Implementation Guide

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www.infantprogram.com

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INFANT First Steps

Step 1: Is there a need for INFANT in your area?

You know your community and you are the expert here. The following questions may help with establishing a case and advocating for INFANT in your area:

- What is the birth rate in your catchment?
- What are the food and activity patterns of children in your catchment? Consider looking at your local health data.
- How many new parent groups run in your area per year?
- What policies and strategies are available to support programs, initiatives and services to support families with infants and young children?
- What programs, initiatives and services are on offer to families with children under 2 years?
- Can these policies, strategies and/or related initiatives be used to support the implementation of INFANT in your area?

Step 2: How could INFANT be set up in your area?

Start talking to your local stakeholders who can help answer questions from Step 1 and co-design the delivery of INFANT for your area. Stakeholders could include services and structures such as:

- Maternal and Child Health Services
- Local Council
- Community Health Services
- Primary Care Partnerships
- DHHS Population Health and Wellbeing teams
- Other relevant organisations in your area

Consider what delivery model might work in your area – begin thinking about where INFANT group sessions could be held, participant referral and administration tasks, and who could be trained as facilitators.

Step 3: Express your interest with the INFANT team

After considering how INFANT might be run in your local area, it's time to get in touch with the INFANT team.

Email Sarah Marshall, Project Coordinator at infant-study@deakin.edu.au.

We'll be in touch promptly to discuss this together and start the next step.

Step 4: Establish your INFANT set-up and complete the facilitator training

Our aim in connecting with you is to provide you with support for setting up INFANT and completing the facilitator training. All organisations delivering INFANT will need to identify staff to undertake the INFANT training. This is so that you have the most up-to-date information, resources and support you need. All facilitators will also need to complete an annual refresher training.

Once the set-up process commences, staff who have been identified by your organisation to become INFANT facilitators can be enrolled for training.

Step 5: Begin implementing INFANT

Once you are accredited, you are ready to start implementing INFANT!

INFANT set-up

All organisations delivering INFANT will need to have trained facilitators. This will help to ensure you have the most up-to-date resources and support you need.

INFANT set-up includes:

- Access to INFANT facilitator training
- Training includes an initial 6-hours online and an annual update.
- Training can contribute to Continuing Professional Development with the relevant professional associations.
- Access to all INFANT content and resources to support delivery of group sessions.
- Delivery of INFANT according to the INFANT Facilitator Guide.
- Completing a brief 6-monthly feedback (e.g. number of programs, completion rates). This contributes to the evaluation of the program.

In return, the INFANT team will offer you:

- Support for implementation via online resources and 1:1 support from the team.

- Evidence-based, contemporary INFANT program content and resources that reflect best practice.
- Facilitator training offered online at set times throughout the year.
- Active promotion of a Community of Practice for supporting shared learnings.

The INFANT team will provide support for this process through 1:1 contact with the team. If you have any questions about setting up INFANT, email infant-study@deakin.edu.au.

Models of delivery and lessons from other areas

Key statement

There have been various ways INFANT has been implemented in the community to suit the local context, partnerships and capacity of services. There is no one size fits all approach.

There is flexibility to deliver the INFANT sessions in a way that is best suited to your community context and the resources available.

To date, INFANT training has been provided to 16 local governments across Victoria, and interstate.

There have been 2 main models of delivery of INFANT that have been sustainable and continue today. These are:

1. Maternal and Child Health Nurse led groups, with INFANT sessions facilitated by MCH nurses and the administration of the groups managed within the MCH service. This model has been adopted by Whittlesea LGA and successful implemented for the past 4 years.

2. A partnership approach with Community Health and MCH services. This model has been adopted by Mildura, Swan Hill and Benalla LGAs whereby MCH services are responsible for recruitment of INFANT groups (parents are offered INFANT in the last of first time parent group sessions) with the sessions facilitated by community dietitians.

Both models are outlined further below.

Implementing INFANT – key lessons

We undertook interviews with over 20 staff from 5 local government areas involved in implementing INFANT in the community as part of the Healthy Together Victoria initiative. Key lessons shared with us from these areas include:

- A local coordinator is critical in establishing the program.
- Embedding delivery of the program into existing services/roles is key, and dependent on strong partnerships and fit with the local policy context.
- Adapting the program to fit the local delivery context is important, but liaison with INFANT research team is advised to ensure program fidelity is maintained.
- Ongoing program evaluation is important to support the local business case for continuation of the program.
- It is important to have policy personnel and researchers working together to support local level implementation.

Promoting INFANT

Key statement

INFANT sessions give parents the opportunity to connect with other parents, share their experiences and support each other.

