POLICY SUBMISSION

Preparing Parents – Preventing Violence

Submission to the Second Action Plan

National Plan to End Violence against Women and Children 2022–2032

A joint submission from:

Edith Cowan University
Maternal and Family Research Hub, School of Nursing and Midwifery

Prepared Dad Foundation

Key recommendation: funding an independent academic research partnership to evaluate the STOP (Start Treating Others Positively) antenatal education program — Bond Before Baby — as an early intervention measure to prevent family violence in Australia

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To: Department of Social Services — engage.dss.gov.au/second-action-plan/submissions
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1. Introduction

Edith Cowan University (ECU) and the Prepared Dad Foundation welcome the opportunity to respond to the consultation paper Evidence to Action: Informing Direction for the Second Action Plan, prepared by ANROWS in support of the National Plan to End Violence against Women and Children 2022–2032. This is a joint submission, reflecting a proposed research partnership between an Australian university with an established program of maternal, family and midwifery research, and a national not-for-profit organisation dedicated to supporting fathers through the transition to parenthood.

Our submission makes one central, practical recommendation: that the Second Action Plan fund an independent, ethically approved academic research study — led by ECU's Maternal and Family Research Hub in partnership with the Prepared Dad Foundation — to test the validity, feasibility and impact of the STOP (Start Treating Others Positively) antenatal education program, delivered in Australia as the 'Bond Before Baby' workshop. The workshop will be delivered online, with the option to attend face-to-face where desired, to maximise accessibility for expectant parents nationally. A full draft research proposal is provided at Appendix A, built on the same protocol structure already approved by a university Human Research Ethics Committee for a related, ongoing father-focused evaluation delivered by the Prepared Dad Foundation.

Each year, approximately 110,000 Australian men become first-time fathers, alongside partners who are becoming first-time mothers — together entering one of the most significant developmental transitions of adult life. This submission is concerned with that transition as it is experienced by both partners together. The 'Bond Before Baby' workshop is, and has always been, a couple-based program: it is attended by expectant mothers and fathers together, and its aim is to strengthen the relationship between both partners, not to treat fathers as the sole focus of concern.

We make this recommendation because the consultation paper identifies exactly the gap this study is designed to fill: a shortage of evidence-based, non-stigmatising early intervention approaches that reach people before harmful behaviour becomes entrenched, delivered at a life stage when motivation to change is high and engagement with services is otherwise low.

2. About the Submitting Partners

Edith Cowan University

ECU's Maternal and Family Research Hub, within the School of Nursing and Midwifery, undertakes research across maternal health and wellbeing, antenatal and postnatal care, family relationships, and the prevention of family violence. The proposed study would be led by Professor Mary Steen OBE, who originally developed the STOP research program and the 'Bond Before Baby' antenatal workshop in the United Kingdom, supported by biostatistician Dr Jo Zhou and Dr Vincent Mancini. This team brings direct, published experience evaluating relationship-conflict and family-violence prevention interventions in perinatal settings, together with the statistical and qualitative research capability needed to deliver a methodologically rigorous impact evaluation.

Prepared Dad Foundation

The Prepared Dad Foundation is a non-profit organisation established in 2020 by founder Steven Kennedy, following the life-threatening birth of his son in 2017 — an experience that revealed first-hand how unprepared many fathers are for childbirth, early parenthood and the support role they are expected to play.

What began as a response to that experience has grown into a national mission to prepare fathers for the transition to parenthood and strengthen wellbeing for the whole family through education, support and cultural change. The Foundation delivers a free, three-week online education program plus ongoing peer support to expectant and new fathers, now reaching hundreds of fathers nationally, and has built recruitment relationships with health districts and hospitals in New South Wales and Western Australia, professional bodies and community networks.

The Foundation's core program is father-focused, but the study proposed in this submission is not. Consistent with the STOP model's original design, 'Bond Before Baby' is delivered to expectant mothers and fathers together as couples, reflecting the Foundation's broader mission of building partnership and mutual support between first-time parents, rather than treating fathers as a problem to be managed in isolation. The Foundation already partners with a university research team on an ethically approved, independent evaluation of its core fathers' program, giving it direct, current experience operating as a research partner alongside academic investigators, human research ethics committees, and participant recruitment and consent processes.

