bit prior — not too much, just a little bit.

I thought it was [worthwhile]; at the time I was unsure of the direction and that but looking back it had some valuable information in it. And we said after the thing that some of that information in that could have been even given in the courses that you can attend before bub comes along. (Father 3)

A single Baby Makes 3 session delivered in the antenatal setting has since been piloted in Portland and is reported elsewhere (Appendix A2.4).

Providing more clarity on the program before commencing

Some participants felt that they did not know what the program was about until they attended the first session. This was suggested as another possible reason for poor attendance.

I did have one more thing, maybe, because we didn’t really hear about the Baby Makes 3 until we’d had our child …. So, if people — even if the information brochure or the people running it could come into the prenatal class and give a bit of a spiel. Because we just kind of went not knowing that much, and we just went on a whim. Whereas maybe more people would attend and take it a bit more seriously if they were forced to have more information about it beforehand and book it in. Because lots of people didn’t go because they had other things on as well. (Mother 12)

For others, lack of clarity on practical matters such as the provision of food caused logistical problems in planning attendance:

Mother 22: It probably needed to be more obvious that there was going to be a meal there. Everyone was like, I’m just not sure, so a lot of people tried to eat beforehand or I brought my own snacks because I was breastfeeding and I would have killed someone if there was no food, so, yeah. Maybe a little bit more detail of what we were going to expect for those of us that like to come into town and plan it.

Interviewer: Okay, so details on what to expect in terms of the content as well as the food options as well.

Mother 22: The content can be a secret. I mean they try to keep the whole domestic violence thing a secret until the end, which was fair enough. I didn’t want to sit there and think about, Geez is [partner’s name] going to bash me? So that was fine to keep, I guess that’s your technique, but just the logistics thing. Once you’ve got a kid, you sort of need to know when your next meal’s going to be.

Presentation of information

A few parents felt that the mode of presentation was unengaging; a couple in particular cited the PowerPoint presentations.
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If anything, probably maybe something to do with like the slideshows. Maybe make them a bit more like engaging. I found that just writing the words on an actual just a slideshow didn’t really try to engage you. Like, you had to be fully focused and fully like listening to the presenter and you kind of had the presenter presenting and then you’ve just got all these words on the background on a presentation. I kind of felt that I was kind of trying to listen, but then I was trying to read at the same time and that kind of didn’t work well for me. (Father 15)

A couple of others said there could have been more real-life anecdotes to engage the group, particularly if participants were reserved and did not contribute much to group discussions.

It would also be good potentially to hear more real-life stories I suppose. More anecdotes and things like that, that make it real ... you know, you read a blog or something or you talk to another mum or dad and they’re like this or that and you know, how long to get out of the house or whatever and you have a laugh and though that stuff I think is really powerful. So when you’ve got theory, great, but let’s talk about that in practice and let’s share some real-life examples of that. (Mother 8)

Additional content on how to deal with people judging new mothers

Both partners in one couple wanted more information on how to deal with people judging new mothers about their parenting. Although it was touched on in the program, the messages may not have been clear enough about how to cope with judgement.

I can’t remember whether they went through it or not, but just how to deal with negative comments and that towards the mums or stuff like that. I just know there’s one mum in our mothers’ group that some of her husband’s work friends are really bullying her about breast feeding and that and calling her a paedophile and shit like that. So just how to deal with that stuff and just get away from people that are like that. I don’t know whether there could be something put in, just a heads-up to people that … there’s weird people out there that don’t understand and they may pass judgement when they don’t know anything. (Father 3)

… [T]hey do cover it in there, but I think almost there could be a bit more about the expectations because a couple of the girls in our mothers group feel — they get very upset about what other people — and it could be their personality — but how to deal with what other people think of what you’re doing as a mother. So, I’ll give an example, one of the mothers is feeling that people are saying comments about her breastfeeding her baby, still, at [age] 1, and they’re saying stupid things and she’s getting quite upset. And I think it would be good if there could be more content on how to deal with other people’s point of view — I don’t know — because they did cover it. They were talking about, you know, you’re expected to lose weight straight away, or you’re expected to have your baby sleeping through the night, all that sort of stuff. So, they do cover it, but I don’t know if there could be other ways on how to deal with it, maybe? I don’t know. (Mother 6)

Additional sessions

Five participants suggested that follow-up session(s) would be valuable, to reinforce messages when parents are facing slightly different challenges.

I realise that this is never going to happen because I realise that it requires government funding and everything like that, and I think that the Baby Makes 3 program is a great idea and I know it’s designed to target vulnerable women and children especially. But I
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really think that it would really be beneficial to have like another follow-up part of it, you
know, when the babies are, I don't know somewhere between about 12 or 6 to 18 months
old... I think that if you were to follow up this Baby Makes 3 program with something
along that line at a slightly later stage in your child’s life, then we could stop some of the
violence and things that happen towards those children and mothers. That's my opinion.
(Mother 9)

Maybe — I know it's going to sound a bit funny — but may a, a follow-up. Follow-up like
six months later just to see where everyone's sitting and see if everyone's still —
because, you know, you have that initial program and everyone goes, “Okay, okay,” you
know, and they deliver the content and then a rehash six months down the track. Invite
everyone who was in the original program, get them all back, see how they’re all going
now and, and almost like a round-table discussion. (Father 13)

A couple of parents would have welcomed additional sessions immediately after the
program, whether formal or informal, to cement relationships with the other attendees.

Yes, it finished and then it was like, “Oh, okay.” Then the mums all then caught up again,
obviously the first mothers group. It would have been a great opportunity, you wouldn't
have even had to have called it a session, but the fourth one could have just been all of
us go to have a meal together, you know what I mean? Because the men, I really do
think, I don't know if my husband would say it, I think they enjoyed just having that
contact with other dads. (Mother 19)

B1.4 Summary

The Great South Coast Baby Makes 3 program received positive feedback from the
overwhelming majority of parents interviewed. These parents found the program worthwhile,
and reported positive impacts from their participation. Important changes included
awareness of societal expectations of mothers and the extent of caring and domestic
responsibilities assumed by mothers. These changes in awareness produced changes in
behaviour, such as mothers adjusting their expectations of themselves, fathers prioritising
family over work and contributing more towards household tasks and child care.

Other important impacts were experienced within the couple relationship, with parents
reporting enhanced communication and conflict resolution skills, and an increased focus on
the couple relationship. A further impact was the social connections parents made and
maintained as a result of participating in Baby Makes 3.

Parents were generally positive about program content and delivery, particularly the
opportunity to share feelings and experiences with other new parents. However, a number of
participants discussed a perception of the program delivery as highly critical of fathers.

A number of improvements to program delivery were suggested, including an antenatal
session which has already been piloted and is reported elsewhere. Overall, parents felt
strongly that the program should continue to be implemented in the region.
The parents interviewed had participated in the program to varying degrees; there were no noticeable differences in the range of positive impacts discussed by those who had attended the whole program versus those who had attended only two out of the three sessions.
**B2: Parents’ views from group program evaluation forms**

**B2.1: Introduction**

A second source of data on parents’ views of the program is the group program evaluation form. This is given to parents at the end of the third Baby Makes 3 program session and completed (or not) at that point. In this component of the evaluation, this source of data is used to explore parents’ views of the program’s impacts on them and their experiences of program delivery, as well as reasons for partial or non-attendance. This component forms one part of the evaluation carried out of the Baby Makes 3 Plus project in the Great South Coast. The overall evaluation framework and its different components is described in the main evaluation report. Ethics clearance for this component was granted through Deakin University’s research ethics system in September 2014, project reference number HEAG-H 36_2015.

**B2.2 Methods**

**Data collection**

Group program evaluation forms were filled in by parents individually at the end of the final (third) Baby Makes 3 session. Forms were not completed by any parents who missed this final session.

The forms sought the following:

- Views on three aspects of the program (enjoyability, relevance, helpfulness) using a five-point scale
- What the individual learnt from it (open question)
- How they would describe it to someone who was thinking of doing it (open question)
- Any additional comments (open question);
- An overall rating of the program using a five-point scale.

The full form is shown in Appendix E3.

Data was gathered from 342 parents (185 mothers, 156 fathers and one unspecified response) who attended Baby Makes 3 programs between May 2013 and October 2015.

**Data analysis**

A mix of descriptive and inferential statistics was used to analyse quantitative data collected from the form.
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Responses collected through open questions were analysed using a combination of deductive and inductive thematic analysis. Responses were deductively analysed based on the topics covered during *Baby Makes 3*, and inductively analysed to enable the emergence of themes beyond those directly related to program content.

**B2.3 Findings**

Findings are described below in five sections. The first describes ratings given to the program overall and its different aspects. The second explores parents’ negative views about the program. The third section explores challenges in program delivery. The fourth section explores parents’ views about the positive impacts of the program from analysis of what they reported learning and how they would describe the program to others. Section five explores the consistency of the program over time.

**Overall ratings of the program and its aspects**

Overall the program was rated very highly (Figure B1), with the vast majority of parents (98%) considering it to be good, very good or excellent. The remaining 2% (7 individuals) rated it as “fair”. Compared to fathers, mothers were more likely to rate the program as excellent; however the difference did not reach statistical significance.

![Overall rating for program by gender](image)

Figures B2 to B4 show similarly strong positive views about the three aspects of the program assessed on the form. There was very little difference between mothers and fathers in their assessment and none of the differences were statistically significant.

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8 Chi squared test of difference in proportion rating very good or excellent between mothers and fathers, p=0.269
9 Chi squared test of difference in proportions rating agree or strongly agree, for enjoyability p=0.278, for relevance p=0.692, for helpfulness p=0.734
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The Baby Makes 3 Group Program was enjoyable

The Baby Makes 3 Group Program was relevant to my situation

The Baby Makes 3 Group Program was helpful

Figure B2

Figure B3

Figure B4
Differences between responses by program location were statistically significant\(^\text{10}\) for overall ratings and each of the three aspects of the program. The views of the group held at TAFE were significantly different from those at other locations: see Table B4.

**Table B4: Comparison between TAFE group and all other locations**

| % parents rating program excellent or very good | TAFE | All other locations | P value |
| % parents agreeing or strongly agreeing that program was enjoyable | 73% | 83% | 0.003 |
| % parents agreeing or strongly agreeing that program was relevant to their situation | 82% | 96% | <0.0001 |
| % parents agreeing or strongly agreeing that program was helpful | 45% | 90% | <0.0001 |
| 64% | 94% | <0.0001 |

It is worth noting that the TAFE program was delivered on a single day, as a condensed version of the usual *Baby Makes 3* program, and that the group contained a higher proportion of single mothers than any other delivery of the program.

**Exploring negative views of the program**

Overall, seven people seemed to hold a negative view of the program through expressing disagreement or strong disagreement with statements about the different aspects of the program (Figures B2 to B4 above).

Four of these people (one mother and three fathers), from three different local government areas, selected “strongly disagree” to all three statements about aspects, yet all rated the overall program as “excellent”. Furthermore, three of the four gave positive answers to the question of what they had learnt. Answers to the question “How would you describe this program to another person?” were also positive:

*Was good to have a larger number of dads here.* (Father, Hamilton)

*A chance to talk about issues that may not be usually discussed.* (Mother, Camperdown)

*Very informative, worth doing. Allows to know others in the same area.* (Father, Portland)

*I would say it’s worthwhile putting time aside to attend.* (Father, Warrnambool)

The other three people, all mothers attending the program run at TAFE, expressed disagreement (two mothers) or strong disagreement (one mother) with only one statement, namely “The *Baby Makes 3* Group program was relevant to my situation”. One rated the overall program as “fair”, answered “not sure” to the question about what she had learnt and offered no other comment. Another rated the overall

\(^{10}\) Chi squared test of difference in proportion rating very good or excellent between locations. Chi squared test of difference in proportion rating agree or strongly agree, for enjoyability, relevance and helpfulness.
program as “good”, reported learning helpful information and gave a positive answer to “How would you describe this program to another person who was thinking of doing it?” The third mother explained her answer in her comments thus: “It was more focused on couples or separated couples whereas I’m a single mum without any contact with an ex.” She reported enjoying the program and finding it helpful. One further mother (Warrnambool), while very positive towards the program overall, commented: “Would be good to have a program for single mothers as well. As sometimes I feel awkward”.

Some negative views about the different parts of the program were also expressed through the answers to the question “How would you describe this program?” One mother replied:

*I feel it had a negative spin on dads.* (Mother, Moyne)

Another mother replied:

*Really good to recheck on your relationship. Sometimes could be a little hard on dads. Maybe a little stereotyped.* (Mother, Warrnambool)

And a father replied:

*Worthwhile. Better than it sounds.* (Father, Portland)

This was echoed in the reply of one father in Warrnambool in response to the question “how would you describe this program”: “A great session just didn’t take session 2 personally.” Finally, a third mother, possibly expressing a similar view, commented:

*I felt at times we focused a lot more on the negatives, rather than the positives. It would be nice to finish each session on a positive note.* (Mother, Moyne)

**Challenges in program delivery**

The challenges that came across in the answers on the form included: difficulties attending owing to particular times/days of sessions; and difficulties in the environment where the program was delivered.

The responses and suggestions illustrate the difficulty of finding a single day or time that suits everyone’s needs, given that hours of work and baby’s feeding time and other routines are not uniform across couples.

**Exploring positive impacts of the program**

Responses to the open questions provided a wealth of examples of how parents had found the group valuable. Parents were very positive about the group facilitators and appreciated the trouble they took in running the sessions and offering opportunities
for participation by all. The two sections below summarise parents’ reports of what they learnt and how they would describe the program.

**What parents learnt from the program**

The question “The three main things I have learned from this program are…” was answered by 97% of parents, 332 out of 342. Figure B5 summarises their responses in the form of a word cloud generated from their answers, concentrating on terms used in at least 10 responses; in this figure, the larger the word, the higher its frequency of use. Learning about communication was the topic that featured most frequently; this is to be expected since the evaluation forms were filled in immediately after the conclusion of the third session which focuses on communication.

![Figure B5: Word cloud generated from replies to the question: “The three main things I have learned from this program are…”](image)

A more formal, open coding of the data was also carried out to explore the topics raised. This reinforced learning about the importance of communication and learning specific communication skills as the themes most often mentioned in answer to this question. Specific items mentioned frequently included the value of communicating using “I” rather than “You”, the value of understanding one’s partner’s perspective, and the value of listening.
Appendix B

Other topics that featured frequently were, in descending order of number of parents mentioning the topic were:

- That other parents experience the same problems/challenges
- The importance of partners’ time together and building/maintaining intimacy
- Understanding society’s expectations of mothers and fathers
- The importance of the father’s time with child
- The importance of sharing tasks
- The importance of working as a team
- Problem solving and conflict resolution as particular relationship skills
- “Equal” does not mean “same”.

No notable differences were found in the topics mentioned by mothers and fathers.

