Earlybird Program

A parenting program for families with infants newborn to 8 weeks
Facilitators' Manual for Earlybird Groups

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Section 1. Principles and purpose

Introduction

A review of Child and Family Health Services in the former South East Health recommended the establishment of support groups for parents of newborn babies. The strategy was aimed at parents having access to child and family health services as soon as possible after birth. The early weeks of parenting are recognised as critical for many aspects of the health and well-being of parents and babies.

The Earlybird Program was established for parents of babies from birth to eight weeks of age in 1998. The program is a combination of group attendance and informal networking with other parents. It also includes an opportunity for parents to weigh their babies and the option of a one-to-one nurse consultation for parents with special needs and/or the completion of maternal and child health assessments.

The groups are based on antenatal/postnatal parenting groups developed in Deptford in the United Kingdom. The groups use a combination of peer and professional knowledge and experience to support new parents. A fundamental philosophy is that the group participants generate the issues for discussion. Although child and family health nurses are the group facilitators, their role is very much one of providing group structure and maintaining the group as ‘client-led’.

The Earlybird Program has a partnership and peer support approach. Parents are recognised as bringing expert knowledge of their own baby and family. Nurses with child and family health expertise bring their clinical experience to support parents with new babies in their problem-solving and decision-making. The program can provide the building blocks for ongoing social and support networks among new parents.
Earlybird Program Evaluation in the St George area demonstrated that:

- Breastfeeding rates at eight weeks were higher for women attending the program compared to women attending individual consultations with child and family health nurses.

- Participation encouraged mothers to persevere with breastfeeding because they learnt from other mothers that difficulties were common and mostly short-lived.

- Mothers valued observing older babies to understand the stage of development where their babies would be in a few weeks time.

- Mothers reported greater confidence in their parenting role and greater satisfaction in this role.

- Women who were isolated from family and friends particularly expressed the view that the Earlybird group gave them confidence in their own abilities.

- The age of babies at their first visit to the Child and Family Health Centre was two to four weeks before the Earlybird Program was offered. Once Earlybird was available, the age at first visit reduced to five to 15 days of age.

- More clinic appointments overall became available which lead to an increased ability to see clients with immediate needs.

Purpose of the manual

Participation in the Earlybird Program will become a choice that is offered to all new parents in South Eastern Sydney and Illawarra Area Health Service, northern region. Planning and facilitating Earlybird groups will be central to the role of child and family health nurses. The purpose of this manual is to assist health service managers and facilitators to plan and implement the program in their area.

The manual:
- Describes the key principles and practices of the Earlybird program
- Highlights the facilitation skills essential for Earlybird groups
- Provides resource material for planning and managing the program.

Rationale for Earlybird Program

The Earlybird Program is designed to improve the health and well-being of mothers and babies.

The program aims to:
- Encourage parents to make their own decisions about parenting
- Increase the satisfaction and confidence of new mothers and their families
- Strengthen maternal and infant attachment
- Promote and support successful breastfeeding.

Program Strategies

The main ways in which the program achieves the aims is by assisting parents to:
- Develop social relationships with other participants
- Form social networks that continue beyond participation in the program
- Enhance parenting skills and problem solving skills
- Receive positive reinforcement for successes and understand myths in relation to parenting newborns
- Recognize normal newborn behaviour, including sleeping and feeding patterns
- Learn from their own baby and the experience of other parents
- Choose and apply appropriate strategies for their baby and family situation
- Be aware of any potential health problems that may benefit from early intervention
- Identify available resources and support services in the community and know how to access them.
Key features of an Earlybird Program

Experienced child and family health staff may have facilitated different types of support groups or education programs for parents. The following features distinguish the Earlybird Program from traditional parent groups offered by child and family health services:

- The program is for parents of babies up to eight weeks of age.
- Parents are encouraged to join the group as soon as possible after the baby’s birth.
- The group is structured as an ‘open’ group. This means that the program is an ongoing one and parents may enter and leave the group at any time. They are expected to leave the group once their baby passes the age of eight weeks. (See text box on group structures.)
- The basic philosophy of the group is one of partnership and peer support. Parents of new babies support each other and learn from each other by sharing their experience and having access to the knowledge and experience of child and family health nurses.
- The topics for discussion each week are parent-led. The topics emerge from the concerns and interests of the participants on the day.
- There are two facilitators whose role is to assist managing the group interaction and as a resource for the group. One of the facilitators must have specialist knowledge in child and family health.
- The group welcomes mothers, fathers, partners, grandparents, friends and any other family who may be important to the support and well-being of the family.
- Pregnant women in their last trimester may be invited to attend the group to hear about early parenting experiences.
- The ideal group size is 12 to 14 parents.
- Scales are available and parents are welcomed to weigh their babies whenever they attend the Earlybird Program.
- Individual consultations with parents can occur after the group discussion.
- As part of the program the nurses continue to monitor the health and progress of mother and baby over the weeks that they attend the group. This may include completing the One - Four Week Child Health Assessment if it has not been carried out previously, keeping individual client records and inviting parents for individual consultations to follow up any concerns.

