Local Government Preventing Violence Against Women Projects

**Baby Makes 3 Antenatal Pilot**

**Frankston City Council**

**Project Process:**

Keleher Consulting was engaged to undertake an independent program evaluation to assess the following:

* The quality of the program delivery
* The integrity/fidelity of project activities delivered
* Reach to the target audience
* External factors that influenced project delivery
* The strength of the partnership

Keleher Consulting have undertook previous evaluations of the *Baby Makes 3* program making them well positioned to undertake this evaluation.

*Partnership working:*

A Working Group was formed comprising the following members:

* Social and Community Planning Coordinator, Frankston City Council
* Maternal and Child Health Coordinator, Frankston City Council
* General Manager Health Development, Carrington Health
* *Baby Makes 3* Program Manager, Carrington Health
* Women’s Services Manager, Peninsula Health

The Working Group met twice prior to the *Baby Makes 3 Antenatal* sessions commencing to plan the development and implementation of pilot. The Working Group continued to communicate regularly throughout the pilot via phone calls and emails (face-to-face meetings were difficult to coordinate due to the work demands and geographical location of all the working group members).

*Facilitators:*

Facilitators from the Council’s existing *Baby Makes 3* new parent program were selected for the pilot to draw on their skills and experience with the program content. These facilitators undertook half-day training in the new *Baby Makes 3 Antenatal* module along with a half-day refresher in *Baby Makes 3*. The training was conducted by Carrington Health. Carrington Health also attended a staff meeting with the Peninsula Health Women’s Health team, including the childbirth educators, prior to the *Baby Makes 3 Antenatal* sessions commencing to provide an overview of the program and to also answer any questions.

*Project implementation:*

The aim of the pilot was to integrate *Baby Makes 3* into the existing childbirth education program at Frankston Hospital that is offered to all expectant new parents. As such the customised *Baby Makes 3 Antenatal* module was added on as a fourth session to the existing 3-week childbirth education program.

*Project reach:*

The initial project aim was to reach a maximum total of 45 first time expectant couples, or 90 people, over five sessions (each session could accommodate a maximum of nine couples).

The pilot was not successful in reaching its target, with a total of nine couples (19 people as one expectant parent attended alone) were reached. The numbers being much lower than intended is largely attributed the short timeframe for the grant and the unexpected challenge that couples had already been booked in to the childbirth education program at their 12-week antenatal appointment. This resulted in couples being given very late notice of the additional fourth session, which was also on a different night to the other classes (this is discussed in more detail under ‘challenges and issues’).

However, Keleher Consulting’s independent evaluation showed that the *Baby Makes 3 Antenatal* pilot was very successful with the participating couples. 100% of participants agreed or strongly agreed that the session was relevant and helpful. 94% agreed or strongly agreed that it was enjoyable. 78% of participants agreed or strongly agreed that they are now more aware of the relationship changes that will occur following the birth of their baby. A thematic analysis shows that participants’ key learnings were around communication, upcoming change and equal division of labour.

*In-kind resources provided by the project partners:*

* The following in-kind resources were provided by project partners:
* Peninsula Health paid the childbirth educators to attend five two-hour *Baby Makes 3* sessions.
* Frankston City Council paid two facilitators to attend the *Baby Makes 3* training (six hours in duration). Several Council staff from the Maternal and Child Health team also participated in the training, but this was included within their usual wages.
* In Council’s funding submission it was stated that Council would retain 10% of the total funding for administration and project management costs. However, only 7.5% was retained at a total value of $1,150. It’s estimated that an additional 40 hours of staff time was contributed to the administration and project management of the pilot.

**Project achievements and successes:**

The key successes of the pilot were as follows:

* The transferability of the *Baby Makes 3* program to an antenatal setting.
* The effectiveness and added value of being an existing *Baby Makes 3* site.
* The effectiveness and added value of working within a partnership.

The Keleher Consulting independent program evaluation demonstrated that the transferability of *Baby Makes 3* to the antenatal setting was successful and all project partners and facilitators agreed the content worked, as customised by Carrington Health to a one-off three hour module. It was established that couples are positive at that point in time and had not identified their respective roles in their relationship once the baby arrives. This was supported by the response and level of engagement from all participants, which was very positive. Feedback from the facilitators showed that the antenatal format *of Baby Makes 3* was much more accessible to fathers than the main *Baby Makes 3* and they were more engaged. This was attributed to the fact that baby is yet to arrive so dads seem more open to listening and receiving advice. This was particularly evident in the section on ‘societal expectations’, where the facilitators had a lot more questions from dad than they normally do – facilitators reported that content doesn’t connect as strongly postnatally. They also found that it seemed to provoke a lot of discussion about issues that they hadn’t thought about yet and made them realise that there are many more things they need to think about as expectant parents.

There was a strong partnership between Peninsula Health, Carrington Health and Frankston City Council which contributed to the success of the pilot. All three partners were very committed to the aims of the pilot project and valued the opportunity to work together and worked hard to overcome the challenges to make the pilot a success. It was a significant benefit to the pilot project that the Frankston Maternal and Child Health Coordinator was experienced in *Baby Makes 3* and was able to coordinate the facilitators to deliver a new module and work effectively on a new site. It was also of significant benefit that Peninsula Health was happy to pay their midwives for their time to attend the *Baby Makes 3 Antenatal* sessions.

