

Promoting equality in parenting, supporting families to thrive

PROGRAM OVERVIEW

All parents and their children deserve the chance to live a happy, safe and healthy life.

The reality is, many women – and men – find themselves locked into traditional, unequal parenting roles which are predetermined by their gender and reinforced by social norms.



Birthing parents

- Primary carer
- Responsible for household chores
- Manager of all family affairs and commitments (the 'mental load')
- Often required to put a hold on their career

Non-birthing parents

- Breadwinner
- Responsible for home maintenance and other outside work
- Contributes to primary care role when needed

The transition to parenthood is a pivotal stage that sets up long-term patterns in families.

Baby Makes 3 is an evidenced-based, award-winning education and social change initiative for gender equality. As a health promotion intervention, **Baby Makes 3** shapes long-term attitudes and social norms about parenting by challenging outdated gendered expectations of becoming a parent.



It builds:

- mutual understanding, appreciation and respect among first-time parents
- the capacity of local governments, maternal and child health services and maternity services to promote gender equality in antenatal and postnatal settings.

Components and impacts of Baby Makes 3



Group-based programs build knowledge and skills for equal and respectful relationships, equitable distribution of parenting, household chores and decision-making in families



Capacity-building initiatives develop the knowledge and skills of staff working in first-time parent touchpoints to promote gender equality by influencing organisational norms, practices and structures

Independent evaluation¹ shows *Baby Makes 3* has led to a significant shift in parents' attitudes. Some parents have changed how they structure their caring, paid and unpaid work responsibilities in response to seeking a more equal relationship.

“Baby Makes 3 is much more than a parenting program. It drives social change and builds gender equality at a systemic level.”

Anita Thomas, *Baby Makes 3* Program Manager, healthAbility (formerly Carrington Health)





Supporting policy reform

Baby Makes 3 outcomes directly align with the objectives of the Victorian Government's *Safe and Strong Gender Equality Strategy*,² the Recommendations of the Royal Commission into Family Violence,³ and the Australian Government's National Men's Health Strategy 2020–2030.⁴

Baby Makes 3 also complements emerging work in Healthier Masculinities currently being undertaken by VicHealth,⁵ Jesuit Social Services,⁶ Our Watch⁷ and the Victorian Government.²

“Sharing the responsibility equally between both the mum and dad”

“Someone saying they are ‘helping’ implies it’s the other person’s work (as opposed to saying sharing the load)”

Feedback from participants in *Baby Makes 3* group-based parent program

Gender attitudes have not translated to behaviours

Australians’ attitudes about parenting are changing. We’re more open to non-traditional parenting including dual incomes.

However, this is not reflected in changed behaviours in many households.

The evidence

- Between 2005 to 2015 attitudes towards parenting have become slightly less traditional for all groups, and this decline is mostly noted between 2011–2015.⁸
- Men’s involvement in housework has increased over time, from 12.4 hours per week in 2002 to 13.3 hours in 2016 – less than an hour in 14 years.⁸
- Traditional notions of parenthood such as who is expected to be the primary carer and person responsible for household chores influence how parents negotiate their roles. This impacts relationship equality.⁹
- During the first year with a new baby, women perform 72% of care work and 64% of housework.⁸ Only 4% of full-time primary care givers are men.⁸
- The research shows that the birth of a first child is a turning point in a couple’s division of labour towards a highly gendered, long-term pattern.⁸ In fact, as long as ten years after the birth of a first child, when most women have returned to paid work, their share of care still exceeds 65% while they still perform 62% of housework.⁸



“Realising it (parenting) is not just about the newborn baby, it’s about our relationship too”

“Awareness of the socially accepted traditional norms and how toxic they can be”

Feedback from participants in *Baby Makes 3* group-based parent program

Effects of adhering to these societal, cultural and family norms include:

- Unequal division of household labour and care of children⁸
- Increased stress, disempowerment and sense of being de-valued – leads to unhealthy relationship dynamics between parents²
- Patterns of care and labour are not renegotiated before and after the birth of the first child¹⁰
- Patterns established in the first year after baby’s birth sticks for up to 10 years¹¹

- Reduced productivity in the workforce as many women are unable to return to fulltime employment¹²
- Potential exposure of children to negative parental interactions which can influence children’s health, educational and social outcomes⁹
- Poor role-modelling that may influence children’s gender attitudes and aspirations, especially daughters⁹.