The experience of many centres has been to invite women to attend the group as their first contact with the Child and Family Health Centre, rather than to schedule an individual consultation. The nurses follow up with an individual consultation when required but for many parents attendance at the Earlybird Group meets their needs for support and information. See the following text boxes for further explanations of group structures and philosophies.
Group structures

Group programs for the purpose of education, information sharing and/or support are usually structured in one of two ways. They are either closed or open groups. Both closed and open groups have criteria for participation (e.g. age of baby, gender, cultural background, place of residence) that will vary depending on the group objectives.

Closed groups usually begin with all participants attending in Week One and making a commitment to continue together to the end of the program. No new participants join after Week 1. Closed groups are time limited and might run for something like six to ten weeks depending on the program objectives. They can promote positive learning outcomes, strong peer support and social networks. However they also preclude new people from joining and mean that significant group leader time is devoted to a relatively small number of people.

Open groups accept new participants at any time in the course of the program. They usually do not have a set start date and finish date and may be ongoing through the year. Depending on the program objectives, participants may be encouraged to attend regularly over a period of time or to only attend if they have a specific need or interest. It may be harder to encourage strong peer support in an open group compared to a closed group if the participants change substantially each week. However open groups make it possible to cater for a larger number of participants who have the choice of attending when it suits them.
Group philosophy

The essential philosophy of the group influences how the group is facilitated, the content covered by the group, the expectations of the participants and the facilitators, and the outcomes for both the participants and the facilitators.

Expert model The expert model relies on a group leader who has content expertise and whose main task is to pass on that knowledge in the group setting. Guest speakers or videos are also used to access additional expert knowledge. The group may be used for discussion and question and answer opportunities but the expectations and outcomes are about the participants gaining knowledge from experts. Traditionally many of the groups run by Child and Family Services have adopted an expert model combined with either a closed or open structure. (Some Centres run ‘drop-in’ groups which are open groups operating with an expert model.)

Peer support model The peer support model recognises the knowledge and experience of the group participants, their capacity to learn from and support each other and the importance of building self confidence in decision-making. It relies on the group participants having some common concerns and goals. It is not essential for the group facilitator to have particular content expertise. Their role is to facilitate learning by encouraging the sharing of ideas and experiences. The group may need access to information to help dispel myths and to reinforce healthenhancing practices. Examples of groups in the community operating with a peer support model are breast cancer support groups and Alcoholics Anonymous.

Partnership and peer support model This model retains most of the features of peer support with the addition of at least one facilitator who has content expertise to allow immediate access to relevant information. In the example of Earlybird the nurse brings clinical knowledge and experience to the facilitation role as a partner with parents. The parents bring knowledge and expertise of their own babies, families and life experience. This model assumes that a respectful partnership between parents and nurses is a powerful support in its own right and the means by which parents’ confidence may be increased. With the addition of peer support, parents are able to explore difficulties, clarify their situation, learn and develop the most helpful and effective strategies for optimising the health and development of their children.

In summary, the groups run by Child and Family Health Services as part of the Earlybird Program have an open group structure and a group philosophy of partnership and peer support.
Section 2. Program structure

An Earlybird Program usually runs over two and a half hours. For example, parents will be invited from 9.30am with the actual group discussion commencing at 10am, continuing until 11.30am and then a final half hour for a cup of tea, informal conversation and one-to-one parent/nurse consultations.

For the facilitators it is helpful to think about the group in five phases:

1. Welcome and orientation
2. Introductions and group principles
3. Group discussion
4. Group close
5. Other activities

1. Welcome and orientation

Duration 30 minutes

Every family needs to receive a warm welcome especially as this will probably be their first visit to a Child and Family Health Service. Parents attending for the first time may be feeling anxious and vulnerable. Giving basic information and direction helps relieve anxiety.

Part of the initial welcome may be to:

- Clarify names and write name tags
- Check whether this is a first visit
- Indicate toilets, baby change facilities and tea/coffee
- Introduce a new mother to a previous participant
- Direct new parents to scales/baby check
- Indicate the group room and seats available
- Encourage parents to leave prams outside the seating circle and to hold babies during the group
- Encourage mothers to delay questions they may have for staff and to raise them in the group
- Explain that a nurse will carry out the One-Four Week Child Health Assessment either before the group begins or at the end of the group session
- Ask parents to sign attendance record
2. Introductions and group principles

**Duration 10 minutes**

The facilitators formally begin the group by welcoming all participants, doing a quick round of introductions and outlining the way the group will run. This information needs to be repeated each week, as there are likely to be new participants. It may also be helpful to have the basic information about the group in handout format give out to new participants. There is a sample handout in Section 5.