Why we are submitting jointly

Neither the reach of a community organisation nor the research capability of a university is sufficient alone to test and, if validated, scale a family violence prevention program. Together, ECU's research and ethics infrastructure and the Prepared Dad Foundation's established relationships with expectant and new parents create the practical conditions to deliver and rigorously evaluate an intervention at the precise life stage — the transition to parenthood — that the evidence identifies as a critical and currently under-used window for prevention and early intervention.

3. Executive Summary and Key Recommendation

Most people who use family violence never engage with a formal behaviour-change program. The consultation paper is explicit on this point: shame, stigma, denial and a lack of accessible, trusted entry points keep people who use violence away from the services designed to help them change. At the same time, the evidence shows that positive father involvement and healthy parenting are protective factors against future perpetration, and that early intervention — well before violence escalates — is where the greatest gains are available.

The STOP program was designed specifically to work within this gap. It was not an offence-focused perpetrator program but a strengths-based, appreciative-inquiry model that, between 1989 and 2015, worked with parents in the United Kingdom to build emotional regulation, empathy and conflict-resolution skills. Although the original STOP charity ceased operating in 2015, its clinical framework and evidence base did not disappear with it: a body of published, peer-reviewed research led by Professor Mary Steen — one of the original researchers who documented STOP's impact — has since adapted this model into an antenatal education workshop, 'Bond Before Baby', piloted with expectant parents at Liverpool Women's NHS Foundation Trust with encouraging results. This model has never been formally tested in Australia.

> **Key Recommendation**
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> The Second Action Plan should fund a three-year, independent academic research study — led by Edith

> Cowan University in partnership with the Prepared Dad Foundation — to evaluate the STOP-based 'Bond Before Baby' antenatal education program as an early intervention and prevention measure for family violence in Australia. A full draft research proposal, modelled on a protocol structure already approved by a Human Research Ethics Committee for a related Prepared Dad Foundation study, is provided at Appendix A and is ready for costing and commissioning.

We also recognise that, as delivered in the UK, this model was designed around a heterosexual couple. Section 7 sets out our commitment to piloting a separately co-designed version of this resource for LGBTQIA+ expectant parents, consistent with the evidence that this community experiences markedly higher rates of violence, and with the National Plan's inclusive framing of violence against women, children and LGBTIQA+ people.

4. The Case for Early Intervention in the Perinatal Period

The consultation paper's own evidence assessment supports this focus. Under Priority Area 2 (Prevention and early intervention), it notes that in the Australian Institute of Family Studies' Ten to Men cohort study, men who grew up with positive father-figure role models expressing affection were 48% less likely to become perpetrators of family violence in adulthood — evidence that healthy parenting and positive father involvement are protective factors against future violence. The same section states plainly that 'most men do not seek support to stop their use of violence and only a small proportion ever make it to any formal behaviour change intervention', citing shame, lack of recognition of their own behaviour, stigma and a lack of awareness of services as the barriers, and concludes that 'early intervention is crucial, particularly through different settings'.

This case is reinforced by the Australian Government's 2024 Rapid Review of Prevention Approaches to End Gender-Based Violence, which found that approximately 34,500 women reported experiencing violence from a current partner while pregnant, and a further 325,900 reported experiencing violence from a previous partner during pregnancy. The Rapid Review identified antenatal clinics, general practice, community child health and emergency departments as key intervention sites for domestic, family and sexual violence — the very touchpoints at which expectant parents are present but rarely engaged on this issue. Its Recommendation 6(c) calls on the Commonwealth Government, with states and territories, to develop 'DFSV-informed program responses across sectors, focusing on healthy relationships and masculinities throughout men's life transitions… new fathers, separation/relationship breakdown'. The study proposed in this submission responds directly to that recommendation.

The transition to parenthood is one of those settings, and arguably one of the most promising. Expectant and new parents are, almost universally, already in contact with maternity and antenatal health services — a 'different setting' that does not require someone to self-identify as having a problem before they can be reached. A workshop offered as part of routine antenatal preparation, alongside content on labour, birth and infant care, sidesteps the shame and stigma barriers the evidence identifies, because it is framed as preparation for parenthood rather than treatment for abusive behaviour.

This is not only a social opportunity but a biological one. Studies have found reductions in testosterone of up to 30% in new fathers, alongside increases in oxytocin and prolactin — hormones associated with attachment and caregiving (Gettler et al., 2011; Feldman et al., 2010) — together with measurable changes in brain regions associated with empathy and parental responsiveness (Mascaro et al., 2014). Separately, research

by Gottman and Gottman (2007) has found that the birth of a first child is commonly accompanied by declines in relationship satisfaction and increased conflict for both partners, but that couples who develop stronger communication and emotional-regulation skills are better able to navigate this transition. Together, this evidence suggests that pregnancy and early parenthood is a period of heightened biological and relational openness for both partners — precisely the conditions under which a couple-based program such as 'Bond Before Baby' would be expected to have the greatest effect.