As part of our research we have interviewed parents attending INFANT sessions in the community. They told us the main reason they

- enrol and attend sessions are to:
- gain confidence transitioning into parenthood (especially first-time parents)
- gain knowledge and skills about infant feeding (especially introduction to solids), and
- share experiences and get support from other parents

Promotion strategies for INFANT

A range of promotion strategies have been used by LGAs currently running INFANT, these include:

- The first session of INFANT is held at the last session of the first time parent group as a natural extension. Parents who do not want to continue to meet for the remaining 3 INFANT sessions (6,9,12 months) can opt out at this point. Most parents are keen to continue to meet.
- Referral at Key age and stage consultations
- Promotion through community health website and social media
- Parents Early Education Partnership (PEEP)
- Playgroups
- Use of reminder SMS a day or two prior to each session. This is particularly important given sessions are 3 months apart.

A standard parent flyer has been developed and is available in at http://www.infantprogram.org/facilitator-resources. This can be tailored to your service and provided to parents.

Like all group programs, your service will need to determine the best process for promoting, and enrolling parents to INFANT sessions.

Overcoming challenges to successful implementation

Key statement

Implementing programs within the health sector is a complex process, with programs often being adopted with great enthusiasm only to fail during implementation.

The benefits of a health promotion program can only be realised if implementation is successful and sustained. Studies exploring this issue have identified the following key elements that we should consider for successful and sustained implementation of health initiatives:

Planning for sustained implementation from the start – Think about how the program fits into the big picture of service delivery within your organisation. It's vital to consider early whether the program can be implemented in its entirety or if some parts may need to be adapted. Your thinking will probably evolve as the program is implemented, but it's important to keep this in mind so that you can be flexible and opportunistic in your approach, adapting to your specific circumstances.

Program evaluation – Knowing the evidence, statistics and rationale for the program you are implementing allows you to better advocate for its ongoing implementation. You may like to refer to the evidence and benefits of INFANT summarised on the website when advocating for the program locally. Ask yourself what underlying community needs does this program seek to meet? How does this fit in with your municipal health and wellbeing plan and early years plan? And how will you know the program is meeting identified needs? Assessing how well the program is being implemented (process evaluation) and how effective it is being (outcome evaluation) is critical to enhance program participation and build a business case for ongoing program delivery. We discuss evaluation further in the following section.

Tailoring – While it is important to plan, it is also important to be flexible and tailor sessions so that they suit the needs of the people attending. This is strongly linked to program evaluation, which will help to inform changes to meet the needs of your community while still ensuring the delivery of a robust, rigorous program.

Embedding into core business – A program is more likely to be sustained if it is delivered as routine practice. For this to happen it needs to align with the core business of the

organisation. This relates to strategic policies and organisational procedures that will support the program aims and the allocation of appropriate resourcing to ongoing implementation.

Organisational commitment and support – Identify key departments and individuals within your organisation who will view the program as aligning to their work and be a program 'champion'. This fosters 'buy in' and helps to create a supportive organisational climate, which is valuable when determining how program delivery can be mutually beneficial and where resources can be shared.

Organisational capacity building – Identifying and developing organisational structures, resources and skills is important to sustained program delivery. Upskilling staff and using the organisational structure to build capacity across traditional silos leads to resources being used more effectively and efficiently – whether they be funds, equipment or human resources.

Funding: the elephant in the room – We all know that money is important for program sustainability, but the reality is that permanent cycles of funding cannot be relied upon. Integrating program implementation into core business and aligning it to strategic policy is therefore critical for internal funding and resourcing to be allocated to it. In many cases, programs can be sustainable with very little extra funding. For example, databases can be modified so that participants already receiving a service can be referred to a new program. Scheduling of participants into groups and booking of venues can be built into existing administration staff roles.

Partnerships – The cross-promotion of complementary programs and services is a useful way to build program sustainability. It helps to build important relationships with other key external organisations and departments who will help to advertise your program. In return you will recommend their services, such as the library services for children's toys and reading hour; pram-push walking groups; children's swimming lessons – all of which helps to build connections among your program participants. Partnerships can also provide cost saving, reciprocal arrangements such as venues, equipment and staff.

Tailoring INFANT for your community

Key statement

The delivery of INFANT is not a one size fits all approach, there is potential to tailor aspects of INFANT to meet the needs of your community while maintaining the 'key ingredients' that make the program effective

The diagram below outlines in the black box the core components or ingredients of INFANT which we believed to be critical in achieving the outcomes we saw in the original research. We call this the 'black box' of how INFANT works to support parents and suggest that you don't modify these components without first discussing with the research team. The 'blue bubbles' surrounding the black box represent aspects of implementing INFANT that you might want to tailor to best suit the needs of your community as well as the resources, capacity and partnerships in your area. The implementation plan aims to encourage you to work with others completing this course in your LGA to decide on how you might tailor implementation to your community.

