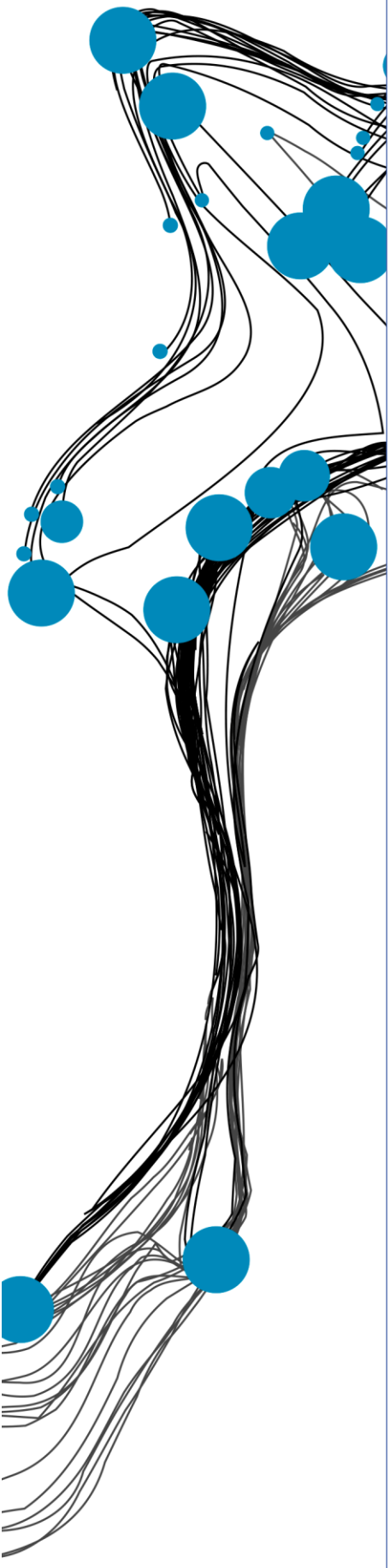

Implementation of ´Healthy Children in Low-income Families´

An explorative study investigating the facilitating and impeding factors of a family-focused poverty intervention and recommendations for improvement

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Abstract

Background: In The Netherlands, an increasing number of households live in poverty. Families who live in poverty experience budget restrictions that influence the availability of material and immaterial resources. With material resources are meant for example books, toys or food. With immaterial resources are meant sources that cannot directly be linked to market value, such as the value of time, education or development of skills. Children who grow up in poor families, experience health and behavioral consequences due to living in poor circumstances. To limit the negative consequences of growing up in poverty, the Academic Collaborative Centre Youth Twente set up the family-focused poverty intervention 'Healthy children in low-income families' of which the aim is to increase the health and well-being of families living in poverty. The intervention consists of five meetings in which parents living in poverty become aware of their own, but also their children's health. The intervention is part of a longitudinal intervention study in which the intervention is being developed, executed and evaluated. Within this study, experience has been gained by stakeholders in the implementation of the intervention. These experiences can be used to create starting points for improving the implementation. Therefore, the following two research questions were created: 1) "*Which facilitating and impeding factors are according to stakeholders of influence in the implementation of 'Healthy Children in Low-Income Families'?*" and 2) "*What do stakeholders recommend for an optimal implementation of 'Healthy Children in Low-Income Families'?".*

Method: To identify the factors and recommendations, interviews were conducted with the primary stakeholders of 'Healthy children in low-income families', who were involved in the implementation of the intervention in four municipalities in the region of Twente. The primary stakeholders were identified as the parents who participated in the intervention, the tandems of professionals and experience experts who lead the intervention, and policy officers of municipalities who are involved in the decision-making to adopt the intervention. Focus groups were conducted with the parents who participated, and interviews were conducted with the other primary stakeholders. Semi-structured topic lists were used to guide and analyze the interviews and were based on the Measurement Instrument for Determinants of Innovations.

Results: A variety of facilitating and impeding factors were identified and recommended. Most stakeholders mentioned it was difficult to recruit parents to join the intervention. But to reach as many as possible potential participants, they recommended to use multiple communication channels to reach the parents and to use a personal approach. Before the tandems organized and executed the intervention, they followed a one-day training. Regarding this training, the tandems mentioned it clearly explained the content of HCLIF, but a lack of information was experienced on how to execute HCLIF as a tandem and it was experienced as disorderly. Nevertheless, the tandems found it clear how to organize and execute the intervention and it was found fitted with the problems the parents face in their daily life. The cooperation between the parents and the tandems was experienced as pleasant. Related to the organization of the intervention, stakeholders mentioned the implementation of the intervention cost little money, though time investment was mentioned as a facilitator and an impeder in the implementation. At last, it was mentioned that the intervention fitted the municipalities' policy and the existence of similar kind of projects impedes the implementation of HCLIF. Regarding the recommendations, it is recommended to make the intervention accessible for people who cannot read Dutch, to adapt the title and add several subjects and materials. In the recruitment of the parents, a personal approach is recommended and using different communication channels. It is advised to involve the tandems in decision-making progress to implement the intervention and to change some aspects of the training they receive. In the organization of the intervention, a coordinator should be appointed, and the planning of the meetings should be adapted. At last, was recommended to secure the intervention within the policy of the organization or municipality where it the intervention is adopted.