Explain the guidelines for group interaction (group agreement) and the value of keeping to them. The basic guidelines include an understanding that:

- People will come and go from the group over the coming weeks as new parents come in and parents of older babies (those now over eight weeks) move on. (They may move onto the next age appropriate group, if available, or to their own support group or network which has grown from the Earlybird group.)

- There are some things that are acceptable and welcomed within the group while it is in progress such as holding, feeding and changing the baby.

- There are some things that are not acceptable within the group while it is in progress such as keeping mobile phones turned on and having a hot drink while feeding the baby.

- Individual confidentiality is respected by asking that personal information revealed in the group stays within the group.

- Sufficient "air time" is accorded to all participants. Some people with very complex or difficult situations may have to accept a limit to the time spent discussing the issue of particular relevance to them.

- For many parenting issues discussed in the group there will be no right or wrong ways of managing them. People will find their own solutions to problems and what works for one person may not work for another.

- The role of the facilitators is to ensure that people feel supported in raising whatever is of concern to them and to assist in keeping the flow of discussion.

- Arrangements can be made for staff to see people at the end of the group, to make an appointment at the Child and Family Health Centre, or refer people to other sources of information and support as needed.

Planning for a tea break is up to the facilitators and the group to decide. Depending on the time available and the size of the group it may work best for people to have tea or coffee before the start of the group or to be invited to stay after the group for tea and informal chat. The informal time that participants share over making and having tea can be just as valuable as time in the group.
There is some information that needs to be available every week in case parents only attend the group once. This information includes:

- Reminder for six week postnatal check for mothers with their GP, obstetrician or midwife
- Reminder for six to eight week check up for babies
- List of recommended immunisations for baby, when they can be given and options for local service providers
- Times and venues for Earlybird groups and other groups
- Other services available from Child and Family Health Services.

This can be written on a whiteboard or printed as a handout. Parents may have questions that arise from the list.

### 3. Group discussion

#### Duration 1 hour to 1.5 hours

The discussion starts by the facilitator inviting each person in turn to reintroduce themselves and their baby in more detail, to give the baby’s age, to share what has been happening for them over the past week and to ask any questions.

For example: *My name is Mary and this is Thomas who is 3 weeks old. He’s my first baby. He’s gorgeous, of course! But he does cry a lot in the evening. He’s also vomiting after some feeds and he still wakes for two or three feeds at night. I’ve been wondering if this is a usual sort of pattern for his age?*

A central principle of the Earlybird Program is that participants raise issues for discussion. It is not the facilitator who determines what the topics of the week will be. Having picked up on the issues from the group, the facilitator seeks to expand discussion of the issues, check if others are having similar experiences and encourage expression of different views and options. One of the facilitator’s key tasks is to encourage parents to focus on what their baby is telling them and to recognise their own skills in adapting to their baby’s needs.

A wide variety of issues may be canvassed and one of the tasks of the facilitator, in consultation with the group is to judge how much time is devoted to a particular issue and at what point it is appropriate to move on. Follow-up on issues raised and discussed the previous week may be important especially to explore how new ideas or knowledge may have been applied.

The volume of material generated may mean that some non-urgent issues are held over to the following week or covered through handouts made available at the end of the session.
4. Group close

Duration 15 minutes

About 15 to 20 minutes before the group is due to finish the facilitators may:

- Indicate the amount of time remaining
- Begin the process of bringing the group to a close
- Check for any urgent questions/issues to be dealt with immediately in the group
- List any issues flagged for the next session
- Describe options for after the group e.g. individual consultations, opportunity to weigh baby
- Indicate relevant handouts
- Distribute and collect evaluation forms
- Complete seating diagram (see page on documentation).

The process of bringing the group to a close might include:

- Summarising key points from the discussion
- Asking if people need clarification of anything raised in discussion
- Inviting participants to reflect on any new insights they have gained from the discussion
- Inviting participants to reflect on how they are feeling
- Inviting participants to share some of those insights and/or feelings.

5. Other activities

Assessments and individual consultations

After the group discussion is completed there is be time allocated for staff to complete the One - Four week Child Health Assessment. This includes family history, assessment of the mother and infant, discussion of infant feeding and documentation of information in the Personal Health Record book and client file. Doing the assessment after the group allows new group members to ask questions within the group which may otherwise be raised during the assessment.

Preferably use another room to complete the One - Four week Child Health Assessment to allow privacy in collecting personal information. If there is no opportunity to use another room to complete the assessment and the group is slow to disperse, then start with the physical check of the baby and leave the personal details until after the group has left.

