

Implementation Guidance – Information Sheet

This information sheet is designed to be read in conjunction with the *Information Guidance* video.

Together these provide guidance on implementing the HealthyWEY e-learning toolkit locally, with a view to promoting meaningful service developments in early years healthy weight practices.

Why HealthyWEY?

HealthyWEY is an e-learning toolkit designed to support practitioners in discussing weight, nutrition and physical activity with parents/carers of babies and young children (including expectant parents). HealthyWEY is relevant for anyone who has frontline contact with families in the early years and aims to promote consistent messages across health, education and social sectors. There are nine modules (each taking between 15 and 60 minutes to complete), that allow a flexible learning approach to tailor the package for different professional roles (e.g., a Children’s Centre staff member may prioritise different modules than a midwife). It is however recommended all practitioners complete the first two modules (1. Communicating with parents about child weight; 2. Behaviour change techniques) since their content underpins the remainder of the e-learning.

HealthyWEY has been co-produced with practitioners to ensure relevance to multi-agency early years professionalsⁱ, and was recently piloted across seven sites in England with health visiting and Children’s Centre teamsⁱⁱ. We believe HealthyWEY also has relevance for the wider maternity and early years workforce, e.g., maternity staff, GPs and practice nurses, paediatricians, private nursery staff, social care staff, or child and adolescent mental health services (CAMHS).

It’s the first time we’ve ever had really, really detailed e-learning, accessible across the board, so really, really positive...I want to drive forward, that all health staff, but also local authority staff, get access to this so we’re all giving the same messages

(Child Weight Champion, pilot project 2021-2022)

Focus on the “how to”

Whilst HealthyWEY is underpinned by behaviour change theory and research evidence, the e-learning toolkit is an interactive learning experience that focuses on the “how to”, practical skills of having weight-related conversations with families. This is achieved through reflective activities, video demonstrations and quizzes to help practitioners evaluate their learning.

Feedback from practitioners who have undertaken the e-learning suggests:

- HealthyWEY is an accessible e-learning toolkit that brings everything child weight-related into one place
- HealthyWEY upskills practitioners to raise the topics of weight, physical activity and diet and to have sensitive conversations with families
- HealthyWEY is flexible and self-paced, allowing practitioners to tailor the e-learning so it is relevant for their roles
- HealthyWEY complements (rather than competes with) other training, such as HENRY, the Solihull Approach or Making Every Contact Count

It’s not the knowledge, it’s the ‘how you implement the knowledge’ that was really good

(Child Weight Champion, pilot project 2021-2022)

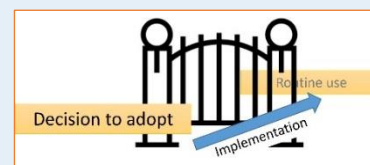
Implementation and its importance

The fact that an intervention (such as HealthyWEY) has been developed and tested scientifically does not automatically mean it can be lifted off the shelf and put into practice. Whatever context you work in, your practice will be influenced by the management culture, personal, local and national priorities, competing pressures on your time, and established ways of doing things. All this occurs within a complex web of human relationships.

E-learning has become a popular method of training in recent years, due to its accessibility, cost saving potential and scalability. For e-learning to be effective however, the learner needs to understand the material they are learning, to remember the material they are learning and to be able to put the material they are learning into practice. Thus, if e-learning is to make a meaningful and sustainable difference to your organisation it is important to view this as more than “just a weblink”, and instead to view it as a complex and ongoing process of integrating developments into your early years healthy weight services.

Implementation has been described as “*the critical gateway between an organisational decision to adopt an intervention and the routine use of that intervention*” (Damschroder et al., 2009). In the context of HealthyWEY, we can think of this as the processes you undertake in order to:

- a) foster motivation in staff to undertake the e-learning
- b) facilitate consolidation of messages from the e-learning
- c) enable integration of the e-learning into routine practice



What factors might influence implementation?

Damschroder and colleaguesⁱⁱⁱ outlined several factors that might influence the implementation of health interventions in practice. In the context of HealthyWEY, we can divide these into three areas (note within each there may be both strengths and challenges):

1. The fit of the intervention

- a. How well does HealthyWEY align with the needs of your organisation?