Conclusion: A variety of factors and recommendations were identified related to the implementation of 'Healthy children in low-income families'. These factors and recommendations provide starting points for improvement of the implementation. They can be taken into account by the Academic Collaborative Centre Youth Twente in the implementation strategy of HCLIF for an optimal implementation of the intervention.

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1 Introduction

'Healthy Children in Low-Income Families' (HCLIF) is a family-focused poverty intervention which is studied in the region of Twente. The aim of the intervention is to improve the health of families who live in poor circumstances (Jacobs-Ooink, van Kampen, Hoitinga, Braun, & Rouwette-Witting, 2018). From 2016 till 2019, the intervention is executed in eight municipalities. To achieve a smooth implementation of HCLIF, it is useful to look at how the implementation went and how it can be improved. Therefore, this study focuses on the factors that influence the implementation of HCLIF and provides recommendations for improvement of the implementation. The introduction starts with definitions and statistics of poverty and the causes and consequences of living in poverty. Next, information about poverty interventions is described and the implementation of poverty interventions. Finally, the research objective and research questions are discussed.

1.1 Definitions and statistics of poverty

The way poverty is viewed in developed countries has changed considerably over time. Where poverty used to be seen as a direct threat to existence, nowadays poverty is considered as a situation wherein the financial possibilities of a household have fallen below a minimum socially acceptable limit (Engbersen, Vrooman, & Snel, 1999). It is increasingly seen as a problem of insufficient social participation or social exclusion instead of only having a limited amount of money. It concerns, for instance, limited access to public services or sport facilities (Beer, 2013). To align with the stated view on poverty, poverty is defined in this study report as a limited financial situation that makes it impossible to meet socially acceptable needs. Whether someone lives in poverty, can be measured by using poverty lines. Broadly seen, there are two kinds of poverty lines: absolute and relative (World Health Organization, 2010). Living below the absolute poverty line, means not having enough money to meet the basic needs wherein one budget is determined as a poverty line that is applicable to everyone. In determining the relative poverty line, differences in the living standard per country or situation are taken into account (Plantinga, Zeelenberg, & Breugelmans, 2018). So, whether someone is considered as poor is seen relative to their living circumstances. The relative poverty line is used by the Dutch Central Statistics Office (CSO). The CSO uses the low-income limit as a monetary threshold, of which the amount is dependent on the households' size. People living below the monetary threshold are considered as being poor (Akkermans et al., 2018). In 2017, the low-income limit was determined as 1040 euro for a single person, 1380 euro for a single parent with one child, 1730 euro for a couple with one child and 1960 euro for a couple with two children (CBS, 2018b). In Figure 1, these budgets are shown (CBS, 2018b).

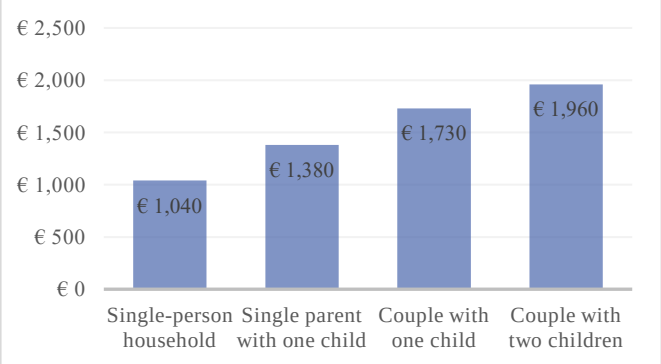

Figure 1: Low-income limit related to the composition of a household (CBS, 2018b).

In The Netherlands, an increasing amount of households are living below the low-income limit for more than four years: these were 185,000 (2,7%) households in 2014 and 227,000 (3,3%) in 2017 (CBS, 2018a). 598,500 (8.2%) of the 7.1 million households lived below the low-income limit for at least one year in 2017 (CBS, 2018a). This includes approximately 12% of all Dutch underaged children (CBS, 2016). In comparison to the national averages, numbers of 2014 show that in Twente 10.4% of the households lived in poverty and 11.7% of the underaged children (CBS, 2016). Among all fourteen municipalities in Twente, the bigger municipalities had the highest percentage of households and underaged children living below the low-income limit. In Enschede, 16% of the households lived in poverty,

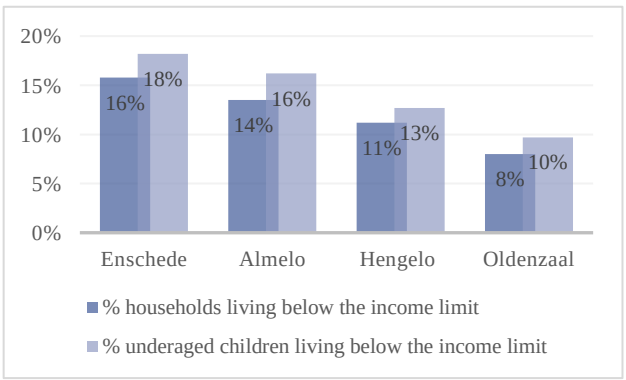

Figure 2: Percentage of households and underaged children living below the low-income limit (CBS, 2016).

and 18% of the underaged children (CBS, 2016). In Figure 2, the top 4 municipalities in Twente are shown of households and underaged children living in poverty in 2014 (CBS, 2016).