Individual consultations to follow up on any other issues can also be carried out after the group discussion or appointments made for individual consultations at other times.
Participation by high needs parents and babies

High needs families such as mothers with mental health problems and Department of Community Services (DoCS) clients are encouraged to attend Earlybird groups. The group experience can help to reduce their feelings of difference and normalise their parenting experiences. Immediately after the discussion there may be a need to follow-up with some high needs participants based on what has emerged in the group discussion.

Managing high needs group participants may require any or all of the following strategies:

- One facilitator taking time out from the group or offering time after the discussion phase to spend one-to-one time with the parent and baby.
- Referral for a one-to-one consultation in the Child and Family Health clinic.
- Follow-up phone call regarding any concerns within 48 hours of the group.
- Referral to other early intervention services e.g. DoCS, social worker, GP, paediatrician, mental health team.
- Particular encouragement for high needs families to return to the group.

After Earlybird

The principle of Earlybird groups being for parents of babies up to eight weeks can be clearly stated each time the group meets. The idea of building and sustaining networks with other parents can also be regularly reinforced.

In some cases the Child and Family Health Service will also be running other open groups or drop-in groups for parents of older babies so referral to these groups will be straightforward. Facilitators can have dates and times of other group meetings readily available.

Where these groups do not exist then assisting the parents to continue to meet or to stay in touch becomes part of the group discussion. It can be the group participants who take the lead in this but facilitators can help with having some ideas ready.

- Encourage exchange of names, phone numbers and email addresses between participants
- Have a template for a phone tree on hand for participants to use
- Collect information on baby-friendly places for parents to meet eg. local parks, shopping centre, coffee shops, swimming pool, babes in arms cinema session
- Suggest a walking group.
Section 3. Facilitation skills

Co-facilitation

Earlybird groups are designed to have two facilitators. This enables sharing of tasks, mutual support, debriefing, use of complementary skills and training opportunities for less skilled facilitators. Shared, ongoing facilitation also promotes better continuity of care as the facilitators build relationships with the parents over the weeks of their group participation. At a practical level it accommodates one facilitator’s occasional absence for sick leave, annual leave etc. In many situations both the facilitators will be child and family health nurses. However for some groups there may be a need to have a co-facilitator with specific linguistic or cross-cultural skills.

Competencies

This manual assumes that facilitators will possess a comprehensive range of skills. Facilitators for Earlybird groups must have an understanding of:

- The adult learning process
- Conditions for successful adult learning
- The value of peer support
- Ways to promote peer support
- Group process
- Techniques in group facilitation
- Family dynamics
- Child and family health and development
- Current child and family health issues, policies and evidence-based practice
- Service and referral networks.

Facilitating discussion and peer support

One of the basic group facilitation skills important to Earlybird groups is the capacity to ask good open-ended questions to encourage discussion. Open-ended questions do not have one answer or a ‘correct’ answer. They seek to stimulate a stream of thought, the telling of a story, the description of a situation or problem. (A closed question is one that only elicits a yes/no or factual response e.g. Did you have a caesarean? How old is your baby?)
Some open-ended questions and prompts to further discussion might be:

- Please tell us more about that.
- What happened next?
- What has been your experience?
- How was that different to what you expected?
- What do other people think?
- Have others had a similar experience?
- Does some of that sound familiar? In what way?
- Can anybody identify with Mary’s situation?
- For the mothers of older babies - can you remember this...?
- What helped you?

There may also be points in the discussion where it is important to help people to reflect on their own experience in a way that more explicitly assesses their own learning.

- Some prompts might be:
- How did that make you feel?
- What did you learn from that?
- That must have been ......difficult/distressing/rewarding/helpful
- Is there anything you would do differently if faced with the same situation?
- What changed for you after that experience?
- What sort of information might have helped you at the time?
- What is it that you most need to sort out at the moment?

As a facilitator it may be helpful to think about the group discussion as a series of problem solving cycles. Each issue raised by a parent for which they seek more information or support is a problem to be resolved. It may be quite minor or a major source of concern for the parents. The suggestion here is not to use the explicit language of We are here to solve problems or Describe your problem but rather to use the cycle of problem solving as a model for guiding the discussion. See the following text box for a more detailed explanation.

Much of the learning for parents in the Earlybird Program revolves around them recognising that perceived problems are normal newborn behaviour. Hence the emphasis is on the strategies used by the parent to cope with the baby’s behaviour rather than trying to eliminate or change the baby’s behaviour.
The cycle of problem solving

1. Identify and define the need or issue

Use open-ended questions and active listening to encourage a person to tell their story. Encourage the individual to talk about the issue until they have clarified for themselves what is of most concern to them. The facilitator must resist defining the problem for the participant (or letting other group member define the problem).

2. Generate possible alternative ways of looking at the issue and dealing with it

This is the phase where other group members are encouraged to offer their ideas and experience. A brainstorming technique is useful here where no judgements are made about the value of the options raised.