How parents described the program

The vast majority of parents, 329 out of 342 (96%), answered the question “How would you describe this program to another person who was thinking of doing it?” Figure B6 summarises their responses in the form of the word cloud generated from their answers, concentrating on terms used in at least 10 responses. The figure quite clearly shows overall positive views: the descriptor “good” is the most frequently used word, followed by “helpful” and then “great”, as well as being fun/enjoyable.

Parents’ responses emphasised the value in meeting couples in a similar situation as well as the value of the program content:

- It is an opportunity to spend time with other parents who are dealing with the same things. (Mother, Camperdown)
- Good for meeting other parents. (Father, Camperdown)
- Great for first-time parents, getting to know other young/first time parents. (Mother, Portland)
- Laid-back and friendly, a place to meet other people going thru the same situation. A good network, way to socialise. (Father, Warrnambool)
- Great way to assess how your relationship has changed since baby. (Father Warrnambool)

Some of the descriptions emphasised what parents had gained personally from the program; for example:

- A chance for male and female to discover what each other are thinking and feeling in a comfortable environment. (Mother, Camperdown)
- It is a great program to share problems, help each other, awareness of things you don’t know. (Father, Hamilton)
- Worthwhile, as it can help you make a stronger relationship with your partner and to strengthen your family. (Father, Portland)
Figure B6: Word cloud generated from replies to “How would you describe this program to another person who was thinking of doing it?”

One father, who rated the overall program as very good, talked about the program as “a fine way to air your dirty laundry”, a quote that is difficult to interpret.

Many of the descriptions recommended the program strongly:

*Good fun, helpful, great interaction for baby and parents. Somewhere safe to go and express feelings and thoughts and ideas without getting criticised. (Mother, Hamilton)*

*Valuable, worth doing. A program where you learn about being an effective couple and effective family to the benefit of the three of you. (Father, Warrnambool)*

*Awesome. Really makes you think about things and know/help understand new parents and going thru same issues. Worthwhile. (Mother, Moyne)*
Appendix B

An overview of changes in circumstance since having a child and how to manage them. Thought-provoking course. (Father, Moyne)

A must for all parents — makes you connect more with partner, as you discuss issues both negative and positive. Really appreciate what you do for one another. Also brings back more intimacy. (Mother, Portland)

Head along, it brings up things you would not necessarily discuss with your partner plus you get to meet other couples in the same boat. (Father, Portland)

Good way to work through/discuss changes with a new baby. Helps to reinforce healthy and good relationships between mums and dads and their children (role model). (Mother, Warrnambool)

A good way to discuss with others in a similar situation. How to deal with major change in the dynamics of our relationship. (Father, Warrnambool)

A good idea and a must do to help you reconnect with your partner and move forward as a couple. (Father, Warrnambool)

100% worthwhile for any new parent. (Mother, Portland)

Consistency of program over time

The similarity of the results reported here for programs running up to October 2015 to those reported for programs up to March 2015, demonstrates that consistency in program delivery and quality has been maintained over time.
B2.4 Summary

Overall, parents who were present at the third session and completed the evaluation form rated the program very highly, with no significant difference between mothers and fathers. There were also no significant differences between different locations, with the exception of the modified session run at TAFE. The reason for this difference is likely to lie in a combination of the shortness of the single session and the high proportion of single mothers at that session. Parents recommended the program highly to others.

When the small number of negative views given were explored, two particular issues arose: perceived negativity of the program towards fathers; and relevance of the program to single mothers.

The vast majority of parent answered the question on what they had learnt from the program by listing a number of different items. As might be expected given the content of the third session, communication figured highly. Other important impacts reported were:

- That other parents experience the same problems/challenges
- The importance of partners’ time together and building/maintaining intimacy
- Understanding society’s expectations of mothers and fathers
- The importance of the father’s time with child
- The importance of sharing tasks
- The importance of working as a team
- Problem solving and conflict resolution as particular relationship skills
- “Equal” does not mean “same”.

All of these can be regarded as being supportive of increased gender equity.
Appendix C: Perspectives of Baby Makes 3 facilitators and other stakeholders

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C1: Interviews with Baby Makes 3 facilitators

C1.1 Introduction

This part of Appendix C presents key findings from interviews carried out with facilitators who ran sessions of the Baby Makes 3 program in the Great South Coast region. The interviews formed one part of the summative evaluation carried out in the final year of the Department of Justice-funded project. The summative evaluation was approved under Deakin University’s research ethics system in April 2015 (project reference number HEAG-H 36_2015).

C1.2 Methods

Recruitment of research participants

The Baby Makes 3 Plus project manager, based at Warrnambool City Council, sent invitation packs from the Deakin University research team to all 18 individuals who had facilitated at least one complete Baby Makes 3 program. The pack was sent in early July 2015, with a reminder two weeks later. Individuals who were willing to be interviewed made direct contact with the research team at Deakin University; 10 completed consent forms were received, representing a response rate of 56%.

Ten interviews were conducted in July and August 2015. Six facilitators interviewed were male, and four female. Collectively, all five municipalities of the Great South Coast region were covered, and only three of the 10 facilitators had worked in only one local government area. Southern Grampians and Warrnambool were the most heavily represented with, respectively, seven and five facilitators having run programs there.

There was also a great diversity in the extent and variety of facilitators' involvement with the program. The number of Baby Makes 3 programs each interviewee had facilitated ranged from one to 15, with all bar one having facilitated at least five separate programs, and five having facilitating over 10 programs. Similarly, only two facilitators had worked with only one facilitation partner during their whole involvement with Baby Makes 3, and two had worked with five different partners.

Data collection

On receipt of a signed informed consent form, a member of the research team contacted the participant to arrange a time for a telephone interview of up to one hour. At the arranged time, the interviewer telephoned the participant and conducted a semi-structured interview, covering a number of topics (see Box C1). Interviews began with very open questions, and once the participant had finished their responses, if it had not already been raised, the question of the program's perceived
negativity towards men was explored; this was important since this had been raised in three different sources of data already analysed by the research team.

Box C1: Interview topics

<table>
<thead>
<tr>
<th>In what capacity and how long has the informant been involved as a facilitator in Baby Makes 3?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their perspectives on the aims and objectives of the Baby Makes 3 program.</td>
</tr>
<tr>
<td>What worked well in the program's component design and implementation, and their opinion on the key factors responsible.</td>
</tr>
<tr>
<td>Difficulties encountered with design or implementation.</td>
</tr>
<tr>
<td>Thoughts on how these might be addressed.</td>
</tr>
<tr>
<td>Their views on the program's perceived negativity towards men (as suggested in data collected on facilitator feedback forms, interviews with parents, and parent-completed session evaluation forms):</td>
</tr>
<tr>
<td>• Whether they noticed this in any way, and</td>
</tr>
<tr>
<td>• If so, what, if anything, they think could and/or should be done about this</td>
</tr>
<tr>
<td>• Their view on the suggestion in various data that this perceived negativity accounts for some of the drop-off in attendance during the program</td>
</tr>
<tr>
<td>• Their view on the suggestion from the data that this perceived negativity is one reason why some parents do not come to the program.</td>
</tr>
<tr>
<td>Whether Baby Makes 3 is reaching the target groups or populations in a uniform fashion.</td>
</tr>
<tr>
<td>Whether there are any challenges with specific groups, and if so.</td>
</tr>
<tr>
<td>Which groups present challenges, and how these could be addressed.</td>
</tr>
<tr>
<td>Any other views on the future development of Baby Makes 3 in the Great South Coast region.</td>
</tr>
</tbody>
</table>

With the consent of the informants, all interviews were audio-recorded and transcribed. One recording had only the interviewer's voice audible, and its analysis is based on notes taken during the interview and post-interview, and the audible speech of the interviewer within the recording. Immediately after each interview, the interviewer made notes recording her perceptions of the interview in respect of anything particularly striking; what seemed to be the most positive features of the program to the interviewee, including what impacts on parents were noted; what seemed to be most difficult or challenging aspects in delivering the program; and finally, the main issues raised in response to the prompt questions about the bias against males. Transcripts were fully checked and anonymised where necessary prior to data analysis.

Data analysis

A thematic analysis was undertaken of the transcript data by the interviewer. This was compared and checked against the notes made immediately after the end of each interview. The analysis that follows has been made in consultation with, and checked by, other members of the research team.
Appendix C

C1.3 Findings

The semi-structured interviews uncovered and explored a great range of issues and reflections about the program, both guided and anticipated by the prepared questions, and also arising unexpectedly through the course of conversations. The findings can be loosely grouped into three intersecting themes:

- The aims and value of Baby Makes 3 according to facilitators
- The challenges of gaining and sustaining attendance in the region
- Facilitators' experiences within the actual running of sessions.

The report structure in this section follows these themes. However, all three areas overlap and tangibly impact upon each other. For instance, the perceived aims and value of the program clearly animate facilitators' concern for its wider reach into local communities, and for the sustained and productive engagement of the parents who end up participating. Facilitators' experience of such engagement reinforces the sense of the importance of the program. Likewise, attendance challenges can affect the dynamics in program sessions, which can then diminish the potential value of a given session and so undermine the realisation of the program's aims.

The aims and value of Baby Makes 3

Aims

There was a relatively broad consensus on the core aims and objectives of the Baby Makes 3 program as a domestic violence prevention initiative and as a means to provide tools to build healthy relationships in transition into parenthood; both were mentioned by seven participants each.

Four facilitators also conceived the program as a discussion starter, and three as a promoter and builder of gender equity within relationships. Most facilitators mentioned more than one key aim; only one articulated just one aim, which was to provide tools to build or bring back healthy relationships.

Value

Underpinning all the data from the facilitators is their strong collective sense of the value of the program for participants and the broader community. The value of the program as a whole was emphatically stated by most of the facilitators, particularly when they spoke of their wish for the program to continue. Statements such as the following were very common:

(I) think it's a fantastic program. That's why I'm quite passionate about it, but also I'm very happy to be involved in it because I see the benefit of it. There was nothing like this when I had my children and you can just see the difference between having something like this in place. (F4)\(^\text{11}\)

\(^{11}\) The participant identification code starts with F for female or M for male
Beyond the less tangible value of preventing violence — which a majority articulated as one of the aims and thus one of the potential values of the program — facilitators also spoke of the program's value in much more concrete terms, derived from their own observations and reflections, and from the feedback they have received from participating parents.

**The value of involving fathers**

Chief among these was how valuable it had been to engage fathers through the program. All 10 facilitators touched on this point without prompting. Reflecting on the tendency for mothers to frequently seek and find support in mothers groups and friendship networks, many facilitators noted the comparative rarity of similar opportunities for men.

>*The fact that fathers have a definite arena where they can come and raise, or feel that they're comfortable to be able to talk about some of their issues. I don't think fathers normally have this kind of opportunity. Mums do through their mums group and breastfeeding and whatever. (F4)*

**Baby Makes 3** provided an opportunity for men to connect with other parents as parents, and encouraged them to share their experiences of fatherhood and relationships with other people: other men, other couples, and even their own partners. It seemed to many of the facilitators that this was the first time that fathers had been able to do this.

>*I can't over-stress the importance of this program for dads because the comments that we've had back and just from the interaction that you can see happening, it's the first time for some of these dads to be able to go “Oh, so you're experiencing the same as I am” and so they don't feel so isolated about what they’re going through with their partner and with their baby as well. (F4)*

I think what’s worked well has been the engagement of the dads. There’s nothing really around for new dads as opposed to new mums. … Without any exception I think in every group the dads have really commented how positive it is and also the mums have said this is great for the dads. (M3)

As these quotes imply, this involvement was valuable not just for fathers, but also their partners. A couple of facilitators spoke of women in the sessions being impressed by the thoughts generated in the men's separate discussion spaces.

>*(Baby Makes 3 created) a safe space [with] other men, other dads there … [T]hey come back with some good gold nuggets on their brainstorming list, so that's really good. I think sometimes the mums have been quite impressed. (F2)*

Another facilitator noted a palpable new awareness among dads in the groups of the pressures that women uniquely face on becoming a parent.

>*Dads take (discussion about the greater societal pressures on mothers) on board and pick up with a few things and have an awareness of how much pressure Mum is under and that whatever they can do to alleviate that, even through understanding. I think that's one of the things that most people found beneficial*
once we negotiated the tricky bit of the defensiveness. I think it was great for mums to know that, to have this pressure validated. So that part of it I think was really good. (M4)

The value of the program as a discussion starter

Involving fathers directly also contributed strongly to the second main value that facilitators noted, namely the program’s capacity to start discussions that would carry on in the relationship well beyond the final Baby Makes 3 session. Not only were men given a neutral space to explore their experiences and thoughts on parenthood and relationships in a group setting, but this opened up new spaces within participants’ relationships, and couples began conversations on subjects they had not previously spoken about, and learned new communication skills to help them within those new conversations.

Based on anecdotal feedback, they were saying that they were continuing the conversations. So when I was setting up the sessions I often talked about this being a beginning conversation and hopefully one that they can carry on into their everyday lives or on the way home in the car or whatever, and that was consistently the feedback that I got, was that they actually had conversations in their relationship that they’d never had before. (F3)

Opening up the conversation and giving permission to just talk about these subjects. Putting them on the table, sometimes at the end of the program, like the end of each session they often say, “Oh gee, it’s good to be able to bring that out in the open and just chat about it.” (F2)

The value of the program in connecting people

It was reported that rapport, trust and familiarity between various participants and facilitators was able to grow thanks to the three sessions running over three weeks. This seemed to some facilitators to create the real possibility of new support networks and friendships for participants. While some raised concerns elsewhere within the interviews that running the program over three sessions might put off potential participants or prove too great a commitment for actual participants, many of the same facilitators noted the benefits of multiple sessions. On top of building familiarity, trust and rapport, multiple sessions also helped to consolidate and reinforce information, and created space to explore issues in depth.

One facilitator reflected that opportunities for new friendships and social supports and services were felt especially keenly in rural areas, such as the Great South Coast region, which are more isolated and sparse in services than urban areas:

... When you’re in the city you have — parents have access to other services and I think that’s the difference that people in the country, in rural locations don’t have easy access to, well, just to socialise and to connect to services as well, and this is a good way of doing it. (F3)

Facilitators variously noted elements of the program design and implementation that added value, most prominently the multi-gendered co-facilitation model; the manual’s content and design and the session structure that flowed from it; and the use of
maternal and child health nurses to engage both parents. These design successes will be covered in the later sections of this appendix.

With the program's value in mind, facilitators want to see it continue to be funded, expanded and integrated with other services for maximum engagement and effectiveness. Across the interviews, a picture developed of an ideal future program, with a wide and diverse community reach and engagement, sustained session attendance with optimal group size of around six couples, dynamic group sessions where participants feel engaged and receptive to the content and activities, and thorough, ongoing training for facilitators.