1.2 Causes and consequences of families living in poverty

Whether families end up in poverty depends on various circumstances. The causes why families end up in poverty can be divided at micro, meso and macro level (Sociaal-Economische Raad, 2017; World Health Organization, 2010). On micro level, the intern and extern individual causes of the parents are of importance. When looking at the intern factors, the parents' personal characteristics, behavior, or inabilities can affect poor financial management. For instance, when having low intelligence, being impulsive or lacking the skill to keep oversight (Sociaal-Economische Raad, 2017). Extern individual causes also influence the chance of living in poverty. With extern individual causes are meant events or circumstances that are not anticipated in advance, such as getting sick, divorced, or losing a job (Haughton & Khandker, 2009; Vanhee, 2007). The meso level is about the laws and rules of the government and the related executing organizations that are direct and indirect involved in poverty-related policies (Sociaal-Economische Raad, 2017). The causes may be due to malfunctioning of the laws, rules, and the organizations, such as having inaccessible arrangements for financial or nonfinancial support or having bureaucracy within the organizations. As a result, parents may miss out on additional facilities to which they are entitled (Brady, Blome, & Kleider, 2017; Sociaal-Economische Raad, 2017). On macro level, the economic climate is of importance. A rise or fall of the economy manifests itself in the poverty figures through unemployment fluctuations and prosperity developments. During recessions, wages and benefits are moderate and the self-employed receive fewer and less well-paid assignments. In better economic times, the opposite happens (Sociaal-Economische Raad, 2017; World Health Organization, 2010).

Families living in poverty experience consequences due to the limited financial situation in which they find themselves. They experience budget restrictions that affect the availability of material and immaterial resources. With material resources are meant for example books, toys or food. With immaterial resources are meant sources that cannot directly be linked to market value, such as the value of time, education or development of skills. Poor families experience restricted entrance to both resources (Banovcinova, Levicka, & Veres, 2014). Apart from the impact of poverty on families´ resources, poverty also influences the functioning of a family. The functioning of a family can be seen as a multi-dimensional construct that represents the members' interactions. The effectivity of the interactions determines whether a family can fulfill the members' material and immaterial needs, and can encourage their members' development and well-being (Orthner, Jones-Sanpei, & Williamson, 2004). The functioning of a family can be described through five dimensions: 1) communication strength, 2) problem-solving strength, 3) social support strength, 4) family cohesion strength and 5) economic strength (Orthner et al., 2004). A study executed in the United States mentioned that the functioning of a low-income family scored less on all dimensions. Low-income families were found most vulnerable to the dimension of economic strength, in which they experienced financial uncertainty in their daily life. Next to that, low-income families experienced a lack of skills in the dimensions of problem-solving and family cohesion. At last, the poor families had less social support and weak communication. This was partly caused by the fact that poor families rather avoid talking about their problems of living in poverty (Orthner et al., 2004).

The inferior functioning of low-income families also affects the development of children. The consequences for the children are described by the health consequences, behavioral consequences, and consequences for their future abilities. Children who grow up in poverty are more likely to experience health problems. For instance, poor children are more likely to have a low birth weight, asthma or to become overweight (Nederlands Jeugdinstituut, 2015; Wickham, Anwar, Barr, Law, & Taylor-Robinson, 2016). Next to these health consequences, poor children are more likely to have undesirable social-behavioral outcomes. This can be caused by feelings of fear, dependency, and unhappiness (Wickham et al., 2016). Growing up in poverty not only influences the child's development, but also the child's future abilities. Children who grow up in poverty have worse school results and are more likely to drop out of school (Haveman & Wolfe, 1995). After having finished their education, they experience health problems more frequently (Currie, Shields, & Price, 2007). The problems experienced in school and with their health, lead to more difficulty in employment (Mayer, 2002) and negatively influences their future

income rate (Jenkins & Siedler, 2007). As a result, poverty can lead to a repeating circle in which the next generation also experiences the consequences of growing up in poverty (Wickham et al., 2016).

