

AN EVALUATION OF THE RELAXING INTO PARENTING PROGRAM

Adjusting to family life

Relaxing into Parenting
Canberra Mothercraft Society

And Baby Makes Three
Relationships Australia

&

Prepare yourself for a smooth transition to family life

This free group:

- Eases you into parenting and *prepares you for this new phase*

2012

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Firstly I would like to thank the parents who participated in the Relaxing into Parenting Program for their valuable feedback and willingness to participate in this additional evaluation. The time, energy and careful thought evident in this feedback were essential to informing and shaping the overall evaluation. Through this evaluation the services offered to first time parents provided through this program will be improved.

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EXECUTIVE SUMMARY

The Relaxing into Parenting Program effectively meets the needs of many first time parents but requires further development to adequately meet the needs of young parents, Indigenous and Torres Strait Islander parents, and parents from culturally and/or linguistically diverse backgrounds. The current research aimed to enhance the transition to parenting for first time parents participating in the Relaxing into Parenting Program through evaluation and provision of recommendations. A literature review on the diverse needs of first time parents informed this project. Collecting both qualitative and quantitative data from program participants and key stakeholders enabled this study to take a community development approach, which in turn informed the conclusions discussed in this report. This research found that the Relaxing into Parenting Program is a unique and valuable service providing a primary health care early intervention model of community development. Recommendations are provided to inform future program development to most effectively meet the diverse needs of first time parents.

A mixed method research design was applied to explore the effectiveness of the Relaxing into Parenting Program expansion. A purposive sample was used as the project needed voluntary feedback from program participants. To adequately inform the research, but to also be a manageable number for a student researcher, it was deemed most effective to collect a sample of participants from programs that ran during the 2011-2012 financial year. Participant feedback surveys were requested at the end of each of the programs that ran during the designated period. Follow up surveys were also provided to a small number of participants who infants were three, six and nine months of age. The feedback provided from these surveys was compiled using an online analysis tool, Survey Monkey. Stakeholders were invited to contribute to the evaluation by completing a questionnaire regarding their views of the program. Program facilitators were also invited to complete the questionnaire. Both the quantitative and qualitative data collected were thematically analysed and discussed in this report.

The student research also completed the ACT Government Health Promotions Grants Fund Program and partnership evaluation tools.

The research conducted to enhance the transition to parenting for first time parents who participate in the Relaxing into Parenting Program found that these issues can be effectively addressed in the following three key ways: parent education; access to resources and services; and most importantly, social cohesion and support. The RiPP effectively fosters these three areas to positively contribute to and equip first time parents for their transition to parenthood. Maintaining positive, open and supportive relationships within the family unit is also important to reduce feelings of stress and isolation for first time parents and to positively contribute to the development of their baby.

The transition to parenting is a challenging time in which people require strong support and effective education to help them to maintain their own mental and physical health, and indeed that of their relationships. Responding to this need within the Canberra community requires a broad and engaging delivery of content to ensure responsive quality programs are delivered to meet the needs of diverse demographic groups. Overall, the response to the RiPP is positive and encourages funding bodies and community partners to continue to support this program.

Recommendations

- Continuous funding be secured to provide the RiPP with stability and security for future programs.
- Demographic data relating to cultural and linguistic statuses be recorded during participant intake to better inform and measure strategic goals to assist program inclusivity.
- Further research be conducted into effective methods of engaging other target groups that were identified in the objectives of the expansion, namely: Aboriginal and Torres Strait Islander parents; and parents with culturally and linguistically diverse backgrounds.
- Evaluation be consistently undertaken to ensure that the RiPP maintains its relevance to the needs of the community and its ability to respond to participant feedback.
- Include participants in current or past programs within the evaluation reference groups to provide a perspective informed with personal experience and more interest in assisting further development of the program.

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GLOSSARY

Indigenous peoples: Aboriginal or Torres Strait Islander peoples.

Please note: Within the following report the term 'Indigenous peoples' refers broadly to Aboriginal and Torres Strait Islander peoples and is used to collectively discuss cultural understandings and practices. It is important to recognise that many differences exist within different Indigenous groups around Australia and surrounding Islands. For the purpose of this document, views and practices common to a majority of groups are being discussed.

Mother: Woman who is to care for the expected child.

Partner: The person nominated by the expectant mother as her significant other or primary support person.

Perinatal depression (PND): A disabling and wide-spread disorder that negatively impacts the mother and child. Not only is the experience of ante or postnatal depression devastating for mothers, but their infants are vulnerable to poor developmental outcomes (cognitive, social and behavioural). Early detection and intervention is imperative.

Young parent: Persons who are expecting a child and who are aged between 12 – 25 years old.

LIST OF ABBREVIATIONS

ABM3: And Baby Makes 3

ACT: Australian Capital Territory

C&FC: ACT Government Community Services Directorate Child and Family Centres (Including Tuggeranong, West Belconnen and Gungahlin).

CMS: Canberra Mothercraft Society.

FTP: First time parents.

PND: Perinatal depression or post/natal-partum depression.

QEI: Queen Elizabeth II Family Centre.

RAC&R: Relationships Australia, Canberra and Region.

RiPP: Relaxing into Parenting Program

INTRODUCTION

The transition to parenting can be a challenging time during which ongoing support is essential to the mental health of parents, significant caregivers and infants. First time parents face significant changes to their personal relationships and existing lifestyle with the arrival of a new infant. The Canberra Mothercraft Society (CMS) meets the needs of first time parents through the Relaxing into Parenting Program (RiPP), an early intervention primary health program based on the principles of community development. The program incorporates content from Relationships Australia Canberra and Region (RAC&R). The program expanded its content and target groups as part of an expansion outlined in the most recent funding allocation in 2010.

This research aims to enhance the transition to parenting for participants in the Relaxing into Parenting Program. The research employs a community development and assets based approach, utilising both qualitative and quantitative data collection. Data was collected from participants and stakeholders. This approach resulted in deep understandings of both the successes and limitations of the program. With these understandings, recommendations are provided to guide future program improvement.

The following report presents the process of conducting this research project, discusses the key qualitative and quantitative findings as well as providing recommendations for the Canberra Mothercraft Society for further development of the Relaxing in to Parenting Program. The background of the program, as well as the research project, is provided. A comprehensive outline of the key target groups, including identification of their key needs is explored. The theoretical underpinnings of the research styles and methods are presented as well as the research collected. The results of the data collected emphasised the importance of further program development, as well as a refocussing on the needs of first time parents and the relationships that exist within the family unit. The implications of such findings are discussed. Based on the research results and the discussion sections, recommendations are provided to the Canberra Mothercraft Society to achieve further effectiveness for the Relaxing in to Parenting Program.

BACKGROUND

CANBERRA MOTHERCRAFT SOCIETY INC

The Canberra Mothercraft Society (CMS) was established in 1926 to provide support for maternal and infant welfare services in the newly established national capital. Initially CMS offered programs such as baby health clinics, home help and occasional care centres. CMS established the Queen Elizabeth II (QEII) Family Centre which is now one of Canberra's three public hospitals. It provides residential primary health care for families with young children who are experiencing complex health and/or behavioural difficulties in the first three years of the child's life. CMS is a principal health care provider to families of young children within the ACT and surrounding region of NSW. CMS works with the ACT and NSW Government and existing non-government health agencies to meet the evolving primary health care needs of the community. CMS strives to provide services that are flexible, effective and responsive.

The Society is built upon the core vision of *Towards Health Families - Ija Mulanggarri, Goodtha Mulanggarri*, which translates to *Thriving Mothers, Thriving Babies* in the Ngunnawal language. This vision informs the agency's key values to guide the strategic direction for its projects. Its current priorities include capacity building, service expansion and community development.

CMS provides services in three key areas: clinical services; community development; education and professional development. Clinical services are provided by a multidisciplinary team of registered and enrolled nurses, midwives and a general practitioner. This team responds to the complex care needs of clients and their families. Staff hold qualifications in health education, primary health, community health, counselling, family therapy, sexual health and family planning, women's studies and business management. CMS is a dynamic learning organisation, supporting a

variety of professional development opportunities. Many partnerships have been forged with external education service providers which complement in house training opportunities. This structure encourages continuous learning and professional development, ensuring that staff diversify their skills.

THE RELAXING INTO PARENTING PROGRAM

The Relaxing into Parenting Program is a primary health care early intervention program which adheres to the Ottawa Charter of Health Promotion. It was developed by practitioners who had become increasingly aware of the anxieties and difficulties faced by first time parents. Admissions to the QEII residential program over a twelve-month period revealed that 6.5% of primary carers were identified as having a mood disorder, including anxiety and/or depression. The program was established in 2005-2006 as a partnership between the CMS and ACT Community Health Child Youth and Women's Health Program, Social Work Service. The program was piloted and evaluated by the agency. It was deemed to be an effective method of engaging with first time parents and making positive, meaningful contributions to their transition to parenthood. Since implementation, the program has been conducted between two and six times per financial year.

Health promotion is the process of enabling increased control over determining factors to empower individuals to improve their overall condition. . This definition is based on the World Health Organisation Ottawa Charter (1986). The key messages of the Charter can be summarised as follows:

- Health Promotion is a broad practice, including actions directed at strengthening skills and capabilities of individuals and changing social, environmental and economic conditions.
- Effective health promotion requires a multi-faceted approach. It is not solely the responsibility of the health sector, effective health promotion requires intersectoral involvement.

- Promotion of social justice increases the likelihood of positive health outcomes and has proven to be very successful.
- The five key action areas; building healthy public policy, creating supportive environments for healthcare, strengthening community action for health initiatives, developing personal skills, and re-orient health services. These key action areas have provided the framework for many successful health promotion initiatives.

The practical activities of the RiPP are guided by these definitions. They aim to provide a high standard of primary health care to its participants.

Ongoing evaluation of the program is conducted to ensure program enhancement. The evaluation includes reports from the participants regarding their experiences, as well as facilitator observations and recommendations.

An evaluation on the impact of RiPP was conducted as part of an Allied Health Research Mentoring Program one year after the completion of the first program (as a collaboration between ACT Health, the University of Canberra, and the Australian Catholic University) (Green, 2009). Further research was undertaken through a Primary Health Research Evaluation Development Scholarship from the Australia National University School of Medicine and Health Sciences (Baldock, 2009). The results indicated a high level of participant satisfaction. Specific outcomes cited were significant improvements in awareness of perinatal psychosocial stressors and provision of strategies to manage these stressors during the transition to parenthood (Baldock, 2009). This research showed that RiPP participants had increased their awareness of early infant communication, including the ability to recognise and meet infant needs. The results recommended that RiPP continue to be offered as an ongoing community based program with expansion to reach more new parents throughout the ACT (Baldock, 2009).

This research evaluates the effectiveness of the Relaxing into Parenting Program expansion. The expansion aims to:

- Deliver at least 3 RiPP per annum with 90% of participants reporting increased levels of knowledge and satisfaction with their parenting role.

- Over three years support and train at least 6 co-facilitators to enable them to successfully deliver the program external to the CMS
- Expand program delivery to include target groups including A&TSI parents, culturally and linguistically diverse parents and young parents with a target of at least 5% of all program participants over three years representing these groups.
- Within three years develop the necessary resources and support to enable at least one other organization to deliver the RiPP

TARGET GROUPS

First time parents

The transition to parenthood can often be a challenging and stressful time for first time parents. Research indicates that the birth of a baby marks a highly vulnerable life stage for couples and issues experienced during this period are often a precursor to future relationship difficulties (Ahlborg and Strandmark, 2001). New parents can feel unprepared and overwhelmed due to the increased responsibility of meeting the infant's needs while maintaining their existing lives. They may also report feeling overwhelmed by the impact of birthing and early parenting on their own wellbeing (Guest and Keatinge, 2009). Since 2005, there has been a recorded increase in the Australian birth rate and the number of new parents (Department of Health and Ageing (DOHA), 2009). Further, over 40 percent of new mothers in Australia experienced emotional distress or post partum depression (Baldock, 2009). Steady increases in the Australian parent population and their needs, demonstrates the need for health care resources to be allocated to supporting and caring for these new families.

Family members and support persons

Secondary care givers (defined as those who contribute to the life of the child in an extensive and meaningful way) are also significantly affected by the transition to parenting. In traditional Western family structures, this caregiver is usually the child's father. Alternately, in a variety of cultures this role is filled by partners, same sex partners, family members or close friends (Deave, Johnson and Ingram, 2008). The mental health and wellbeing of the secondary care giver significantly impacts on the function of the family unit (McKellar, Pincombe and Henderson, 2009). Therefore it is essential that parenting programs support these individuals and provide information necessary to address their needs in the transition to parenthood.

Young parents

Young parents can face further challenges during the transition to parenting as they are in an earlier stage of cognitive development, have often received less education than older first time parents, and are more likely to face financial difficulties. Research has shown that young parents

are less able to recognise and assess risk for themselves and others than older parents (Manlove et al., 2011). This limited capability to identify risk can be detrimental to a young person's ability to perceive the importance of prenatal care and education, which can pose a risk both to the health of their babies and themselves (Manlove et al., 2011). Furthermore, the stage of brain development that is common for late adolescence or early adulthood inhibits the individual's ability to sacrifice his or her own desires for others and to effectively control strong emotional behaviours (Price-Robertson, 2010). This may inhibit their neurobiological aptitude to provide selfless care to the infant, to acknowledge the needs of the child above their own and to be in control of their stress, anger or anxiety (Price-Robertson, 2010). These specific needs must be understood when creating parenting program to provide effective support throughout the transition to parenthood.