The same entrenched stereotypes drive gender inequality in the community and contribute to conflict and breakdown within relationships¹³

Gender equality, respectful relationships and the prevention of violence against women

Men and women should be respected and treated as equals.

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Men who respect women are supporting a culture of equality, where violence against women is less likely to occur.

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Treating men and women as equal, building a culture of respectful relationships between men and women and encouraging people to break free of inequality: each of these will build gender equality and ultimately help reduce violence against women.

EQUALITY

INEQUALITY

In contrast, men who don’t respect women are contributing to a culture of inequality, and in that culture violence against women is more likely to happen.

Baby Makes 3 - Building our reach and impact in communities

Developed by healthAbility in 2008

Group-based programs in Victoria

Delivered in:

- more than 40 health services
- 31 local government areas
- 10 public hospitals/antenatal providers



Embedded delivery as self-funded program in:

- 9 local government areas
- 1 public maternity service

Created **Balit Booboop Narrkwarren for Aboriginal and Torres Strait Island families** in partnership with Aboriginal Community Controlled Health Organisations and communities

Tailored for **Arabic-speaking, South Asian and Vietnamese families** through partnerships with local governments and community organisations.



Independent evaluation¹ identified that:

- *Baby Makes 3* has led to a significant shift in parents' attitudes towards becoming parents. This has been characterised by a better understanding of their partner's role and greater support for gender equality in new families.
- Participants have developed an awareness of how traditional attitudes to gender and parenting roles were shaping their new families.
- Through their involvement parents have developed a shared understanding of the influence of gendered norms and expectations and were able to openly discuss their impacts and effects.
- Some parents have changed how they structured their caring, paid and unpaid work responsibilities in response to seeking a more equal relationship.

10,000 parents

participated in the
group-based program;
nearly 1 in 2 participants
were men

More than 180 facilitators

including 60 men,
have been trained in
the delivery of the
group-based program

500 staff

from public maternity
services and local
government maternal
and child health services
participated in workforce
capacity-building activities

National impact

implemented across local
governments in New
South Wales, Western
Australia and Queensland

Developed evaluation systems

to measure our impact
and continuously improve
outcomes for families

Recognised for best practice in building gender equality

Baby Makes 3 is the only primary prevention initiative for new parents highlighted in the Victorian Government's Family Violence Reform Rolling Action Plan 2020-23.

Baby Makes 3 is used by Our Watch in their practitioner short courses as an exemplar of primary prevention practice.

The Royal Commission into Family Violence cited *Baby Makes 3* as an example of effective place-based initiative to prevent family violence within local communities.

The Commonwealth Government's Department of Social Services identified *Baby Makes 3* as an approved evidence-based program for local and widespread implementation.

Baby Makes 3 was the feature initiative in the Victorian Government's Free from Violence: Victoria's Strategy to Prevent Family Violence and all forms of Violence Against Women Annual Report 2018/19.

Baby Makes 3 was recognised for excellence with a VicHealth Award and was a finalist in the Victorian Public Healthcare Awards.

Program development - responding to diverse needs of families

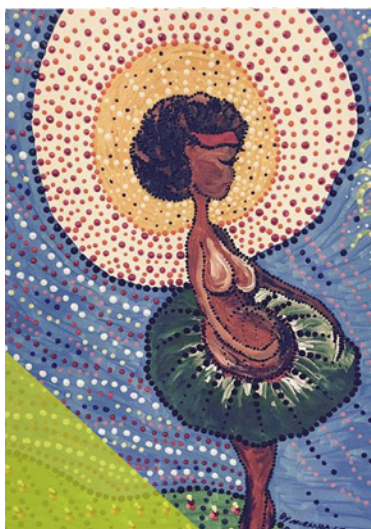
The *Baby Makes 3* program has been adapted to meet the needs of local communities. This has included working with rural and remote communities, culturally and linguistically diverse families, Aboriginal and Torres Strait Islander families and rainbow families.

All program adaptation work has directly involved these communities and worked in collaboration with partners and facilitators with appropriate cultural expertise and who know their communities best.

healthAbility recognises that flexibility in program structure is critical in meeting the needs of different communities.

Following consultations with parents and stakeholders, we are currently piloting the delivery of shorter postnatal group-based programs for new parents in regional and rural communities.

CASE STUDY:



A collaboration between three Aboriginal controlled community organisations developed Balit Booboop Narrkwarren – an adapted *Baby Makes 3* program model for Aboriginal and Torres Strait Islander families. Seven Aboriginal men and women were trained as facilitators and 61 staff members from 9 Aboriginal community organisations have been trained as champions in the key messages.