3. Assess all the alternatives

There will not be a neat division between steps two and three and as a facilitator it is important to recognise the difference. You may need to lead the individual through the process of considering the options that have been raised by the group to arrive at one that feels right for them. Part of assessing alternatives may be dispelling myths and seeking out further information.

4. Choose an alternative

Sometimes it will be appropriate to ask a parent which option they think they might try. At other times it may not be necessary to take the discussion to this step. Considering the alternatives within the group may be sufficient.

5. Think about ways to implement it

This may be a step where you encourage people to consider options either in the group or at some later time. It is about considering the detail of how parents might try something new or the changes or adaptations that could be made for their particular circumstances.

6. Reflect on what happened

What happened when you tried that option? How did it work? What did you learn from the experience? What might you do differently next time? Step six may be the follow-up that is part of the next group meeting. Some of the discussion might start with these reflections, which provide the opportunity to affirm success and/or the need to re-visit or re-define the situation and move through the cycle again.
Weaving in relevant issues

While the emphasis in Earlybird will be on participant-led discussion, skilled facilitators will be able to use some issues raised to lead into new or related topics for discussion. For example, discussion of settling the baby and putting the baby to sleep may raise an opportunity to reinforce the preference for placing babies on their backs to sleep in order to prevent SIDS. The following topic list is a prompt for facilitators to remind them of possible issues or directions to explore with parents.

- Birth experiences
- The importance of networking
- The role of fathers
- Maternal diet and breastfeeding
- Parent/infant attachment versus separation
- Past parenting theories - identifying various types of advice
- Sleep patterns changing with age
- Managing an unsettled baby
- Settling in, postnatal feeling, postnatal distress/depression
- Wake times - floor play, vocal interaction
- SIDS - positioning baby
- Baby’s response to sight and sound
- Immunisation
- Co-sleeping
- Contraception.

Skills in maintaining a partnership and peer support approach

For nurses who are more familiar with closed groups and expert-led groups, maintaining the flow of discussion within a partnership and peer support approach will require constant attention to seeking input from the group and affirming best practice without reverting to an expert information role.

The following examples of group discussion help to illustrate the difference in approach.

In Example one, seven out of a possible eleven participants contribute to the discussion. The level and type of participation indicates a relaxed environment where the women feel safe and confident to contribute. It also demonstrates more experienced mothers offering support and reassurance to mothers with younger babies. The facilitators contribute information and offer support, alongside the information and support offered by the parents in the group. Both are valued and the facilitator is not ‘having the final word’.
Example 1*

Extract from Earlybird Group discussion

Rita (whose baby is 7 weeks old): *I can hear myself in what Kelly said.* (Kelly’s baby is 2 weeks old.) *My baby wouldn’t go into the bassinette.*

Sharon, the facilitator, asks Rita what she learnt to do.

Rita: *Wheat packs in the bed, clock in the room and all that but it was basically a time thing I think.*

Sharon then talked about attachment and separation and how difficult it can be for some babies.

Marie: *I found the wrapping technique that was demonstrated last week really successful.*

Marg (co-facilitator): *One of the mothers in the group last month tried using a worn t-shirt as a bottom sheet in the baby’s bed so it smelt of her milk.*

Sharon then pointed out that all of these techniques are mimicking the mother by keeping them warm (wheat packs), wrapping them (in utero), dummy (suckling).

Jacquie: *How come my husband seems to be able to settle the baby when I sometimes can’t?*

In the next part of the discussion the group agreed that it was either because of the smell of her milk or perhaps because by the time the father was given the baby to settle, the mother had been trying for some time and by then she was stressed and anxious.

Rita: *It does get better.*

Rosie: *It used to be so hard.*

Rita: *It feels insane.*

Anne (At her first group session with a 3 week old baby): *I feel like a milk factory. No-one tells you this will happen. I thought he was the only one who behaved like this.*

Kara: *You learn to just go with the flow.*
Example 2*  
Extract from Earlybird Group discussion

A mother with a two and a half week old baby was breastfeeding but... *I’m having a few problems latching him on. Last night he cried from 7pm to 2am. I don’t know why.*

The nurse replied: *About 80 percent of babies have an unsettled time in 24 hours that lasts 2 to 4 hours. This does not mean that there is anything necessarily wrong with your baby and it definitely does not mean you as the mother are doing anything wrong. She went on to suggest ways to minimise or eliminate problems including: make sure the baby is fed and clean; if he is tired try rocking, a firm push of the pram back and forth over a small bump in the floor sometimes works; put him in a pouch; try a bath, not a cleaning bath with soap but a relaxation bath which is a deep (30cm) bath of nice warm water. The facilitator then added that this unsettled period usually settles down by the time the baby is 8 to 10 weeks of age.*

*Both examples are adapted from Sue Kruske’s unpublished PhD thesis on Earlybird Groups: Dealing with difference: the changing role of the child health nurse. Charles Darwin University 2005.*

In Example 2, the facilitator moves straight into offering information and reassurance without first asking the woman to reflect on the experience or explore the strategies she tried to settle the baby. She also neglects to invite the other participants to share a similar experience. Despite covering several options for managing an unsettled baby, the facilitator has not addressed the initial concern of difficulty with the baby latching on. The facilitator has essentially operated as the expert giving advice.