2. Local team factors

- a. How will the characteristics of individual staff affect the implementation process (e.g., skills, knowledge, motivation, personalities)?
- b. How will the local culture affect the implementation process (e.g., management approach, team dynamics, current morale, opportunities and resources)?

3. External factors

- a. How will the characteristics of service users affect the implementation process (e.g., skills, knowledge, resources)?
- b. How will wider policies and priorities affect the implementation process?

An important step in implementation planning will be to reflect on your local context and where the strengths and challenges lie. You need to ask yourself what you can control (within the role you are in), and focus your planning on those aspects. There may be some challenges that are out of your control. Whilst you cannot change these, it is important to remain mindful of their influence, since you will need to plan your implementation within these constraints. The *Implementation Planning Tool* (video and accompanying worksheet) provides a framework within which you can reflect on these factors and put an action plan into place.

Autonomous and controlled motivation

A sensible starting point in implementation is to think about how you can foster motivation in others to engage with HealthyWEY. As a Manager, Team Leader, or Child Weight Champion (CWC, see p.4), you might feel passionate about child weight, physical activity and nutrition and the benefits of HealthyWEY are likely already clear to you. Like you, some staff may also experience this **autonomous motivation**. They want to engage, they see value and personal meaning in the e-learning, and they feel it is their choice to take on HealthyWEY within their workload.

For other staff however, they may see HealthyWEY as yet more e-learning they have to fit into an already overloaded work schedule. They may not see the personal relevance for their role, or perhaps they feel they already know about child weight so do not see a need for any further training. With **controlled motivation** of this nature, staff engage only because they “have to” and may take shortcuts to tick boxes. They may view the e-learning as added pressure on top of an already stressful work role, which can have a negative impact on wellbeing.

As a Manager, Team Leader, or CWC the environment you create will influence the quality of staff motivation. For HealthyWEY to become a meaningful and sustainable part of your service, the goal is to create an environment in which staff feel autonomously motivated to engage and see this as an important part of their practice.

How can you foster autonomous motivation in others?

The concepts of autonomous and controlled motivation come from Self-Determination Theory^{iv}. This theory suggests that to feel autonomously motivated for an activity, we need to feel satisfied in three basic psychological needs:

- **Autonomy** – the need to feel like your behaviour is your choice, and you have a say in how you do things
- **Competence** – the need to feel capable, and experience challenges that allow you to achieve and grow
- **Relatedness** – the need to feel connected to, cared for, and supported by others

The boxes below provide examples of how you might foster each of these needs in staff. This in turn will enhance their autonomous motivation to engage with HealthyWEY (i.e., so it becomes something they value and want to engage in, rather than something they are being forced to do).

Autonomy	Competence	Relatedness
<ul style="list-style-type: none"> • Offer choice and flexibility in how to approach the e-learning • Involve staff in planning and decision making • Help staff find personal meaning/value in HealthyWEY • Identify and remove sources of pressure 	<ul style="list-style-type: none"> • Provide structure (e.g., help staff with individual action plans) • Make it manageable (e.g., break into small chunks) • Tailor to individual/team needs (e.g., agree priority modules) • Provide opportunities to reflect on progress & achievements 	<ul style="list-style-type: none"> • Show you care • Empathise with challenges staff are facing • Get to know individual learning preferences, or if someone needs extra support (e.g., IT) • Provide opportunities for peer reflection and shared learning

The role of Child Weight Champions (CWCs)

We found from our pilot research that an important factor when implementing HealthyWEY was appointing Child Weight Champions (CWCs) to drive the project. The role of these individuals is to facilitate the implementation of the HealthyWEY e-learning locally, and to be a point of contact and support for their peers. This includes both supporting staff to undertake the e-learning, and facilitating the process of embedding learning into practice.

For example, the roles of CWCs might include:

- Introducing the e-learning to staff and helping them plan time into their schedules
- Providing regular opportunities to meet and reflect on the e-learning
- Being a point of contact and support for staff
- Liaising with management to facilitate protected time for staff to undertake the e-learning, and/or to practice skills
- Liaising with local partners to ensure HealthyWEY feeds into local child weight pathways
- Planning for sustainability and evaluation

The *Implementation Planning Tool* (video and accompanying worksheet) is designed for CWCs to work through and plan how they are going to drive the implementation process.