A number of challenges in realising all of these ideal deliveries and outcomes were explored. The first was the challenge of gaining and sustaining attendance of the new parent target group: between the competing priorities of having enough people attend — and continue to attend — program sessions to make them viable, and trying to ensure that the program is engaging and catering to all new parents within the area.

Gaining and sustaining attendance

Delivering Baby Makes 3 in non-metropolitan areas
Gaining and sustaining attendance is a significant task for the program, with some hurdles particular to the Great South Coast region. Being a predominantly rural area affects the capacity to ensure workable group sizes and attendance. Facilitators consistently mentioned that too large or too small a turnout affected the group dynamic and the effectiveness of program delivery (see the following section on session experience).

Low population sizes, seasonal and daily working constraints — notably for farmers — and long travelling distances to venues all present hurdles to gaining good attendance in the region and sustaining that attendance across the three-week run.

Indeed, when facilitators were asked whether perceived negativity towards men was a contributing factor to the dropping-off of attendance, many believed that issues related to rural living were more likely to be responsible for this (although most acknowledged the possibility and some knew it to be definitely the case for some participants).

Low population size
A simple problem encountered in delivering programs in rural areas is that there are smaller populations and fewer babies born than in urban areas. In spite of this, venues and facilitators still have to be secured well in advance. This means that making up adequate numbers for each program can be difficult:

[Y]ou can’t sort of manufacture the kids and it’s sort of not the program that you can just go out to a little town and deliver it to one or two couples. It really needs that bigger group. That’s been the real challenge I guess in delivering in a rural area. (M3)
In some areas, low birth numbers often meant a wait before parents were invited to a program, and their child was therefore older; this may well represent an additional barrier to engagement. A correlation between low population and low engagement and attendance is further evidenced by the fact, mentioned by facilitators, that the most densely populated area of the region, Warrnambool, did not have an issue with group sizes.

**Impact of farming and shift work on attendance**

A significant number of potential and actual participants in the Great South Coast region work as farmers. Several facilitators said farmers’ often intense and seasonal work commitments heavily impacted on some participants' willingness and capacity to keep attending the program.

> You talk to some people and they say, “Well you know, we’ve got work”, particularly harvest time and all that, and that's what they want to do. They need to get the hay in and everything. That’s their livelihood and I know that this is a big part of their first-time parenting learning curve, but at the end of the day you’ve got to make money. (M5)

This creates a difficulty not only in getting and keeping numbers for the program, but in finding an optimum time and length for the sessions.

> So it’s 7 o’clock start which at various times of the year that’s a really hectic time for farmers to actually come in. Some of the feedback we got from some of those farming communities was that it’s difficult to commit to coming in for three consecutive weeks at that time, particularly around different seasons like lambing or calving. (F3)

Shift workers were also difficult to identify a suitable session time for.

In spite of these challenges, facilitators could not think of a better time than the mid-week, mid-evening time usually chosen for the program, as all other times presented different and often more challenging limitations.

**Travelling distance to venue**

Only certain venues met the logistical needs of the program, creating potentially prohibitively long distances for participants to travel, at night, to attend. Many facilitators felt that this could also affect attendance:

> Things in rural areas like travelling at night is an issue and you really can only deliver it in bigger centres because of you need a room and you need food and all the stuff like that. So you’re expecting people to travel which raises issues. (M3)

**Proposed solutions to attendance issues in rural areas**

A number of ideas were floated by facilitators about how to increase general community attendance and limit drop-off in rural areas. (Challenges around engaging particular groups within the community are dealt with separately in this report, as they
Conversation often centred on the pivotal impact of involving maternal and child health nurses in recruitment, the potential benefits of more solidly incorporating Baby Makes 3 into existing maternal and child health program delivery, and the need for more flexibility in the design and delivery of the program in rural areas.

**Importance of maternal and child health nurses in recruitment**

The invitation to Baby Makes 3 formed part of the invitation to new parents groups. Threaded through the interview data was a strong sense of how pivotal maternal and child health nurses were in determining levels of engagement with and uptake of the program. Their services and appointments provided a great opportunity to reinforce the invitation to the Baby Makes 3 program and its role. Facilitators found this to help encourage people to attend, as they were already receptive and eager to take on training and learning opportunities:

> I think the way it was structured to bring in, to introduce the concepts and the program to the mothers\(^{12}\) group, in the maternal health network, that that was really good, because the mums were always quite engaged, because they’re spending so much time with baby and they want to be doing everything that they possibly can. I think that was a clever way of then targeting the group to expand it to the dads as well. (F1)

As the quote points out, using the new parents groups and appointments helped to encourage fathers to be involved. As facilitator M1 put it, regular appointments were a familiar, non-confronting and trusted space for fathers to be exposed to the program.

Facilitator F3 reflected that integrating the program into an existing set of maternal and child health services lent itself to good attendance rates, as participants got “in the groove” of attending groups and there was an expectation that they would go along.

A few facilitators reported an inconsistency in how nurses engaged with, understood, recommended and promoted the program, to the potential detriment of attendance rates. One facilitator sensed that nurses felt that promoting Baby Makes 3 was not the best use of their time, and that they were not always positive about it, or gave incorrect or inadequate information about it; two other facilitators echoed this. This led to situations where participants turned up with little knowledge of what to expect.

Another facilitator was concerned that aligning the program so closely with maternal and child health could put off some potential participants as, according to her, some people felt that nurses could be judgmental of their parenting choices and so might assume that the program would have a similarly judgmental or didactic tone.

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\(^{12}\) This is how the new parents groups are often referred to, reflecting the fact that fathers rarely attend.
Some facilitators also felt that relying heavily on maternal and child health networks could miss opportunities to reach parents and parents-to-be who were not well or regularly engaged with health services, with an impact on levels of attendance and the demographics of participants.

For these reasons, there was substantial ambivalence around the involvement of maternal and child health. Although an asset, many facilitators felt that closer attention could be paid to the manner and extent to which Baby Makes 3 was incorporated into existing maternal and child health networks.

**Flexibility of design and delivery**

Another repeatedly offered solution to improve and sustain attendance in a rural region was to adjust the style of delivery, which would impact on the design of the program.

There were three main suggestions: fewer sessions per program; fewer program runs; and incorporating delivery in the antenatal period. Each is considered in turn below. Other suggestions mentioned a couple of times included gaining a commitment of attendance so organisers had a better sense of — and time to prepare for, if necessary — participant numbers, and more thoroughly incorporating the program into existing maternal and child health provision. Both initiatives would help to create the understanding that Baby Makes 3 was an opt-out program, and communicate an expectation that parents would attend.

**Fewer sessions**

Almost half the facilitators felt that, although there were obvious benefits to the three-week structure as outlined earlier, a condensed version of the program over one or two weeks could increase attendance by capturing time-poor farmers and others unwilling or unable to commit to night sessions for three consecutive weeks.

The logic was that it would be better to deliver something rather than nothing. However, some facilitators noted that even three two-hour sessions felt a bit rushed, especially if groups were large, so careful and extensive adjustments would have to be made to ensure quality was not lost in any downsizing.

**Fewer program runs**

Instead of shortening the program to gain better attendance, one facilitator suggested having fewer runs throughout the year. This would not necessarily increase numbers for the program as a whole, but could potentially increase the numbers per group in areas of low population. However, this would likely mean each group would cover a wider range of ages of children, which might not be ideal.

**Incorporation into antenatal sessions**

Another point of flexibility suggested was to extend the program to imminent parents-to-be. There was a lot of positive talk from facilitators about the pilot of a version of the sessions delivered through Portland antenatal services. (See Appendix A.)
Antenatal provision was seen to offer potentially a number of benefits. Parents-to-be were not as sleep-deprived and their lives not as chaotic as they would be once baby was born, so they could have more time on their hands and be better placed to receive and absorb the information and skills explored within the program. Expanding the program in this way could increase overall attendance:

> I think we certainly didn't even get to utilise the antenatal classes and I think that's a setting that could potentially be where some of this stuff is delivered. So a bit of work around pre baby's arrival, because all this work is post baby arrival and a lot of the time the parents are just coming out of that hazy phase of early days, some of these bubs are only eight weeks old, so they're still in that space and it's a big ask for parents at that point in their vulnerability to be laying themselves a bit bare in that space. So I think there's potential if it was to continue to do some pre-baby work. (F3)

**Inconsistent target group reach**

Another contributing factor to low attendance — and an issue of its own — was the failure to engage with all possible first-time parents in the area. The difficulty in attracting numbers in a rural area and the fact that *Baby Makes 3* is intended to be a universal program, mean the program must necessarily aim to catch as many first-time parents as possible within a local government area.

However, not one of the facilitators felt the program had universal group reach. Most described the large majority of their participants as predominantly middle-class and predominantly white, coupled, over the age of 25 and of steady employment. Young parents, single parents, Aboriginal and Torres Strait Islander (ATSI) parents, and people of lower socio-economic status seemed to be under-represented, either not attending or not positively engaging with the program in anywhere near the same numbers, if at all.

A couple of facilitators emphasised that knowledge of participants’ backgrounds was limited. Indeed, although this picture of uneven group reach was consistently and strongly felt across all 10 interviews, these demographic descriptors of participants are based only on observations and assumptions; *Baby Makes 3* participants were not asked to share their backgrounds or cultural identities.

With that qualification, the apparent gaps in program reach were nonetheless felt to be a serious issue, especially coupled with the claim — repeated by more than one facilitator — that they were “preaching to the converted”; those who could most radically benefit from the sessions and resultant discussions might be missing out.

Further, if and when younger parents, single parents, Indigenous parents or parents from lower socio-economic backgrounds did attend, the program was not particularly well suited to them.

One common problem was the difficulty of making the content and activities relevant and relatable to all participants, and to diffuse the potential for discomfort and self-consciousness in interactions between people of different backgrounds. One
facilitator said that a discussion about housework became uncomfortable and stifled because someone joked about having a cleaner. Another facilitator thought it would be off-putting for a younger parent to enter a program populated with older couples.

**Facilitator F3:** My work with young people in the past; there’s no way a 17, 19-year-old mum and dad are going to rock up to an education session with 25, 30-year-old parents. It’s just not going to work.

**Interviewer:** Why do you think that is?

**Facilitator F3:** For a lot of reasons I think. Number one is that the experience of a young parent, 17-19-year-old, is very different to that of a fully established, someone who’s had a career for a long time, owned their own house and then made the choice to have a baby later in life, but if they become parents at 17, 18, 19 it’s a whole different space. So I think that we need to go to those populations, not expect them to come to us.

Facilitator F2 too had noticed that young, single mothers felt self-conscious in general programs:

I often just think of this girl for an example, but there would be quite a few others like her, and there was another lass who came to the antenatal, a single mum and I know that she just felt very self-conscious. I mean we’ve always got to be conscious of that when we’re delivering Baby Makes 3 because everyone’s in different sort of social circumstances, and I know that she was really struggling with that just personally herself I think. (F2)

Likewise, M4 noticed that some people from lower socio-economic backgrounds seemed timid and isolated in the program, and did not return for all sessions.

Broadly speaking, we’re talking about middle-class upwards if you want to put on a class thing. So if people come from the poorer background, I found that they didn’t keep coming because they didn’t feel able to talk as freely and they wanted to get into the wallpaper somewhere. So in that group, that group was really hard to target and I don’t think that they weren’t — they didn’t come and those that did come, stopped coming. So that didn’t help. They didn’t feel a part of that group. (M4)

**Suggested solutions to the inclusion issue**

Each of the groups mentioned above presents unique challenges to achieving the desired universal reach and relevance of the *Baby Makes 3* program. Many facilitators considered such challenges in depth. Responses, thoughts and possible solutions varied according to the particular group discussed and the facilitator.

Overall, the strength of integrating *Baby Makes 3* into existing services, and the related importance of maternal and child health nurses, was covered extensively. Other possible solutions were to expand referral and recruitment sources beyond maternal and child health; carefully, widely promote the program; go out to communities to meet people “where they are”; adjust the program design for unique groups, and pre-matching parents for more comfortable groups. Each is considered in turn below.
Expanding referral and recruitment

A number of facilitators felt that by relying predominantly on maternal and child health, only parents and parents-to-be who were already engaged with parenting training and educational health services were being reached. To counter this, many recommended thinking more broadly about where referrals and recommendations for the program could come from. Sources could include community groups, youth agencies and welfare agencies. One facilitator suggested targeting those with relevant reportable offences in the health and human services system; however it should be noted that the program is not a therapeutic program, and those with such other issues already identified are often engaged with services elsewhere.

Careful and wide promotion

Less direct than expanded referral was the suggestion to pay attention to how and how much the program was advertised, with increased visibility in the wider community seen as necessarily increasing the pool of possible participants.

Beyond the need for recruiters — such as the nurses spoken of earlier — to be positive and knowledgeable about the program, the language and tone of promotional material was also deemed significant. Two facilitators were particularly concerned that some people would be immediately put off by phrases such as “healthy relationships” — red flags that suggested the program would delve into difficult areas. An emphasis on gentle language and fun was recommended.

Program specialisation streams

Even with greater advertising, promotion and recruitment, some facilitators felt that some groups of new parents — such as the young parents and single mothers explored earlier — would need a different program to properly engage them and meet their needs. For example, Facilitator F3 went into great detail about how a Baby Makes 3 for younger parents would look:

[The program would be run with] a far more conversational style, more sitting in with the group. So less about standing up the front and more about immersing yourself in that space and getting to know them a little bit more, and utilising the youth agencies, so utilising community supports that are already there. So going to the different youth agencies and maybe co-facilitating with one of the youth workers (...) (F3)

Another suggestion was to try to organise enrolment and attendance so that participants were grouped with similar parents, perhaps according to age or relationship status, though how specifically this would be was to be determined, and the logistics of how long it would take to gather a big enough group was not fleshed out.

Meeting the needs of the Indigenous population in the Great South Coast region was deemed particularly difficult; facilitators who talked on the subject felt not qualified to offer solutions, pointing to the need for sensitivity to respectfully and appropriately engage with that population, especially given the deep cultural differences and fraught legacy of colonialism which affected the facilitator–participant dynamic.
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Adjustments to style and practice

To make all participants feel welcome and included, and thus more likely to keep attending, one facilitator tentatively suggested a greater emphasis on checking in with participants, to see whether they felt comfortable or needed anything to help them feel more comfortable.

Another facilitator, echoing other suggestions specifically related to catering to young people, felt that a more informal, sit-down playgroup-style setting would put more parents at ease.

Summing up

There is a clear tension between not splitting an already small population of potential participants, and the desire to specialise, adapt or expand the program to better engage and cater to different groups within the general population. This makes solutions to gaining and sustaining attendance challenging, as the sometimes contradictory suggestions from different facilitators demonstrate.

Experiences within the sessions

Interviews delved into facilitators' experiences within the sessions: what worked well, how the dynamics of groups played out, and what challenges were encountered through the course of the sessions they had run.