1.3 Poverty interventions

Each year, the Dutch government spends one hundred million euros to regulate poverty and debts and another hundred million euros to specifically regulate child poverty. The municipalities receive ninety and eighty-five percent of the two budgets respectively (Sociaal-Economische Raad, 2017). Municipalities have an important role in regulating poverty since the municipalities are closest to the citizens, know the local situation and are known with local private organizations with whom they can cooperate (Rijksoverheid, 2016). The national government supports the poor by providing benefits and allowances, for example when a person is unemployed, disabled or cannot work due to other circumstances (UWV, 2019-a, 2019-b). These allowances are arranged by the Employee Insurance Agency, that is responsible for arranging employee insurances in The Netherlands (UWV, 2019-c). Also, tax authorities can support the poor by providing allowances. These allowances can be related to healthcare, housing, child-related budget, and children day-care (Belastingdienst, 2019). On local level, the municipalities are responsible for regulating poverty policy. They provide local direction and coordination of the national policy in collaboration with third parties, such as schools and private organizations (Sociaal-Economische Raad, 2017). Broadly seen, the municipalities focus their poverty policy on stimulating social participation and providing income support, such as social assistance benefits, remission of municipal taxes and providing a discount for social, sportive and cultural activities (Rijksoverheid, 2019; Sociaal-Economische Raad, 2017).

To limit the negative consequences of living in poverty for the citizens, municipalities can choose to implement interventions. These interventions can be structured preventive or promotive approaches that increase well-being. Examples of interventions are guidelines, instruments, methodologies or programs (Daamen, 2015; Durlak & DuPre, 2008). With deploying interventions, municipalities can stimulate and steer people's behavior: it can reduce the risk factors for negative behavior and increase the protective factors for positive behavior (Nederlands Jeugdinstituut, 2015). Poverty interventions specifically aimed at families can be focused on the child, the direct environment of the child and/or the broader environment (Nederlands Jeugdinstituut, 2015). Of each aspect, an example of a family-focused poverty intervention is given. Example of a Dutch child-focused intervention is 'Poverty and health of children' (in Dutch: 'Armoede en gezondheid van kinderen') (Kuiperij & van den Bosch-van Pijkeren, 2014). This intervention aims at children who are at risk for adverse health outcomes related to growing up in poverty. When a health risk is identified during contact with the youth healthcare, contact is taken with the family and social services. The social services provide the financial resources needed to reduce the health risk (Rots-de Vries, Kroesbergen, & van de Goor, 2009). An intervention focused on the direct environment of the child is the 'Chicago Parent Program', developed in the United States. It is executed at schools in communities with high numbers of poverty. It consists of 12 sessions in which parents learn how to increase their positive attention to desired behavior and reduce attention to undesired behavior (Bettencourt, Gross, & Breitenstein, 2018). An intervention that focuses on the broader environment is the group-based parenting program 'Legacy for Children', that is also developed in the United States. This intervention is meant for woman living in poverty who are pregnant or recently have given birth, and aims to improve their sense of support from the community they live in (Kaminski et al., 2013).

Since 2018, the intervention "Healthy Children in Low-Income Families" (HCLIF) is piloted in the region of Twente. Though the aforementioned interventions focus on improving families' health by giving money, parenting advice or awareness of support from community, HCLIF distinguishes itself by increasing the health of families through providing knowledge and skills to the parents in a low-threshold manner, namely by organizing meetings in which the parents also learn from each other's experiences. HCLIF is part of a longitudinal intervention study in which the intervention is being developed, executed and evaluated. This study is set up by the Academic Collaborative Centre Youth Twente, that consists of a collaboration between GGD Twente, University of Twente, Saxion University of Applied Sciences and fourteen municipalities in Twente. The intervention contains five meetings, in which the parents learn how to improve their own and their children's health. In each meeting, another aspect of health is discussed (Jacobs-Ooink et al., 2018). Elaborate explanation about HCLIF can be found in Appendix 1.

1.4 Implementation of poverty interventions

HCLIF is embraced by the professionals and experience experts who executed the intervention. Dependent on the results of the longitudinal intervention study, the intervention needs to be further developed. The first results of the study and the reception by the target group seems promising. The wish of the Academic Collaborative Centre Youth Twente is to implement the intervention also outside the region of Twente. An implementation strategy is necessary to implement the intervention. Proctor (2013) describes an implementation strategy as a method that can be used to improve the adoption, introduction and the securing of a program. Also, it can increase the effectivity and speed of the implementation (E. K. Proctor, Powell, & McMillen, 2013). An implementation strategy consists of multiple activities. These activities are deliberately chosen based on the factors that influence the implementation process. These factors can facilitate or impede the implementation (Stals, 2012). According to Fleuren et al. (2004), it is necessary to identify these factors because most change in the implementation can be reached when the activities emphasize the facilitating factors and suppress the impeding factors. When an implementation strategy is not adapted to the factors of influence, the implementation process will fail due to the following two reasons: the implementation strategy focuses on the irrelevant factors or the strategy is not suited for influencing the factors of importance (Fleuren, Wiefferink, & Paulussen, 2004). In chapter 2.1, more information is available about the implementation process. It is desirable to have an optimal implementation of an innovation. Therefore, this study focuses on finding out the factors, that can include facilitators and barriers, that influence the implementation process of HCLIF and recommendations on how to improve the implementation of HCLIF.