Another issue frequently encountered by this group is receiving broken or limited education. This may result in a lack of confidence when searching for and accessing necessary support services (Fallon et al., 2011). This can limit the individual's awareness of their entitlements and available support services (Price-Robertson, 2010). Furthermore, a lack of secondary education significantly limits employment opportunities, which can lead to one partner working in excess of full time hours to support the new family (Fallon et al., 2011). This can strain the relationship between parents and also the bond between the working partner and the new baby (Fallon et al., 2011).

It is important to note that within this group, post partum depression and feelings of social isolation are prevalent (Fallon et al., 2011). It is postulated that decreased partner support and interaction, isolation from school friends and lack of participation in support services compounds the risk of mood disorders occurring in young mothers. It is essential that these risk factors are observed and acknowledged by service providers and that they guide the program creation and delivery.

Another significant risk more commonly associated with young parents is the maltreatment, abuse and neglect of children. Current research shows that a history of abuse or neglect is coupled with a significantly higher risk of poor education and poor health care (Fallon et al., 2011). Young parents are more likely to perpetuate the cycle of abuse due to histories of abuse, high levels of stress and low levels of support (Fallon et al., 2011). Furthermore, adolescent mothers are more likely to be victims of domestic violence (Fallon et al., 2011). A clear means of combating

continued abuse is education and support to assist with stress management, alternative means of conflict resolution and support in the case of domestic violence.

Research has shown that young parents are most responsive to assets based development and innovative problem solving skills. Fallon et al (2011) notes that a key strength of young parents, and indeed young people in general, is their active participation with programs that respect their autonomy, individuality and ability to contribute positive ideas. Engaging young parents in program development for other young parents ensures that programs are relevant and practical for this group.

Aboriginal and Torres Strait Islander families

Aboriginal and Torres Strait Islanders peoples are historically disadvantaged in Australian society and continue to have less access to health care services than non Indigenous peoples. The Western models of care currently employed in first time parent education and support programs hinder the effectiveness and relevance of these programs to Indigenous peoples. Fundamental approaches to care, feeding, education and development differ significantly between the traditional Western approach and the traditional Indigenous approach to child rearing (Kruske et al., 2012). The three key factors which impact on the effective delivery of first time parent services to Indigenous peoples in Australia include; cultural and linguistic understandings, Western models of care and physical location.

Many of the Western models of care adopted in Australia do not meet the needs of Indigenous groups as they fail to engage or acknowledge Indigenous childrearing practices and values. The concept of responding to a tired infant's crying using responsive settling is a clear example of this disparity. From a traditionally Western perspective, responsive settling is viewed as a process by which the infant learns to self soothe which helps to establish a routine for both parent and child (Kruske et al., 2012). In contrast, an Indigenous approach views the child as an autonomous and self aware being from birth who is able to direct carers to its needs, using crying as an expression of this need. Therefore to ignore the crying is denying their child what they need and is an unacceptable method of parenting (Kruske et al., 2012).

A further cultural disparity is demonstrated by the measuring of developmental milestones. Western understandings view infant development as measureable with numerical age and

concern arises if a child fails to meet criteria within these timeframes (Kruske et al., 2012). This perspective contrasts significantly with the Indigenous understanding as the child demonstrates their strengths and understandings at a time appropriate to them and their surroundings (Kruske et al., 2012). From this understanding, the emphasis placed on developmental milestones in relation to numerical age may be less relevant to Indigenous parents and a different approach must be taken to find commonality between understandings of development and development shortfalls (Kildea et al., 2010). Varied cultural understandings challenge the implementation of a relevant, supportive and engaging parenting program which must incorporate Indigenous perspectives.

The remote locations of indigenous communities around Australia poses a serious challenge to distribution of education, health care and other support services that may be beneficial during pregnancy and the transition to parenthood. Around Australia, particularly in Western Australia, funding for prenatal support services is critically absent and health care providers are forced to sacrifice their services and staff numbers (Kildea et al., 2010). Obviously, this has a negative impact on the education and support available to Indigenous peoples regarding health and development of infants. Lack of support and education can also lead to increases in post partum depression, social isolation and lack of awareness of nutrition and health, as previously discussed.

Canberra Mothercraft Society Inc. stakeholders and partners

Evaluation of the current resources available to at risk clients enables the CMS to identify existing gaps and to explore potential avenues of improvement and expansion to further meet the needs of first time parents in the ACT and surrounding regions.

The acknowledgement and implementation of such evaluations also enables such an organisation to be an accountable and credible source for others to utilise in their own program development (South Australian Community Health Research Unit (SACHRU), 2010). Future funding allocations require the evaluation of the project granted in the previous funding round (ACT Department of Health, 2010). Access to these reports enables services funded by the ACT Department of Health are able to review programs run by others to gain insight and understanding in to the experiences of others. This process aims to strengthen community partnerships, encourage

connectivity of organisations and to provide the people of the ACT with relevant and valuable services (ACT Department of Health, 2010).

This evaluation of the RiPP will also provide a basis for the organisation to obtain additional future funding which will allow the program to broaden its implementation and overall success. These evaluations are then available to other community and government organisations.

ISSUE ANALYSIS

The needs of new parents

The transition to parenting makes new parents vulnerable to stress, mood disorders and social anxiety. National and international research highlights the intense stress and pressure that is experienced by first time parents and the adverse affects of this on health and well being (Guest and Keatinge, 2009). Low social support, lack of access to networks and resources are identified as the main contributors to a lack of confident parenting (Stanley, 2003). Additional research demonstrates that supportive, positive, open and effective group work classes for this group effectively reduce anxiety and increase a social support (Peled and Perel, 2010). It is essential that parents are engaged in such supportive groups to ensure that they establish the foundations of positive relationships and confident parenting.

“The African proverb that “it takes a village to raise a child” is as true today as ever” (Stanley, 2003)

Many Australian parents develop unrealistic perspectives and unhealthy expectations of parenthood. These perspectives are propagated by Western media, which contributes significantly to the anxiety and pressure experienced by first time parents (Ahlborg and Strandmark, 2001). The majority of mothers interviewed in Ahlborg and Strandmark’s (2001) study agreed that their expectations for life after the arrival of their first child were unrealistic. They also reported high stress levels during this transition (Ahlborg and Strandmark, 2001). Other research suggests that this individual stress is often compounded by relationship breakdowns and social isolation (McKenzie, Wade and Davidson, 2010). During this transition parents identify significant changes in their relationship with each other. They cite decreases in shared leisure time, positive exchanges and overall relationship satisfaction as key concerns (Ahlborg and Strandmark, 2001). These parents also identify social isolation as a main contributor to their stress following the arrival of their child. Changes to routine, finances and limited engagement in social

activities leads to feeling disconnected from their social setting and existing social networks (Hanna et al., 2002).

Due to all of these factors, first time parents are at increased risk of mental illness, social exclusion and other health issues. It is essential to supporting this group through their transition. This is essential to ensure their continued health and contribution to our community. Programs such as RiPP focus on strengths-based early intervention and innovative primary health care which seek to improve mental health outcomes for both parents and infants during the transition to parenting.

Shapiro and Gottman's (2005) research demonstrated that that a decline in marital satisfaction is particularly notable following the transition to parenting. A number of factors may impact on marital satisfaction during this time. Relationship education focussing on both broad and specific issues with expectant parents may offer the more effective information and/or intervention (Shapiro and Gottman, 2005)

Infant development

The emotional and mental health of parents can impact on the early development of a child which, in turn, can shape their behaviours later in life. Many developmental and psychodynamic theories support the understanding that early relational paradigms, particularly those which are established by an infant's interaction with the primary caregiver, influence the cognitive, behavioural and emotional development of the individual (McKenzie, Wade, Davidson, 2010). Further, Guest and Keatinge (2009) postulate that an individual's attachment patterns are established during their early childhood. Secure or insecure attachments shape future relationship development, understandings and social behaviours. This is supported in current literature which reinforces the profound impact that stress can have on the emotional development of a child (Deave, Johnson, and Ingram, 2008).

Object relations theorist Donald Winnicott maintains that the mother's ability to meet her child's needs is essential to the development of healthy internalized relationships (Winnicott, 1971). In addition, research demonstrates that infants are innately attuned to, and affected by, the presence and responses of their caregivers (Cooper, Hoffman and Powell, 2005). From birth, infants communicate through body movements, facial expression and verbalising. They feel emotionally secure when their caregivers read their cues and respond in a timely manner (Cooper,

Hoffman and Powell, 2005). Given the critical development that occurs during the early stages of life it is paramount that new parents and young families are supported and nurtured through this transition.

FIELD PRACTICE CONTEXT

International

New Zealand is home to a significant Maori population who are the Indigenous people of the land. The Maori population are predominately English speaking and influenced by Western models of health care, in a similar way to Indigenous Australians. Currently parenting programs similar to the RiPP are being successfully delivered to communities with both Maori and non-Maori members

A recent review was performed by the Families Commission of New Zealand into the effectiveness of parenting programs within the community (2005). It concluded that many of the parenting programs currently delivered contribute positively to the lives of children and families. Common points of success included tailoring the program and approaches to community needs and focussing on participant empowerment and confidence building (Families Commission, 2005). Alternately, limitations to the success of these programs include assuring cultural relevance for Maori families, difficulties with engaging young parents and those experiencing socio-economic hardship (Families Commission, 2005).

The successes and limitations of the existing New Zealand parenting programs provide valuable grounding and insight for this report. The findings inform the international context of the RiPP by showing that similar programs exist and can achieve similar success. The challenges facing the RiPP, namely cultural relevance, are being explored and discussed by other service providers. It is important to note that the programs currently delivered in New Zealand do not specifically meet the needs of first time parents who are transitioning to parenting, but rather focus more broadly on families experiencing difficulties. The focus of these programs differs significantly to the RiPP which focuses specifically on first time parents. The report concluded that more research in to the most effective approaches to family programs is essential – a sentiment echoed by the current research.

National

Within Australia, each state and territory provides guidelines and expectations in relation to the provision of prenatal care and education. In addition, the Federal Government provides publication and practice guidelines through its dedicated website (<http://australia.gov.au/life-events/starting-a-family>). Management of services at both of these levels allows opportunities and limitations for service providers.

The state and territory provision of services means that there are various methods of educating and supporting parents within Australia. The information provided varies and may be limited by the specific agendas of providers or organisations which provide these services (DOHA, 2009). The gate-keeping power held by state government to present and omit certain information has the potential to disadvantage parents and to disenfranchise their decision making (Hanna et al., 2002). Another limitation to effective service provision is the lack of uniform data collection and record keeping which can hinder the ability to compare existing services.

Despite these limitations, many programs have been established which meet the needs of first time parents. The most common method of meeting these needs is through pre- and postnatal parenting groups. The content and delivery of these groups range widely. However they all present content relating to the physical care of a baby and the birthing process.

Nationally, two other communication methods exist to meet these needs; publication of information books or websites, as well as the Australian Government Playgroup Australia network (<http://www.playgrouppaustralia.com.au/>). The New South Wales State Government provides a free book outlining a comprehensive list of services and recourses relevant to parenthood (http://www0.health.nsw.gov.au/pubs/2006/having_a_baby.html).

The Victorian, Queensland and Western Australian governments all provide access to specific websites which are equipped with information and contact details for relevant services (<http://www.health.vic.gov.au/maternity/resources.htm>, <http://www.havingababy.org.au/>, <http://www.health.wa.gov.au/havingababy/home/>).

South Australia, Tasmania and the Northern Territory do not have Government supported first time parent resources readily available online. Each has privately run support and education groups, as well as community based groups. Without firsthand experience, it is difficult to

ascertain the exact content of these parenting support groups. Supporting publications explaining the content of these programs are not readily available.

Australian Capital Territory (ACT)

Within the ACT there are limited programs for first time parents who are preparing for the transition into parenting. The ACT Government Health Directorate are currently developing a parenting resource website called Having a Baby in Canberra. In addition, each maternity hospital offers prenatal education programs to new parents within Canberra. There are also privately conducted programs including Calmbirth and Birthskills which aim to enhance the preparation for birth, the first six weeks after birth and a one-day program to assist parents to prepare for the baby's arrival.

Relationships exist between CMS and the ACT Government Community Services Directorate Child and Family Centres around Canberra to fill the need for education, information and support within the community. The program was initially established out of concerns raised by staff at the Queen Elizabeth II Family Centre (a referral service for families experiencing issues with their infants) as there was not a satisfactory program in Canberra (Baldock, 2009).

PROJECT RATIONALE

The previous sections of this report have established that the transition to parenthood can be a stressful period and that ongoing support and education are essential to maintain the mental and physical health of the parents and child. Parents frequently experience anxiety regarding their efficacy as caregivers and providers during this time (Biehle and Mickelson, 2011). Financial and employment concerns are common stressors for first time parents. Relationships, personal health and well being can also suffer. Geographical isolation; limited access to education and employment opportunities; age and cultural and/or linguistic differences challenge first time parents. In addition many parents, particularly the stay at home parent, can struggle with role transitions during this time.

Many parents attend prenatal classes in which they can talk to health professionals and interact with other new parents. Plantin & Daneback (2009) suggest that first time parents benefit considerably from interactions with other parents. The most effective parenting support groups are those aimed at groups of a similar parenting stages (i.e. first time parents or parents with infants with special needs). Open, honest and non-judgmental group dynamics are also essential to success (Plantin & Daneback, 2009).