Priority Area 3 (Children and young people in their own right) further notes the importance of early recognition and intervention across the life course, and the role families and health services play in preventing harm to children before it occurs. Domestic violence is known to replicate across generations through observational and attachment-based learning; published findings from the STOP research program directly speak to this pathway, with participants describing how they had begun teaching the same emotional-regulation and conflict-resolution skills to their own children. A program capable of interrupting intergenerational transmission at the point a family is being formed offers a distinct, additional protective benefit beyond the individual parents involved.

Finally, because the STOP model works with couples and has historically supported both people who use abusive behaviour and their partners, it also speaks to Priority Area 1 (Victim-survivors): delivered antenatally, it reaches partners before harm occurs, rather than only responding once violence has already been identified and reported.

To be clear, we do not suggest that preparing expectant parents for the transition to parenthood will prevent all forms of violence, nor that it can address entrenched patterns of abuse that require specialist intervention. Rather, we propose that the transition to parenthood creates a unique opportunity to strengthen empathy, emotional literacy, relationship skills, caregiving capacity and social connection between partners, at a time when many expectant couples are highly motivated to learn and grow together. These protective factors are themselves associated with healthier relationships and lower future violence risk.

5. The STOP Model: An Established Evidence Base

What is STOP?

Start Treating Others Positively (STOP) was a charity founded in Leeds, UK, in 1989, which facilitated abusive-behaviour and relationship-conflict management sessions for adults for over 25 years, working closely with the health sector, West Yorkshire Police and the National Lottery, among other funders, before ceasing operations in 2015. Unlike offence-focused perpetrator programs, STOP was built on an adapted Appreciative Inquiry model of behavioural change — Discover, Dream, Design, Deliver — that worked from the premise that 'what has happened cannot be undone, but that from this point forward, positive change in social behaviour can happen'. Its core technique, taught to clients and later adapted for antenatal education, was a simple four-step framework: STOP (stop and see what is happening, don't just react), THINK (what is important here, what could be the threat), OBSERVE (calmly work out the problem), and PROCEED (take time out, be assertive).

A four-phase program of published research

Professor Mary Steen and colleagues have published a four-phase program of research documenting STOP's development and adaptation into an antenatal setting:

- Phase 1 (Steen-Greaves, Downe & Graham-Kevan, 2009): Semi-structured interviews with 20 parents (15 men, five women) who attended STOP voluntarily found that participants developed 'positive life skills' across three themes — emotional stability, cognitive empathy and conflict competency — and that these skills were, in several cases, being actively taught to their own children.
- Phase 2 (Steen, Downe & Graham-Kevan, 2010): The same participants were asked what should be included in an antenatal parenting education session to help prevent relationship conflict escalating to abuse. Four themes emerged, which directly informed the co-design of the 'Bond Before Baby' antenatal workshop.
- Phase 3: The 'Bond Before Baby' workshop was piloted at Liverpool Women's NHS Foundation Trust between November 2013 and February 2014. Thirty-four expectant parents attended and 32 consented to the evaluation; participants reported gaining insight into recognising anger signals and said they would recommend the workshop to other expectant parents.
- Phase 4: A follow-up at six to eight weeks postnatal found participants using STOP tools and techniques in real parenting-related conflict, describing specific incidents in which recognising an 'anger ladder' or using positive language had de-escalated an argument.

The evidence gap this study would fill

This body of work provides a promising and unusually well-documented foundation, but it has three significant limitations that a funded Australian study is specifically designed to address. First, it has never been tested outside the United Kingdom, and has not previously been adapted for the Australian antenatal care system or an Australian population. Second, the existing evaluations have relied primarily on qualitative interviews and small-scale impact evaluation rather than a structured, quantitative pre/post/follow-up design capable of measuring change with statistical confidence. Third, and most relevant to this consultation, the consultation paper itself identifies that 'more research and evaluation are needed to better understand pathways into and out of violence… and which interventions are most effective for different communities and settings' (Priority Area 4) — precisely the evidence gap this proposed study is designed to close.