1.5 Knowledge gap

In order to implement the intervention HCLIF, an implementation strategy needs to be created. As mentioned in chapter 1.4, first, the factors need to be identified that influence the implementation of an intervention. Multiple studies have been executed about factors that influence the implementation of an innovation. Also, about the implementation of similar kind of family-focused poverty interventions as HCLIF (Bettencourt et al., 2018; Stahlschmidt et al., 2018; Taveras, Lapelle, Gupta, & Finkelstein, 2006). Based on the studied factors of interventions in general, multiple determinant frameworks were created that can be used to identify factors that influence the implementation (Damschroder et al., 2009; Fleuren, Paulussen, Van Dommelen, & Van Buuren, 2014b; Schloemer & Schröder-Bäck, 2018). In literature, information is available about factors that can influence the implementation of interventions, however, the factors that influence the implementation of HCLIF have not been studied yet. By using existing information from literature, starting points can be determined in order to develop a successful implementation strategy for the intervention HCLIF.

1.6 Research objective

In the pilot intervention of HCLIF, experience has been gained by stakeholders in the implementation of the intervention. These experiences can be used to identify the factors and recommendations that are relevant to the implementation. To identify these factors and recommendations, an aim and research questions are formulated. The aim of this study is to create starting points in order to improve the implementation of ‘Healthy children in low-income families’. With help of the identified factors and recommendations, an implementation strategy can be developed that can be used for future implementation of HCLIF.

For this study, the following two research questions are formulated:

1. Which facilitating and impeding factors are according to stakeholders of influence in the implementation of ‘Healthy Children in Low-income Families’?
2. What do stakeholders recommend for an optimal implementation of ‘Healthy Children in Low-income Families’?

2 Theoretical framework

In this chapter, first, the concept of 'implementation' is explained since this is an overarching theme of this study. After describing this concept, three implementation models are discussed: the 'Measurement Instrument for Determinants of Innovation', the 'Consolidated Framework for Implementation Research' and the 'Population-Intervention-Environment-Transfer Model of Transferability'. After comparing these models, one model is chosen to be applied in this study report.

2.1 Implementation of interventions

2.1.1 Implementation defined

Implementation is a concept which is applicable in many settings, but is defined and used in an inconsistent way in the literature (Daamen, 2015; Damschroder et al., 2009; Rabin, Brownson, Haire-Joshu, Kreuter, & Weaver, 2008). There is no standardized definition of implementation. This could be explained by two reasons. First, because implementation is a relatively new concept in health research and therefore needs to be explored. Second, because of the variety of disciplines wherein contribution to the concept of implementation takes place (Rabin et al., 2008). To clarify what is meant with 'implementation', the concept of implementation is defined and how this study relates to the concept of implementation. Also, it must be noted that the terms ´intervention´ and ´innovation´ are used interchangeably within this chapter. With these terms are meant newly introduced approaches. The two terms are used interchangeably because, in the literature, there is a lack of consensus in the used vocabulary.

As told, there is no standardized definition of implementation. There are multiple definitions available in the literature. All definitions that were considered can be seen in Appendix 2. According to Barwick et al. (2005), with implementation is meant entering a change or renewal. The concept of implementation, however, includes more than just the introduction of an intervention. Introducing a new intervention requires a specific approach: that approach concerns the implementation process (Daamen, 2015). In this study, it is chosen to apply the definition by Grol & Wensing (2015). They define the concept of implementation as a plan-based and process-based introduction of innovations and/or improvements with the aim of giving them a structural place in the acting and/or functioning of the organization. It is chosen to apply this definition because Grol & Wensing (2015) make a clear distinction between the planning and process of the implementation and they emphasize the importance of securing an innovation next to introducing it. Stals (2012) describes that a successful implementation is reached when: (1) the intervention is carried out as intended; (2) the intended results are achieved by the implemented intervention and (3) the intervention is sustainable. Sustainability means that what working well is retained an what can be improved, will be improved (Stals, 2012).

2.1.2 Plan-based and process-based implementation

As mentioned in chapter 2.1.1, Grol and Wensing (2015) make a distinction between plan-based and process-based implementation. With plan-based implementation is meant designing, monitoring, executing and assuring the implementation process. For example, deploying activities to introduce the intervention in an organization or deploying activities to secure the intervention in the organization (Daamen, 2015). The planning of the implementation is a dynamic process in which learning takes place from previous experiences and adaptations are made where necessary. In this process, preparation, planning and a systematic approach are used (Wensing & Grol, 2017). Therefore, one goes through the Plan-Do-Study-Act cycle. Within this cycle, most attention should be paid to the plan-phase. Three points are of main importance in the plan-phase: First, it should be clear what needs to be changed and what the desired outcome is of the implementation. Secondly, an analysis needs to be conducted on the factors that can have a positive or negative influence on the implementation process. Thirdly, a strategy needs to be created that positively influences the implementation process. After the plan-phase, the implementation strategy is executed (do), the strategy is monitored and evaluated (study) and the approach is adapted where necessary (act) (Stals, 2012; Zwet & Groot, 2018).