Session successes

Facilitators noted certain elements of the sessions that worked particularly well for them and the participants in realising the objectives of the program: the multi-gendered co-facilitation model, and the manual design and the session activities and structure that flowed from it.

Multi-gendered co-facilitation model

Sharing and balancing facilitation between two people of different genders was seen to have a range of benefits for both facilitators and participants within the sessions. Facilitators described the sense of confidence gained by having somebody to support you, bounce off and if necessary to lean on while facilitating:

(Having another facilitator that you’re familiar with) makes it flow in a more relaxed fashion I suppose because it’s a bit more familiar that way. Sort of a little point where you might have a small blank or you want to add something. It’s like when you’re in the audience and there’s a speaker. You can sort of think of things that you know that they’re wanting to think of and just sort of fill in for each other a little bit, and it adds more variety. (F2)

Having a male and a female facilitate discussion was a means to model respectful and productive communication skills between genders:

I think that it brings the two different perspectives and it can be reinforced from both genders. For me it makes a lot of sense and it’s pretty innate that it should
be a male and a female. I think particularly if there is, with what I experienced, there was a real balance in the delivery, the way we approached it and the way we traded off as well as the way we supported each other as well, so I think through that way of delivering you can demonstrate equity to a degree. (M1)

Beyond the personal benefit for facilitators, many interviewees said how much program delivery and outcomes for participants benefited from having a male and a female deliver the content: it allowed participants to identify with facilitators thanks to their shared gender experiences, which made them more receptive and less defensive to the sometimes challenging gender-related content. This was why most facilitators said they chose the male facilitator to deliver the section on inequity within households.

Manual design and session structure
A number of facilitators said that the design of the manual and the resultant session structures worked very well. They were generally found to be well-structured and user-friendly, giving a clear understanding of what was to be covered, and how, within sessions.

This meant that — putting aside specific and occasional challenges already addressed — the session components flowed well and the structure allowed for good and open conversations. A number of interviewees said that a good amount of information was included, both for participants and facilitators, and that the summaries and overviews reinforced each session and helped to emphasise the message that the conversations and communication styles begun during the sessions should continue at home.

Particularly successful activities
A few activities stood out to some facilitators as especially successful in their levels of engagement, quality of positive feedback and apparent impact among participants.

As reported already, the structure facilitated a rare and valuable opportunity for fathers to discuss parenthood and relationships, especially in the break-out sessions where mothers and fathers moved to separate rooms to work on designated activities. Many facilitators spoke of the value of these activities, both for mothers and for fathers.

Two facilitators felt they were so effective at opening up new discussions and giving participants a sense of shared experience and understanding, that they wanted more time for these activities, and more break-out time fitted into the structure, especially at the end of the program:

I think one of the things that we got a lot of anecdotal feedback around was the absolute benefit of having the mums in the one room at the one time talking about the same stuff, and then the dads in the one room at the one time talking about the same stuff and how beneficial that was individually and then obviously collectively. I don't think the program has enough of that time. In the first session you split straight off into mums and dads separately and they're just getting in the
groove of that and then all of a sudden you don't do it anymore, so the last session there's no opportunity for them to split off individually to talk about the program. (F3)

The interactive elements of the program, such as the role-playing of communication in conflicts and the household task checklists, were mentioned as fun ways to learn. Facilitator F2 recounted the fun that a lot of couples seemed to have:

(T)hey have such fun with it. You know, not silly ha-ha fun, but they have we call the household portrait. It's just a handout. The couples just sort of look through it, and they say who does what at home and is it mum or dad or mostly mum, dad or they do it together and we're interested in how they find each other's perception on who does what (...) We just can't get over how much the couples seem to enjoy it (...). It just adds a little bit more variety, and it's fairly interactive what we do (...) They don't just have to sit there and listen to somebody. They're actually doing stuff and contributing. (F2)

Group dynamics
As so much of the session hinged on active engagement and discussion, group dynamics were considered to strongly determine the successes and challenges of program delivery. The main findings were that group size was very significant, with too many or too few participants problematic for different reasons; that dynamics can be unpredictable; and that the perception of negativity towards men when it occurred had a deep impact on the dynamic of a session, with facilitators having to negotiate around or through defensive attitudes and behaviours in the group as a result.

Importance of group size
Too large or too small a group both had a negative impact on program delivery and on the level of full and productive engagement from participants. Asked for the ideal number of participants, facilitators consistently offered a range between four and six couples.

Any larger than six couples, the spaces often felt cramped, and it became impossible to cover all of the material while also allowing discussions to be open and involve every participant, as was ideal. Facilitator F4 described having about 22 adults in one room, forcing a cramped double-horseshoe arrangement where not everyone could face each other and time as well as space was stretched to the limit:

I don't think that they get the full benefit of the program because they're not all able to air their viewpoint in the given time, because we have two hours to run the program and you know you have got to get through session one so you kind of — it is cutting people off because you're kind of just skimming through it. (F4)

At the opposite end of the spectrum, over half of the facilitators said that having too small a group greatly affected their capacity to deliver the program effectively. People in smaller groups could feel vulnerable and exposed; this made it hard to establish a sense of flow to the sessions, for participants to feel comfortable enough to share personal experiences and reflections, and thus to sustain conversation. Small groups could also be very sensitive to any changes in mood and engagement:
Appendix C

I think the challenge is having a good group size because it’s a conversation and because group dynamics are really important. I’ve run a couple of groups where there’s been like three couples so six people and sometimes — you only need one — a couple of those people not to be engaged to make it really hard work. So that’s the challenge (…) We’ve had sessions that really struggle to fill in the two hours simply because we just weren’t getting that feedback. (M3)

Unpredictability
Closely connected to group size was the inherent unpredictability of sessions because facilitators had no concrete way of knowing if and how many people would turn up to any given session, and what they would be like.

The unanticipated mix of personalities and backgrounds could present challenges to — and opportunities for — effective delivery of the program. To deal with this, more training around possible contingencies was floated, and some facilitators suggested trying to gain a commitment of attendance by participants ahead of time, with one suggesting that people be pre-selected for each group with a view to creating a cohesive and dynamic set of participants.

Length of program
One facilitator talked about the possible advantages of an additional session:

One of my concerns about Baby Make 3 is I know there’s a very well-resourced information and presentation make-up that’s delivered over the succession of three weeks and I think one of the big components in my mind is it’s only when you get towards the end of the second session or the third session that the members of the audience actually begin to open up and get really comfortable and the really juicy or worthwhile conversations are had then [more] than in the early stages. I mean people get a real feel for what it’s about, how it’s helping them, they’re not shy anymore and they’re able to share more openly. Perhaps one more day or some more time dedicated, maybe a fourth day so there’s just three sessions of two hours each, and maybe the duration of time as well. … We [my co-facilitator and I] often find we’re pushed for time and to get information over yes, succinctly but also without having to rush through it. I know people are giving up their time to come, but for it to be really worthwhile I think we could do with a bit more time and a bit more relaxed approach rather than sticking to a very tight schedule perhaps. (M2)

Perceptions of negativity towards men
Another challenge to program delivery, according to facilitators, was participants’ perception that parts of the program were negative towards men and their subsequent defensiveness. Four of the 10 interviewees raised the issue unprompted, and all but one of the 10 had noticed the reaction by some participants.

Eight out of 10 facilitators stated emphatically that participants had perceived a negativity towards men. Another was much more tentative, saying he had noticed it “only once in 12 or so sessions”. One facilitator disagreed, instead framing the often uncomfortable conversations around gender inequity in the household as a good and
necessary challenge that ultimately benefited participants and often resulted in “light bulb” moments for fathers.

Whether and in what way this perception of negativity manifested itself varied from group to group. Several facilitators said that, when they presented the potentially confronting and challenging data on gender equity in parenting and housework, some groups were very receptive, and even light-heartedly laughed through the component, while other groups would become very defensive in their demeanour and comments, and, in some cases, conversation would simply shut down. This was attributed in part to the unpredictable dynamics within groups, the mix of personalities that cannot be anticipated.

**Impact of perceived negativity on group**

When facilitators were asked to describe how perceptions of negativity manifested in groups, beyond direct feedback from participants, they noted signs such as: body language (crossed arms, lack of eye-contact and, in one case, all the men standing at the back of the room); palpable discomfort; a sense that conversation closed down at sensitive points; defensiveness, undermining by questioning the validity and representativeness of data; and in some cases the participants not returning the next week.

When asked whether they believed that this perception of negativity may have accounted for some of the drop-off in attendance, however, most were not definitive in their answers and offered a range of alternative explanations alongside it, especially as they could not directly confirm with participants why they chose not to attend further sessions.

That said, over half of the facilitators felt that perceived negativity might have contributed to at least some of the drop-off, and a few gave examples of participants they were quite sure left the program due to their perception of its negativity towards men:

**Interviewer:** It’s also been suggested in the data that the perceived negativity accounts for some of the drop-off in attendance. Did you notice any of that or have any opinion?

**Facilitator F3:** I think certainly that would be my experience that I can recall in at least two separate deliveries and both times the co-facilitator and myself had some discussions and we actually predicted at the end of the first session that these particular people wouldn’t come back and we thought because of the challenging nature of the material — for some people; mostly the material is not challenging to a degree of wanting to reject it but for some people the content is quite challenging and so far out of their realm of experience of wanting to even talk about it that they can’t come back, it’s either too confronting or something they don’t even want to talk about.

**Interviewer:** Sure, and your prediction came true I assume?

**Facilitator F3:** Yeah in two, and they were completely separate.
Facilitator responses to perceptions of negativity

As covered earlier in this appendix, one of the strongest positive outcomes of the program is in its value to fathers, which then benefits families more generally. With this in mind, the facilitators that noticed a negativity issue seemed to have put a lot of thought into ways to avoid such perceptions from occurring and to neutralise any sense of negativity that arose, lest it impact on the positive work of the program.

Although one facilitator noted that the Baby Makes 3 group project manual flags the housework and parenting responsibilities component in session two as potentially sensitive and difficult for participants (page 31) and provides guidelines on how they can respond to this, most facilitators found that they needed to expand upon the guidelines and adjust their delivery away from the manual's designated order or content.

Tactics included adding a lot of qualifications and reassurances to the presentation of data; being careful to use a gentle tone and using the male facilitator to present sensitive components; emphasising conversation rather than the stating of facts; and if all else fails, skipping or moving past sections.

Qualifying the content

A strong majority of facilitators felt they had needed to strongly and repeatedly qualify the component on inequity and, in particular, the data. Various phrases and approaches were used, such as saying the program is “not a dad-bashing thing”; that it was “not their intention to single out men”; that “everyone’s contribution needs to be acknowledged”; and that it’s “not about pointing at dads”.

Facilitators found themselves having to respond to questions about the relevance of data to individual participant's lives; about how up-to-date it was; and statements from participants that the data did not represent their experience. Facilitators would confirm that the statistics were still relevant and up-to-date but did not necessarily reflect their own situation and that it was not necessarily about them.

Facilitators M4 and F2 felt that they had to reinforce the message that, despite the picture the data presented, both parents definitely feel pressures. F2 wanted to make the material more affirming of dads.

Facilitator tone and gender

A lot of facilitators said it was particularly helpful for the male facilitator to present this component, as men could relate more to a male facilitator and feel less lectured to. Presenting the information in a gentle tone, and with the qualifications above, was seen as necessary to their productive reception by participants. As M4 explains:

So we're not trying to badmouth dads. I think the other significant part about this is that I present this part of the program, so it's the man saying this to the man, and so it sort of balances it out. It's a little bit awkward I think for the female facilitator to present it. I think when they hear it from a man, that they're not being badmouthed and put down I think that helps even it out a bit. So I think that's one of the key points that I think makes it work. (M4)
Appendix C

It also seemed to help facilitators to emphasise the positive possibilities that could come from the data, to encourage participants to see an opportunity to come up with proactive solutions to ensure they do not replicate the negative statistics, and to see that ensuring equality and equity within relationships and parenting was a joint responsibility shared by women and men.

**Emphasise open conversations**
Facilitators also found that, similar to paying attention to tone, if they presented the data as just a starting point for open and comfortable discussions between participants, as opposed to standing in front of the group and handing down facts, people were much less resistant to the material. F3 explains her technique:

> I think some of the material I found myself almost tweaking so that it actually gave more permission for the dads to be more open. I think some of the material is quite suggestive and leading to an assumption around men’s experiences of fatherhood. So I think that kind of getting in the groove of facilitation and particularly with the co-facilitator that I did a lot with, we addressed that by actually really opening up conversation rather than making it as a statement if that makes sense. (F3)

Likewise, facilitator M4 recommended facilitators anticipate perceptions of negativity and take the initiative to open discussion on any discomfort the group may be feeling with the component and so have the opportunity to openly and collectively address it.

**Abridging content**
If resistance, defensiveness and perceptions of negativity were running high, two facilitators said they felt the best solution was simply to move past the section, as the dynamic of the group had faltered to the point of absolute unproductivity and it was not worth pushing the material. M1 explains:

> I think some of it was, not skipping elements but not pushing on certain elements where it got too hard (...) Particularly there was one instance where it wasn’t worth really, not pushing, but it was actually better to just move on to the next component of the program. So, we did explore the element or the component that we needed to but I guess it got to a point where it needed to be flipped back in more of a positive way and I guess we felt that there was that risk of just getting stuck in it feeling a bit negative. (M1)

**Checking and rethinking data**
Outside of the session spaces, some facilitators felt that it might be worth considering the relevance of the often controversial statistical data about men’s involvement in housework and parenting, both in its age, and in the fact that a lot of the men who come to the sessions were very hands-on fathers who were not represented in the data trends pointed to in the component.

> All the dads that I've been speaking to are hands-on and they don't have the same connection that their fathers didn't do anything. It's becoming less and less about non-hands-on dad. But we, when we look over history, dads used to be sit down and do nothing and mums did all the work. It's not like that anymore and I
think this section needs to be redone so it accommodates that dads are more hands-on than before. I think this comes back to what we were discussing about the negativity of dads. Maybe this is an area that would take some of the negativity out. (M4)

Facilitator skills, interaction and training
The experience of participants becoming defensive about perceived negativity tested some facilitators’ confidence and comfort, and often triggered conversations about facilitator training.

Some facilitators were very positive about the training for Baby Makes 3, particularly the clarity and ease of using the manual and other training material, and the availability of the project manager for assistance when necessary. However, there was also a feeling among some facilitators that more training would be very helpful in navigating some of the more challenging parts of program delivery.