Facilitators and co-facilitators have the responsibility to help each other to return to the partnership and peer support approach, both while the group is in progress and when de-briefing after each group. Regular and detailed review of the group process by both facilitators will help to refine facilitation skills in line with the Earlybird structure and philosophy.
Challenges for facilitators

Dispelling myths
An important principle of the Earlybird group is that parents learn from each other and find their own solutions to problems. The facilitators are not the experts delivering definitive answer to questions. However, facilitators do have a responsibility to ensure that myths are dispelled and that potentially harmful advice offered within the group is recognized as such. The facilitators have to develop a repertoire to manage these situations. Sometimes simply asking for other people’s views or experience on an issue will elicit contrasting ideas and opportunities to reinforce “best practice”. There may be value in explicitly acknowledging that in some areas of parenting there is very strong evidence to inform practice (e.g. benefits of breastfeeding, positioning of sleeping infants to prevent SIDS) while in others the evidence may be quite weak (e.g. the practice of swaddling, co-sleeping).

Respecting culturally diverse practices
Facilitators must be sensitive to different cultural traditions in parenting. However just because some practices may be traditional does not mean they cannot be examined, questioned and discussed. The approach again is to use the group and a range of people’s views to explore the value of culturally specific practices in parenting.

Making new members feel welcome
New members can be welcomed using a buddy system or asking previous group members to assist new arrivals. Occasionally have simple introductory or closing activities that require talking in pairs rather than to the whole group. For example, “Take a moment to talk to the person next to you and find out where they live; spend a couple of minutes with your neighbour reflecting on something that you found really useful from this morning’s session.”

Providing an opportunity for parents to de-brief about their birth experience
Some experienced Earlybird facilitators believe that it is very important for each participant to have the opportunity to debrief about their birth experience. The challenge for facilitators may sometimes be to encourage participants to tell their birthing stories but also to have the time and capacity to move on to other participants and their current issues of concern.

Maintaining the interest of all members when there is topic repetition
More experienced members can offer their ideas to new members. For some participants becoming bored with the content may signal that it is time for them to move on to the next group.

Keeping a sense of trust and confidentiality
Review the group agreements regularly with both old and new members or use your more experienced members to tell the newer members of the agreements/confidentiality.
Size of the group

Groups with more than 15 parents can be difficult to manage. The discussion may last too long and participants may not have sufficient time to talk about their concerns. Centres who have started Earlybird Groups have found it helpful to look at the monthly registrations of births. They have worked on an estimate of about 50 percent of parents choosing to attend a group and have planned accordingly. Some Centres run two groups in a week and some have Saturday morning or evening groups to cater for working parents.

Use of guest speakers

Group participants may suggest inviting guest speakers or using videos during the group. These activities are not recommended at this early stage of parenting when the focus needs to be on sharing experiences and building confidence. Suggest that these activities can be part of a later stage group or drop-in group at the Child and Family Health Centre.
Section 4. Planning and Administration

Planning for an Earlybird Program

Publicity and promotion

- A publicity and promotion strategy for an Earlybird Program could include:
  - A phone call to new clients on receipt of their discharge summary to invite them to attend Earlybird
  - Telephone prompts to inform clients when they ring the Child and Family Health Service for the first time
  - Recorded phone message as part of the Child and Family Health Service answering service.
  - A leaflet specifically about the Earlybird Program (Sample leaflet in Section 5)
  - Distribution of the leaflet to all possible referral points such as maternity wards, birth centres, discharge planning staff, antenatal groups, specialists rooms, local GP practices and midwives clinics. Inserting the leaflet in the Personal Health Record is a useful strategy.
  - Posting of the leaflet or other information on appropriate websites
  - Information included in newsletters produced by Child and Family Health Services and other relevant services
  - Alerts in the community notice section of the local newspaper.

Venue

The room where the group is held has to be comfortable for group discussion and breastfeeding. The venue must have general facilities such as toilets, nappy changing area and access to tea/coffee making. Ideally prams are left outside the discussion space so they do not create physical barriers to movement or discussion. An adjoining room is ideal where parents may retreat to feed or settle a baby but still hear the discussion. Groups may be held in community halls, group rooms or venues other than the Child and Family Health Centre.