Next to plan-based implementation, there is process-based implementation (Wensing & Grol, 2017). Process-based implementation includes the implementation process itself (Daamen, 2015). Implementing an innovation

can be seen as spreading an innovation into a system. In the literature, often references are made to Rogers' theory: Diffusion of Innovations. Rogers (1983, p.5) describes diffusion as a "process by which an innovation is communicated through certain channels over time among the members of a social system. It is a special type of communication in that the messages are concerned with new ideas". It is a process which is about planned and spontaneous spread of ideas. During the implementation process, people go through a process of change. They become more and more inclined to work with the renewal as it is getting an increasing permanent role in the organization (Rogers, 1983). The natural diffusion of an innovation, without human involvement, can take a lot of time and is not always successful (Rogers, 1983), therefore there is an increasing need for speeding up the diffusion process (Berwick, 2003). To understand the process of implementation and consequently how to influence it, the implementation process can be distinguished in four phases (Stals, 2012):

1) Dispersion: During this phase, the existence and content of the innovation must get known to the target group (Stals, 2012). Unlike Stals (2012), Rogers (1983) formulated two phases to describe dispersion, namely the phases 'knowledge' and 'persuasion'. During the phase of 'knowledge', an individual is introduced to the existence of the innovation and gets to know the content of it (Rogers, 1983). The innovation must be presented in such a way that people want to know more of it and get the feeling that it is an important addition or replacement of the current practice (Wensing & Grol, 2017). Thereby, the individual must be made aware of the deficiencies of current behavior and the need to apply a change to the current situation (Prochaska & Velicer, 1997; Wensing & Grol, 2017). Consequently, in the phase of 'persuasion', a positive or negative attitude is taken towards the innovation (Rogers, 1983). Marketing methods can be used to study whether it is relevant to diffuse an innovation in a certain place. For example, whether the innovation is fitted to the target group or whether the target group has the resources to use the innovation (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Meyers, Durlak, & Wandersman, 2012).
2) Adoption: In this phase, the target group must get a positive attitude towards the intervention and decide to act upon using it (Stals, 2012). Before a target group decides to use the intervention, they consider the need and fit of the intervention and the attitude of others that are involved in the implementation (Fixsen et al., 2005). In this consideration, the advantages and disadvantages of the innovation are weighed against each other. Finding a balance between the two can lead to continuing ambivalence which can take up a lot of time (Prochaska & Velicer, 1997). When the decision is made to adopt the intervention, a structure can be created as preparation for the implementation. For this structure, information and support need to be mobilized. For example, barriers of implementing the innovation need to be taken away, an implementation-team might need to be set up and a plan of implementation needs to be made (Fixsen et al., 2005; Meyers et al., 2012). During this phase, also information must be gathered on the political, financial and service-system support of implementing the intervention on a local and national level. When there is no support, it is unlikely that sustainable implementation will be reached (Fixsen et al., 2005).
3) Introduction: In this phase, the target group starts using the intervention in their daily routine (Stals, 2012). In the literature, this phase is often called 'implementation' (Fleuren et al., 2004; Rogers, 1983). But to prevent confusion this phase is called 'introduction', because in this study report, with 'implementation' is meant the whole implementation process. Fixsen et al. (2005) divide this phase in installation, initial and full implementation. First, tasks need to be fulfilled so the innovation can get installed. Such as training employees or buying resources. Secondly, the initial implementation takes place in which change is made to a specific environment. The initial implementation is difficult due to the combination of fear to change, the natural tendency to keep situations the same and the financial and nonfinancial investment that is needed (Fixsen et al., 2005). The possibility can be offered to first apply the innovation on a limited scale to gain experience with it, acquire the necessary skills and to realize the practical and organizational adjustments. Based on the experiences of people involved with the implementation, they can conclude if the intervention satisfies its goals, and if it can be applied on larger scale without major problems, costs or damages (Wensing & Grol, 2017). Finally, the innovation can be fully installed, get operational and integrated (Fixsen et al., 2005).
4) Securing: When introducing the innovation, effort must be made to continue the use of it by the target group (Stals, 2012). The innovation must get integrated into existing routines to avoid that people fall back into old routines or forget the existence of the innovation. The innovation must be embedded and supported in the environment in such a way that permanent application is possible (Wensing & Grol,

2017). This includes the maintenance of the innovation, such as evaluation and adjustments (Stals, 2012). Also, activities need to be taken as replacing leaving staff with other trained staff, integrating solutions of arising problems of the innovation, and changing financial fundings of the innovation where necessary (Fixsen et al., 2005). In short, the goal of this phase is to continue the use of the innovation for a long time period and to adapt the innovation where necessary while maintaining continued effectiveness (Fixsen et al., 2005).

It must be noted that all four phases need to be followed up for a successful implementation. A sustainable implementation can only be reached when the innovation is being secured. Although the phases provide a clear picture of the order of the implementation, it is not self-evident that the phases follow each other up. It is possible that the implementation process gets stuck in a certain phase. For example, the intervention is dispersed but does not reach the next phase of adoption. Also, it is possible that the innovation is already introduced and used by some teams in an organization, while the knowledge of the existence of the innovation is not yet dispersed among all teams (Stals, 2012).