Important note: the role of CWCs is not to be experts themselves. They will undertake the e-learning alongside everyone else, and their role is to make things happen and to facilitate shared learning, rather than to train others or be an expert source of knowledge. This is important to make clear when recruiting CWCs, as staff may be reluctant to volunteer if they perceive they need to be an expert themselves.

Identifying and supporting Child Weight Champions

We recommend appointing at least two CWCs per service team, to ensure representation from different professions, to share the workload, and to provide cover in case of staff absence. Whilst CWCs may be team leaders, managers, or individuals with a specialist remit for child weight, it is not a pre-requisite for the role. Most important are individual qualities, such as enthusiasm for learning, respect and relationships they hold with colleagues and an interest in the area of child weight, physical activity or nutrition.

The principles above about supporting autonomy, competence and relatedness can be applied to foster motivation in CWCs to engage in the role (e.g., giving them ownership of how they approach the project, making the tasks achievable, and helping them feel supported). You might consider recruiting through expressions of interest, after outlining what the role entails and who is eligible to undertake it (emphasising personal qualities rather than professional job roles).

With workloads often high, something that might put people off applying to be a CWC is a fear of whether they will have time and capacity to fulfil the role. It is important to consider what can be done at the management level to facilitate this, and to make these allowances clear when recruiting CWCs. For example, this might include:

- Making healthy weight a priority within your service
- Allocating time for the CWCs themselves to do the e-learning
- Reshaping the CWCs' roles to allow them time to support the implementation process

- Supporting CWCs with the implementation through affording protected time for staff to do the e-learning
- Meeting regularly with CWCs to review progress and troubleshoot any problems they are facing

Planning the implementation process

Once appointed, it is recommended CWCs work through the *Implementation Planning Tool* (video and accompanying worksheet) to plan the implementation process.

It may be beneficial for CWCs to work in groups for this process, even if their action plans are bespoke to their own team. For example, CWCs from multiple teams may meet to go through Part A of the *Implementation Planning Tool* (reflection and ideas), then separate into individual teams to come up with their specific action plan (Part B of the *Implementation Planning Tool*).

How these planning groups are made up will depend on your local service operations, as per the two examples below:

Example 1 – an area where child weight-related services are delivered jointly by maternity, health visiting and Children’s Centre staff. In this case it might make sense for CWCs to undertake their planning in multidisciplinary geographical teams, e.g., a planning meeting might include two CWCs each from maternity, health visiting and Children’s Centre teams.

Example 2 – an area where the maternity, health visiting and Children’s Centre operations are separate. The CWCs from each profession would likely undertake their planning separately, although it may be beneficial for teams of CWCs from several sites to work together, e.g., a planning meeting might include six CWCs all from Children’s Centres (two each from the north, central and south areas of the locality).

In both situations, it might be beneficial for CWCs to consider in their planning how they might facilitate connection with other CWCs in their area to share learning and promote collaborative working (either within or outside their profession).

Feedback and further information

We welcome any feedback on this implementation guidance or on your experiences of the HealthyWEY e-learning. Please contact Dr Lawrence Foweather at l.foweather@ljmu.ac.uk if you would like to share your thoughts, or if you would like any further information.

ⁱ Bradbury, D. (2020). *Promoting Healthy Weight in Pre-School Children in Blackburn with Darwen: Development and Feasibility Assessment of a Pre-School Weight-Related Training Tool for Multi-Agency Professionals*. Doctoral thesis: Liverpool John Moores University.

ⁱⁱ Harrison, J.E. et al. (2022). *The Implementation and Evaluation of a Child Weight E-learning Toolkit (HealthyWEY) for Maternity, Health Visiting and Children’s Centre Workforces: Final Summary Report*. Liverpool John Moores University.

ⁱⁱⁱ Damschroder, L.J. et al. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4, 50. doi:10.1186/1748-5908-4-50

^{iv} Ryan, R.M., & Deci, E.L. (2000). Self-Determination Theory and the facilitation of intrinsic motivation, social development and wellbeing. *American Psychologist*, 55, 68-78. doi:10.1037/0003-066X.55.1.68