Within each session- the facilitated discussion section enables you to tailor the messages to address the specific needs and concerns of parents in your group. For example, in some groups the main barrier to eating more vegetables might be cost, in another it might be a concern about pesticide levels.

The 'black box' of INFANT contain core components that should not be changed without consulting the research team. Items in the blue bubble may be tailored for each community implementation.

Monitoring and Evaluation

Key statement

In this final section we will provide an overview of how INFANT will be evaluated by the research team and local level evaluation approaches you might like to consider in your community.

Evaluating health initiatives provides valuable information of who is being reached by a program and the impact it is having. In short, it provides information about whether a program is worth the effort and resources.

State-wide evaluation

As part of NHMRC Partnership Grant, the Deakin Research team will be conducting an evaluation of the scale up of INFANT over the next 5 years from 2019-2024. This follows the RE-AIM evaluation framework (see table below) and will include an embedded trial with parents to examine the impact of INFANT on child lifestyle behaviours (diet, physical activity and sedentary time) at 12 and 18 months of age. This will be compared to parents receiving 'usual care' recruited from LGAs prior to implementation of INFANT. These outcomes will be collated across LGAs and will not identify individual LGAs, facilitators or parents. Results will be made available to all participating LGAs at the end of the trial period (2024).

	RE-AIM component	Across all LGAs we will assess:
R	**R**each	Characteristics of parents participating in INFANT parent completion rates Sociodemographic predictors of completion
E	**E**ffectiveness	Effect on child diet, physical activity, time spent sedentary at 12 & 18 months of age Effect on child weight at 12 & 18 months. Cost effectiveness

A	Adoption	Uptake of INFANT by LGAs and factors influencing uptake
I	Implementation	Any modifications to INFANT required Barriers and facilitators to successful implementation
M	Maintenance	Proportion of LGAs continuing to implement INFANT 2 years following training Factors influencing sustained delivery

Local level evaluation:

In addition to the state-wide evaluation being conducted by the research team, you may also wish to consider some local level to examine uptake of INFANT in your area and feedback from parents.

Parent uptake:

If your service uses CDIS, we will be able to provide you with information about the reach of INFANT in your LGA including:

- Number of parents enrolling and completing the program
- Characteristics of participating parents

This is if you enrol parents in INFANT via CDIS and enter information on attendance at group sessions. This information will be collated by LGA and across all LGAs centrally using data extracted from CDIS. We aim to feed this information back to your LGA every 6 months so you can monitor uptake of the program. If your service uses another record system, you might like to consider how you can track enrolment and completion rates using your existing systems.

Parent feedback

You may wish to consider seeking feedback from parents participating in INFANT in your community. This can provide useful information about perceived usefulness of the program and any suggestions for improvement. A number of sample survey tools have been developed by the research team to assist you with this process.

For ease of administration and analysis, we suggest that you make these evaluations available electronically (e.g. Survey Monkey, Qualtrics etc) and SMS parents the survey link as well as giving parents time in the last session to complete the evaluation.

Facilitator feedback: You may wish to organise the occasional meeting of facilitators in your LGA to discuss generally how the INFANT sessions are going, any issues that need to be addressed.

INFANT Participant feedback survey: Issues to consider and sample questions

Purpose

Local evaluation of INFANT group sessions.

The type of questions you include in any evaluation survey of course depends on the purpose of your evaluation and how you intend to use the information collected. The table below outlines some possible evaluation objective you might be considering for INFANT.

You and your team will determine the evaluation questions most relevant for your local area. To decide on the questions, you could talk to your delivery team and partners and consult your local Municipal Health and Wellbeing Plan.

Please Note: The INFANT team will be evaluating the effectiveness of INFANT on child lifestyle behaviours (diet, physical activity, sedentary time) and child weight compared to usual care. These findings will be available 2024.