Multiple factors are facilitating or impeding the phases of the implementation process. These factors are also referred to as determinants. The determinants need to be identified to study what affects the implementation process (Fleuren et al., 2014b). There are multiple models available in the literature that can be used to identify the determinants. In chapter 2.2, three models are explained. According to Fleuren et al. (2014b), the determinants can be divided into four categories:

1) Determinants related to the innovation.
2) Determinants related to the adopting person (user).
3) Determinants related to the organization.
4) Determinants related to the socio-political context.

After the determinants are identified, they can be influenced by specific activities. These activities are deliberately chosen and are deployed in the implementation process. The activities altogether are referred to as 'implementation strategy'. The strategy can increase the influence of the facilitating factors and decrease the influence of the impeding factors (Stals, 2012). Analyzing the determinants and selecting the most appropriate implementation strategy takes place in the plan-phase of the Plan-Do-Study-Act cycle (Stals, 2012). According to Barwick et al. (2005) and Stals (2012), it is necessary for a successful implementation strategy that before the start of the implementation process, the determinants that influence the implementation process are identified.

2.1.3 Implementation related to HCLIF

Between 2015 and 2019, the Academic Collaborative Centre Youth Twente has developed, executed and measured the effectiveness of the intervention HCLIF during a longitudinal intervention study. Within this study, the poverty intervention HCLIF is developed in cooperation with different stakeholders, such as experience experts, social workers and policy advisors who need to decide upon adopting the intervention. The execution of the intervention can be seen as a test-implementation in which eight municipalities in Twente agreed to participate. In each of these municipalities the intervention was organized and executed, except for one municipality wherein the recruitment of participants was unsuccessful. The Academic Collaborative Centre Youth Twente guided the test-implementation. When the intervention is evaluated and finalized by the end of 2019, the eight municipalities can decide to continue applying the intervention. Therefore, not all phases of the implementation process could be reached during the test-implementation. When looking at the phases of the implementation process, this means that the intervention has completed the first two phases: dispersion and adoption. Multiple strategies were used to introduce the intervention among municipalities and participants in Twente. Strategies were used as giving presentations, spreading flyers and using existing networks to spread the existence of HCLIF. Consequently, the intervention has been adopted in eight municipalities in Twente as part of the intervention study. With adoption is meant that the municipalities and professionals were positive about the intervention and decided to pilot it in their municipality. It must be noted that without a research context, probably other steps in the adoption phase would have been taken. Then, the municipalities would have been adopting the intervention with the aim of giving it a structural place in the municipality, and the Academic Collaborative Centre Youth Twente would probably have

been not or less involved in the implementation process. Because the effects of the intervention are still being studied (until the end of 2019), the last two phases of the implementation process: introduction and securing, could not be reached. Before the phase of introduction can be reached, the pilot project of HCLIF needs to be finished and consequently, the intervention must be made available on the market. Then, the intervention can reach the phase of introduction, wherein municipalities can decide to implement HCLIF as a standard intervention for families living in poverty. In that case, effort can be made to reach the phase of securing.

While during the test-implementation only the first two phases of the implementation process could be reached, this study takes into account all four phases of the implementation process. The reason for this is when HCLIF is finalized and made available for others to adopt, all four phases need to be followed for sustainable implementation. Therefore, an implementation strategy needs to be created. This strategy needs to be based on an analysis of determinants that influence all four phases of the implementation process (Stals, 2012). These determinants, which are called factors in this study, are identified by the stakeholders of HCLIF. Also, the stakeholders' recommendations can be taken into account in the implementation strategy. To conclude, the factors that are being identified in this study, are about the two implementation phases that already have been carried out, and the two phases that still have to be carried out.

2.2 Implementation models

In this subchapter, three implementation models are described that can be used as a framework to identify factors and recommendations related to the implementation of HCLIF. The models are compared to each other based on multiple criteria, and subsequently, one model is chosen to be used as a framework.

To find models that were found suited for this study, the method of snowballing is used. This means that citations and references were used in the search for implementation models (Merriam & Tisdell, 2016). The search for models was not exhaustive, but with the combination of expert opinion (from researchers experienced with implementation research), relevant models were found. There was specifically searched for determinant and evaluation models of which the aim is to understand and explain the implementation process. The models had to meet the following three requirements to fit with the aim of this study: to identify facilitating and impeding factors influencing the implementation of HCLIF and recommendations to improve the implementation. The first requirement was that the model should be focused on multiple levels: it should focus on micro, meso, and macro level. This is relevant because, for HCLIF, it is expected that factors will be identified on all three levels: level of the participants, the organization of the intervention and influence of governmental regulations. The interaction between the three levels determines the implementation outcome (Chaudoir, Dugan, & Barr, 2013). Secondly, the model should be applicable to identify factors of public health interventions, since HCLIF is a public health intervention. Thirdly, the model should be suited to identify facilitating and impeding factors, since that is the aim of this study. The models had to meet all three requirements to be identified as relevant for this study. Appendix 3 shows the implementation models that were found and whether they met the requirements. The three models that met the three requirements are:

- Measurement Instrument for Determinants of Innovation
- Consolidated Framework for Implementation Research
- Population-Intervention-Environment-Transfer Model of Transferability