An experienced facilitator from an Aboriginal Community Controlled Health Organisation

uses the key messages of building equal and respectful relationships in a weekly men's group he leads. While the men are working on woodwork activities, the facilitator leads discussion about 'Roles and responsibilities as Aboriginal men', 'Respectful relationships with our partners', 'Our Aboriginality and what it means to us' and 'Health and healthy lifestyles'.

Acknowledgements:
Balit Booboop Narrkwarren
family graphic by Mandy
Nicholson (Wurundjeri);
Pregnant person graphic by
Miranda Madgwick (Worimi)



How our health services partners have benefitted from delivering *Baby Makes 3*

Rachael Dooley, Children's Wellbeing Initiative Project Officer, Save the Children, East Gippsland:

"I think the program really helps parents to challenge some of the assumptions that they might have about equal parenting and where we've got to as a society. There's always a lot of discussion when you present them with data showing how attitudes about parenting have changed, and how men are more involved in hands-on parenting now. That's often a really powerful opportunity for families to reflect honestly on what that means for them and what that looks like in their own household.

Through the training, our staff gained a good understanding of *Baby Makes 3's* key messages and have incorporated these into our other work, including playgroups and other parenting programs, ensuring that none of our work with parents or children reinforces rigid gendered roles and stereotypes.

I'll always remember when the trainer pointed out to us that we'd previously been sending our parenting group invitation letters addressed to the primary carer (i.e. mum), rather than both parents.

healthAbility are true leaders in the gender equality space. They really listened to the feedback from our community and sought to understand the opportunities and complexities of running the program in rural communities, including with Aboriginal and culturally and linguistically diverse communities. The program gave us the opportunity to promote gender equality across all our services, which has contributed to the beginning of some important systems changes in the antenatal and early years space in East Gippsland."

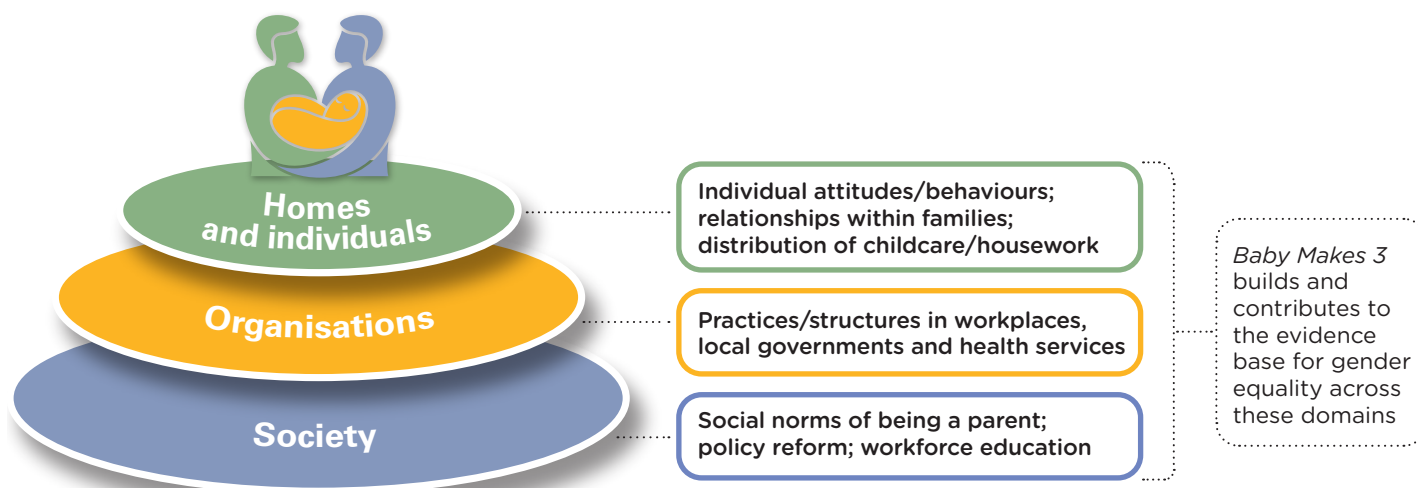
Sarah Grace, Health Promotion Officer, Melton City Council:

"It's been a fantastic way to demonstrate the importance of respectful relationships in gender equality with first-time parents. In the parent group sessions, I've seen the penny drop so many times for dad thinking "I should be having that conversation about flexible work arrangements with my employer"... So there's the impact on the individual, but also the influence of dads having these conversations with employers in changing the culture of workplaces in supporting more equal, shared parenting responsibilities.