Table: Guidance for selecting questions for local INFANT participant evaluation surveys

Evaluation objective	Sample questions	Rationale / Considerations	Timing – when to survey your participants
To assess promotional strategies used	Q1	This information can be used to determine the most successful recruitment approaches. You can tailor the response options to suit the promotion strategies used by your service.	Options: • After session 1 • At the completion of 4 sessions (although recall may be an issue)
To assess attendance by session and	Q2 Q3	Session attendance and reasons for not attending is an important part of assessing	Options: • Q2- At the completion of the 4

reason for not attending		INFANT uptake and changes that may be required to improve parental engagement. We recommend services collect information on attendance rates which will be more accurate than asking parents to recall which sessions they attended You might be interested in understanding the reason for not attending and if you need to make changes (e.g. time/venue) based on feedback from parents.	sessions (recall maybe an issue and results will not be known to the end of the sessions) • Q3- Following each session for those that did not attend. This is the preferred method for obtaining timely feedback on reasons for not attending. Please note separate surveys should be set up for 3,6,9,12 month sessions so you can examine the reason for not attending by session.
To obtain feedback on the group process and relevance and usefulness of the content	Q4	These questions provide useful information about participants' perception of the facilitation process and the usefulness and relevance of the content. This information might inform any tailoring of the sessions required to suit your community. Please refer to 'Tailoring INFANT for your community (page 10) and contact INFANT team to discuss any proposed changes.	These questions are probably best asked at the end of the 4 sessions. If you are considering having an evaluation survey following each session, items a-e could be asked at the end of each session
To assess changes in participant confidence to promote healthy eating and active play with their child	Q5	Confidence to implement a behaviour is known as an important predictor of performing a behaviour. The confidence items suggested aim to cover off the key INFANT messages	These questions are probably best asked at the end of the 4 sessions.
To assess the perceived impact of INFANT on the home food environment	Q6	Given the complexity in measuring changes in diet for participating parents and in young children, these questions provide a crude indication of possible perceived impacts of INFANT	These questions are probably best asked at the end of the 4 sessions

		on the types of foods purchased and available at home. This can provide a proxy for the impact of INFANT on dietary behaviours in the family.	
To assess the perceived impact of INFANT on child active play and sedentary time	Q7	These items provide a crude indication of possible perceived impacts of INFANT on child active play and sedentary time.	These questions are probably best asked at the end of the 4 sessions
To assess the impact of INFANT on parents social and community connectedness	Q8	Qualitative feedback from LGAs already running INFANT suggest that the program can enhance parents' social connection with other parents as well as linking parents to local community services/facilities. This may be of interest to your LGA.	These questions are probably best asked at the end of the 4 sessions
Suggestions for improvement or any other comments	Q9	Providing one open question for parents to suggest areas for improvement can be a useful way of obtaining feedback from parents on aspects not covered by other questions. Remember that open questions take more time to collate and analyse.	
Participant characteristics	Q10	These items will enable you to describe the participants who have completed your evaluation survey.	We recommend incorporate basic demographic information into any survey measures.

To assess promotional strategies used

Question 1

How did you hear about INFANT?

- ☐ SMS
- ☐ Maternal and Child health nurse
- ☐ Flyer
- ☐ Facebook/social media

- Word of mouth
- Other, please specify

To assess attendance by session and reason for non-attendance

__Question 2__

Which of the following INFANT sessions did you attend?

3 month session Yes No

If no, what was the main reason you did not attend?

- The session day and/or time didn't suit me
- The location of the venue was not convenient
- I did not need more information about the topics covered in that session
- I or my baby was unwell
- I forgot
- I did not know about the session
- My friends were not attending
- Other, please specify ___________________

6 month session Yes No

If no, what was the main reason you did not attend

- The session day and/or time didn't suit me
- The location of the venue was not convenient
- I did not need more information about the topics covered in that session
- I or my baby was unwell
- I forgot
- I did not know about the session
- My friends were not attending
- Other, please specify ___________________

9 month session Yes No

If no, what was the main reason you did not attend

- The session day and/or time didn't suit me
- The location of the venue was not convenient
- I did not need more information about the topics covered in that session
- I or my baby was unwell
- I forgot

- ☐ I did not know about the session
- ☐ My friends were not attending
- ☐ Other, please specify _________________

12 month session Yes No

If no, what was the main reason you did not attend

- ☐ The session day and/or time didn't suit me
- ☐ The location of the venue was not convenient
- ☐ I did not need more information about the topics covered in that session
- ☐ I or my baby was unwell
- ☐ I forgot
- ☐ I did not know about the session
- ☐ My friends were not attending
- ☐ Other, please specify _________________

Question 3

Suggested SMS text: *We were sorry to have missed you at today's INFANT session. Click here to tell us why you couldn't make it, we appreciate your feedback*

- ☐ The session day and/or time didn't suit me
- ☐ The location of the venue was not convenient
- ☐ I did not need more information about the topics covered in that session
- ☐ I or my baby was unwell
- ☐ I forgot
- ☐ I did not know about the session
- ☐ My friends were not attending
- ☐ Other, please specify _________________