The importance of an open and non-judgemental parenting group is reinforced by Jacobs et al. (2012), who argues that group facilitators must encourage participants to feel comfortable by expressing their concerns and fears with other members. The research completed by Stanley identifies that the wellbeing and confidence of a parent can have a significant impact on their child's development (Stanley, 2003). Low social support, lack of access to networks and resources are identified as the main contributors to unconfident parenting (Stanley, 2003). To establish the foundation for a positive relationship and confident parenting, it is vital that parents engage with support groups that are readily available to them.

RiPP is an early intervention primary health program based on the principles of community development. It is continually evolving to meet the changing needs of the Canberra community.

The program utilises a strengths-based approach and has adopted the principles of adult education (Tesoriero, 2010). The classes emphasise psychosocial factors that can contribute to mental health problems in the perinatal period. As a research and evidence-based program, RiPP also addresses perinatal depression and anxiety prevention, promoting infant mental health by fostering healthy attachment relationships.

From July 2010, RiPP expanded to include core components of the And Baby Makes Three program. This expansion was viewed as an effective way to combine content from both programs and strengthen community partnerships between CMS, Relationships Australia, Canberra and Region as well as the ACT Government Community Services Directorate Child and Family Centres. These connections are informed by an assets based approach to community development which acknowledges, builds upon and uses existing resources as identified by community members (Kretzmann and McKnight, 1993). It aims to strengthen individual skills for first time parents and build the capacity of health professionals to deliver the program across health and community services sectors.

This research project aims to evaluate the value of the recent changes made to the RiPP's delivery. The student based research will use summative evaluation methods to determine the impact of these changes and consider whether its aims were achieved (O'Leary, 2010). This type of evaluation has proved to be effective in assessing if a program has achieved its intended aims (South Australia Community Health Research Unit (SACHRU), 2010). It is hoped that this research will allow the CMS to continue its adaption and expansion of services to meet the needs of their clients. In addition, the project's key findings will enable an accurate evaluation to be presented to the ACT Government Health Promotions Grants Program.

PROJECT DESIGN

Aim:

To enhance the transition to parenting for first time parents participating in the Relaxing into Parenting Program.

Objectives:

- To evaluate the expansion of the RiPP program and its incorporation into core programs within ACT Government Child & Family Centres.
- To evaluate the extent to which the expanded RiPP program improves social determinants of health for first time parents.
- To engage with key stakeholders and ascertain their evaluations of the program expansion.
- To evaluate the effectiveness of partnerships in expanding the program
- To determine the effectiveness of the program achieving its core goals.
- Complete and submit an evaluation to Canberra Mothercraft Society and ACT Government with specific regard to ACT Health Promotion Grants Program reporting goals.
- To disseminate findings to CMS and other key stakeholders.

Strategies:

- Conduct a review of (20-30) relevant academic sources to ascertain the current assets and needs with the community – with particular focus on families and children.
- Undertake interviews with key stakeholders involved in the expansion of the program. Namely, the project participants; Women, Youth and Child Health, Child and Family Centre staff, Relationships Australia, Canberra and Region education officer and key members of the expansion reference and management groups.

- Code and assess the program evaluation forms completed by participants at the conclusion of the program.
- Utilize existing ACT Health Level 2 Evaluation form in conjunction with Partnership Assessment tools.
- Complete an accurate and useful report which responds the program's goals and is relevant to the CMS mission, to then be presented to the CMS Board.

THEORETICAL UNDERPINNINGS

Asset-Based Community Development

Asset-Based Community Development focuses on the strengths and existing resources of a community to overcome challenges, achieve further growth and increase empowerment. This approach is distinctly different from the 'needs based' approach that has been commonly used in community work in the past (Kretzmann and McKnight, 1993). The needs based approach is one in which the problems or challenges within a community are identified and highlighted to community members. In effect, this showcases the deficits of the community to its members and acts as a catalyst for change (Kretzman and McKnight, 1993). Modern insight in to capacity building has illuminated the importance for communities to feel strong and energized for effective and sustainable change to occur (Kenny, 2006). It is therefore essential that an asset-based approach be taken to encourage the community to identify their existing strengths and resources and to consequently highlight their value and worth. It is vital that the value of the community is engaged and that change is inspired, informed and guided by local knowledge and resources (Tesoriero, 2010). This ensures that change is both meaningful and achievable. The current research aimed to build upon the strong foundations of the RiPP and to expand on the existing successes of the program. Through engaging various community target groups, this research has been able to incorporate ideas, experiences and perspectives from a wider sample of the Canberra community of first time parents. Engaging with and empowering these people to give feedback and influence change has been a key success of the program.

Grounded theory

The research was also guided by a modified grounded theory, whereby the student researcher was engaged in a flexible method of exploration and examination during the evaluation. Within a traditional ground theory approach, the researcher does not conduct any prior research but allows all information and conclusions to arise independently from thematic analysis of the data (O'Leary, 2010). It was necessary to modify the grounded theory approach as a literature review was conducted prior to data collection, to inform the student researcher of the target groups and

their key needs. The student researcher maintained the integrity of grounded theory by not setting or aiming to prove a hypothesis but to rather explore the ideas that arose from thematic analysis.

Evaluation research

Evaluation research is an essential element of community development as it enables projects to be examined, explored and improved. The value of the many initiatives within the community sector must be evaluated to further the effectiveness of services and programs (O'Leary, 2010). The current project employed a summative evaluation of the RiPP expansion. Research was conducted in to the perspectives of the program developers, facilitators and participants through a mixed method approach.

Mixed method approach

This research used a mixed method approach to evaluate the effectiveness of the program expansion. A mixed method approach is necessary to analyse quantitative data collected through participant feedback forms as well as the qualitative information provided by key informant and stakeholder interviews (O'Leary, 2010). This approach was effective in strengthening data collection methods and informing further analysis. The combination of these methods strengthened the conclusions drawn from the data by allowing for many perspectives to be included and explored (O'Leary, 2010). Including both qualitative and quantitative data enabled analysis of the key themes that arise from both participants and staff.

ETHICAL CONSIDERATIONS

The two key ethical considerations in this research project were participant confidentiality and the publication of the research findings. The restrictions of these ethical considerations are outlined in the University of Canberra Final Year Project Guidelines (see Appendix 1). This viewpoint is reinforced by the expectations of CMS staff.

Due to the sensitive nature of the situations of participants experiencing difficult or challenging times, it was essential to ensure that they were treated with the utmost respect and care. The data collected on the feedback forms was de-identified to ensure confidentiality. Information about the evaluation, the research student and the future use of the collected data was provided to all participants before they completed the follow up surveys or questionnaires (see Appendix 2). Finally, the responses, which were emailed from the reference and management group members, were de-identified by the project supervisor before being provided to the research student.

RISK ASSESSMENT

A risk assessment was completed (see Appendix 3) by the student researcher prior to the implementation of the evaluation project. All potential risks were at either low or moderate levels and were consequently deemed acceptable.

RESOURCE AND TIME MANAGEMENT

BUDGET

Item:	Approximated cost:	Actual or in kind:
Wages – Student researcher	\$12 732.20	In kind by student
Travel expenses	\$100	In kind by student
Publication (printing & stationary)	\$50	In kind by agency

TIMELINE

A timeline was developed by the student researcher and approved by the project supervisor (see Appendix 4). The timeline outlines the implementation phase of the project and was flexible to accommodate unexpected delays in project progression.

POTENTIAL LIMITATIONS

Many circumstantial factors had the potential to limit the effectiveness and flexibility of the research. Due to the small size of the research project it did not produce rigorous quantitative evidence (O’Leary, 2010). It succeeded in providing an insight into the experiences of those involved and effectiveness of achieving the expansion aims.

A key limitation was the absence of comparison between the Relaxing into Parenting Program and existing antenatal education programs. A ‘control’ group has not been included in the method due to the difficulties in eliminating the variables that could have influenced the outcomes of parenting stress and satisfaction (Baldock, 2009).

The voluntary and self-selecting nature of participants could also be viewed as a limitation to the research (O’Leary, 2010). The sample may have been biased towards parents who are already in favour of the program and welcomed the opportunity to share their experiences.

Consideration was given to the culturally diverse family structures that exist within Canberra’s multicultural community. The impact of cultural expectations and understandings of parenthood may have impacted on the effectiveness of the RiPP for some parents. Similarly, language barriers may have also inhibited the participation of some parents.

PROJECT IMPLEMENTATION

METHOD

Design

A mixed method research design was applied to explore the effectiveness of the Relaxing into Parenting Program expansion. The following techniques were employed to engage with the target group members and key stakeholders. Both quantitative and qualitative data was collected from participants through the distribution, collection and analysis of feedback surveys and questionnaires.

Setting and participants

The research was conducted primarily at the hosting ACT Government Community Services Directorate Child and Family Centres (either at Tuggeranong, West Belconnen or Gungahlin), or at the Canberra Mothercraft Society centre in Canberra.

Feedback was collected from participants at the end of each program throughout the funding period. The student researcher was engaged with the project from March 2012 to December 2012. It was throughout this period that follow up surveys were distributed and collected, as well as questionnaires for reference and management group members and facilitators.

Those who completed the Relaxing into Parenting Program during the funding period were invited to participate in a follow up survey process via email, and were then posted the form to complete and return via self addressed envelope. Reference and management group members were contacted via email by the project supervisor and asked to complete the questionnaire and return it via email. Program facilitators were also emailed a copy of the relevant questionnaire and asked to return it via email to the project supervisor.

Sample

A purposive sample was used as the project needed voluntary feedback from program participants. To adequately inform the research, but to also be a manageable number for a student researcher, it was deemed most effective to collect a sample of participants from programs run during the 2011-2012 financial year.

Table 1: Data collection quantities

Data collection method:	Distributed:	Responses received:
RiPP participant feedback survey	54	53
Follow up survey	11	7
Reference and management group questionnaires	9	3
Facilitator questionnaire	3	1
Facilitator training day	17	17

STRATEGIES

Strategy one: Conduct a review of 20-30 relevant academic sources to ascertain the current assets and needs of families and children within the local and international community.

A literature review was completed during the early stages of the project which provided a base knowledge of the child and family sector, the existing assets and needs of this particular community. This strategy was implemented during the independent research time of the student. The document was then reviewed by the project supervisor and the relevance of the findings to the current project were discussed between student researcher, peer group and project supervisor.

Strategy two: Undertake interviews with key stakeholders involved in the expansion of the program. Namely, the project participants, Child Youth and Women's Health, ACT Community Services Directorate Child and Family Centre (C&FC) staff, Relationships Australia (RA) Canberra and Region Education Officer and key members of the expansion reference and management groups.

Following the completion and discussion of the literature review, it became clear that the most valuable evaluative material would come from the program participants, the facilitators and those involved in the planning of the expansion. To this end, the above strategy was modified to reflect the importance of gathering data from these newly identified groups.

Feedback forms were completed by all participants at the end of the RiPP and were collected by the student researcher. Two different feedback surveys were developed and given to different groups of participants to complete, an RiPP form (see Appendix 5) as well as And Baby Makes 3 (see Appendix 6). The results from these forms were entered in to an online survey tool, Survey Monkey. These results were then analysed with particular attention to the overall effectiveness of the program expansion to reach its key aims. Participants who identified themselves as willing to further assist the evaluation of the program were contacted and asked if they would complete a follow up survey on the effectiveness of the service. A RiPP follow up survey (see Appendix 7) was designed, piloted with University peers and the project supervisor, and then posted to participants with a self addressed envelope for return. This survey was completed by participants whose infants were 3, 6 and 9 months of age to give any additional views since they had completed the program. The follow up surveys were accompanied with an introduction to the student researcher, the project and a formal consent letter (see Appendix 2). The responses collected from this follow up were also entered in to the Survey Monkey tool to be analysed and compared to the previous surveys.

To effectively engage the reference and management group members, it was once again necessary to modify the data collection methods. Due to the numerous commitments of the group members and the time constraints of the project itself, it was necessary to email the proposed interview questions to the members in a survey format (see Appendix 8) and collect their written responses via email. The student researcher and supervisor piloted the questions prior to their

distribution. The responses were emailed to the supervisor and passed on to the student researcher in a de-identified format for thematic analysis.

Those involved in the Facilitator Training day - a key aim of the expansion - were also invited to provide feedback on their experiences of and professional views on the effectiveness of the RiPP. Responses were collected in the form of feedback evaluations (see Appendix 9) which were developed by the Facilitator Training day program facilitators. This de-identified data was supplied to the student researcher and was entered in to the Survey Monkey website for analysis.

Strategy three: Code and assess the program evaluation forms completed by the participants at the conclusion of the program.

As discussed above, the participants of the four RiPPs that were conducted during the relevant funding period were requested to complete and return feedback forms to the RiPP staff at the conclusion of the program. All of the responses provided were entered in to the Survey Monkey tool. A simple descriptive analysis using frequency distribution and response counts was used when analysing the majority of survey responses. These responses were then themed for an overall analysis of the participants' experiences of the RiPP.

Strategy four: Utilize the existing ACT Health Level 2 Evaluation form in conjunction with the Partnership Assessment Tools.