Alignment with Australia's national prevention framework

This approach is consistent with Our Watch's Change the Story: A Shared Framework for the Primary Prevention of Violence Against Women and their Children in Australia (2015), which identifies rigid gender roles, disrespect for women and male peer relationships that emphasise dominance as key drivers of violence, and calls for approaches that promote equal, respectful relationships between partners. Rather than engaging couples through risk, blame or correction, STOP's appreciative-inquiry model engages them through aspiration, shared responsibility and care — a strengths-based approach consistent with Change the Story's emphasis on building the skills for healthy relationships before harmful patterns become entrenched, rather than only responding once they have.

6. Response to the Proposed Priority Areas

Priority Area 2: Prevention and early intervention

What would make the biggest difference in preventing and ultimately ending violence? In our view, the biggest gains are available where two conditions are met simultaneously: the setting reaches people before they identify as having a problem, and it reaches them at a moment when motivation to change is naturally

high. The transition to parenthood meets both conditions. We recommend the Second Action Plan support the piloting and rigorous evaluation of antenatal-delivered, strengths-based programs such as STOP as a scalable, low-stigma early intervention approach, integrated into existing antenatal education pathways rather than requiring a new point of contact with services.

Priority Area 4: People who use violence

What approaches are most effective in supporting people who use violence to take accountability, change behaviours and reduce the use of violence? The STOP model's track record suggests that a strengths-based, non-offence-focused approach can achieve engagement and reported behaviour change among people who might otherwise never come forward, precisely because it does not require a person to first identify as an abuser. We recommend the Second Action Plan invest in building the Australian evidence base for this class of intervention, including through the study proposed at Appendix A, to determine whether these outcomes replicate at scale and in an Australian context.

This is not a theoretical proposition. The Australian Government's 2024 Rapid Review of Prevention Approaches found that new fathers who have used violence have themselves indicated support for a dedicated program to help them navigate the transition to fatherhood — direct evidence that a non-punitive, transition-focused entry point of this kind is one the target population is willing to engage with, rather than avoid.

Priority Area 3: Children and young people in their own right

How can families, health settings and communities better recognise and respond early to prevent harm to children? Antenatal, father-inclusive and couple-inclusive programs delivered before a child is born represent one of the earliest possible points of intervention available to the service system — earlier than school, early childhood education or any service that requires the child to already be present. Published STOP findings that participants had begun teaching the program's emotional-regulation skills to their own children suggest a plausible mechanism for interrupting intergenerational transmission of violence, which merits formal testing.

Priority Area 1: Victim-survivors

What helps people access support earlier, and what barriers prevent people from seeking help? Delivering this kind of program as part of routine antenatal preparation — attended by couples together, not framed as a service for 'victims' or 'perpetrators' — may reduce the barriers that prevent partners from seeking help, by reaching them before an incident has occurred and without requiring anyone to disclose or report abuse in order to participate.

Inclusive delivery for LGBTQIA+ communities

The consultation paper is explicit that violence against women and children has traditionally been framed in heteronormative and cis-gendered terms that can exclude the experiences of people who are LGBTIQA+, and that this population experiences markedly higher rates of sexual harassment and violence over their lifetime — including 84% of gay men, 91% of bisexual people and 95% of lesbian women reporting sexual harassment since age 15, with LGBTQ+ people aged 14 to 30 at particular risk. Priority Area 5 (System Integration and Workforce) specifically calls for the sector to build capability to deliver culturally safe, trauma- and violence-informed services for LGBTIQA+ people, among other communities.

'Bond Before Baby', in its original UK form, was designed around a heterosexual couple, and we do not assume it would transfer to LGBTQIA+ families unchanged. Section 7 sets out our commitment to a genuinely

co-designed pilot for LGBTQIA+ expectant parents, rather than treating the mainstream version as a one-size-fits-all resource.