One facilitator described herself as feeling well out of her comfort zone while training and said that more detailed training was necessary, especially around anticipating and dealing with the more sensitive material in the last two sessions:

Even though you are familiar with the materials, until you actually do it you’re not sure what the real reaction is going to be (…) Just because it’s this nice level of engagement from memory through that first session with everyone and then I guess it’s dealing with certain topics and elements that are a bit harder for males in the second and third ones that probably just have to have a different approach in the way you facilitate it. I think it would be really difficult if you didn’t have some level of experience or good knowledge around it to actually do that effectively. (M1)

Adding to this, another facilitator was concerned at the considerable discrepancy in the levels of training, comfort and knowledge among facilitators, which played out in sessions in a variety of ways. She described one co-facilitator as not being adequately equipped to deal with the defensiveness encountered within sessions, which was illustrated with a detailed anecdote about her partner showing his obvious discomfort through nervous laughter and the dynamic of the group consequently breaking down. She recommended refresher training, especially for those facilitators not normally working within related fields:

So I think what happens is you do your training and then in a space of three years that never gets revisited again. Now for those of us who are working in the field every day you probably don’t need to because you’re being exposed to that and you’re working in it and you’re in contact with research and that sort of stuff. But for those of us who are only co-facilitating every now and then, yeah I think you probably need some context and buffering around the material and some extra knowledge. (F3)

One facilitator felt he would appreciate more scheduled one-on-one debriefing sessions with the program’s project manager, to air any concerns and work through possible solutions to any challenges encountered.
C1.4 Conclusions

The interviews with 10 facilitators of Baby Makes 3 in the Great South Coast region provided rich and diverse feedback.

There was a relatively strong consensus on the aims of the program, which reflected or aligned well with its explicit design as an initiative to prevent gender-based violence across the whole of community. Knowledge of the preventative aims of the program seemed to translate to facilitators' appreciation of the wider importance of helping participating couples to build healthier, respectful and more equitable relationships. As only one facilitator did not explicitly mention violence prevention when asked about the program's aims, it seems that there is clarity among facilitators about the dominant drive of Baby Makes 3.

This knowledge of the broad aims of the program, and their many positive experiences of sessions run with clear enjoyment and engagement by participating couples, appeared to animate their strong, shared desire to see the program continue to be funded and run in the Great South Coast region. This was the main hope for the future of the program among the interviewed participants. Although they felt compelled to share with the interviewer many serious challenges encountered through their facilitation, their experience as a whole was positive and the program was considered by its facilitators to be ultimately very valuable and worthwhile.

One of the clearest sources of both value and tension within the program is its engagement of men. Feedback from facilitators on the unique value of the program in involving fathers was very strong: the program created a rare safe space for men to start discussing parenthood and intimate relationships not only with their partners, but with other men and women. This was clearly appreciated by the men and their partners, according to observations by facilitators and direct feedback they received.

It is because of and not in spite of this value of male inclusion that consistent reports by facilitators of perceived negativity towards men within sessions should be taken seriously. Nearly all facilitators felt some participants were perceiving negativity and experienced some difficult group dynamics from defensiveness as a result. On top of general discomfort, this in some cases compromised delivery of content.

Facilitators were hesitant to attribute any drop-off in attendance definitively to any one reason, such as negativity, as there is always uncertainty and a range of other viable explanations. In many cases they put forward an alternative explanation that they found to be more likely, such as the constraints of rural living. They were also generally unwilling to speculate as to whether perceived negativity had put off community members from attending the program in the first place. That said, a number of examples of negativity-related drop-offs were noted.

It may be worth exploring and refining tactics to minimise defensiveness and reduce perceptions of negativity towards men, as some facilitators did ad hoc. Keeping men
positively engaged without compromising the effectiveness of the program or the strength of its messages emerged as a key challenge.

Facilitators reported that participants were kept most engaged and positive by the interactive activities and break-out discussions. The apparent effectiveness of these in increasing awareness and understanding between couples about gender inequity, and in sparking fruitful discussions, were such that there were calls to extend the time spent on these within sessions.

Another strong component to successful delivery was the multi-gendered co-facilitation model, which facilitators noted made participants more receptive to gendered information and allowed facilitators to lean on and bounce off each other. It is also worth noting, however, that many facilitators felt that more training and skills are needed in order to deliver the program more confidently and effectively, that training needs to be refreshed beyond the initial session and that ongoing discussion about the facilitation process and experience would be useful.

It seems especially vital to ensure that facilitators feel adequately prepared for dealing with discomfort and defensiveness within sessions, and have an outlet to debrief about any challenges, especially around the issue of perceived negativity towards men.

Another tension that emerged through the interviews was between the struggle to gain enough participants for group runs within rural areas, and the perceived need to specialise programs for particular groups within the community. There was a sense throughout the interviews that there is a need for — but no room for — flexibility. To split already small groups of participants in order to cater to different “types” of parents and their needs would be logistically problematic, yet there was compelling evidence from the interviews that there were significant gaps in program reach, and that some parents felt out of place or unrepresented in the program, in spite of its aim to be a mainstream and universally relevant initiative.

There are no easy answers to the challenges of delivering a program in a small but diverse rural community. Facilitators’ suggestions of diversifying recruitment and referral practices, ensuring maternal and child health nurses are adequately educated about the program and willing to promote it, advertising more carefully and widely, looking to run shortened versions of the program, significantly broadening the eligibility for the program, and running fewer groups within a given period, could all potentially work to increase the numbers of community members in the Great South Coast region participating, and so perhaps also increase the room for flexibility and specialisation of delivery.

As evidenced by the interviews with facilitators, Baby Makes 3 is already of great value to the Great South Coast community, most especially to participants. While there are logistical and strategic challenges in getting people on board, and design questions to confront in keeping participants engaged, there is a great resource of knowledge and possible solutions in the facilitators who have direct experience of running the program.
C2: Analysis of facilitators’ session evaluation forms

C2.1 Introduction

This component of the evaluation uses the data collected on session evaluation forms filled in by facilitators (immediately following the conclusion of each session) to explore facilitators’ perspectives on the content of the program, implementation fidelity, and practical issues arising from running the program in the Great South Coast region.

C2.2 Method

This component forms 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.

Data Collection

Facilitators of the Baby Makes 3 program were invited to complete a session evaluation form on completion of each session in every program they ran. One evaluation form was to be completed by the male and female facilitator together. Session evaluation forms were returned to the project manager before being sent to external evaluators at Deakin University.

The session evaluation form invited facilitators to comment on the following topics:

- Number of participants at each session
- Practical issues that need to be addressed
- Session highlights/strengths
- Areas for improvement
- Challenges and how they were addressed
- Concerns
- General comments.

Other data were also collected for the economic evaluation of the program, and are reported in Deakin Health Economics (2015). The full form is shown in Appendix E1.

Data analysis

A thematic analysis of the open comments on the forms was undertaken that involved identifying key themes. The quantitative data were analysed with descriptive and inferential statistics.
Appendix C

C2.3 Findings

The analysis reported here is based on the delivery of 32 Baby Makes 3 programs across six locations between June 2013 and March 2015. One program was cancelled after the first session due to low attendance, meaning that a total of 94 sessions were held. Session evaluation forms were completed and returned for 87 of the 94 sessions, a return rate of 93%.

Attendance at program sessions

Attendance at the sessions varied from program to program but was relatively similar between locations (see Table C1). Attendance declined significantly from session to session, with the loss of an average of four participants between the first and third sessions\(^{13}\).

The decline in attendance, low attendance generally at some sessions, and the lack of attendance by some fathers was regularly commented on by facilitators as this series of comments from one program delivery illustrates:

> There were only 2 couples attending with 6 couples invited who had said they would attend. This compromised group dynamics and program integrity, minimising learning outcomes for participants…..

> Seems hard to get dads here How do we get dads along? How do we get the dads along? How do we keep them interested?

Table C1. Average attendance at sessions, recorded by facilitators on session evaluation forms

<table>
<thead>
<tr>
<th>Location</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
</tr>
</thead>
<tbody>
<tr>
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<td>10.5</td>
<td>3</td>
</tr>
<tr>
<td>Hamilton</td>
<td>10</td>
<td>7.8</td>
<td>7.2</td>
</tr>
<tr>
<td>Portland</td>
<td>10.8</td>
<td>7.4</td>
<td>4</td>
</tr>
<tr>
<td>Terang</td>
<td>10</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>10.9</td>
<td>8.6</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>10.8</strong></td>
<td><strong>8.4</strong></td>
<td><strong>6.7</strong></td>
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One facilitator pair at Warrnambool asked participants about reasons for non-attendance and found that session time and distance might be a contributor:

> The couple who attended advised having spoken with the invited parents who did not attend — and advise that time and distance were the issue, some were dairy farmers and/or living e.g. Port Campbell and rural areas

Some facilitator pairs suggested strategies to improve attendance, such as reminders via phone or SMS, and incentives for attendance. Another asked whether a Saturday morning session time had been trialled to improve attendance.

\(^{13}\text{p} = 0.0005, \text{t test}\)
A follow-up with participants who did not attend the final session was suggested, to ensure they understand the content within the context of the program, and to ensure their wellbeing:

Follow-up calls to fathers/parents who haven’t turned up to session 3 — to ensure that they get the whole context.

The other couple who had been attending may be experiencing relationship and parenting difficulties and may need follow-up. The couple who attended were concerned for them.

Impact of group size on discussion

Facilitators frequently observed that group size was an important contributor to the level of discussion in each session. Many facilitator pairs noted large group size or “good numbers” as a strength of the session:

A large group generated much more conversation, active discussion and positive comments — so breakout sessions, although longer, were very productive and stimulating … Very pleased how this went, participants seem to contribute more when there are more people. Altogether a very interesting and interactive and rewarding (for all) session.

Although small groups were occasionally noted as a strength due to the intimacy they created for engaged discussion, they were generally considered a challenge for facilitators and required adaptation, including condensing the program, working through the break, and modifying exercises, particularly role plays:

Very small group, therefore kept material discussion based — included everyone. Facilitators got involved in role play.

[Only] one couple [attended] — required modification of the exercises however when we did this, they still worked very well with outcomes achieved

One session however experienced the opposite, with a very large group of participants in attendance. This posed different challenges, and required:

Emphasis on ground rules from the start in view of this large group. Seating — not as usual (semi-circle) therefore eye-contact difficult at times — more moving around the room for facilitators. Provision in the program to allow extra time when such a large group attends.

Highlights/strengths of the sessions

The most commonly mentioned strengths of a session were good attendance, good level of discussion/participation and good co-facilitation. Another commonly mentioned highlight was the benefit for participants.
Appendix C

**Level of discussion/participation**

Facilitators cited a good level of discussion and participation as a highlight of the session on a majority of session evaluation forms. Facilitator comments indicate that group dynamics and levels of interaction tended to improve over the course of the program. Participants “opened up” as they became more relaxed and comfortable with the group:

*Parents all more relaxed and easily [contributed]. Happy to share info & tasks for writing and giving group feedback.*

*Good conversations/participation from everyone including those who normally don’t speak up.*

*Contribution by all participants, especially for some who hadn’t contributed previously.*

**Co-facilitation**

Facilitators repeatedly commented on good, supportive co-facilitation as a strength of the session. Some commented that the facilitation improved as the relationship grew:

*Relationship between presenters more comfortable and relaxed.*

Another commented that co-facilitation with a new partner:

*makes you look at different elements of the program and take in more of the content.*

In the case of new facilitator partnerships it was noted a number of times that discussion prior to commencing resulted in better sessions:

*Discussion with each other prior to session regarding co-facilitation = smooth transition between/into each section, good support of each other.*

*Know what scenarios or stories your co-facilitator is going to use to illustrate a point in case you intend to use the same one. E.g. the example of praise given to fathers when walking pram or doing the night-time bath.*

**Participant benefits**

Facilitators often described participant appreciation of a session or components of a session as a highlight. Many also described evidence of realisation or “light-bulb moments” as highlights:

*We observed a relief in parents to be able to talk about what is happening for them.*

*The process of the program came to fulfilment with parents expressing appreciation for the opportunity to reflect on roles as new parents and their changing relationship.*

*All sessions tied in well at the end. Couples seemed to “get it”.*
A highlight for a couple of facilitator pairs was noticing the program having an impact on the relationship roles between participant couples:

*Parents spoke and talked with more optimistic/resilient language than previous session.*

*Evidence in their interactions with each other the program has been helpful to resolve stress.*

A number of respondents described the opportunity for separate discussions among mothers and fathers as useful:

*Parents said, and it appeared by their participation they enjoyed the separate mum/dad sessions and then bringing the discussion to “safe” big group.*

*Dad session — interactive, good comments and easy forum for them to pass comments/views.*

*Good night for mums and dads to express both separately and in large group and put forward their feelings.*

There was particularly positive feedback from parents to the household portrait activity, with some singling it out as the preferred activity across the three week program.

*The couples were all interested to share household portrait homework — I think it helped them to normalise what’s happening in their home is not too different from what others are experiencing.*

**Challenges and how they were addressed**

Along with the strengths and highlights described above, facilitators experienced a number of challenges. Some of these they were able to address, while others may require consideration for future implementation of the program.

**Privacy**

Facilitators noted that it was important to create private spaces for parents to feed or change their babies while remaining in the room, thereby eliminating any potential feeling of isolation. It was also considered important to create privacy for the separate mother and father group work. These issues were generally addressed during the first session at a location but were thought to have an impact on group participation when they could not be resolved:

*Cleaner locked us out of 2nd room! So had to deliver to whole group which impacted on conversation flowing free.*
Appendix C

Lone mothers

It was often listed as a challenge that mothers attended the sessions alone. In the case of single parents, the program could often be tailored accordingly:

*Single parents need to be supported; this was addressed by reframing topics that were presented as of importance and difference to a single/separated parent.*

*First single mum attended with baby. Was really good to have her perspective and we were able to tailor the materials to suit.*

An exception was a particular single mother who attended with additional challenging circumstances:

*Single mum attending with mental health issues, learning disability and child protection involvement. Handled it well.*

*We have spoken and reflected on the single mum who attended the first two sessions and we felt tonight flowed better [without her]. Both of us happy to talk about this.*

When mothers within couples attended without their partners it posed a different set of challenges. Activities such as role plays or reviewing housework were more difficult, but facilitators were mainly concerned that the program would not achieve its potential impact:

*There was only 2 dads and 6 mothers which is an unbalanced group and also raises concern for how the mums can raise the issues at home about the imbalance of responsibilities for baby and time spent parenting. Facilitators encouraged mums to talk to dads who were not present at home.*

*There is a question of concern for the mums, they seemed to go to a defence of dads who were not present (as a means to protect the relationship/family?)*

Negativity

A couple of facilitator pairs experienced negativity from participants that was difficult to deal with, affected the group dynamics and subsequently affected attendance the following week:

*Some negative parents — particularly dads. Perseverance with key pointers for dads … Simply sticking to program plan and stressing key points. Statistics were questioned by one parent, “now things have changed — those studies done in 2008”. We could only stress that these were studies done over a period of time — demonstrating evidence-based practice in Australia.*

*Feedback from participants was that many dads found last week’s session too confronting therefore did not come tonight.*

The facilitators above suggested introducing the following:
Appendix C

Some more strategies on how to deliver session 2 in a less confronting manner. Especially for such a large group … [and] participants with some very dominant personalities.