The ACT Health Level 2 Evaluation form (see Appendix 10), as developed by ACT Health Promotions Grants (2010) to evaluate projects funded by the department, was completed by the student and revised by the supervisor before submission to ACT Health. This form requires information and evidence in many areas of the program's successes, limitations and future aspirations.

The Partnership Assessment tool (see Appendix 11) employed in this research project was used in two contexts within this project, firstly as a requirement of the funding body and also to develop relevant survey questions. The student revised the Assessment Tool to ascertain the most relevant questions and piloted this list with the project supervisor. These questions were then emailed to the group members and their responses were collected and analysed.

Strategy five: Complete an accurate and useful report which responds to the program's goals and is relevant to the CMS mission, to then be presented to the CMS board.

A report including the key points of evaluation of the RiPP expansion was written and presented to the CMS Board and other relevant RiPP stakeholders. The report focussed on the strengths of the program as were identified and discussed by past participants, respondents to the reference and management group survey as well as newly trained facilitators. The recommendations that arose from the research regarding potential improvements to the RiPP were also disseminated in the report and presented to the stakeholders who attended the meeting.

FINDINGS

Reference and management group member responses, facilitator response.

The responses collected from the reference and management group members and one program facilitator provide insight in to their views of the overall successes of the program expansion, its impact on participants and the wider community, and also highlights the importance of future funding and provision of this service. It is important to note that the responses provided by this group were limited in number, with only three members (out of 9) providing responses. The lack of responses limited the perspective and understanding that could be gained from this data, however, provided relevant information for analysis. Increased social support and cohesion, health promotion and strengthening service partnerships were consistently emphasized in the responses from these group members. Common concerns arose about the future of the program including the strength of existing partnerships and the non-continuous nature of ACT Health funding. The results from this data collection emphasize common areas of knowledge, success and concern amongst the reference and management group members.

The reference and management group survey respondents identified social connections and support between group participants as one of the most valuable outcomes of the RiPP. It is evident from the reference and management group survey responses that social cohesion is valued. All of the respondents highlighted the positive connections that participants have made with each other both during and after the program. One respondent noted that;

“The structure of the group promotes further connections and learning outside the group with partners supporting one another as well as receiving ongoing support from other participants. Participants have often become friends...and maintained contact with each other long after the group.”

Respondents also noted their knowledge of participants maintaining contact with group facilitators for referral and support following the completion of the program thereby enhancing referral to

appropriate services, supporting effective use of services and reducing social isolation. This successfully addresses the expansion goal of creating supportive environments in which parents are able to share and discuss their experiences, concerns and triumphs.

Health promotion is a central consideration of the RiPP as a means to build the capacity of new parents and positively contributing towards social capital of the Canberra community. A reference and management group respondent noted that the RiPP is “well placed” within the current provision of health services to first time parents, that is, it successfully fills a service gap in this area. One of the reference and management group respondents highlighted a concern that the program duration is not adequate time to achieve long lasting and measureable health, stating that it might be “unrealistic that any six week program would improve health outcomes”. In contrast with this, another respondent noted many health outcomes that were improved by the program, as “the topics covered within the program expose the people to ways of being that promote good physical, emotional and social health for themselves, their partners and their children”. In spite of these differing perspectives, all respondents agreed that health promotion is at the core of the RiPP.

Another key success of the RiPP identified by the reference and management group was the effective partnerships created between service providers as well as the knowledge base provided to parents about other relevant services. The expansion of the RiPP effectively draws together the knowledge and expertise of Relationships Australia Canberra and Region’s program, ‘And Baby Makes 3’, as well as the various ACT Government Community Services Directorate Child and Family Centres in three regions of Canberra. Collaboration between services aims to present the clients with a comprehensive range of service which meet their needs. The reference and management group survey respondents identify the RiPP as one such service which meets the needs of first time parents within the Canberra region. These partnerships have been further strengthened through the facilitator training run by CMS community development officer~~r~~ and the ~~other program~~ co-author who has since retired from her social work position within Women, Youth and Child Health.

Clear concerns were raised by the reference and management group members regarding the indefinite nature of future funding grants. ACT Health Promotion Fund was identified as the primary funding body for the RiPP at the current time. Two of the three respondents expressed

their concern both about the reliability of this funding and the sustainability of the RiPP if ~~ACT Health~~ funding were to cease. Respondents were asked to suggest plausible funding alternatives and all identified support from community partners and organisations. One respondent highlighted the difficulties that community organisations often face when trying to fund and resource their own programs entirely, namely maintaining appropriately qualified staff. This respondent identified the issue of non-continuous funding as one which could compromise the longevity and effectiveness of the RiPP itself. It is clear, however, that funding is key to the life and provision of the RiPP within Canberra.

Relaxing into Parenting Program feedback surveys

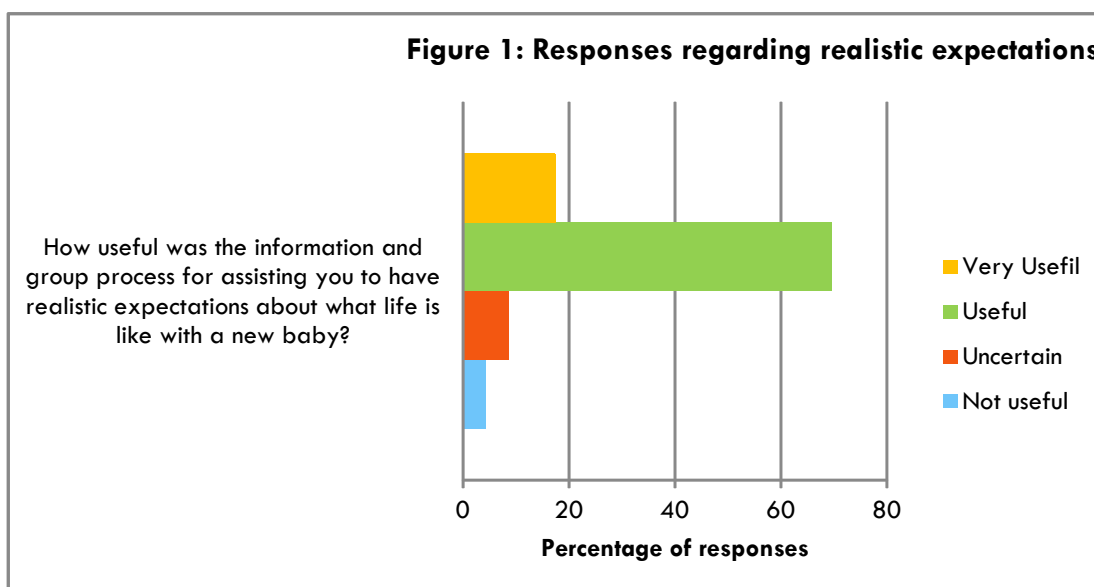
Each participant of the RiPP was asked to provide feedback on the program at its completion by completing a written survey. The survey responses gave invaluable insight in to the successes and limitations of the program as identified by participants. The responses provide an overwhelmingly positive response to the content, facilitator delivery and overall effectiveness of the RiPP in preparing them for the transition to parenthood.

Participants recorded high levels of satisfaction with the program in providing them with support and confidence in their transition to parenthood. Of those who responded, 92% rated the program as successful in informing them about the transition to parenthood. A significant majority of respondents stated that the information provided was very useful in assisting their understanding of early infant developmental needs, as well as developing the skills necessary to care for the baby. One participant stated that the best thing about the program was “instilling calm and confidence”. A further 91% of the respondents also recorded that the information provided to them during the course was useful in developing team work skills with their partners and in forming support networks. The data recorded for these responses highlight the success of the RiPP in providing useful and relevant information to participants.

Facilitator knowledge, group work approaches and program content were also key successes identified by the RiPP survey respondents. A large majority of the respondents (96%) approved or strongly approved of the methods used by the program, including group discussion, use of DVD visuals and facilitation techniques. When asked to comment on the best thing about the program, almost all respondents praised the knowledge, warmth and skills of the facilitators. Comments

regarding the group atmosphere and management, discussions and openness of facilitator sharing were amongst the most common. Furthermore, over 91% of respondents indicated that the information and experience of the program positively contributed to their forming of a supportive social network.

Overall, respondents deemed the Relaxing into Parenting Program a positive and somewhat useful experience in regards to their transition to parenting. At the completion of the program, 96% of respondents stated that they would recommend the program to others, which highlights their confidence in its value for first time parents. Within the qualitative comments recorded, a



positive overall view of the program was evident. Statements such as “very informative,” “overall an excellent program” and “good information” were commonly recorded on the surveys. It was clear from these responses that the survey respondents were satisfied with their experience of the RiPP and the value of the program.

It was important to note that participants recorded lower satisfaction regarding the program’s ability to provide them a realistic idea of life with a newborn baby. As shown (figure 2), 13% of respondents recorded that they were uncertain or that the program was not useful in this regard. Further explanation was offered by two respondents when given opportunity to comment. One stated that “...a little more information on what it is really like, i.e. the lack of sleep and how to cope, we didn’t realise it would be so hard...” Another respondent recognised the difficulty in understanding exactly what life with a new baby, stating:

"I don't think the program adequately prepares you for the insanity and sleeplessness a baby brings – but nothing does or can!"

And Baby Makes 3 feedback surveys

Participants completed a different feedback form at the completion of their program, which was developed with the ~~And~~-Baby Makes 3 program. The results from these feedback forms were similarly positive to those of the RiPP feedback forms. It was clear from the survey responses that the content, the facilitator's delivery and the group atmosphere were effective in preparing these participants for the transition to parenthood and changes in the couple relationship from the survey responses. It can be concluded from this feedback that the program was successful in providing first time parents with a relevant and successful program.

The program effectively presents relevant and useful information for those undergoing the transition to parenting. When asked whether the program content was relevant to their circumstances and needs as new parents, 100% of survey respondents agreed. Participants also stated that the program provided them with the skills and knowledge to "better cope or deal with [parenting] issues". When given the opportunity to comment on the most useful or beneficial aspects of the program, participants described the program as "a useful opportunity to spend thinking about our relationship," a "great course that covered so many relevant topics," and further to say that the "topics covered helped me to feel more prepared for living with a baby". These statements showcase the overall success of the program in meeting the needs of first time parents.

Furthermore, the majority of participants agreed the program is well organised, clearly set out and run with a clear value of respect and trust. Within the qualitative responses offered, many respondents indicated that the facilitators effectively fostered a positive and open atmosphere throughout the sessions. Two participants noted the following as the most beneficial elements of the programs; "attitudes were great, good sense of humour all around" and "really friendly facilitators". This atmosphere was conducive to sharing and collaborative learning amongst participants. Participants provided positive comments regarding the opportunities to ask questions and meaningful discussions on issues that they were uncertain about. Many noted the discussion

times are most beneficial to their consideration of various topics: “it helps me to stop and think about the topics better”, and an opportunity “learn from others in a similar situation”.

“Being able to share with other couples embarking on the same journey was valuable.”

Time allocated to socialising with other participants and the facilitators was also highlighted as an effective means of building group rapport. Participants noted the value of this group as a support for each other and commented on the group dynamic as “comfy” and “warm”. The techniques employed by facilitators throughout their delivery of the RiPP were successful in creating a positive learning experience and fostering social cohesion for program participants.

RiPP Follow up surveys

The follow up surveys completed by seven previous program participants provided further insight into the value of the program content and process for people transitioning to parenthood. The information provided by the participants who completed the follow up surveys, ranging from three to twelve months after their babies were born, echoed the key findings from earlier participant surveys. The main program successes identified by the respondents centred on the valuable social support connections fostered within the group, the positive atmosphere of the group process as well as the overall importance of practical skills acquired. One respondent identified “the most helpful outcome of the program has been establishing an ongoing parenting group” with another reporting that their group maintains monthly catch ups. Respondents also noted the importance of the facilitators creating a program in which “everyone felt respected and supported in participating”. Others also commented further on the group dynamic stating “loved the atmosphere of the class. A lot of laughs and great connecting time” and that the facilitators effectively gave “sensible advice in a supportive manner”. These are key successes of the RiPP and have been triangulated through the survey findings. It is clear that the RiPP effectively welcomes and engages first time parents in a positive group process.

Participants identified three key areas of improvement for the RiPP that had not been previously identified in survey responses, which assists the future improvement of the program. Firstly, three

of the seven respondents noted that more time allocated for discussion would have improved the program, with two respondents identifying a need for more discussion with the infants secondary caregiver. One participant noted that more time to explore the Relationships Australia component would have been useful, stating “some more strategies for communication between partners in times of stress would have been good”. Secondly, two of the participants wrote that it would have been useful to have a booklet or course folder of resources to take home “when the memory fails,” to assist their retention of the RiPP key learnings. Lastly, the third area of improvement which was identified by the follow up survey respondents was more time allocated to discussing and learning practical skills of caring for the baby. Four respondents identified sleeping patterns and settling as areas that could have been covered in more depth during the program. Overall, the follow up survey respondents echoed the positive feedback provided at the completion of the program.

Facilitator Training Day feedback surveys

A key aim of the RiPP expansion was to enhance program sustainability by increasing the number of health professionals who could deliver the program. This was achieved through successful publication of a Facilitator Guide and a Facilitator Training day for 19 new facilitators. Those who participated in the training completed an evaluation feedback form regarding their experiences and perceived ability to facilitate the program in the future. From the data collected it was clear that 100% of participants agreed that the context and background of RiPP clearly outlined in the course. Opportunities to network and debrief with other professionals were specifically recorded as one of the best features of the training by almost half (47%) of participants. Overall, the training course was perceived as a positive and informative experience for the participants. All of the participants recorded high levels of confidence in their ability to successfully facilitate a RiPP. Many participants also provided comments encouraging the future of the program, “the course needs permanent funding,” and “keep going!”. To further their abilities, many participants requested more resources for the course and references for further exploration of the topics discussed.