7. The Proposed Research Study

We recommend the Second Action Plan fund a mixed-methods impact evaluation of the STOP-based 'Bond Before Baby' antenatal workshop, adapted for Australian expectant parents, over a three-year work plan (proposed to commence November 2026 and conclude October 2029). A full draft research proposal is provided at Appendix A. In summary:

- Aim: to evaluate whether the 'Bond Before Baby' STOP-based workshop is effective in preparing expectant parents to positively manage emotions and relationship conflict during pregnancy and the early transition to parenthood, and whether skills learned are retained and used postnatally.
- Design: a two-phase, sequential explanatory mixed-methods impact evaluation — a quantitative phase (pre-, immediate post-, and 6–8 week post-workshop questionnaires across four monthly workshops) followed by a qualitative phase (semi-structured interviews with a purposive sub-sample of participants). The workshop will be delivered online, with the option to attend face-to-face where desired.
- Participants: a purposive sample of 125 individuals, drawn from first-time expectant parents, across four workshops delivered over four months, with sites in Western Australia and Queensland.
- Governance: the Prepared Dad Foundation as the primary charitable partner responsible for recruitment, awareness-raising and workshop facilitation support, working with the Maternal and Family Research Hub, School of Nursing and Midwifery, at Edith Cowan University, which will hold research governance, ethics approval and data management responsibility.
- Research team: Professor Mary Steen OBE and Steven Kennedy as joint lead applicants, supported by Dr Jo Zhou (biostatistics), Dr Vincent Mancini, and a dedicated research project manager and research assistant.
- Ethics: an application will be submitted to the Edith Cowan University Human Research Ethics Committee prior to commencement, following the same National Statement on Ethical Conduct in Human Research and Australian Code for the Responsible Conduct of Research standards already applied to the Foundation's existing, separately approved fathers' program evaluation.

This feasibility case is not speculative. The Prepared Dad Foundation's existing, Curtin University-evaluated fathers' program has already been delivered to hundreds of expectant fathers across Australia, with preliminary satisfaction data (n=67) showing consistently high engagement and self-reported behaviour change, alongside participant testimonials describing improved communication, confidence and connection with their partners. This is satisfaction data rather than outcome evidence, and it relates to the Foundation's existing father-focused program rather than the couple-based study proposed here — but it demonstrates that the Foundation can recruit, retain and meaningfully engage expectant parents at scale, which is the operational capability this proposal depends on.

This proposal deliberately mirrors the structure of a protocol and ethics application already approved by a university Human Research Ethics Committee (Curtin University) for a related, ongoing Prepared Dad Foundation evaluation. Reusing this proven structure — the same eligibility framework, consent processes, data management standards, and mixed-methods analysis plan — reduces delivery risk and gives the Commonwealth confidence that the partnership can execute a rigorous study on the proposed timeline.

We have not proposed a specific funding figure in this submission, as a detailed budget should follow scoping discussions with the Department. We would welcome the opportunity to work with the Department to cost the study — covering research coordination, a project manager and research assistant, participant recruitment and materials, data collection platforms, and dissemination — as part of any further engagement on the Second Action Plan.

The study will also include a dissemination and translation plan from the outset, not only publication in a peer-reviewed journal. This is consistent with the newly published NHMRC Research Translation Strategy 2026–2030, which identifies prevention and early intervention as a priority pathway through which non-commercial research delivers real-world impact, and highlights implementation science as central to ensuring findings are adopted, adapted and sustained in practice rather than left in a report. Should the evaluation demonstrate positive results, the research team will work with the Department to develop a clear pathway for translating findings into maternity service policy and practice, including options for broader rollout.

A parallel, co-designed pilot for LGBTQIA+ parents

As noted in Section 6, the mainstream 'Bond Before Baby' workshop was developed around a heterosexual couple, and the evidence is clear that LGBTQIA+ people experience violence, including sexual violence and harassment, at markedly higher rates than the population overall. On that basis, Edith Cowan University and the Prepared Dad Foundation would welcome the opportunity to pilot a second, separately funded and separately co-designed version of this resource for LGBTQIA+ expectant parents, rather than assuming the mainstream version can simply be relabelled for a different audience.

We raise this as a genuine commitment, not a token addition. A credible pilot would need to be developed from the ground up in partnership with LGBTQIA+ community organisations and with LGBTQIA+ expectant and new parents themselves, so that language, case studies, family structures and facilitator training reflect their lived experience rather than being retrofitted from a heterosexual-couple model. We would welcome the Department's guidance on how such a pilot could be scoped and funded — whether as a companion stream within the study proposed at Appendix A, or as a distinct, subsequently commissioned project — and are open to either pathway.

8. Conclusion

Australia does not currently have a tested, antenatal-delivered program specifically designed to build emotional regulation and conflict-resolution skills in expectant parents as a family violence prevention measure. The United Kingdom's STOP program operated for over 25 years and generated a decade of published, peer-reviewed evaluation suggesting this approach can work, before the original charity ceased operating in 2015 — but the model it left behind has not yet been rigorously tested here. Edith Cowan University and the Prepared Dad Foundation are ready to partner on exactly that test: an academically rigorous, ethically approved, three-year study, built on a proven research governance model, delivered through an organisation that already has the trust and reach of Australian expectant and first-time fathers.