**Late arrivals**

One challenge mentioned occasionally was late arrivals. While the late arrival of participants to a given session was easily addressed by offering a quick recap during the session break, parents joining the program after missing the first session(s) posed more of a challenge. More time was used to summarise the missed information and group dynamics were affected:

> Main challenge tonight was a mum attended who hadn’t been before. It thoroughly killed the dynamic of the group. There was very little discussion. It was a hard session to deliver. Usually it’s the best session!

**Unique challenges**

Some sessions experienced unique challenges that may or may not be experienced in future implementation of the program. One session:

> Had to deal with an emergency case totally independent of Baby Makes 3. [Female facilitator] mainly dealt with emergency and [male facilitator] mainly ran the session.

There was no mention of any negative impact to program delivery arising from this.

Another had a large proportion of the babies (5–6) crying at one time and found it difficult to maintain focus.

One pair of facilitators:

> Had the question “Is this a violence program?” Felt we answered honestly and well.

As this is a question that may be experienced in future implementation, they suggest:

> For other facilitators to have awareness of how to answer “Is this a violence program?” etc.

Two pairs of facilitators noted conflict within participating couples. As this is a situation that is likely to be experienced again given the subject matter under discussion, it may be worth further exploring best approaches to delivering this information to couples experiencing conflict.

> There was clearly a conflict occurring with one couple — some issues were there and we needed to be conscious of this without pointing the finger. Talking through the topic and getting both parents to take on the message.
Appendix C

Parents were tired after the break, they were more reflective and consideration was given for the relationships being under distress. Facilitators need to be prepared, qualified and experienced to be supportive of differences couples may be experiencing.

Subject matter

Certain elements of the program were described as challenging to deliver effectively at the Hamilton location, including household finances, meaningful equality, and intimacy and sex.

A general “hush” when topics relating to change in lifestyle regarding household finances. Seemed to be a sensitive area of discussion.

The topic area of “meaningful equality” was difficult to deliver and draw discussion from.

Session 2.4 “meaningful equality” was difficult to engage participants to discuss. We explored the topic as much as we could but felt that there wasn’t much input from the group.

Don’t be afraid to delve a bit on the topic of intimacy and sex. We found the group were a bit reserved and even though it was not “detail” that we were trying to draw out but random acts of kindness as intimate moments like gestures, consideration etc.

Intimacy and sex was also described as difficult subject matter to deliver to one group at Camperdown:

Nobody did intimacy card homework — all stated they are already aware of how to be intimate with their partners. Discussed in terms of “generally” intimacy decline after childbirth, all couples different, and maybe they can talk about this if they like with each other in the future.

In contrast, this was described as a highlight for one session at the Archie Graham Centre (Warranmbool).

The delivery of session two topic “who does what” posed a challenge when participants did not feel the discussion was relevant to their situation:

Neither woman/mother valued housework — one lives with parents who do most of it. The other values previous income and career as more important. These discussions were supported in mothers group and big group with subject of equality and acknowledging difference.

One couple in the group are of European nationality and challenging to their cultural beliefs in regard to who does what and responsibility. We validated their comments and acknowledged differences in everybody’s culture, beliefs and differences in family structure.
Appendix C

Program implementation fidelity

In general it appears from the session evaluation forms that the program was implemented according to the program manual, apart from slight modifications in response to lone mothers (single mothers and mothers whose partner did not attend) or small group sizes. However, a number of facilitators indicated they had deviated from the session as set out in the program manual, or intended to in future sessions.

Session one

One facilitator pair indicated that the female facilitator intended to alter section 1.4 by documenting key words herself rather than allocating a participating mother to scribe:

As noted in the program, this is a challenging exercise to actually get the “key words” emphasised and documented … the mums were saying the “key words”, however it was not easily taken up on by the mum doing the list.

Session two

A couple of facilitator pairs adapted session two to discuss time spent with baby at different times, both indicating that it was a successful change:

Adapted session 2 by not discussing slides on “time awake with baby” until prior to the small group discussions, worked well.

Presenting graph of “time spent with parents” data — withhold until dads break off into their group. Then discuss as a whole group.

Another facilitator pair indicated that they had increased the amount of time spent on this session as they:

Needed more time to embed the messages from this session. Particularly 1st half of this session — to ensure that everyone has their say and a good understanding by all.

Suggested changes to program implementation

Although it appears that most facilitators delivered the program according to the manual, a few suggested alterations to either implementation or course material.

A couple of facilitator pairs suggested altering the order of delivery in session three:

Exercise 3.3 — Get conflict resolution ideas from group first before giving them the list of behaviours — may be more inclusive

Tackling sex and intimacy session is followed by conflict session. Maybe change these around?

There was also a suggestion that the intimacy card could be turned into a magnet so it could be better used.
Appendix C

One facilitator pair commented that:

*All literature uses the term “married” — many couples in our group are not married and have commented that this is an expectation they are dealing with.*

Although this is a valid concern, the materials provided in the program guide do not use the term married and this may indicate that facilitators need to be careful to use the appropriate terms.

**Advice for future facilitators**

A number of facilitator pairs gave advice that may be useful for facilitators involved in delivering the program in the future:

*Be cautious not to let the message sound too negative towards fathers… a few eyes rolled.*

*Facilitators to keep light-hearted especially on session 2 — facilitates relaxed group session/working.*

*Good familiarity and experience with the program is important to maintain a good flow for delivery.*

There was also a suggestion that it might be valuable for facilitators to:

*Catch up now and again to bounce ideas off, discuss similar challenges and reflections on groups delivered.*

**Practical issues associated with session delivery**

**Venues**

In general, the venues were well received and considered appropriate, with issues reducing over time. There were however a few exceptions. Facilitators using the Archie Graham Centre in Warrnambool repeatedly experienced issues with key access, and were occasionally unable to access a baby change mat. It was also considered too small for a very large group with 26 parents and 13 prams.

The only other venue to experience any issues was MCH Camperdown. One session evaluation form reported a number of issues, though none were reported for the other sessions at the venue:

*No clear wall to project onto – used TV instead but some power points were not working! Found a long extension lead which helped (cleaner’s lead — 20m long)… Overall this was a small room/space. Breakout room — no chairs + cold… Generally just venue is not really suitable. No room for participants to move/walk about. No tables/surfaces for sandwiches etc. Kitchen was untidy, cluttered… Would be great to change this venue to a more suitable one. Arriving
Appendix C

at this — I was not sure this was the right place — poorly lit and didn’t feel safe to come out on my own to the entrance.

Catering
Catering varied between sessions and locations, and issues did not appear to reduce over time. Some sessions were over-catered, some were under-catered and some experienced issues with milk being off or food being mouldy.

Materials
A few sessions required additional materials such as butcher’s paper or name tags, and a few experienced issues with technology such as the USB of course material not working or issues with the projector.

A number of facilitators suggested that a resource pack of local parenting and relationship support services would be valuable for participants:

A list of services and current programs to give to parents could be of value for those who may wish or need to know about ongoing support.

Wasted time
A number of facilitators commented on session time wasted filling out the pre-program evaluation form, and parents chatting on arrival. Specifying an arrival time 15 minutes before the session commencement may alleviate some of this time loss.

Preparation time
Evaluation forms from the first implementation of the program included comments on inadequate time allocated to preparation:

Review of program with both facilitators is essential — before and after. Realistic time needs to be set aside for this.

This issue appears to have been addressed at the time, with facilitators subsequently recording longer times on preparation and reflection, and no further comments on the matter.

Other comments
A number of other comments did not fall into the categories described above. In general facilitators took the opportunity to state how much they enjoyed working with their co-facilitators and delivering the program in general:

Thoroughly enjoyed the delivery/facilitation of Baby Makes 3 — couples seem to be getting some benefit. Already some comments to us have been very positive. Generally a great community to deliver this program — makes it easy.

Others noted how valuable the program was in creating social opportunities for new parents:
Appendix C

Again, on final feedback comments, parents said how this was a great opportunity for dads to get together, exchange notes with other dads and just hang out/socialise with other new dads.

One mum missed out on mum’s group coffee/catch up so was able to connect through this session with other new mums.

Early evaluation forms (November and December 2013) mentioned a lack of understanding about the program and suggested introducing the concept in the antenatal period:

> Once again, participants didn’t know anything about Baby Makes 3 and why they were turning up tonight. Is there a communication breakdown?

> Parents suggested a pre-natal mini-Baby Makes 3 for more awareness of these issues — but on a small scale/a heads-up.

Changes in communication methods have been implemented since 2013 and these issues were not mentioned on subsequent evaluation forms. A pilot Baby Makes 3 antenatal session was carried out, and findings from this are reported in Appendix A.

One facilitator pair mentioned that one couple attending the session did not bring their baby and that it probably was not an issue. From the attendance breakdown recorded on some session evaluation forms it appears that babies were not present for a number of sessions, yet this was not mentioned as an issue affecting the implementation of the program.
C2.4 Conclusions

The *Baby Makes 3* program has been run in the Great South Coast region with relatively positive feedback from facilitators as assessed from their session evaluation forms. The majority of facilitators expressed enjoyment in delivering the program and experienced supportive co-facilitation. Facilitators also indicated that the program was having a positive impact on participants, whether through changed relationships within couples, or through an obvious sense of relief in sharing the experience and interacting socially with other new parents.

The major issue experienced by facilitators was a decrease in levels of participation and discussion due to low initial attendance and a high attrition rate. While *Baby Makes 3* in Whitehorse attained average first session attendance of 13 participants and a retention rate around 90% (Flynn 2011a), the average attendance in the Great South Coast region at the first session was 11 (±5) with a retention rate of under 60%. It is highly likely that this is influenced by local geography, with some parents needing to travel long distances to attend. However, this should be explored further.

Although facilitators experienced some challenges in delivering the sessions, most of these were overcome while maintaining program implementation fidelity. A number of potential alterations to program implementation were put forward, and these should be considered in conjunction with participant responses to particular sessions.
Appendix C

C3: Perspectives of other stakeholders

C3.1 Introduction

This part of Appendix C presents key findings from interviews carried out with stakeholders in the Baby Makes 3 Plus project in the Great South Coast region. Interviews with stakeholders were carried out at two stages in the project, during February to April 2014 as part of the formative evaluation (Taket and Crisp 2014) and during August and September 2015.

C3.2 Methods

Recruitment of research participants

Interview participants were obtained over two periods during the project. Invitations and reminders were mailed out from the project manager, inviting those who wished to participate to return their consent forms direct to Deakin University. Participants were seven maternal and child health staff and three staff in community services organisations that have regional responsibilities for violence prevention and response programs; all but one of the participants were female.

Data collection

On receipt of a signed informed consent form, a member of the research team contacted the research participant to arrange a telephone interview of up to one hour. At the arranged time, the interviewer conducted a semi-structured telephone interview that covered a number of topics (see Box C2). Interviews conducted in 2015 began with very open questions, and once the participant had finished their responses, if it had not already been raised, the question of the program’s perceived negativity towards men was explored; this was important since this had been raised in three different sources of data already analysed by the research team.

Box C2: Interview 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 project.
Program design and implementation.
Difficulties encountered with program design or implementation.
Program reach in respect of target population.
Any other views on the future development of Baby Makes 3 Plus in the Great South Coast region.

With the consent of the informants, all interviews were audio-recorded and transcribed. Immediately after each interview, the interviewer made notes, recording 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 and anonymised where necessary prior to data analysis.
Appendix C

Data analysis

A thematic analysis was undertaken of the transcript data by a member of the research team. This was compared and checked against the notes made immediately after each interview. The analysis that follows has been made in consultation with, and checked by, other members of the research team.

C3.3 Findings

Findings from the analysis are considered below in two sections. The first discusses views on the Baby Makes 3 program itself and its reach across the region. The second section then discusses the Plus component of the project.

Perspectives on Baby Makes 3

All stakeholder participants, both from maternal and child health services and from other agencies, offered examples of the positive impacts of the program that they had directly observed or been told about. Features of the way the program has been delivered underlying positive impacts were discussed. One of these that was considered particularly important was that the program positively included fathers. As one participant from a community services agency put it:

I must admit I haven’t met mothers, I’ve only met fathers [laughs] but they have spoken very positively about their — the ability to participate in something that values their role and not kind of be out of the loop through that process. So I think that’s a good thing.

Many participants linked the success in involving fathers with the presence of a male co-facilitator for the program; for example one maternal and child nurse said:

…having a man there and being there for the dads, I think that really works well, because the dads can tend to get forgotten. When you have a baby, it’s all focused on the mum … and the dads are on the sidelines. … [S]ome of the feedback I’ve had is that the dads get a lot out of it, especially meeting other dads. … Dads are meeting dads and they can talk about how it is for them.

A second important aspect was the program’s positive focus on equality and respect; as one participant from a community services agency put it:

I think the Baby Makes 3 is quite an outstanding model. … 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.

Participants all acknowledged that promoting attendance at new parents’ groups and Baby Makes 3 was a challenge. Some challenges, including travel time, the demands of farming or shift work and winter weather, cannot be removed. Several emphasised that these factors operated to varying extents across the region, and this, combined
with areas where numbers of births are low, made the challenges particularly difficult to overcome in some parts of the region.

Other challenges are more amenable to change. Several participants mentioned the opportunity to introduce the program directly to fathers during the antenatal period, when fathers were likely to attend appointments with their partners. Only one participant had been directly involved in the Portland pilot of a single antenatal session of *Baby Makes 3* (see Appendix A) and viewed this very positively as a way to introduce fathers to the program. Others said the program needed to be more widely recognised in the community at large, through deliberate media strategies, such as case studies and coverage in local papers.

One parent support worker in maternal and child health said that additional support might be necessary to encourage vulnerable families such as her clients to attend. This was also raised by other maternal and child health nurses interviewed in relation to the Plus component of the project. Other participants commented that those who came to the program were mainly “middle class”, and that the relatively formal structure of the program could be off-putting, in comparison to a playgroup, for example. Provision of food at the sessions was seen as creating some informality and so encouraging attendance.

Participants identified two population groups that might require targeted efforts to tailor the program for delivery: indigenous communities, and young parents. Several participants also raised the attitude of maternal and child health nurses to the program and how that influenced uptake by parents; some participants from maternal and child health did not consider they had enough knowledge of program content and wanted more. Other emphasised that good relationships between the nurses and program facilitators had a particular role to play.

Many participants acknowledged the vital role of the facilitators in delivering the program successfully, highlighting the need for brief refresher training and debriefing opportunities to learn from experience of challenges in program delivery.