DISCUSSION

The needs of first time parents

The transition to parenting is a stressful time of change and challenge for many individuals who require support and reliable sources of information to maintain their own physical and emotional health, as well as the positive function of their family unit. The research conducted to enhance the transition to parenting for first time parents who participate in the Relaxing into Parenting Program found that these issues can be effectively addressed in the following three key ways; parent education, access to resources and services and most importantly, social cohesion and support. The RiPP effectively fosters these three areas to positively contribute to and equip first time parents for their transition to parenthood.

Education and information were important contributors to the RiPP participants' satisfaction with the program and their confidence as parents. Access to and knowledge of useful resources and information is identified in the current literature as a main contributor to confidence in new parents (Stanley, 2003). From the data collected throughout this research project, it was evident that first time parents valued the relevant and accessible content of the RiPP. The opportunities to ask questions of the facilitators and to learn from and discuss with fellow participants were highlighted in the qualitative comments given by participants. Of those who responded to the Relationships Australia feedback survey, a clear majority agreed that the program was well organised, run effectively and informative. Furthermore, respondents identified the connections to other local services as a valuable outcome of participating in the program. In particular, many mothers made use of breastfeeding support services recommended by RiPP facilitators and indeed recommended these services to their fellow participants following the program.

Respondents to the RiPP feedback survey also identified the delivery of the program as a main contributor to effective learning. It was essential that the program be delivered on a foundation of effective adult education principles so that the key messages are successfully learnt by all participants (Peled and Perel, 2010). A large majority of RiPP survey respondents agreed that

the methods used during the RiPP were effective in delivery useful and relevant content. The use of the “Getting to know you” DVD resource was explicitly mentioned by participants as one of the most beneficial aspects of the program.

Social networks and support groups are well documented in both existing literature and the data collected in this project as positive contributors to health and wellbeing for first time parents. Hanna et al. (2002) highlight the effectiveness of social connectedness and social networking to provide support for first time parents. Trust, respect and openness were identified in qualitative responses provided by ABM3 survey respondents as other key ways in which the facilitators established a successful and positive learning environment for participants. Warm, comfortable and friendly groups were appreciated by the participants. The RiPP facilitators work towards this cohesion through their use of modelling, building a trusting atmosphere and treating all group members with respect. This process enables many group members to feel authentically engaged and welcome to participate in the group process (Jacobs et al., 2012). Within the atmosphere fostered by the facilitators, participants were able to question, discuss and learn about the transition to parenthood. Of those who responded to the RiPP survey, the importance of small group discussions was consistently recorded. Respondents who offered further comment on this point identified this process as an opportunity to learn from others, consider other perspectives and reflect on their own. The group dynamic was also a common area of praise from the survey respondents, as they discussed the value of feeling a collaborative and open group to contain their learning. This concept is thoroughly supported in the literature. Jacobs et al. (2012) states that social cohesion amongst groups is a key component to the success of any group work situation. All three reference and management group respondents also identified the importance and ongoing value produced by social groups of participants after completion of the course.

Relationships within the family unit

Maintaining positive, open and supportive relationships within the family unit is also important to reduce feelings of stress and isolation for first time parents and to positively contribute to the development of their baby. A large number of first time parents recorded decreases in shared leisure time with their partner, problems with effective communication and an overall dissatisfaction with their relationships (Guest and Keatinge, 2009). This dissatisfaction can have a detrimental effect on their support systems and also on their abilities to cope with post-partum

depression, anxiety and stress (Hanna et al., 2002). Furthermore, negative interactions between parents can impact on their interactions with their baby as well as influence the development of the child's relational paradigm (Guest and Keatinge, 2009). The program content and delivery methods aim to promote and discuss the importance of physical, emotional and mental health for all family members. The discussions prompted between couples aim to allow for consideration, sharing and questioning. Many program participants referred to the value of the ABM3 components of the program. Responses included statements such as "definitely useful and very informative," "taking time to assess our relationship and how we work together, finding our strengths and weaknesses."

"I will take away that this new adventure will be a challenge but that we will be well equipped and there are people and services out there to assist."

These responses highlighted the important role that family relationships play in the development of healthy infants, satisfied parents and strong social cohesion.

The future of the RiPP

The RiPP is a community based program which relies on ~~Government-external~~ funding and financial contributions from partnering organisations, resulting in an unreliable and indeed uncertain future. One of the reference and management group members expressed a clear appreciation for the RiPP as a program that responds to a present need. Views expressed by participants in the Facilitator Training day feedback forms further supported the need for the RiPP to be delivered, to its current high standards, in the ACT region. Many RiPP participants also called for more programs run and resources produced in their qualitative feedback. Two out of three reference group members expressed their concern and one member their lack of knowledge about how future RiPPs could be financially viable if ACT Health Promotions Grants funding was not awarded in the future. The South Australia Community Health Research Unit (2010) suggests that effective and detailed evaluation of health services provides the organization with an invaluable resource for themselves, but also a means of effectively showcasing the benefit of their program to funding bodies. Furthermore, partnerships with Relationships Australia Canberra and

Region as well as ACT Government Community Services Directorate Child and Family Centres and Women, Youth and Child Health, highlight community support and investment in this program.

EVALUATION

Both formative and summative evaluation methods are key to ensure that research is responsive, informed and able to provide insights for future research opportunities. Formative evaluation was scheduled to occur at four intervals throughout the implementation stage of the project. Regular meetings with the project supervisor and completion of a midway monitoring report facilitated this process. Summative evaluation was conducted at the completion of data collection and analysis and reflected upon the overall successes and limitations of the project.

THE RELAXING INTO PARENTING PROGRAM

The Relaxing into Parenting Program developers identified four key aims of the expansion, which have been explored as a central means of measuring the overall effectiveness of the RiPP. The first of these goals was to deliver at least three RiPP per annum with 90% of participants reporting increased levels of knowledge and satisfaction with their parenting role. Part one of this goal was achieved as six RiPPs were delivered during the 2011-2012 funding period. Furthermore, the results collected during the feedback survey data analysis confirm the success of 92% of participants recording that the program increased their levels of knowledge, their skills and their confidence in the transition to the parenting role. The feedback surveys completed at the end of each program effectively demonstrate a successful achievement of this aim.

The second aim identified in the RiPP expansion was fulfilled and led to unexpectedly positive results. The aim was to support and train at least 6 co-facilitators to enable them to successfully deliver the program external to the CMS over the three year funding period. To date, 19 people have successfully completed the RiPP Facilitator Training course. Furthermore, the agreement with C&FC staff to provide one co-facilitator per centre annually and agreement to host six programs per year is being upheld.

Due to a lack of demographic information collected during the participant intake process, the third key aim of the expansion is difficult to measure and indeed to report on. This aim was to expand program delivery to include target groups including Aboriginal and Torres Strait Islander parents, culturally and linguistically diverse parents and young parents, with a target of at least 5% of all program participants over three years representing these groups. The demographic data relating to these specific details were not recorded and can therefore not be explored. It will be recommended that this data be collected on the RiPP feedback surveys in future to ensure that all necessary data is collected and recorded appropriately.

The fourth and final aim of the RiPP expansion was also achieved and provides a positive contribution to the future of the RiPP. This aim was to develop the necessary resources and support to enable at least one other organization to deliver the RiPP over the three year funding period. ACT Government Community Services Directorate have agreed to provide physical and human resources to continue the program. Relationships Australia Canberra and Region have joined as a partner with CMS and committed to continuing RiPP through program planning, recruitment and delivery. Program intake now occurs through RAC&R. In addition, publication of a RiPP Facilitator guide complete with required resources and delivery of a Facilitator Training day has built CMS capacity for program delivery. Both of these achievements provide a sound basis for community organisations other than CMS to deliver the RiPP to the same high standard as it is currently. Further training of facilitators using a mentoring model will assist the fulfilment of this aim by the end of the funding period.

THE RESEARCH PROJECT

Formative evaluation

Formative evaluation is, as the name suggests, evaluation which occurs during the project and which forms the project during implementation. This form of evaluation is necessary to adapt, reshape and reflect on the strategies of the project and the effectiveness in achieving the project aim and objectives (O'Leary, 2010). Reflection times were selected to enable the student researcher to reflect on the success of the strategy and any necessary changes before moving to

the next strategy. At evaluation point one, which occurred after all of the participant feedback forms had been collected and analysed, it was clear to both student researcher and supervisor that this feedback had provided rich data to inform the project. The data collected from the participants provided the student researcher with insight in to the experiences of these participants and the value of the program in their personal transitions to parenthood.

The second scheduled point of formative evaluation did not happen as was planned due to difficulties in contacting the key informants who were identified in the initial planning stages of the project. These communication challenges provided an opportunity for formative evaluation, as the student researcher reassessed the most effective means of collecting data from these individuals. Following discussion with the project supervisor it was decided that an email containing key questions would be sent to the key informants for them to complete and return in their own time. This method of engagement proved more successful with 30% returned.

A midway monitoring report also marked a point of formative evaluation during the research project as it required both student researcher and project supervisor to assess the progress of the project, reflect on any adjustments that had been made or were foreseeable, and provided an opportunity to meet with University of Canberra unit convenor. The report also enabled University staff to engage in a formative evaluation with the student researcher by allowing for any adjustments to be made to the progression of the project to reach University assessment parameters. No adjustments were necessary at this point of the process and so the project continued as planned.

The fourth and final point of formative evaluation during the project implementation occurred following the submission of the ACT Health Promotions Grants funding evaluation tool and Partnership Evaluation tool. This was a crucial point for reflection as it marked a clear change of focus in the project from data collection to analysis. Evaluation at this point required the student researcher to consider the depth and variety of data collected to determine whether the data collection methods had been successful. The data collected through multiple methods provided the student researcher with a rich understanding of ways in which to enhance the transition to parenthood for participants in the RiPP. It was clear at this point of formative evaluation that the strategies employed during the project were successful in reaching their objectives, and in turn, achieving the overall aim of the project.

Summative evaluation

Summative evaluation, which occurs at the completion of the project, endeavours to ascertain the overall strengths, weaknesses and potential for future improvement of the project in achieving its aim. O'Leary (2010) identifies three key perspectives that can be considered in summative evaluation, depending on the project aims. Two of these perspectives that of the provider (CMS and stakeholders) and the recipient (program participants) are relevant to explore in this evaluation. These perspectives were considered with relation to the overall aim of the project, that is, to enhance the transition to parenting for first time parents participating in the Relaxing into Parenting Program.

The first perspective, that of the provider, was explored through an in depth discussion of the project's effectiveness and review between the project supervisor and student researcher. This discussion occurred during the placement closure meeting in which the effectiveness of the project processes, the final report and the overall learning of the student researcher were discussed and reported on. Further, the predicted budget for the program which was written during the planning stages was reviewed and changes were made to include the cost of the student researcher attending a conference where information about the RiPP and research project was presented. Additional costs generated by a stakeholder meeting were also included in the revised budget. It was decided that the project had indeed enhanced the transition to parenting for those participating in the RiPP as the current practices were thoroughly examined and recommendations for future improvements were provided.

The recipient perspective of the overall effectiveness of the project was explored through responses provided in a post RiPP survey conducted by the student researcher. The post program surveys were distributed to participants who responded to an email asking for their interest in assisting with the evaluation process. Of those who expressed their interest to complete the survey, all surveys were completed and returned. Generosity of former program participants suggest and support the positive responses provided in the initial survey and indeed showed the value of the RiPP in providing parents with realistic expectations and supportive social connections. This data also highlighted the willingness of participants to recommend the program

to other people. It was clear from this data that the RiPP has a significant positive impact on the transition to parenting for those who participate. To further assess the impact of the research project, it would be necessary to implement the changes recommended in this paper and to then compare the feedback given by participants.

CONCLUSION

The transition to parenting is a challenging time in which people require strong support and effective education to help them to maintain their own mental and physical health, and indeed that of their relationships. Responding to this need within the Canberra community requires a broad and engaging delivery of content to ensure responsive quality programs are delivered to meet the needs of diverse demographic groups. The current project aimed to enhance the transition to parenting for first time parents in the Canberra community through the evaluation of one such program aimed to support these parents, the Relaxing into Parenting Program.

Participant feedback was collected both immediately after the program ended and at a follow up time up to a year later. These surveys formed the strongest base from which the strengths and limitations of the program could be understood. Further data collected from reference and management group members, as well as newly trained facilitators, helped to provide a wider perspective on the impact and value of the RiPP to facilitators and key informants. Overall, the response to the RiPP is positive and encourages funding bodies and community partners to continue to support this program.

The processes used throughout this research project have been largely effective in collecting relevant data and presenting useful findings to both ACT Health Promotions Grants and the Canberra Mothercraft Society. These research methods effectively highlighted the existing strengths of the program, as well as providing insight in to potential areas for improvement. The reference and management group member responses highlighted the value of the group setting and the social cohesion within the participant groups. Contact outside of and following the completion of the RiPP further supported the value of personal connections between the participants. Reaching health promotion goals as well as effective partnerships between organisations were also highlighted as key successes. The participants echoed praise from the group cohesion and the work of the facilitators in presenting useful information during the sessions. High levels of satisfaction with the program content and methods of delivery were recorded by participants. Requests for take home information, as well as more time allocated to the

Relationships Australia component of the program were commonly identified as areas for improvement.