Equipment

General venue equipment:

- Chairs comfortable for parents holding babies
- Examination bench and table for scales
- Scales, length and head circumference measures
- Whiteboard or corkboard
- Facilities for tea/coffee
- Enough space for babies to lie in the centre of the discussion circle.
Checklist for each week:

- Client records
- Attendance sheets
- Seating diagram
- Evaluation forms
- Folders for returned evaluation forms
- Name tags
- Handouts.

**Evaluation**

**Outcome measures**

The long-term effect of the program could be measured by comparing the health of the mothers and babies who participate in the program to non-participants. Research on the key health indicator of breastfeeding has already shown that participation in Earlybird groups improves breastfeeding rates compared to mothers who have not participated in groups. Child and Family Health Centres will not be expected to repeat this scale of evaluation, which requires a comparison or control group.

However as part of the general monitoring of the program for quality improvement purposes, it is possible to collect data on breastfeeding at the end of group participation. This will indicate whether women who are attending the program are sustaining breastfeeding at eight weeks.

**Quality Improvement**

It is important to ensure that the program is implemented efficiently and effectively and that client and staff satisfaction with the program are monitored and maximised.

**Information could be regularly compiled on:**

- Client satisfaction with Earlybird groups
- Facilitator satisfaction with Earlybird groups
- Number of Earlybird groups and number of parents attending
- The ratio of Child and Family Health staff to clients, when Earlybird groups are in operation
- The number of mothers seen by the Child and Family Health Service within one week of discharge from hospital and the overall proportion of clients that this represents
- Program compliance ie. groups are organised and facilitated as designed.
- Source of referral to Earlybird Group.
Other measures could also be considered. For instance referral rates to specialist parenting support services such as Karitane, Tresillian and the Family Care Cottage could be monitored, as there may be an association between parents not receiving adequate support or information through the program and needing referral for specialist support.

If source of referral to the Earlybird Program is important information to collect, then facilitators could consider adding a column to the attendance record to note referral source. There is also a question about referral in the evaluation questionnaire.

Client satisfaction

A sample evaluation questionnaire is included in Section 5. It is designed for parents to complete at their last visit to the program.

Facilitators and managers should decide on what basis evaluations are collected and data that is reported. For example every parent may be asked to complete an evaluation or a sample of parents could be asked. Regular review of the evaluations will assist in making changes to the program to ensure parent needs are being met.

Facilitator satisfaction

The facilitator and co-facilitator need to de-brief after each session. This may involve reflecting on what worked well and what did not work in the group, giving and receiving feedback on facilitation skills, reviewing evaluation forms, completing seating diagrams, recording issues discussed, sharing concerns they may have about individual participants and deciding on further actions. Some facilitators find that keeping a journal about their experience in the group also helps to reflect on and improve their practice.

Responsibilities for Earlybird Program

In running the Earlybird Program, Child and Family Health Service staff have the same basic administrative and legal responsibilities as in a one-to-one clinic environment. In summary these are:

- Documentation
- Mandatory reporting of risk of harm
- Child Health and Development Assessments as recommended by the NHMRC.

The implementation and management of these responsibilities will be affected by the group environment.
Documentation

Centres may vary in the records they keep about Earlybird Groups. However completion of the following documents will assist in meeting medico-legal requirements for responsible practice.

- Earlybird Attendance Record
- Seating Diagram
- Record of Issues Discussed

Templates for all three documents are in Section 6 of this manual. In general all documentation is best completed soon after the group concludes.

The seating diagram can be a quick and helpful way to document the essential issues discussed and to note particular issues for individual parents. It is usually one facilitator’s task to complete the seating diagram. This can be done during the group discussion or immediately after the group. It is a useful tool for facilitators when de-briefing with each other after the group. A sample completed seating diagram is included in Section 6 for guidance. Any special information noted on the seating diagram may also be documented on the individual client record cards.

Reporting Risk of Harm

Child and Family Health Service nurses are required by law to report to DoCS any infant suspected of suffering abuse or neglect. If any information is disclosed in the group that causes concern the nurse needs to be guided by current policies and protocols on mandatory reporting. The first step may be a one-to-one consultation with the parent.

Child Health Assessments

The One - Four Week Child Health and Development Assessments as per NHMRC guidelines are carried out on the first visit if they have not been completed previously. In some situations the assessments will have been completed during home visits.
Section 5. Templates for handouts

- Promotional leaflet
- Evaluation questionnaire
- Sample group agreement
The Child & Family Health Centre would like to invite you to our service called the “Earlybird Group”.

We know how exciting and sometimes stressful the first 8 weeks with a new baby can be. Earlybird will give you the chance to be reassured that what you are doing is right for you and your baby.

When can you join?
You can join the Group within the first week of leaving hospital. We will happily arrange you to join the group at any time.

Where?

Who is invited?
You, your partner, your baby, plus any family member you wish to invite can attend the group. We are unable to provide childcare for toddlers.