It's also helped the Council's Maternal and Child Health Services team understand the role that they can play in promoting gender equality – by better including fathers in their services and understanding how the language and the way that they talk about parents' roles can reinforce or challenge gender stereotypes."



Where and how we work towards gender equality



Homes and individuals

HOW WE WORK

Baby Makes 3 supports new parents by embedding gender equality messages and activities in maternity services' childbirth education and parenting programs (CBPE) and maternal and child health services first-time parent groups; and develops additional program models in partnership with community for diverse families – Aboriginal and Torres Strait islander, culturally and linguistically diverse families, rainbow families and families in rural/remote communities.

OUR IMPACTS

- Greater awareness of relationship changes, gendered expectations and their impact on new families
- Improved skills in negotiating parenting roles and dealing with conflict
- More equitable participation in child care and household work
- Creation of effective models for engaging and communicating effectively with diverse families

Organisations

HOW WE WORK

Baby Makes 3 influences practices and structures in universal and specialised settings* through strategies that: integrate inclusive and gender-equal principles, approaches and messages in existing antenatal and postnatal practice; build current and future workforce capacity and skills to be aware of own gender bias and not reinforce rigid gendered parenting norms in practice; partner with institutions and professional associations to strengthen gender equality knowledge and practice of existing workforce.

OUR IMPACTS

- Physical environment, health information and organisational policies and procedures consider gender equality and do not reinforce rigid gendered expectations of being a parent
- Practices are inclusive of both birthing and non-birthing parents in the antenatal and postnatal journey
- Workforce that is confident and capable of addressing gendered norms
- Gender bias and awareness of current social norms are considered in practice

Society

HOW WE WORK

Baby Makes 3 advocates at a societal level for policy reform and action that: address the gender pay gap and parental leave policies; include gender equality principles in maternal care settings; embed gender equality practice and approaches in undergraduate/post-graduate course curricula for professions that work directly with new parents, actively challenge gendered norms and stereotypes in parenting; and increases funding for prevention programs.

OUR IMPACTS

- Changes in social norms and gendered expectations of becoming a parent
- Policy reform and actions that contribute to gender equality
- Undergraduate and postgraduate education and training will include gender equality principles and approaches

* Universal settings – Maternal and Child Health Services and organisations that engage with first-time parents; specialised settings – Aboriginal Community Controlled Health Organisations, community services in rural communities, local government services, and organisations that have expertise with rainbow families, CALD families, younger families.

Baby Makes 3 is changing social norms

The role of parenting and caring for children needs to be valued as critical. The transition to parenthood presents a unique opportunity to disrupt traditional gendered expectations and promote equal respectful relationships.

However, ongoing resourcing and support are required to ensure this change happens at all key touchpoints for first-time parents so that more families get the best opportunity to thrive.

Our vision – smash the gendered social norms of being a parent

In families and homes:

- **Patterns of care and housework in Australian homes become more equal** – parents share the responsibility and ‘mental load’. Women won’t feel it is their role to keep the house clean, manage appointments, organise childcare and be the first point of contact at childcare, kinder and school – both men and women can do this.
- **All parents develop strong connections to their children.** Children see their parents work together and not modelling outdated gendered roles.
- Girls and boys **grow up with aspirations** for life which aren’t restricted by their gender.

In workplaces:

- Men and women both have the opportunity for meaningful careers and building healthy superannuation balances and have **equal access to parental leave and flexible working environments.**

In health services:

- **Practice will be different** in services that work with parents – they **see both women and men as critical, equally active and responsible parents.** Maternal child health nurses, midwives, obstetricians and other perinatal setting staff are **aware of their role in reshaping the social norms, and change language and practice** to engage both birthing and non-birthing parents.
- The *Baby Makes 3* group-based program becomes a **mandatory component in first-time parent groups** in maternal child health settings and its key messages embedded into Childbirth and Parenting Education Programs.
- **Structures and policies will be different** in antenatal and postnatal settings and will **engage both parents as experts in parenting.** There will be first-time parent groups, not mothers’ groups. Both birthing and non-birthing parents can attend appointments and are catered for in the physical set-up of services. Communications, health information and marketing materials address both parents, not just mothers.
- **Undergraduate and postgraduate education and training** of midwives, maternal and child health nurses, doctors, obstetricians and allied health staff will include **gender equality** and will prioritise eliminating gendered expectations of parenting.

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