RECOMMENDATIONS

In light of the current research, the following recommendations are made in the hope of future improvement of the already valuable and important program within the community.

- Continuous funding be secured to provide the RiPP with stability and security for future programs. Respondents expressed great concern as to the reliability and sustainability of the program if the current funding from ACT Health were to cease.
- Demographic data relating to cultural and linguistic statuses be recorded during participant intake to better inform and measure strategic goals to assist program inclusivity. The current enrolment process for first time parents does not request this information and therefore renders measurement of this demographic impossible.
- Further research be conducted into effective methods of engaging other target groups that were identified in the objectives of the expansion, namely; Aboriginal and Torres Strait Islander parents and parents with culturally and linguistically diverse backgrounds.
- Evaluation be consistently undertaken to ensure that the RiPP maintains its relevance to the needs of the community and its ability to respond to participant feedback. The data collected both at the time of program completion and through follow up surveys provided great insight in to the participants' experiences and value of the program. This information positively contributes to the future development of the program.
- Include participants in current or past programs within the evaluation reference groups to provide a perspective informed with personal experience and more interest in assisting further development of the program. Participants in the programs from which the data was collected expressed a desire to learn from other first time parents about their personal experiences of parenthood.

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APPENDIX 1: UNIVERSITY OF CANBERRA FINAL YEAR PROJECT ETHICS GUIDELINES

1. Our commitment to confidentiality includes: being sensitive; thinking before speaking; not tolerating others' breaches—and extends to both individuals and agencies. We will maintain client and agency confidentiality in all written and oral forms.
2. We will not sanction inappropriate behaviour and/or sexual harassment.
3. We will not discriminate against individuals or agencies, and will respect and value difference in age, gender, disability, culture, faith and worldviews.
4. We will work within the legal obligations in our sector.
5. We value dignity, empathy, transparency and openness, integrity, honesty and tact.
6. We will uphold high personal and professional standards of responsibility, accountability, reliability and punctuality.
7. Within our project, we will maintain focus, clear lines of communication, be aware of conflicts of interest (personal and professional); be open about our perspectives and/or standpoint/bias and be willing to analyse those views and acknowledge the views of others.
8. We are committed to using the information gained in the project in a constructive way that addresses issues such as inequality, stereotyping etc.
9. We will maintain an awareness of expected behaviours, mandatory requirements, duty of care, policies and practices including conflict resolution and grievance procedures within our setting.
10. We will not engage in sexual or financial relationships with clients or staff.
11. We will maintain client and worker occupational health and safety standards. Safety takes priority over protocols.
12. We are committed to strengthening individuals and communities and ourselves.
13. We will seek guidance in any other areas that have ethical implications.

APPENDIX 2: INFORMATION AND CONSENT LETTER SENT TO EVALUATION PARTICIPANTS



129 Carruthers Street
Curtin ACT 2605
Email: info@cmsinc.org.au
Tel: (02) 6205 2333

PO Box 126
Curtin ACT 2605
www.cmsinc.org.au
Fax: (02) 6205 2344

Canberra Mothercraft Society – Relaxing into Parenting Program evaluation

My name is Kate Buscombe and I am a student at the University of Canberra, currently completing my final year of a Bachelor of Social and Community Studies. As part of my study requirements, I am undertaking a project with the Canberra Mothercraft Society. I would like to inform you of and invite you to participate in this study.

The purpose of this study is to evaluate the current Relaxing into Parenting Program (RiPP) which is facilitated by the Canberra Mothercraft Society (CMS) and various Child and Family Centres throughout the Canberra region. The RiPP underwent significant expansion in July 2011 and it is necessary to the continuous improvement of the service that these changes be evaluated and reflected upon. The information collected in this evaluation will be used by CMS staff and program associates to further the provision of this service. The information will be collected via the feedback forms completed by participants at the end of the RiPP as well as the follow up feedback form. Information will also be recorded from staff and key informants to present balanced feedback on the program.

Participation in any of these surveys or interviews is entirely voluntary and your wish to not participate will be treated with the utmost respect. You may decide to withdraw from this study at any time by advising myself. This will not have any negative consequences on the services you receive from CMS.

All information you provide is considered completely confidential. Your name will not appear in any report resulting from this study and all measures will be taken to de-identify any data collected. With your permission anonymous quotations may be used. Data collected during this study will be retained as per the CMS internal policy with respect to confidentiality and privacy. There are no known or anticipated risks to you as a participant in this study.

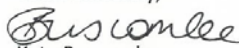
I would like to assure you that this study will abide by the ethical principles set out by the University of Canberra's Final Year Ethics Document as well as the CMS Operational Manual.

By completing the feedback survey and submitting it CMS staff, you are considered to be consenting to participate in this research project.

If you have any comments or concerns resulting from your participation in this study, please contact Emma Baldock, Community Development Officer on 0262052311, or via email on emma.baldock@act.gov.au. If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me by email at kate.buscombe@gmail.com.

I hope that the results of my study will be of benefit to the Canberra Mothercraft Society as well as to the broader community. Thank you in advance for your assistance in this project.

Yours Sincerely,


Kate Buscombe

Tuesday, July 03, 2012

APPENDIX 3: FINAL YEAR PROJECT RISK ASSESSMENT

Potential risk	Source of risk	Potential consequences	Impact of occurrence	Likelihood of occurrence	Strategies/controls to reduce risk	Level of risk /acceptable?
Fire/bomb/lock down threat during interviews	Faulty electrical goods/connections /threat made	Physical harm/disruption of program	Major	Rare	All participants aware of emergency procedures within CMS building, procedures up to date.	Low/yes
Car accident/break down on way to interview	Both interviewer and interviewee using own transport	Unable to complete interviews at scheduled time	Moderate	Possible	Contact information provided to all parties in case of last minute cancellation, alternate interview schedule available	Moderate/yes
Illness/unable to attend	Either interviewer or interviewee unable to attend due to illness etc.	Unable to complete interviews at scheduled time	Moderate	Possible	Contact information provided to all parties in case of last minute cancellation, alternate interview schedule	Moderate/yes

					available	
Student researcher unable to complete project	Student researcher travelling during July, potential travel injury or fatality	Project unable to be completed in 2012	Catastrophic	Rare	Reliable means of transport used, care taken whilst travelling	Moderate/yes
Supervisor unable to complete project	Supervisor travelling throughout the project, potential travel injury or fatality	Project unable to be completed in 2012	Catastrophic	Rare	Reliable means of transport used, care taken whilst travelling, alternate supervisor available at CMS.	Moderate/yes

APPENDIX 4: FINAL YEAR PROJECT TIMELINE

DATE (weekly)	TASK	RESPONSIBILITY	NOTES
Pre May	<input type="checkbox"/> Confirm project <input type="checkbox"/> Attend supervisor's meeting <input type="checkbox"/> Submit background paper and receive feedback <input type="checkbox"/> Set up survey monkey template to record participant feedback from surveys <input type="checkbox"/> Complete rough timeline <input type="checkbox"/> Finalise working agreement and have EB sign off. <input type="checkbox"/> Draft KI interview questions and work with EB to confirm <input type="checkbox"/> Contact KIs to organise interview for early June.	KB, EB & SHM KB & EB KB & SHM KB & EB KB & EB KB EB KB	
May 2 - 15	KB AWAY – OVERSEAS, NOT CONTACTABLE.		May 11 – End of semester 1.
May 17 – 22	<input type="checkbox"/> Work on planning document – confirm KI interview questions, research and write up methodology etc. <input type="checkbox"/> Submit draft to SHM. <input type="checkbox"/> Confirm KI interviews for June <input type="checkbox"/> Pilot KI interview questions on peer group	KB KB & SHM KB KB & Peers	
May 23 – 29	<input type="checkbox"/> Submit draft of planning document to EB for review (for return on or before May 28) <input type="checkbox"/> Complete and submit planning document by	KB & EB KB	

	29 th .		
May 30 – June 5	<input type="checkbox"/> Re-work background paper to become a sufficient literature review as per strategy 1. <input type="checkbox"/> Enter data from remaining participant feedback forms	KB KB	
June 6 – 12	<input type="checkbox"/> Conduct KI interviews (record) <input type="checkbox"/> Transcribe results <input type="checkbox"/> Begin coding	KB & EB KB KB	12 th Winter term begins
June 13 - 19	<input type="checkbox"/> Key analysis on KI interview results	KB	
June 27 – July 3	<input type="checkbox"/> Complete ACT Health Partnership Evaluation forms <input type="checkbox"/> Complete ACT Health Level 2 Evaluation forms <input type="checkbox"/> Submit drafts of both of these forms to EB for review and feedback	KB KB KB & EB	
July 4 – 10	<input type="checkbox"/> Begin drafting process of evaluation findings – paying special attention the ACT Health Promotion Grants Program. <input type="checkbox"/> Submit first half of report to EB for review	KB KB	Write up information also provided by EB on SACHRU guidelines for report writing and the presentation given by ACT Health to funding recipients.
July 11 – 17	KB AWAY – CONTACTABLE VIA PHONE AND EMAIL.		
July 18 – 24	<input type="checkbox"/> Continue drafting process of evaluation for ACT Health.	KB	
July 25 – 31	<input type="checkbox"/> Finalise report to be submitted to ACT Health <input type="checkbox"/> Complete media release for the evaluation.	KB & EB KB	27 th Winter term ends
August 1 – 7	<input type="checkbox"/> Complete final report and submit to CMS	KB & EB	

	and/or ACT Health.		
August 8 – 14			13 Semester 2 begins

APPENDIX 5: RELAXING INTO PARENTING PROGRAM PARTICIPANT FEEDBACK SURVEY

Relaxing into Parenting Program 2012 Process Evaluation Questionnaire

Participant Identifier:

To help us gain an understanding of how you view the program you have just completed, we would appreciate your answering the questions below. Please respond by choosing one number for each scale, using the response choices listed. This information is private and confidential. Thank you for your help.

How clear was the information provided to you regarding how Relaxing into Parenting Program could assist you?

1	2	3	4	5
very unclear	unclear	uncertain	clear	very clear

How much do you approve of the methods used by the program?

1	2	3	4	5
strongly disapprove	disapprove	uncertain	approve	strongly approve

How successful was the program in informing you about the transition to parenting?

1	2	3	4	5
very unsuccessful	moderately unsuccessful	uncertain	moderately successful	very successful

How useful was the information and group process for:

4.1 Assisting you to understand what becoming a parent would be like?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.2 Assisting you to have realistic expectations about what life is like with a new baby?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.2 Assisting you and your partner/significant other to develop your teamwork and ability to support each other in the parenting role

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.3 Assisting you to understand the early development needs of babies?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.4 Assisting you to form a supportive social network?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.5 Assisting you to adopt positive and flexible approaches to coping with the demands of a new baby?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

To what extent would you recommend the program to other parents wishing to prepare for the transition to family life?

1	2	3	4	5
strongly not recommend	not recommend	uncertain	recommend	strongly recommend

What was the best thing about the program?

What was the worst thing about the program?

What would make the program better?

Thank you for your assistance in answering these questions.
Please return either by email or mail or bring it with you to the first postnatal session on Saturday

APPENDIX 6: AND BABY MAKES 3 PARTICIPANT FEEDBACK SURVEY



Service File No. _____

Group name _____

Counselor _____

Date _____

Dear _____

Your feedback is valuable to us as it helps us to improve the services we provide. The information you give is used for statistical evaluation purposes only. Your right to privacy and confidentiality is fully respected. We have provided a postage-free return addressed envelope for your convenience.

General Service Feedback: What did you think of the services you received?

For each of the statements, please indicate the extent to which you agree or disagree	Completely disagree 1	Tend to disagree 2	Neither agree or disagree 3	Tend to agree 4	Completely agree 5
I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received an adequate explanation of the nature and limits of confidentiality surrounding the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was clear about the expectations that my practitioners and I were working towards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to use new skill or knowledge learnt from this service in my relationship/s or situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what service could provide me with help if I needed it now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied that the services I received (including referrals to other services) were relevant to my circumstances and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent were the Facilitators

	Completely disagree 1	Tend to disagree 2	Neither agree or disagree 3	Tend to Agree 4	Completely agree 5
...Knowledgeable about the subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Able to communicate that knowledge well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Organised in their delivery of the workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Assessment:

Thinking about the issues that you received help with...					
As a result of the help I received.....	Completely disagree 1	Tend to disagree 2	Neither agree or disagree 3	Tend to Agree 4	Completely agree 5
...would you say that you are better able to cope or deal with your issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We invite your comments about any aspect of the service you have received - what was useful or beneficial

What was the most challenging or one thing you will take away and use from this course

APPENDIX 7: RELAXING INTO PARENTING PROGRAM PARTICIPANT FOLLOW UP SURVEY

Relaxing into Parenting Program 2012**Evaluation Questionnaire**

Participant Identifier: Health Promotion Funding 2010-2012 Follow-up

Thank you for agreeing to complete this Evaluation Form – it is similar to the one you did at the end of your course. The purpose is to Evaluate your perspectives *now* that you have been parents for some time.