We ask that the Second Action Plan fund this research partnership, so that the evidence base for early intervention during the transition to parenthood — an opportunity the consultation paper itself identifies as critical and currently under-used — can be built in Australia, and so that, if validated, this approach can be considered for wider adoption as part of the national effort to end violence against women and children within a generation.

We thank ANROWS and the Department of Social Services for the opportunity to contribute to this consultation, and would welcome the opportunity to discuss this submission further.

Appendix A: Draft Research Proposal

Bond Before Baby: A mixed-methods study to evaluate the STOP (Start Treating Others Positively) antenatal education program on the emotional regulation, conflict-management skills, knowledge and confidence of expectant parents in Australia

This is a concise project outline. A full protocol — including detailed eligibility criteria, survey instruments, the Human Research Ethics Committee application and supporting appendices — is available on request, and will be structured to mirror the protocol already approved for a related, ongoing Prepared Dad Foundation evaluation (Curtin University).

Aim and background

Overall aim: to evaluate whether the 'Bond Before Baby' workshop is effective in preparing expectant parents, as couples, to positively manage emotions and relationship conflict during pregnancy and the early transition to parenthood, and whether the skills learned are retained and used postnatally. The workshop adapts the UK STOP program, which operated from 1989 until the original charity ceased operations in 2015, and generated a decade of published evaluation (Steen-Greaves et al., 2009; Steen et al., 2010), including a prior pilot of 'Bond Before Baby' at Liverpool Women's NHS Foundation Trust. It has not previously been tested in Australia.

Design and participants

A sequential explanatory mixed-methods impact evaluation in two phases. The workshop will be delivered online, with the option to attend face-to-face where desired, to maximise accessibility for expectant parents nationally. Phase 1 (quantitative) will facilitate four monthly workshops for a purposive sample of 125 individuals, with data collected via questionnaire pre-workshop, immediately post-workshop, and at 6–8 weeks postnatally, measuring knowledge, confidence and use of STOP tools and techniques. Phase 2 (qualitative) will involve semi-structured interviews with a purposive sub-sample of 12 participants 4–6 weeks postnatally, to explore how the skills learned were used in practice. Recruitment will be supported by a study flyer and partner maternity sites, including inclusion in antenatal booking packs and distribution at the 28-week antenatal appointment.

Governance and research team

The Prepared Dad Foundation will act as the primary charitable partner, responsible for recruitment, awareness-raising and workshop facilitation support. The Maternal and Family Research Hub, School of Nursing and Midwifery, at Edith Cowan University will hold research governance, ethics approval and data management responsibility. Professor Mary Steen OBE and Steven Kennedy will act as joint lead applicants, supported by Dr Jo Zhou (biostatistics), Dr Vincent Mancini, and a dedicated project manager and research assistant.

Ethics

An application will be submitted to the Edith Cowan University Human Research Ethics Committee prior to commencement, consistent with the National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research — the same standards already applied to the Foundation's existing, separately approved fathers' program evaluation.

Indicative timeline

Proposed duration: 3 years (commencement November 2026 – completion October 2029).

Phase	Milestones	Duration
Preparatory & ethics	Recruit project staff; finalise protocol and adapt workshop materials for Australia; obtain Edith Cowan University HREC approval; develop Data Management Plan.	8 months
Pilot & awareness	Pilot the workshop and questionnaire; refine based on feedback; promote the study via Foundation networks and partner maternity sites.	4 months
Phase 1 – quantitative	Facilitate four workshops, delivered online with a face-to-face option, for a sample of 125 individuals; collect pre-, immediate post- and 6–8 week post-workshop data; conduct statistical analysis.	6 months
Phase 2 – qualitative	Conduct semi-structured interviews with a purposive sub-sample 4–6 weeks postnatally; transcribe and analyse.	6 months
Analysis & dissemination	Integrate quantitative and qualitative findings; report to the Department, the Foundation and participants; submit for peer-reviewed publication; develop a translation and implementation plan for maternity service policy and practice.	5 months

A detailed budget has not been proposed in this outline and would be developed with the Department as part of costing discussions, covering research coordination, a project manager and research assistant, participant recruitment and materials, data collection platforms, and dissemination.

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