



“Our success comes from building relationships early and maintaining continuity - families come back because they trust the educators.”

INFANT snapshot: Melton

- Local Government Area (LGA) location: Metro
- Births per year: approx. 4000 (as at 2024/2025)
- INFANT model: Maternal and Child Health (MCH) led in partnership with Community Health
- INFANT funding model: MCH flexible support funding and Dept. of Health funding

Melton has demonstrated strong uptake of the INFANT program, particularly among first-time parents. While some LGAs have experienced a drop-off in attendance at the 9- and 12-month sessions, Melton maintained relatively consistent engagement across all four INFANT sessions. Their success can be largely attributed to early relationship-building, continuity of facilitators, and a flexible, family-centered approach.

Implementation Approach

1. Embedding INFANT in New Parent Groups

- INFANT Session 1 (3-month session) is delivered in week 6 of a 7-week New Parent Group.
- Early integration helps normalise INFANT as part of the parenting journey.
- Educators introduce the full 4-part INFANT series up front, setting expectations and building interest in future sessions.

2. Continuity of facilitators

- The same two Parent Educators run both the New Parent Groups and INFANT sessions.
- Continuity builds trust and familiarity with families who often choose sessions based on which educator is facilitating.
- Educators are named in email invitations for example “Mel is running this session”, which encourages attendance and reduces follow-up queries.



3. Manual tracking and session management

- Attendance is tracked using a custom Excel spreadsheet alongside the Child Development Information System (CDIS).
- Families are added to the CDIS waiting list session-by-session to avoid system overwhelm and ensure accurate targeting.
- Each family's expected INFANT session dates are calculated and tracked based on their child's age.

4. Inclusive and flexible invitations

- All families who attend the New Parent Groups are invited to INFANT Sessions 2, 3, and 4 regardless of whether they attended previous sessions.
- To ensure no family is excluded from the opportunity to participate, MCH nurses refer families who:
 - Are new to the area
 - Have missed earlier sessions
 - Are not first-time parents but may benefit from support.

5. Session delivery options

- Sessions are offered:
 - Face-to-face across multiple suburbs within the Melton City Council Local Government Area
 - Online as a standalone session, to accommodate working families or those who cannot attend in person. Online sessions are interactive, with educators encouraging camera use to maintain connection.

6. Communication and reminders

- Invitations are sent approximately three weeks before each session via:
 - Text message (through CDIS)
 - Email (with session details and facilitator names)
- Follow-up reminders are sent if bookings are low, using urgency messaging, for example "limited spaces available"
- Reminder texts are also sent one week before and on the day of the session.



7. Session timing considerations

- Sessions are typically scheduled at 10:00 AM or 1:00 PM, depending on venue availability and are chosen in an effort to avoid common nap times.

Challenges and Learnings

- **Administrative load:** Manual tracking and session-by-session management is time-consuming but effective. The team has found that this personalised approach leads to better outcomes.
- **Booking systems:** Previous attempts to use automated booking platforms were unsuccessful. Direct communication (text/call/email) has proven more reliable
- **Cultural considerations:** Given Melton’s rich cultural diversity, attendance at 12-month sessions is usually higher than at 9 months, as many families travel overseas to visit relatives when babies are around 9 months and return by 12 months. Providing online sessions helps maintain engagement while families are abroad.
- **Group dynamics:** Engagement is often stronger in groups where parents are known to each other and who maintain social connections.
- **Facilitator impact:** The success of the program is closely tied to the facilitator’s ability to build rapport and carry the INFANT messages forward from the start.

Key Takeaways for Other LGAs

- **Start strong:** Introduce INFANT in New Parent Groups and make it a seamless part of the family journey from the outset.
- **Maintain continuity:** Have the same educators deliver both New Parent Groups and INFANT sessions where possible



Case Study – Melton

- **Track manually if possible:** Although time-consuming, manual tracking ensures precision and allows for personalised follow-up.
- **Be inclusive:** Invite all families, regardless of past attendance or birth order, and accept referrals from MCH nurses.
- **Offer flexible formats:** Provide both in-person and online options to accommodate different needs.
- **Communicate clearly and consistently:** Use multiple channels and include facilitator names to personalise the experience.
- **Understand your community:** Consider cultural patterns, travel habits, and group dynamics when planning sessions.

Want to implement INFANT in your LGA? Start [here](#).

Get in touch with Melton

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