PLEASE COMPLETE THE EVALUTION IN RELATIONSHIP TO YOUR EXPERIENCE NOW

Data will be reported in the Evaluation Report to ACT Health Promotion Fund

The information you give to us will be de-identified i.e. your confidentiality will be ensured

Pease circle how old your baby is now (to the nearest month)

3 6 9 12

1 How clear was the information provided to you regarding how Relaxing into Parenting Program could assist you?

1	2	3	4	5
very unclear	unclear	uncertain	clear	very clear

2 How much do you approve of the methods used by the program?

1	2	3	4	5
strongly disapprove	disapprove	uncertain	approve	strongly approve

3 How successful was the program in informing you about the transition to parenting?

1	2	3	4	5
very unsuccessful	moderately unsuccessful	uncertain	moderately successful	very successful

4 How useful was the information and group process for:

4.1 Assisting you to understand what becoming a parent would be like?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.2 Assisting you to have realistic expectations about what life is like with a new baby?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.6 Assisting you and your partner/significant other to develop your teamwork and ability to support each other in the parenting role

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.7 Assisting you to understand the early development needs of babies?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.8 Assisting you to form a supportive social network?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

4.9 Assisting you to adopt positive and flexible approaches to coping with the demands of a new baby?

1	2	3	4	5
not at all useful	not useful	uncertain	useful	very useful

5 To what extent would you recommend the program to other parents wishing to prepare for the transition to family life?

1	2	3	4	5
strongly not recommend	not recommend	uncertain	recommend	strongly recommend

6 What was the MOST HELPFUL about the program?

7 What was LEAST HELPFUL about the program?

8 What would make the program better?

9 Anything else you wish to add

Thank you for your valuable time and assistance in completing this evaluation.

Please return either by email or mail to:

Email emma.baldock@act.gov.au

Mail: Attention: Emma Baldock, Canberra Mothercraft Society, PO Box 126 CURTIN ACT 2605

APPENDIX 8: REFERENCE, MANAGEMENT AND PROGRAM FACILITATOR QUESTIONNAIRE

Part 1: The expansion

Part 1.1

Aims of the expansion: In your opinion were these aims achieved?

1. Within three years develop the necessary resources and support to enable at least one other organization to deliver the RiPP
YES/NO
2. Over three years support and train at least 6 co-facilitators to enable them to successfully deliver the program in partnership with CMS
YES/NO
3. Expand program delivery to include target groups including A&TSI parents, culturally and linguistically diverse parents and young parents with a target of at least 5% of all program participants over three years representing these groups.
YES/NO

Part 1.2

What are your expectations of the expanded version of the RiPP to continue following this initial ACT Health promotions grant funding?

If yes, where do you anticipate future funding will come from?

What community networks are you aware of that were established as a result of the program? (Including informal activities and meetings).

Were there any documents published as a result of the expansion?

In your opinion did the RiPP expansions improve health outcomes of participants? (Consider how the program encouraged making healthy choices easier choices, improving social determinants of health etc.)

Were you aware of any unexpected outcomes? (Positive or negative).

If yes, please outline below:

Part 2: Reference or Management group questions

Please circle/underline your response.

1. Did you receive a copy of the terms of reference for the group? YES/NO
Were these terms:
 - Specific enough to what you were trying to achieve? YES/NO

- Able to be measured as you had intended? YES/NO
 - Achievable? YES/NO
 - Relevant to both your intentions and your stakeholders? YES/NO
 - Achievable in the planned two year timeline? YES/NO
2. Overall, was the project successful in achieving the aims outlined? YES/NO

Part 3: Partnership evaluation

Please rate each statement using the following scale:

0	1	2	3	4
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

If you wish, please feel free to add a brief comment below any of the following statements.

- ☐ The partnership improved the quality of the project overall.
- ☐ There is a perceived need for the partnership in terms of area of complementary capacity.
- ☐ There is a clear goal for the partnership.

Please identify what you perceive this goal as below:

-
- ☐ The partners are willing to share some of their ideas, resources, influence and power to fulfil the project goals.
 - ☐ There is enough variety among members to have a comprehensive understanding of the issues being addressed.
 - ☐ The managers in each organisation support the partnership.
 - ☐ There are strategies to enhance the skills of the partnership through increasing the membership or workforce development.
 - ☐ The roles, responsibilities and expectations of partners are clearly defined and understood by all other partners.
 - ☐ The administrative, communication and decision making structure of the partnership is as simple as possible.

- ☐ Partners have the task of communicating and promoting the partnership and collaboration in their own organisations.
- ☐ The lines of communication, roles and expectation of partners are clear.
- ☐ There is a participatory decision making system that is accountable, responsive and inclusive.
- ☐ There is an investment in the partnership of time, personnel, materials or facilities.
- ☐ Collaborative action by staff and reciprocity between agencies is rewarded by management.
- ☐ The action is adding value for the community, clients or the agencies involved in the partnership.
- ☐ Differences in organisational priorities, goals and tasks have been addressed.
- ☐ There are strategies to ensure alternative views are expressed within the partnerships.
- ☐ There are processes for recognising and celebrating collective achievements and/or individual contributions.
- ☐ The partnership can document or demonstrate the outcomes of its collective work.
- ☐ There is a clear need and commitment to continuing the collaboration in the medium term.
- ☐ There is a way of reviewing the range of partners and bringing in new members or removing some.
- ☐ Were there barriers to partnership in undertaking this project?

Part four: Additional comments

Please feel free to use the space below to expand on any of these questions or include any additional comments.

Thank you for your time and participation

APPENDIX 9: FACILITATOR TRAINING DAY PARTICIPANT FEEDBACK SURVEY

**Relaxing into Parenting Program
FACILITATOR TRAINING DAY
Thursday 14th June 2012
Scarth Room University House Canberra**

Thank you for completing this evaluation. The results will be used in the ACT Health Promotion Fund Final Evaluation.
You are contributing to the ongoing evolution of RiPP!

1. How helpful was today's training to your understanding of the context and background of the Relaxing into Parenting Program (RiPP)?

1	2	3	4	5
very unhelpful	unhelpful	uncertain	helpful	very helpful

2. How clear is your understanding of the aims and objectives of RiPP after today's training?

1	2	3	4	5
very unclear	unclear	uncertain	clear	very clear

3. How well-focussed do you think the aims and objectives of the Program are on meeting the needs of newly-forming families?

1	2	3	4	5
very poorly focussed	poorly focussed	uncertain	well-focussed	very well-focussed

4. Has today's training given you a good understanding of the RiPP's course content and delivery?

1	2	3	4	5
very poor understanding	poor understanding	uncertain	good understanding	very good understanding

5. Have you gained greater awareness of the skills and abilities (strengths) you would bring to the Program as a facilitator?

1	2	3	4	5
definitely not	probably not	uncertain	probably	definitely

Relaxing into Parenting Program Facilitator Training - Evaluation (14/06/2012)

6. How confident do you now feel as a potential facilitator for a RiPP group?

1	2	3	4	5
very unconfident	unconfident	uncertain	confident	very confident

7. Please comment on what worked best for you in today's training?

8. Please let us know what didn't work well for you in the training?

9. Please list your suggestions for improving future facilitators' training sessions.

Thanks again!

APPENDIX 10: ACT GOVERNMENT HEALTH PROMOTIONS GRANT FUND LEVEL 2
EVALUATION TOOL



ACT Health Promotion Grants Program

2010-2011

EVALUATION FORM

LEVEL 2

Projects receiving \$10,000 and over

Due: Friday, 30 September 2011

Funding Round	
Organisation	
Project Title	
Project Officer	
Email of Project Officer	
Phone of Project Officer	
Amount of Funding	\$

CONSENT TO PUBLISH

I _____, the occupant of the position of _____ in the organisation known as _____ overseeing the project titled _____ hereby consent to the ACT Health Promotion Grants Program publishing our health promotion project outcomes (in whole or summation) as outlined in the project's evaluation report form, on the ACT Health Promotion Grants Program website (www.health.act.gov.au/hpgrants).

If available, insert electronic signature below.

SIGNATURE

DATE

(Agency Executive Officer/General Manager or Equivalent)



Project Reach

The following questions apply to the individuals involved in your project. We are interested in the actual number of individuals involved, so if an individual attends more than one session or activity please only count them once.

Active participants: People for whom the project's activities were designed and who have actively participated in the project's activities. Please count each individual only once rather than the total number of participants in all the sessions/activities.

Involved participants: Includes facilitators, organisers, officials or teachers involved in the activities in the project or sponsored organisation. Other examples could include coaches, volunteers, parents, etc.

Spectators or audience: (If applicable) are usually people who watch or attend the project's activity.

1. How many people participated in this project's activities? *(Enter number)*

Active participants

Involved participants

Spectators/audience

2. What target groups were these people from? *(Mark one or more)*

- ☐ Culturally and Linguistically Diverse
- ☐ Aboriginal and Torres Strait Islander
- ☐ People with a disability
- ☐ Low socio-economic status
- ☐ Mental health services consumers
- ☐ General population
- ☐ Other *(please describe)*

3. What age groups did they fall into? *(Mark one or more)*

- ☐ Mothers and babies
- ☐ Early childhood (< 5 years)
- ☐ Children (5 – 12 years)
- ☐ Young people (13 – 25 years)
- ☐ Adults (26 – 65 years)
- ☐ Older people (>65 years)
- ☐ Other *(please describe)*

4. Were these target groups and age groups consistent with the groups you indicated in your original project plan that you would access during this project? *(Mark one)*

- ☐ Yes ☐ No

5. If not, how were they different? *(Enter text)*

6. Why do you think this difference occurred? *(Enter text)*

Project Activities (Outputs)

Policies

7. Did your project result in any health promotion policies being developed? *(Mark only one)* ☐
 Yes ☐ No ☐ N/A ☐

7.1 If yes, please mark the policies developed *(Mark one or more)*

- ☐ Smoking prevention
- ☐ Sun protection
- ☐ Healthy nutrition
- ☐ Serving of alcoholic drinks/light drinks/alternatives to alcoholic drinks
- ☐ Promotion of physical activity
- ☐ Promotion of mental health and wellbeing
- ☐ Environmental sustainability (recycling; power, water and waste management; etc)
- ☐ Other (please only include those policies that are directly related to health and wellbeing) *(please describe)*

7.2 For each policy developed please write a sentence or two explaining the level to which it has been implemented. For example, has it been adopted, has information about the new policy been distributed to people affected by it, what changes have occurred as a result of implementation? *(Enter Text)*

Policy:	
Level of implementation	
Policy:	
Level of implementation	
Policy:	
Level of implementation	

Project activity sessions

This question applies to information, education, training, support, skills practice or community forum sessions conducted during your project.

8. Did your project include any activity sessions (as described above)? *(Mark only one)*

☐ Yes ☐ No ☐ N/A

8.1 How many sessions were conducted? *(Enter number)*

8.1.1 How many individuals attended these sessions in total? Please only count each person once. That is, if they attended more than one session please only count them as one. *(Enter number)*

8.1.2 How many hours of service were provided? (Add the total number of face-to-face hours across all sessions). *(Enter number)*

Environmental change

9. Did your project result in any changes to physical environments? *(Mark only one)*

☐ Yes ☐ No ☐ N/A

9.1 List the changes made to the physical environment as a result of this project (eg: access to stairs, installation of showers, number of trees planted, paths created or repaired, number of rails installed, doorways widened, etc) *(Enter text)*

Community development activities (See Attachment A for Definitions)

Your project may or may not involve community development activities and the formation of networks. If not, please mark either "No" or "N/A" in the next question and go to question 11. If your project did involve community development activities please answer all parts of question 10.

10. Did your project include any community development activities? *(Mark only one)* ☐
Yes ☐ No *(go to Qu 11)* ☐ N/A *(go to Qu 11)*

10.1 Number of networks established *(Enter number)*

10.2 Please provide a brief overview of each network established.

	Name (or brief description) of network	Average number of participants	Frequency of meetings or other form of regular, formal contact	Will this network continue after the project?
Network 1				
Network 2				
Network 3				

10.3 What other community development activities were included in your project? (Please include the number of events if relevant) *(Enter text)*

Documents or resources produced

11. Did your project result in the production of any documents or brochures? *(Mark one)*
☐ Yes ☐ No ☐ N/A

11.1 Please indicate what type of resource was produced? *(Mark one or more)*

- ☐ Brochures, flyers or other resources: please list
- ☐ Brochures, flyers or other resources: number distributed
- ☐ Websites created or modified
- ☐ Directories, information guides or contact lists produced
- ☐ Research reports
- ☐ Other

Message promotion

12. Did your project result in any form of message promotion? *(Mark one)* ☐
Yes ☐ No ☐ N/A

12.1 If so, please identify how many instances of which forms of promotion occurred. *(Enter number)*

Interviews on television or radio including the health message
Coverage in the newspaper including the health message
Presentation(s) at a conference or seminar
Presentation(s) to peers or professionals
Article/s in an in-house journal, newsletter or magazine
Launch event with attending stakeholders and community leaders
Submissions to government or policy makers
Display of signage
Message included on materials produced during the project
Other

Other project activities

13. Please briefly describe any other major activities undertaken by your project. Include the number of events associated with each activity where appropriate. *(Enter text)*

Change as a result of the project

14. Please briefly describe how your project made healthier choices easier choices for the participants *(Enter text)*
15. Please describe any unexpected outcomes, positive or negative (if applicable) *(Enter text)*
16. Please include between two and five* anecdotes about your project. We are interested in stories about your project that might be told by or about the participants regarding the benefits they gained or change that occurred from their participation, or it might be about something that occurred during the implementation of the project without which its successes could not have occurred (for example a particular partnership or specific occurrence that had a major impact on the project). Your anecdote might also show why some things in your project didn't happen or turn out as you intended. Some anecdotes may be very short (only a line or two to quote a participant's feedback) and some may take more explanation. If possible please tell each story in less than one typed page.