**Views on Baby Makes 3 in the wider regional context and the Plus component of the project**

Participants, particularly those from community services agencies, talked about the importance of *Baby Makes 3* in the context of the need for coordinated, region-wide efforts on primary prevention of violence against women. They identified a particular need for raising awareness and understanding of primary prevention and how primary prevention of violence against women connects to gender equity.

One participant described *Baby Makes 3* as an excellent example of work around gender equity that can help people understand what gender equity means:

> I think that when you're trying to explain to people how, you know, different pieces of the work come together to create a different environment around
Another participant talked about the importance of *Baby Makes 3* in stimulating other primary prevention work across the region:

*Baby Makes 3 can only be a really positive momentum to kind of push the region to be ready … 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.*

The Plus component of the project was seen as particularly important in building capacity in the region to support not only the delivery of *Baby Makes 3*, but also other primary prevention efforts as well as secondary and tertiary prevention. As one participant saw it:

*Making sure that there is a capacity to build sort of a community of practice around gender equity or awareness raising on prevention of violence against women in that group of organisations is a really positive approach … that collective approach means that you can create some mechanisms to do work together.*

### C3.4 Conclusions

Stakeholders were positive about the program and its role in the primary prevention of violence against women. With one exception, all strongly supported the continuation of the program with appropriate action being taken to try to remedy problems of low attendance. The exception was a participant working in maternal and child health who was less sure about the content of the program, and was less enthusiastic about the continuation of the program, as she felt it was reaching only those who needed it least.
Appendix D: The Plus component of the program — provision of capacity building through training

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D1: Introduction

Evaluation of the Plus component of the project focused on the gender equity training provided by the project.

D2: Methods

Data collection

Surveys

Data was collected from those attending gender equity training provided as a part of the Plus component of Baby Makes 3 Plus during August to December 2014. A short survey was filled out before training and then again 4–8 weeks after training. Respondents were asked for the last four digits of their mobile phone number to enable matching of pre and post replies. The items on personal attitudes used in the survey comprised the eight items used in the gender equity scale used in the National Community Attitudes towards Violence Against Women Survey (McGregor 2009) plus four other items selected from the British Cohort Study (BCS)14. Fourteen items on perceived gender equity in terms of organisational culture were used from the Interaction gender audit tool (Harvey and Morris 2010). The list of items used and the response sets in each case are shown in Appendix E5.

A total of 48 pre surveys and 22 post surveys were completed; matching of pre and post replies was possible for only nine respondents.

Interviews

Invitation packs were sent to 46 people by the project manager in May 2015, followed by reminders in June and July. Six completed consent forms were received and six interviews were held (a response rate of 13%). There were five female participants and one male. Three participants were Baby Makes 3 facilitators, two worked in maternal and child health and the sixth worked in kindergarten. Interviews covered participants’ views of the training that they had attended, the impact they thought it had, and how, if at all, they felt it had affected their practice. To contextualise their responses, other training they had attended was also covered.

Data analysis

Descriptive and inferential statistics were used to analyse the quantitative data. Owing to the small numbers of post surveys, most of the analysis presented here is descriptive. A gender equity score was calculated from the eight NCAS items and Fisher’s exact test was used to test whether post survey scores were significantly higher (better) than pre survey scores; for the matched subset, a paired t test was used to test for differences between pre and post survey scores. The gender equity score is calculated using the methods set out in Webster et al (2014b, pages 158–

14 Documented on http://www.cls.ioe.ac.uk/
An overall score for the organisational culture items was also calculated, according to the methods set out in Harvey and Morris (2010). For the matched subset, a paired t test was used to test for differences between pre and post survey scores.

A thematic analysis of the interview transcripts was undertaken by one member of the research team and then discussed and agreed with other team members.

**D3: Overall findings from analysis of surveys**

Figures D1 to D12 below compare the distribution of responses in the pre and post survey for each attitude item in turn. Nine of the 12 items show a clear positive change in attitude when survey responses before and after training are compared. Particularly large shifts are observed for six items, namely:

- "On the whole, men make better political leaders than women" (Figure D1), where 96% of the post training group expressed disagreement compared to 65% of the pre-training group
- "When jobs are scarce, men should have more right to a job than women" (Figure D2) — 100% disagreement post-training, 85% pre-training
- "A university education is more important for a boy than a girl" (Figure D3) — 100% disagreement post-training, 91% pre-training, with strong disagreement increasing from 81% to 95%
- "Discrimination against women is no longer a problem in the workplace in Australia" (Figure D6), where there was a strong shift from disagree to strongly disagree
- "Women prefer a man to be in charge of the relationship" (Figure D8) — 100% disagreement post-training, 85% pre-training
- "There should be more women in senior management positions in business and industry" (Figure D9) — 85% agreement post-training, 70% pre-training, with a strong shift towards strongly agree.
On the whole, men make better political leaders than women (NCAS)

![Figure D1](on_the_whole_men_make_better_political_leaders_than_women)

When jobs are scarce men should have more right to a job than women (NCAS)

![Figure D2](when_jobs_are_scarce_men_should_have_more_right_to_a_job)

A university education is more important for a boy than a girl (NCAS)

![Figure D3](a_university_education_is_more-important-for-a_boy-than-a-girl)
Appendix D

Figure D4

A woman has to have children to be fulfilled (NCAS)

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Figure D5

It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man (NCAS)

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<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure D6

Discrimination against women is no longer a problem in the workplace in Australia (NCAS)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Disagree or Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D

Figure D7

Men should take control in relationships and be the head of the household (NCAS)

Figure D8

Women prefer a man to be in charge of the relationship (NCAS)

Figure D9

There should be more women in senior management positions in business and industry (BCS)
When both partners work full-time, they should take an equal share of domestic chores (BCS)

Men and women should all have the chance to do the same kind of work (BCS)

If a child is ill and both parents are working, it should usually be the mother who takes time off work to look after the child (BCS)
Appendix D

The gender equity score (McGregor 2009) was calculated from the eight NCAS items. This yields a score of between 5 and 100, with 100 representing the best score. Following the usage in McGregor (2009), Pennay and Powell (2012) and Webster et al (2014b), scores are classified as “high” (>90), “medium” (75–90) and “low” (<75). Table D1 shows the distribution of pre and post gender equity scores. The distribution of scores post training was statistically significantly better than the pre-training distribution\textsuperscript{15}. Table D1 also shows the overall distribution for the 2013 National Community Attitudes towards Violence Against Women Survey (Webster et al 2014b). As would be expected given the makeup of the training audiences which were dominated by professionals, the distribution for both pre- and post-training show better scores than the NCAS sample. Analysis of the organisational culture scores was not carried out for the whole sample, since the distribution of participants across organisations was markedly different for pre- and post-survey respondents.

Table D1: Distribution of gender equity scores pre- and post-training

<table>
<thead>
<tr>
<th>Number of people (%)</th>
<th>Pre-training</th>
<th>Post-training</th>
<th>NCAS 2013 sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>25 (57%)</td>
<td>18 (90%)</td>
<td>6000 (34%)</td>
</tr>
<tr>
<td>Medium</td>
<td>17 (39%)</td>
<td>2 (10%)</td>
<td>7445 (43%)</td>
</tr>
<tr>
<td>Low</td>
<td>2 (5%)</td>
<td>0 (0%)</td>
<td>4050 (23%)</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

Analysis of matched pairs

For the nine people for whom we were able to match pre and post surveys changes on the 12 individual items were examined. Eight of the nine showed positive change on at least one item: Table D2 summarises the distribution. Only three people showed changes that were not clearly positive, each on only one item. One of these represented a shift in degree of disagreement (but not a change in polarity) on the item about political leaders. The other two showed a change on the item on single parents, where one shifted from agree to disagree and another from strongly agree to neutral. There were no clearly negative changes.

Table D2: Positive changes consequent on training

<table>
<thead>
<tr>
<th>Number of items changed in positive direction</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Table D3 sets out the numbers showing positive change and no change for each item. Items showing most positive change are similar to those in the overall analysis.

\textsuperscript{15} Fisher’s exact text, one tailed, carried out combining medium and low categories, \textit{p}=0.0074
Table D3: Positive changes by item

<table>
<thead>
<tr>
<th>Item</th>
<th>Number of people showing a positive change</th>
<th>Number of people showing no change</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the whole, men make better political leaders than women.</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>When jobs are scarce men should have more right to a job than women.</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>A university education is more important for a boy than a girl</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>A woman has to have children to be fulfilled</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Discrimination against women is no longer a problem in the workplace in Australia</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Men should take control in relationships and be the head of the household</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Women prefer a man to be in charge of the relationship</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>There should be more women in senior management positions in business and industry</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>When both partners work full-time, they should take an equal share of domestic chores</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Men and women should all have the chance to do the same kind of work</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>If a child is ill and both parents are working, it should usually be the mother who takes time off work to look after the child</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

The distribution of gender equity scores for the matched sample are shown in Table D4. Although a positive shift in the distribution can be seen, differences between pre and post scores for the matched sample did not reach statistical significance\(^\text{16}\).

Table D4 Distribution of gender equity scores, pre and post training for matched sample

<table>
<thead>
<tr>
<th>Number of people</th>
<th>Pre-training</th>
<th>Post-training</th>
</tr>
</thead>
<tbody>
<tr>
<td>High gender equity score</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Medium gender equity score</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Low gender equity score</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The organisational culture score calculated lies between 1 and 5, where a higher score represents a more positive perception of organisational culture. Care is needed when interpreting a negative change in score, since while this may represent a negative change in the organisational culture, it may also result from a change in awareness on the part of the trainee, or some combination of both. As Table D5 shows, the percentage of “don’t know” responses decreased after training. Table D5 summarises findings for the organisational culture scores for the matched sample. There was no statistically significant difference between pre and post scores\(^\text{17}\).

Table D5 Organisational culture scores, pre and post training for matched sample

<table>
<thead>
<tr>
<th></th>
<th>Pre-training</th>
<th>Post-training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average score</td>
<td>2.4</td>
<td>2.5</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>0.43</td>
<td>0.23</td>
</tr>
<tr>
<td>% of don’t know responses(^1)</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>

\(^1\) don’t know responses are omitted in calculation of scores

\(^{16}\) Paired sample t test, \(p = 0.125\)

\(^{17}\) Paired sample t test, \(p = 0.638\)
D4: Findings from analysis of interviews

Findings are presented below in three sections. The first covers participants’ views about the impact of the training on them and on their practice. The second focuses on their views about how the training was delivered and suggestions for the future. The third covers their views of the training in relation to its ability to reach different audiences.

Six participants were interviewed; however only five of them reported attending the gender equity training; they all attended this training in 2014, when a single session was delivered that covered gender equity and understanding family violence. The sixth participant reported attending only training in relation to family violence and how to recognise it in children, and so is not considered further here.

Self-reported impacts of training

Interviews were carried out at least six months after the training. All of the participants reported that the training had an impact on them at the time, and for four of the participants the memory of content and messages was still strong. A typical example of this was:

I just remember being really impacted by it because I found it very — I really loved the way it was laid out. But I guess the aims and objectives was just to raise awareness of the inequality between males and females and particularly with regards to personal safety. That’s one thing, you know, that really stood out for me.

The fifth participant explained:

At the time I found it very valuable and informative … at the time it was highly impactful and I felt very empowered by it, but over time I think I’ve lost some of the more intricate parts of the presentation.

This participant expressed a preference for a follow-up session after one to two months, to reinforce the messages.

All participants reported that training had influenced their practice, and in some cases their life more generally. For those who had received other training as well as the gender equity training, effects from the gender equity training were bound up with what they gained from other training attended. Two participants had attended this training and the training for Baby Makes 3 facilitators. They both saw the gender equity training as bound up with helping deliver Baby Makes 3. One explained this at some length, describing the personal impact the training had on her:

I have a better understanding within myself about gender equity, having grown up with a different view probably. I grew up on a farm and all that and it was much more stereotyped male-dominated and all that sort of thing. I probably did have a bit of a view from my mum, you know like, my job as a woman is to keep
men happy. But I’ve probably dropped that off pretty well now. So the whole Baby Makes 3 and the gender equity side of it particularly, and all of that, has been very personally informative to me.

Being a grandmother now, well hopefully I won’t have rigid views and that with my… you know, be a bit more flexible and be willing to change. … And being better informed about how things are in our communities and societies … So that’s all been really good. Because I did find that a bit hard initially.

I used to work as a midwife and all that and that’s how I got interested in being a Baby Makes 3 facilitator, like to assist families in that transition. And not really understanding when I signed up to that, of the content and probably there’s a little bit deep down inside me is sort of saying, you know, “Is this okay?” That’s probably why I found a little bit hard to kind of look at ways you keep that see-saw balance back up for the stay-at-home parent. With having grandchildren and that now, I can see it a lot more clearly as well, like seeing the role of the mum. (Maternal and child health and Baby Makes 3 facilitator)

For this participant, the gender equity training had been a very important part of fully getting to grips with her role as a Baby Makes 3 facilitator. She went on to talk about changes within her family and social circle and contrasted it with how it was when she first became a mother:

Because when I look back, we just did what we did, we just did it. I had four children fairly close together and you just do the do. You just do it, you know, and you don’t kind of think about it that much. But now I can see even my husband has probably changed. He says, you know, he can see it. You know, “How did you do it back then?” or “How did we manage?” and that sort of thing. So he’s more insightful and aware about it as well, which is good. It’s really good. So hopefully that will have a positive influence all round. So, yeah. And so now I’m more comfortable with those aspects. So therefore, you know, it has had an effect one person at a time. You’re talking to people and all that, and somehow by example or just by casual starting a conversation or something, it’s something that could come through that’s helpful.

Turning to those who had also attended other training outside the project, one participant who had attended Take a Stand training, described the particular impact of the gender equity training on her as follows:

[What it’s made me think is I want to sort of talk to my girlfriends. Basically I want to be able to talk to my friends’ kids/children, young women about that sort of stuff, about gender equality and talking about relationships and when things aren’t — you know, just sort of give them a bit of insight into what’s appropriate behaviour and what’s not, and not in a frightening way but just to give them just a little bit of education because I think you’ve got to start young. (Maternal and child health)]

The other two participants, one of whom had attended Take a Stand training and the You the Man program, and the other of whom had attended the Common Risk Assessment Framework training, were not able to identify specific impacts of the gender equity training on their practice. Both considered that by the time they attended, they had already had the benefits from the other training, some of which
was more extensive or comprehensive. However, they strongly endorsed the value of the training for those who had not attended other programs.

**Training delivery and gender equity training in the wider context**

Participants were generally extremely positive about how the training was presented, mentioning the relaxed delivery by two presenters, the use of different media, the use of local statistics, use of break-out groups and an atmosphere that welcomed questions.