What do we do?
When you come there will be a time for sharing experiences with other parents and the Child & Family Health Nurses. The sharing time allows you to ask questions and develop a network of friends in a safe and welcoming environment.

On your first visit, or at another arranged time, one of the Nurses will check your baby and answer any of your questions.

Weighing scales are available each week.

For more information phone:
Earlybird Group
Evaluation Questionnaire for Parents

Centre: ______________________ Date of first visit: ________________
Today’s date: __________________

1. What is your baby’s date of birth? ______________________

2. Which of the following does your baby receive at present?
   (You may tick more than one box)
   [ ] Breast milk
   [ ] Plain water, sweetened or flavoured water, fruit juice or tea infusions
   [ ] Infant formula and/or other milk
   [ ] Solid or semi-solid foods

3. Which of the following did your baby receive when you first attended an Earlybird group?
   (You may tick more than one box)
   [ ] Breast milk
   [ ] Plain water, sweetened or flavoured water, fruit juice or tea infusions
   [ ] Infant formula and/or other milk
   [ ] Solid or semi-solid foods

4. How many Earlybird sessions have you attended? _________

5. How did you first hear about the Earlybird group?
   ___________________________________________________________________________________

6. How much has your involvement with the Earlybird group helped you understand and deal with?

<table>
<thead>
<tr>
<th></th>
<th>Very much</th>
<th>Some help</th>
<th>Hardly</th>
<th>Not at all</th>
<th>Not sure</th>
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<tbody>
<tr>
<td><strong>Feeding your baby</strong></td>
<td>[ ] 1</td>
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<tr>
<td><strong>Baby’s crying</strong></td>
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<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
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<tr>
<td><strong>Baby’s sleeping</strong></td>
<td>[ ] 1</td>
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7. Has your involvement with the Earlybird group helped you make decisions about?

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<th></th>
<th>Very much</th>
<th>Some help</th>
<th>Hardly</th>
<th>Not at all</th>
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<td>Your needs</td>
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</tr>
<tr>
<td>Baby’s needs</td>
<td>[   ] 1</td>
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8. How much were you able to put into practice information you received in the Earlybird program from?

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<th></th>
<th>A lot</th>
<th>Some of it</th>
<th>Hardly any</th>
<th>None at all</th>
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9. In your opinion, what are the best aspects of the Earlybird group?

__________________________________________________________________________

__________________________________________________________________________

10. Has the Earlybird program met your expectations? Please give details.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

11. Is there anything you would like changed about Earlybird? Why?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Thank you
Earlybird Groups
Handout for new participants on features of the group

- People will come and go from the group each week as new parents come in and parents of older babies (those now over 8 weeks) will move on.
- Any member of your family or a friend who you would like to be with you at the group is welcome.
- We ask that individual confidentiality be respected by not repeating outside the group any sensitive personal information that may be revealed in the group.
- We try to give every group participant sufficient “air time” to talk about their concerns.
- For many parenting issues discussed in the group there will be no right or wrong ways of managing them. People will find their own solutions to problems and what works for one person may not work for another.
- The role of the facilitators is to ensure that people feel supported in raising whatever is of concern to them and to assist in keeping the flow of discussion.
- There are some things that are acceptable and welcomed within the group while it is in progress such as holding baby, feeding and changing the baby.
- There are some things that are not acceptable within the group while it is in progress such as keeping mobile phones turned on and having a hot drink while feeding the baby.
- Nurses are happy to see parents at the end of the group, to make an appointment for an individual consultation, or to refer parents to other services and resources.
Section 6. Records

- Earlybird attendance record
- Record of issues discussed
- Seating diagram - template
- Seating diagram - example
<table>
<thead>
<tr>
<th>Family Name</th>
<th>Mother's name</th>
<th>Father's name</th>
<th>Baby's name</th>
<th>Baby's DOB</th>
<th>Date of group</th>
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# Earlybird Group Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Date Discussed</th>
<th>Facilitators and Co-facilitators</th>
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</table>
Seating Chart - Earlybird

Issues discussed:

Date
Enjoying Breastfeeding. Good support from Hospital

(f) Craig

(m) Jenny (b) Susan

(f) Kevin

(m) Karen (b) Peter

(m) Carol (b) Kelly

(m) Louise (b) Matthew

Date

Dry skin, rashes and hiccups

Conflicting issues coming from families

(m) Mary (b) Scott

(f) Steven

Adam feels 1 bottle feed a day would help him bond

Issues raised
1. Early establishment of milk supply
2. Post Natal Blues, Post Natal Depression
3. Etc.

Recently moved house
Showing signs of PND
Follow-up Edinburgh Scale

Milk supply low, Grandmother said may need bottle

Joan
Grandmother

Mental Health disclosure

(f) Adam

(m) Kathy (b) Amanda

(m) Kathy (b) Amanda

(f) Paul

(m) Rachel (b) Dianne

(f) Adam