Question 4

Parent feedback on group process, relevance and usefulness of the content

Please tick one response for each statement:

	Strongly disagree	Disagree	Agree	Strongly agree
a) I felt safe and comfortable to participate	☐	☐	☐	☐
b) The content was useful and relevant	☐	☐	☐	☐

c) The sessions were interactive	☐	☐	☐	☐
d) The information was relevant to my cultural practice	☐	☐	☐	☐
e) The facilitator(s) managed the group well	☐	☐	☐	☐
f) I would recommend INFANT to someone else	☐	☐	☐	☐
g) Overall, I enjoyed participating in INFANT	☐	☐	☐	☐

If you 'strongly disagreed' or 'disagreed' with any of the above, please explain why:

____

Change in confidence

<u>Question 5</u>

As a result of participating in INFANT, I feel

	Strongly disagree	Disagree	Agree	Strongly agree
a) more confident in my ability to limit my baby's screen time	☐	☐	☐	☐
b) more confident that I can limit the amount of time my baby spends restrained (e.g. in a highchair, car seat, pram, bouncer etc)	☐	☐	☐	☐
c) more confident to encourage my child to engage in active play	☐	☐	☐	☐
d) more confident introducing my baby to solid foods	☐	☐	☐	☐
e) more confident in limiting the amount of sugar sweetened drinks my child has	☐	☐	☐	☐
f) more confident to incorporate vegetables and fruit into family meals	☐	☐	☐	☐
g) more confident to offer my child vegetables and fruit as snacks	☐	☐	☐	☐
h) more confident in my ability to provide healthy meals for the family	☐	☐	☐	☐
i) more confident in managing my baby's food refusal	☐	☐	☐	☐
j) more confident to help my chid develop a healthy eating pattern	☐	☐	☐	☐

Home food environment

Question 6

Since participating in INFANT (please tick one box for each row)

Question	Decreased	Stayed the same	Increased
The amount of fruit we buy has	☐	☐	☐
The amount of vegetables (fresh, frozen or canned) we buy has	☐	☐	☐
The amount of sweet snacks (cakes, muffins, biscuits, muesli bars etc) we buy has	☐	☐	☐
The amount of savoury snacks (chips, crackers etc) we buy has	☐	☐	☐
The amount of sugar sweetened drinks (fruit juice, soft drinks, energy drinks, sports drinks, cordial) we buy has	☐	☐	☐
The number of times we eat together as a family (at least one parent & child) has	☐	☐	☐

Child Physical activity and sedentary behaviours

Question 7

Question	Decreased	Stayed the same	Increased
The amount of time I spend outside being active with my child has	☐	☐	☐
The amount of time I spend playing with my child has	☐	☐	☐
The amount of time my child spends restrained (e.g. in a highchair, pram, car seat, carrier, bouncer etc) has	☐	☐	☐
The amount of time my child spends in front of a screen (e.g. phone, TV, tablet) has	☐	☐	☐

Community connections

Question 8

As a result of participating in INFANT…:

	Strongly disagree	**Disagree**	**Agree**	**Strongly agree**
I feel more connected to other parents in my local area	☐	☐	☐	☐
I know more about other services/programs available locally	☐	☐	☐	☐

Suggestions for improvement or any other comments

Question 9

Do you have any suggestions for improving INFANT or any other comments?

____

____

____

Participant Characteristics

Question 10

Age group:

- ☐ 17 or under
- ☐ 18-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 55 plus

What is your relationship to the baby enrolled in INFANT?

- ☐ mother
- ☐ father
- ☐ grandparent
- ☐ other, please specify

Did anyone else in your family also attend this session?

- ☐ Partner
- ☐ Grandparent
- ☐ Other, please specify

In what country were you born? (Please select one response only)

- ☐ Australia
- ☐ Other

Please specify: __________

What is the main language you usually speak at home? (Please select one response only)

- ☐ English
- ☐ Other

Please specify: ___________

What is the highest level of schooling you have completed? (Please select one response only)

- ☐ Less than Year 12 (less than High School Certificate)
- ☐ Year 12 or equivalent (e.g. High School Certificate)
- ☐ Trade/apprenticeship (e.g. hairdresser, chef), TAFE or equivalent
- ☐ University degree or higher

Do you have a Health Care Card (from CentreLink)? (Please select one response only)

- ☐ No
- ☐ Yes

Do you identify as Aboriginal or Torres Strait Islander?

- ☐ Yes
- ☐ No

Is your baby of Aboriginal or Torres Strait Islander origin?

- ☐ Yes
- ☐ No

Postcode of where you live: _______