Other than the strength of the *Baby Makes 3 Antenatal* module, the key enabler for this pilot was that Frankston City Council is already a *Baby Makes 3* site. The Maternal and Child Health Coordinator was already proficient in delivering Baby Makes 3, knew how to organise it, was familiar with the content, IT requirements and logistics. It also meant that the pilot had ready access to a pool of trained *Baby Makes 3* facilitators. The Keleher Consulting independent program evaluation shows that the delivery of *Baby Makes 3* in an antenatal setting would unlikely be as successful if the site was not already delivering the mainstream *Baby Makes 3* program in their new parent groups.

Being an existing *Baby Makes 3* site also meant that there were local champions to help promote the program and encourage take-up. The Maternal and Child Health Nurse at Frankston City Council was particularly valuable in this role.

It became apparent during evaluation of the pilot that there were opportunities for ‘added value’ to be built from the partnership that the *Baby Makes 3 Antenatal* program facilitated between public hospitals and local government. For example:

* There is an opportunity for continued professional development between Frankston Hospital and Frankston Maternal and Child Health to reflect on their practice and normalise language used around gender equity during patient consultations. This could also assist with initiating what may be perceived to be ‘difficult conversations’ on family violence.
* There is an opportunity for Frankston Hospital and Frankston Maternal and Child Health to continue their relationship-building to better support vulnerable clients and deliver other joint strategies and initiatives.

It also became apparent that there was ‘added value’ of being an existing Baby Makes 3 site as it enables opportunities for the *Baby Makes 3* facilitators to work within other gender equity based programs across the two settings.

**Project challenges and issues:**

The most significant challenge impeding the success of the pilot was the funding grant requirements – more specifically, the limited timeframe provided for project implementation (seven months in total from inception to completion, which included the Christmas period). The limited timeframe resulted in the pilot having a much lower reach to expectant couples than what was intended. At that time of grant application, Council did understand the implications of Peninsula Health booking couples into the childbirth education classes at their 12-week antenatal appointment and that the classes themselves were scheduled 12 months in advance (some of these details weren’t fully discovered until project inception). As a result, couples had to be invited to attend the *Baby Makes 3 Antenatal* session as an additional fourth class as an ‘opt-in’. Furthermore, the additional *Baby Makes 3 Antenatal* session was not always able to be offered on the same night of the week as their previous three childbirth education classes due to room availability. For an ‘opt-in’ model to be successful, it requires strong promotion by people who are familiar with the *Baby Makes 3* program. In the case of the pilot, the additional *Baby Makes 3 Antenatal class* was promoted to couples by the childbirth educators, who at that point in time did not have any experience or complete training in the *Baby Makes 3* program. The majority of childbirth educators had attended the staff meeting at which Carrington Health was present, but this does not equate to direct experience and training.

Other challenges included:

* The amount of coordination time that was required to project manage *Baby Makes 3* across two settings and to support facilitators to deliver a new module and work on a new site. This was role was taken on by Frankston City Council’s Maternal and Child Health Coordinator and Social and Community Planning Coordinator, who both already have demanding workloads.
* The amount of funding sought for the pilot fell short of the project requirements. More funding was required than anticipated to cover the full project management costs for both Frankston City Council and Peninsula Health.

**Advice for other councils:**

There have been several key learnings from the pilot. As stated in Keleher Consulting’s independent program evaluation, these are:

The fact that Frankston City Council was already a *Baby Makes 3* site was a key enabler for the success of this project. This also facilitates an opportunity to measure changes in the behaviour and attitude for those couples who are participating in both the Antenatal and New Parent modules.

* The partnership recognised the importance of having the right people as facilitators, and having quality assurance measures in place. This ensured that the pilot was delivered with integrity and fidelity. The facilitators were well trained and proficient, and able to get the key messages of *Baby Makes 3* to the target audience, whose feedback also demonstrated that they received the key messages of *Baby Makes 3*.
* The relationships that have been built through this project, particularly between the Maternal and Child health service and Peninsula Health antenatal service, provides a strong foundation for this program to become embedded on an ongoing basis. The cooperation and collaboration that has already been established would ensure that all lessons learned are factored into future planning to maximise the success and sustainability of *Baby Makes 3*.
* To be successful, *Baby Makes 3 Antenatal* needs to be embedded into public hospitals standard antenatal practices so that the classes are scheduled as part of the childbirth education program, which at Peninsula Health takes place up to 12 months in advance of the classes taking place. Couples can then be booked into the *Baby Makes 3 Antenatal* program at their 12-week antenatal appointment and are not required to ‘opt-in’. It would not be necessary to explicitly explain that one component of the sessions will be Baby Makes 3.
* The importance of factoring in training for Maternal and Child Health staff and midwives/antenatal staff, so that they have a good understanding of the program and participate in either a promotion or facilitator role. This should be undertaken well in advance of the *Baby Makes 3* sessions commencing to ensure that all relevant people are included in the training, and give them time to run through the class activities and

experience the program for themselves. There would also be benefit from doing an initial training session for all Midwifes and Maternal and Child Health Nurses on the relationship between gender inequity and family violence, and how *Baby Makes 3* was developed as a primary prevention strategy.