Three participants mentioned that they would have preferred a male and female presenter for the training. They had all done the training with predominately female groups. One reported that she had talked with one of the two males in her group and he would have preferred to have one male presenter. Another commented:

*If I was a general staff member I think that training would’ve shut down a lot of people, particularly men. At the time I did remember thinking that I did think you were going to close doors. I mean because of the audience that it was I don’t think that happened, but I think to a more normal audience, say a workforce or whatever, that you would’ve had a lot of closed doors there.*

This participant went on to discuss the importance of using different methods to engage trainees in the subject matter, mentioning the theatre-based approach used in the *You the Man* program:

*I have seen a different approach to delivery ... it was a one-man play that I watched and I have to say that, that was entertaining ... that was confronting but there was a message in there as well and there was the entertainment side as well. So it wasn’t just facts and figures being thrown at you for you just to sit there and just take in, ... I just think there should be a more rounder, softer way of delivering domestic violence training to get men on board. ... That wasn’t about facts and figures, it was about the impact on the individual and I think that’s where you might make more progress in getting people to take on board the next layer of information.*

Another participant agreed that to engage different audiences, different forms of presentation would be helpful, mentioning the range of different approaches used in *Take a Stand* as an example.

Two participants strongly suggested that gender equity training needed to be provided within the workplace, as part of the working day, and that attendance should be mandatory.

Finally, all participants saw the importance of such training in building capacity across the region to support future activities around gender equity broadly and prevention of violence against women and children in particular.
D5: Conclusions

The above findings, from both the survey analysis and the analysis of the interview data, are strongly indicative of positive effects from the gender equity training. However, the limitation of small sample sizes needs to be borne in mind.
Appendix E: Surveys and questionnaires used in data collection

Contents

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Appendix E4: Post-program questionnaire completed by parents ............................................. 140
Appendix E5 Gender equity training: items on personal attitudes and organisational culture
........................................................................................................................................................... 142
Appendix E

Appendix E1 Facilitators’ session evaluation form

Session Evaluation Form
(both facilitators to complete together)

Session Venue: ........................................ Session date: ........................................

Please indicate which BM3 session you are attending now:

O Family Nights O program session #1 O program session #2 O program session #3

How many people attended this session?

Any practical issues that need to be addressed? (venue / catering / materials)

Did you spend extra time before/after scheduled session on preparation and reflection of BM3?

Before: ..... hours Please specify tasks: ..............................................................

After: ..... hours Please specify tasks: ..............................................................

Please list expenses related to this BM3 session you have paid (e.g. catering, fares, etc):

<table>
<thead>
<tr>
<th>Items</th>
<th>Total cost paid (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How did you travel to this session (if you used more than one form of transport, indicate the way you travelled for the main (longest in terms of distance) part of your journey):

O by car O by public transport (bus, train/metro, tram) O other, please specify:............

How far away from this venue do you live? Please give total distance for a direct one-way journey (km) or the time spent for a one-way journey (hours).

..... km one-way journey OR ..... hours one-way journey

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Appendix E

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?

Please complete and return to Steve either in the Tub or via email (ldawkins@warrnambool.vic.gov.au)
Steve: 0418 546 394

VERSION 15/Aug/2013
Appendix E

Appendix E2 Pre-program questionnaire completed by parents

Pre-group Questionnaire

We are keen to evaluate the effectiveness of the Baby Makes 3 program. To help us do this, we would like you to complete this questionnaire. We will repeat this questionnaire after the end of the program.

To help us see if there have been any changes please write your date and month of your birth (not the year) below. This will allow us to match your pre and post responses.

My date of birth: __________ (day) __________ (month)  I am a □ mum □ dad

Place where BM3 program held ____________________________________________  Today’s date ______

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

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

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

<table>
<thead>
<tr>
<th>Caring for infants</th>
<th>Always Mum</th>
<th>Mostly Mum</th>
<th>More than Dad</th>
<th>Shared equally</th>
<th>More Dad than Mum</th>
<th>Mostly Dad</th>
<th>Always Dad</th>
</tr>
</thead>
<tbody>
<tr>
<td>3  Childcare activities such as changing nappies, dressing, bathing, feeding etc...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Nurturing infants | | | | | | |
|--------------------| | | | | | |
| 2  Nurturing activities such as soothing, comforting, responding to crying, etc... |

| Physical activities | | | | | | |
|--------------------| | | | | | |
| 3  Activities such as playing with child, taking for a walk in the park, creative interaction, etc... |

| Breadwinner | | | | | | |
|--------------| | | | | | |
| 4  Providing an income etc... |

| Provider | | | | | | |
|----------| | | | | | |
| 5  Activities such as grocery shopping, clothes shopping etc... |

| Housework | | | | | | |
|-----------| | | | | | |
| 6a  Housework activities such as cleaning, tidying, washing up, washing, etc... |
| 6b  Kitchen duties such as planning and cooking meals etc... |

| Managing the household | | | | | | |
|------------------------| | | | | | |
| 7  Activities such as paying bills, organising family/social activities, appointments, decision making, etc... |

Please turn over...
Appendix E

This section asks about your wellbeing. Please read each item and place a tick in the box under the reply which comes closest to how you have been feeling in the past week. Don’t take too long over your replies: your immediate reactions to each item will probably be more accurate than a long thought-out response.

<table>
<thead>
<tr>
<th>I feel tense or ‘wound up’:</th>
<th>Most of the time</th>
<th>A lot of the time</th>
<th>From time to time, occasionally</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I still enjoy the things I used to enjoy:</th>
<th>Definitely as much</th>
<th>Not quite so much</th>
<th>Only a little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I get a sort of frightened feeling as if something awful is about to happen:</th>
<th>Very definitely and quite badly</th>
<th>Yes, but not too badly</th>
<th>A little, but it doesn’t worry me</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I can laugh and see the funny side of things:</th>
<th>As much as I always could</th>
<th>Not quite so much now</th>
<th>Definitely not so much now</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worrying thoughts go through my mind:</th>
<th>A great deal of the time</th>
<th>A lot of the time</th>
<th>From time to time, but not too often</th>
<th>Only occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I feel cheerful:</th>
<th>Not at all</th>
<th>Not often</th>
<th>Sometimes</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I can sit at ease and feel relaxed:</th>
<th>Definitely</th>
<th>Usually</th>
<th>Not often</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I feel as if I am slowed down:</th>
<th>Very often</th>
<th>Sometimes</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I get a sort of frightened feeling like ‘butterflies’ in the stomach:</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Quite often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I have lost interest in my appearance:</th>
<th>Definitely</th>
<th>I don’t take as much care as I should</th>
<th>I may not take quite as much care</th>
<th>I take just as much care as ever</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I look forward with enjoyment to things:</th>
<th>As much as ever</th>
<th>Rather less than I used to</th>
<th>Definitely less than I used to</th>
<th>Hardly at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I get sudden feelings of panic:</th>
<th>Very often indeed</th>
<th>Quite often</th>
<th>Not very much</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I can enjoy a good book or radio or tv programme:</th>
<th>Often</th>
<th>Sometimes</th>
<th>Not often</th>
<th>Very seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I feel restless as if I have to be on the move:</th>
<th>Very much indeed</th>
<th>Quite a lot</th>
<th>Not very much</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Thank you.
Appendix E

Appendix E3 Group program evaluation form completed by parents at end of session 3

Group Program Evaluation Form

1. I am a: □ mum □ dad Today’s date ___________________ Venue____________________

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>The Baby Makes 3 Group Program was enjoyable</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3.</td>
<td>The Baby Makes 3 Group Program was relevant to my situation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4.</td>
<td>The Baby Makes 3 Group Program was helpful</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

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

7. Any additional comments?

8. How would you rate the program overall?
   □ poor  □ fair  □ good  □ very good  □ excellent

Thank you!
Appendix E

Appendix E4: Post-program questionnaire completed by parents

Post-group Questionnaire

We are keen to evaluate the effectiveness of the Baby Makes 3 program. To help us do this, we would like you to complete this questionnaire. This questionnaire is a repeat of the form you completed before the program.

To help us see if there have been any changes please write your date and month of your birth (not the year) below. This will allow us to match your pre and post responses.

My date of birth: ____________ (day) ____________ (month)  
I am a □ mum □ dad

Place where BM3 program was held __________________________  
Today's date ________________

Attitudes towards parenting: Please indicate (✔) whether you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. With the exception of birthing and breastfeeding, a father can do everything that a mother can do.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. The parent who stays home to care for the children should also be responsible for the housework.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. Mothers are more nurturing than fathers.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. Gender equality is an important part of a healthy relationship.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. It is more important for a mother than a father to stay at home and care for an infant.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6. The most important role a father can play is to be a ‘breadwinner’.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

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

Please turn over...
Appendix E

This section asks about your wellbeing. Please read each item and place a tick in the box under the reply which comes closest to how you have been feeling in the past week. Don’t take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

<table>
<thead>
<tr>
<th>I feel tense or ‘wound up’:</th>
<th>Most of the time</th>
<th>A lot of the time</th>
<th>From time to time, occasionally</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I still enjoy the things I used to enjoy:</th>
<th>Definitely as much</th>
<th>Not quite so much</th>
<th>Only a little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, but not too badly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A little, but it doesn’t worry me</td>
<td>Not at all</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I get a sort of frightened feeling as if something awful is about to happen:</th>
<th>Very definitely and quite badly</th>
<th>☐</th>
<th>Yes, but not too badly</th>
<th>☐</th>
<th>A little, but it doesn’t worry me</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Usually</td>
<td>☐</td>
<td>Not often</td>
<td>☐</td>
<td>Occasionally</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I can laugh and see the funny side of things:</th>
<th>As much as I always could</th>
<th>Not quite so much now</th>
<th>Definitely not so much now</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worrying thoughts go through my mind:</th>
<th>A great deal of the time</th>
<th>A lot of the time</th>
<th>From time to time, but not too often</th>
<th>Only occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I feel cheerful:</th>
<th>Not at all</th>
<th>Not often</th>
<th>Sometimes</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I can sit at ease and feel relaxed:</th>
<th>Definitely</th>
<th>Usually</th>
<th>Not often</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I feel as if I am slowed down:</th>
<th>Very often</th>
<th>Sometimes</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I get a sort of frightened feeling like ‘butterflies’ in the stomach:</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Quite often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I have lost interest in my appearance:</th>
<th>Definitely</th>
<th>I don’t take as much care as I should</th>
<th>I may not take quite as much care</th>
<th>I take just as much care as ever</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I look forward with enjoyment to things:</th>
<th>As much as ever</th>
<th>Rather less than I used to</th>
<th>Definitely less than I used to</th>
<th>Hardly at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I get sudden feelings of panic:</th>
<th>Very often indeed</th>
<th>Quite often</th>
<th>Not very much</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I can enjoy a good book or radio or TV program:</th>
<th>Often</th>
<th>Sometimes</th>
<th>Not often</th>
<th>Very seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I feel restless as if I have to be on the move:</th>
<th>Very much indeed</th>
<th>Quite a lot</th>
<th>Not very much</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Thank you.
Appendix E

Appendix E5 Gender equity training: items on personal attitudes and organisational culture

Personal Attitudes

1) On the whole, men make better political leaders than women.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

2) When jobs are scarce men should have more right to a job than women.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

3) A university education is more important for a boy than a girl.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

4) A woman has to have children to be fulfilled.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

5) It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

6) Discrimination against women is no longer a problem in the workplace in Australia.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

7) Men should take control in relationships and be the head of the household.
   - Strongly agree

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8) Women prefer a man to be in charge of the relationship.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

9) There should be more women in senior management positions in business and industry.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know / Not sure

10) When both partners work full-time, they should take an equal share of domestic chores
    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - Don't know / Not sure

11) Men and women should all have the chance to do the same kind of work
    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - Don't know / Not sure

12) If a child is ill and both parents are working, it should usually be the mother who takes time off work to look after the child
    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - Don't know / Not sure

Organisational culture items

1) Does the organisation encourage gender sensitive behaviour, eg in terms of language used, jokes and comments made?
   - Not at all
   - To a limited extent
   - To a moderate extent
   - To a great extent
   - To the fullest extent
Appendix E

☐ Don’t know

2) Does the organisation reinforce gender sensitive behaviour and procedures to prevent and address sexual harassment?
   ☐ Not at all
   ☐ To a limited extent
   ☐ To a moderate extent
   ☐ To a great extent
   ☐ To the fullest extent
   ☐ Don’t know

3) Is staff in your organisation committed to the implementation of a gender policy?
   ☐ Not at all
   ☐ To a limited extent
   ☐ To a moderate extent
   ☐ To a great extent
   ☐ To the fullest extent
   ☐ Don’t know

4) Is gender stereotyping (e.g. “those gender blind men”, or “those feminists,”) addressed and countered by individual staff members in your organisation?
   ☐ Not at all
   ☐ To a limited extent
   ☐ To a moderate extent
   ☐ To a great extent
   ☐ To the fullest extent
   ☐ Don’t know

5) There is a gap between how men and women in my organisation view gender issues.
   ☐ Not at all
   ☐ To a limited extent
   ☐ To a moderate extent
   ☐ To a great extent
   ☐ To the fullest extent
   ☐ Don’t know

6) The staff in my organisation are enthusiastic about the gender work they do.
   ☐ 1 Strongly Agree
   ☐ 2 Agree
   ☐ 3 No opinion
   ☐ 4 Disagree
   ☐ 5 Strongly Disagree

7) Staff in my organisation think that the promotion of gender equity fits into the image of our organisation.
   ☐ 1 Strongly Agree
   ☐ 2 Agree
   ☐ 3 No opinion
   ☐ 4 Disagree
   ☐ 5 Strongly Disagree

8) Women in my organisation think that the organisation is woman friendly.
   ☐ 1 Strongly Agree
Appendix E

9) Men in my organisation think that the organisation is woman friendly.
   - 1 Strongly Agree
   - 2 Agree
   - 3 No opinion
   - 4 Disagree
   - 5 Strongly Disagree

10) My organisation could do much more than it is currently doing to institutionalise gender equity.
    - 1 Strongly Agree
    - 2 Agree
    - 3 No opinion
    - 4 Disagree
    - 5 Strongly Disagree

11) The culture of my organisation places a higher value on the ways males tend to work and less value on the ways females tend to work.
    - 1 Strongly Agree
    - 2 Agree
    - 3 No opinion
    - 4 Disagree
    - 5 Strongly Disagree

12) Meetings in my organisation tend to be dominated by male staff.
    - 1 Strongly Agree
    - 2 Agree
    - 3 No opinion
    - 4 Disagree
    - 5 Strongly Disagree

13) The working environment in my organisation has improved for women over the past two years.
    - 1 Strongly Agree
    - 2 Agree
    - 3 No opinion
    - 4 Disagree
    - 5 Strongly Disagree

14) In my organisation, males have a much easier time establishing personal and professional networks within the organisation than do females.
    - 1 Strongly Agree
    - 2 Agree
    - 3 No opinion
    - 4 Disagree
    - 5 Strongly Disagree