*If you were funded:

- Between \$10,000 and \$24,999 please include two or three anecdotes
- Between \$25,000 and \$49,999 please include between two to five anecdotes
- Over \$50,000 please include three to five anecdotes and cover both positive and negative aspects of the project if at all possible.

Quality of Health Promotion Practice and Implementation

Evidence

17. Needs analysis

17.1 Was a needs analysis conducted specifically for this project before it began? (*Mark one*)
☐ Yes ☐ No

17.2 Please give a list of any other references you used to demonstrate need in your application (*Enter text*)

18. Support for the approach/method

18.1 If you are using a project, approach or method that has been demonstrated to have the intended effect, please list the references you used to support the use of this approach in your application (*Enter text*)

18.2 If you are trialling, piloting or creating a new approach to responding to the identified need for your project, please provide a list of the references you used to justify aspects of this approach in your application. (*Enter text*)

Comprehensive approach

19. Life course or situation

19.1 Did your project affect more than one area of the participants' lives (ie: covering multiple generations, at home, at school, at work, at play, etc) *(Mark one)*

☐ Yes ☐ No

20. Strategies

20.1 Did your project use a range of strategies to promote the message/achieve its goals (eg: education, practicing skills, advertising, etc) *(Mark one)*

☐ Yes ☐ No

21. Ottawa Charter

21.1 Did your project have effects in multiple areas of the Ottawa Charter? *(Mark one)*

☐ Yes ☐ No

21.2 If so, please identify which aspects of the Charter it operated in *(Mark one or more)*

- ☐ Developing personal skills
- ☐ Building community action
- ☐ Healthy public policy
- ☐ Reorienting (health) services
- ☐ Creating supportive environments

Planning

22. Participation

22.1 Was the target group for the project involved in planning it? *(Mark one)*

☐ Yes ☐ No

23. Objectives

23.1 During implementation of the project did you find your objectives were:

Specific enough to what you were trying to achieve? *(Mark one)*

☐ Yes ☐ No

Able to be measured as you had intended? *(Mark one)*

☐ Yes ☐ No

Achievable? *(Mark one)*

☐ Yes ☐ No

Relevant to both your intentions and your participants? *(Mark one)*

☐ Yes ☐ No

Able to be achieved in the planned timelines? *(Mark one)*

☐ Yes ☐ No

- 23.2 Please list your objectives as written in your Project Plan in the following table and show the measured outcome against that objective at the end of the project. Please briefly indicate how this measurement was taken. See **Attachment B** for an example of how to fill out this table.

Objective	Measured outcome at end of project	How measurement was undertaken

Implementation

24. Did you implement the project as it was planned? *(Mark one)*

☐ Yes ☐ No

- 24.1 If no, please briefly describe what changes were made, and why. *(Enter text)*

Original intent	Activity/approach changed to...	Why changed

- 24.2 If you did implement the project as it was planned, did you find, in practice, that your strategies and tasks led to the achievement of the stated objectives for your project? *(Mark one)*

☐ Yes ☐ No

- 24.2.1 If not, please briefly describe the outcomes you did achieve from implementing your chosen strategies *(Enter text)*

- 24.3 Were members of the target group involved in implementing the project? *(Mark one)*
☐ Yes ☐ No

24.3.1 If yes, please briefly describe the form of their involvement *(Enter text)*

- 24.4 Were the personnel used in the project (facilitators, leaders, etc) trained and/or qualified in the roles they were fulfilling in the project? *(Mark one)*
☐ Yes ☐ No

- 24.5 Was information produced by the project checked for accuracy? *(Mark one)*
☐ Yes ☐ No ☐ N/A

- 24.6 Was equipment used in the project checked for safety and appropriateness? *(Mark one)*
☐ Yes ☐ No ☐ N/A

24.6.1 What form of checking was applied? *(Enter text)*

- 24.7 Please list the key things that contributed to the success of the project. *(Enter text)*

- 24.8 Please list the key things that prevented this project from realising the achievements anticipated in the funding application. *(Enter text)*

- 24.9 Please attach one copy (or a photograph or recording if appropriate) of each product of the project (eg: brochures, reports, artworks, advertisements, information sheets, etc)

Transport

25. Did you provide any form of assistance with transport for participants in your project? *(Mark one)*
☐ Yes ☐ No

25.1 If so, please describe the assistance provided (e.g.: community bus collected participants, transport cost subsidies, etc) *(Enter text)*

25.2 How many people used the transport support provided? *(Enter number)*

Partnerships *(see Attachment A for definition)*

26. How many partnerships were established or used in implementing this project? *(Enter number)*

26.1 Please briefly describe the value of each partnership in achieving the projects outcomes *(Enter text)*

Partnership 1: Role in project:

Value of this in achieving the project's goals: *(Mark one)*

☐ Not important ☐ A little important ☐ Average ☐ Fairly important ☐ Very important

Partnership 2: Role in project:

Value of this in achieving the project's goals: *(Mark one)*

☐ Not important ☐ A little important ☐ Average ☐ Fairly important ☐ Very important

Partnership 3: Role in project:

Value of this in achieving the project's goals: *(Mark one)*

☐ Not important ☐ A little important ☐ Average ☐ Fairly important ☐ Very important

26.2 Which of these partnerships are expected to continue to operate after the funding is completed? *(Enter text)*

Sustainability

27. Do you expect the project to continue beyond ACT Health Promotion Grants Program funding?
(Mark one)

- ☐ Yes the project will continue in its present form
- ☐ Yes the project will continue in a modified form.
Please describe briefly
- ☐ No the project will not continue. Please give reasons
- ☐ Do not know

27.1 If 'yes' or 'do not know' which of the following apply? (Mark one or more)

- ☐ Alternative funding is being sought
- ☐ Alternative funding has been secured
- ☐ The project has become self-funding
- ☐ The project has been adopted by your organisation
- ☐ The project has been adopted by another organisation
- ☐ The project's activities, model of practice or policies have been transferred to other initiatives/programs and/or organisations
- ☐ Other (please specify)

27.2 If not, why not? (Mark one or more)

- ☐ The project has had limited success
- ☐ There is no demand for the project to continue
- ☐ There is no funding for the project to continue
- ☐ There is no capacity to incorporate the project's strategies/models into an existing service
- ☐ The project's strategies/models were designed to meet a temporary need or condition
- ☐ Other (please specify)

How did ACT Health manage your grant?

28. The ACT Health Promotion Grants Program is always trying to improve the way we do our work and we appreciate constructive feedback. Please rate the ACT Health Promotion Grants Program on the way it handled its relationship with your organisation.

	Tick one					
	Poor	Fair	Good	Very Good	Excellent	Not Applicable
Advertising, promoting the funding guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining the funding guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining or clarifying what is required of you as a grant holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting the project as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What suggestions – if any – do you have to improve the grants processes described above?

30. How could this Evaluation Report Form be improved?

31. The ACT Health Promotion Grants Program offers training throughout the year to give your organisation the opportunity to integrate new knowledge and/or skills. What topics and/or skills would you like to see addressed in upcoming trainings?

Thank you for the time and effort you have put into completing this evaluation report.

APPENDIX 11: ACT GOVERNMENT HEALTH PROMOTIONS GRANT FUND
PARTNERSHIP ASSESSMENT TOOL



ACT Health Promotion Grants Program

2010-2011

PARTNERSHIP ASSESSMENT TOOL

Projects receiving over \$10,000

Due: Friday, 30 September 2011

Funding Round	
Organisation	
Project Title	
Project Officer	
Email of Project Officer	
Phone of Project Officer	
Amount of Funding	\$

This form may be downloaded from www.health.act.gov.au/hpgrants

CONSENT TO PUBLISH

I, the occupant of the position of _____ in the organisation known as _____ overseeing the project titled _____ hereby consent to the ACT Health Promotion Grants Program publishing our health promotion project outcomes (in whole or summation) as outlined in the project's evaluation report form on the ACT Health Promotion Grants Program website (www.health.act.gov.au/hpgrants).

If available, insert electronic signature below.

SIGNATURE

DATE

(Agency Executive Officer/General Manager
or Equivalent)

Background

'Partnership' is a very broad term used in this case to describe relationships between organisations that are working together to achieve a common goal. There are different levels and intensities of partnerships that are appropriate to different situations. This assessment tool asks you to assess any partnerships that you formed or used to support the implementation of your project, whether they were with one other, or a small group of organisations. You will be asked to comment on the level of the partnership/s, their value in achieving the project goal and their quality.

A longstanding aim of the Health Promotion Grants Program has been to encourage partnerships that strengthen the health promotion capacity of people and communities. The introduction of this Partnership Assessment Tool will assist in evaluating this aim.

Levels of Partnership

Joint working relationships are commonly defined as ranging from networking through cooperation to coordination and collaboration. The Health Promotion Grants Program has separated networking from this list and included assessment of it in the general evaluation processes that all funded organisations are required to complete, as this is the most common form of partnership work.

The remaining levels are defined as follows:

- **Cooperation** is about sharing information and expertise. Participants are loosely connected and remain completely independent. Each partner's contribution to the relationship is low, with only minor changes to how each participant does business. Benefits come in learning from others and being able to modify the way the organisation works. These relationships are characterised by low levels of both risk and reward.
- **Coordination** requires a greater sense of inter-dependence. The participants realise they need to work together to meet a set goal. Resources and efforts are closely aligned but organisations retain control over

their own operations. There is a higher level of contribution and commitment and a stronger relationship between the participants which is often based on expectations developed previously.

- **Collaboration** is characterised by strong and highly inter-dependent relationships. Participants are willing to make radical changes to the way that they think, behave and operate to achieve a goal. Collaboration is about changes to systems for all the participants that results in a high risk, high stakes and volatile environment. A high level of trust is required, along with extensive, ongoing dialogue between the partners. For a collaboration to work there can no longer be 'business as usual'. Collaboration demands participants forge new relationships and learn new ways of dealing with each other.¹

Funded organisations are encouraged to use partnerships in their projects. Some projects may be delivered by a small consortium of partners; others may be in partnership with just one other organisation or others through a small range of partnerships. To complete this form, please identify how many partnerships were involved in the delivery of the project and answer the questions for each of the partnerships.

Not all projects will involve partnerships. Many will include networking, which is reported on in the general evaluation forms and NOT on this form. If your project includes networking but not partnerships, please answer NO to question 1 and submit the form. Partnerships that should be assessed using this form need to fall into one of the definitions listed above.

Partnership Questions

Please answer the following questions in relation to each partnership that was involved in the delivery of this project.

1. Was the project delivered in partnership with any other organisation/s?

☐ Yes (Please go to question 2) ☐ No (If no, please submit this form)

2. Please briefly describe the partnership/s that were involved in delivering this project

	Partnership 1	Partnership 2	Partnership 3
Number of organisations (other than your own) involved in each partnership			
Name/s of organisations involved			
Roles played by each partner organisation in delivering the project			

¹ Definitions from ARACY Fact Sheet 1: What is Collaboration? 2009

3. What level were the partnerships (using the definitions given above) involved in your project?

	Partnership 1	Partnership 2	Partnership 3
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Quality

Please use the following scale when answering each question for each partnership:

0 = strongly disagree

1 = disagree

2 = not sure

3 = agree

4 = strongly agree

Enter only one number in response to each statement for each partnership.

	Partnership 1	Partnership 2	Partnership 3
There is a perceived need for the partnership in terms of areas of common interest and complementary capacity			
There is enough variety among members to have a comprehensive understanding of the issues being addressed			
There is a clear goal for the partnership			
There is a shared understanding of, and commitment to, this goal between the partners			
All partners are involved in planning and setting priorities for collaborative action			
Success indicators or performance targets have been set and members know what is to be achieved by when			
The managers in each organisation support the partnership			
The partners are willing to share some of their ideas, resources, influence and power to fulfil the goal			
Partners have the necessary skills for collaborative action			
The roles, responsibilities and expectations of partners are clearly defined and understood by the other partner/s			
The administrative, communication and decision making structure of the partnership is as simple as possible			
There is a participatory decision-making system that is accountable, responsive and inclusive			
A mutually acceptable way of managing communicating with group members has been identified			
Mutually acceptable ways of managing reviews of progress, structures and member satisfaction have been identified			
The perceived benefits of the partnership outweigh the perceived costs			

5. What difference did working in partnership make to achieving the goals of the project? (Please include their contribution to any unexpected outcomes.)

6. In your opinion, did the partnership/s mean that the project was of a higher quality overall?

☐ Yes ☐ No

Why do you think this?

7. Were there any difficulties involved in managing the partnership/s?

☐ Yes ☐ No

What were they?

How did you overcome them?

8. Will the partnerships influence the sustainability of the project?

☐ Yes ☐ No

If yes, please describe how the partnerships will do this.

If no, please explain why not.

Thank you for the time and effort you have put into completing this Partnership Assessment.

Appendices:

1. Calendar of the courses for this financial year.
2. Evaluation form for participants