2.2.1 Measurement Instrument for Determinants of Innovations

Fleuren et al. (2014) executed multiple studies on determinants that influence the implementation of innovations. The studies focused on the implementation of innovations that took place in educational and preventive child-healthcare settings. A systematic review of the literature, scientific research, and expert consultations has led to the Measurement Instrument for Determinants of Innovations (MIDI) (Fleuren et al., 2014b). The MIDI can be used to gather information on determinants that influence the implementation process of an innovation. The information can be gathered before an innovation is implemented, as well as after it is implemented (Fleuren, Paulussen, Van Dommelen, & Van Buuren, 2014a). The gathered information leads to increased knowledge of the determinants so that the implementation strategy can be specific targeted (Fleuren et al., 2014a). The MIDI is

specially developed for implementation researchers, but can also be used by other professions involved in implementing innovations (Fleuren et al., 2014b).

The MIDI provides a framework that includes 29 determinants. These are visible in Figure 3 (Fleuren et al., 2014b). In Figure 3, letters are shown behind the determinants. The (e) means the determinant is based on empirical data, (p) means the determinant is based on practical experiences of implementation experts and (t) means the determinant is based on theoretical expectations of implementation experts (Fleuren et al., 2014a). The 29 determinants are divided into four groups: (1) the innovation, which includes determinants as 'complexity' and 'relevance for client'; (2) the adopting person, which includes determinants as 'social support' and 'knowledge'; (3) the organization related to the user, which includes determinants as 'staff capacity' and' material resources'; and (4) the socio-political context, which includes the determinant 'legislation and regulations' (Fleuren et al., 2014b). The list of determinants is developed to study the perception of intermediary users towards an innovation. With intermediary users are meant "*professionals whose actions determine the degree of exposure of end users to the innovation (doctors, nursing staff, teachers, etc.)*" (M. A. H. Fleuren et al., 2014a, p.3). When an innovation is not fully implemented yet, it can be hard to measure some determinants because it is unclear how the innovation will be carried out. Therefore not all determinants need to be measured (Fleuren et al., 2014b). The researcher can decide which are relevant to be included. This decision can be based on the expected impact of the determinant in the use of the innovation (Fleuren et al., 2014a).

Though the framework is focused to be applied at preventive innovations in the settings of schools and preventive child healthcare (Konijnendijk, Boere-Boonekamp, Fleuren, Haasnoot, & Need, 2016; Rosman, Vlemmix, Fleuren, et al., 2014), Fleuren et al. (2014b) suggest that the framework can also be used in other settings for two reasons: First, because the determinants are based on studies executed in various school and preventive child healthcare settings. Second, because most determinants were found generic by the experts involved in the development of the determinants (Fleuren et al., 2014b).

Determinants associated with the innovation	
1 Procedural clarity (e)	5 Compatibility (e)
2 Correctness (e)	6 Observability (e)
3 Completeness (e)	7 Relevance for client (e)
4 Complexity (e)	
Determinants associated with the adopting person (user)	
8 Personal benefits/drawbacks (e)	14 Descriptive norm (e)
9 Outcome expectations (e)	15 Subjective norm (e)
10 Professional obligation (t)	16 Self-efficacy (e)
11 Client/patient satisfaction (e)	17 Knowledge (t)
12 Client/patient cooperation (t)	18 Awareness of content of innovation (e)
13 Social support (e)	
Determinants associated with the organisation	
19 Formal ratification by management (e)	24 Material resources and facilities (t)
20 Replacement when staff leave (e)	25 Coordinator (e)
21 Staff capacity (t)	26 Unsettled organisation (p)
22 Financial resources (t)	27 Information accessible about use of the innovation (e)
23 Time available (e)	28 Performance feedback (e)
Determinants associated with the socio-political context	
29 Legislation and regulations (t)	

Figure 3: Determinants of the MIDI. Reprinted from *Measurement Instrument for Determinants of Innovations (MIDI)* (p.5) by M.A.H. Fleuren, T.G.W.M. Paulussen, P. Van Dommelen, S. Van Buuren, 2014, Leiden: TNO.

2.2.2 Consolidated Framework for Implementation Research

The Consolidated Framework for Implementation Research (CFIR) is a multilevel framework that can be used to substantiate the implementation process of an innovation. The framework consists of a specified taxonomy that can be used to specify facilitators and barriers in the implementation process. The taxonomy can be applied to various kinds of health settings, from the implementation of clinical treatments to public health interventions. The intervention can be easily adapted so that it is suited to the desired implementation context. The taxonomy consists of multiple domains and constructs that are based on publications of various implementation studies (Damschroder et al., 2009).

The CFIR consists of five interactive domains: 1) intervention characteristics, 2) outer setting, 3) inner setting, 4) characteristics of the individual, and 5) process of implementation (Damschroder et al., 2009).

- With the first domain 'intervention characteristics' is meant to what extent the intervention fits the target setting.
- The second domain 'outer setting' is focused on the external context of an organization. This can be the social, economic or political context.
- With the third domain 'inner setting' is meant the characteristics of cultural, structural and political context within an organization.
- The fourth domain 'characteristics of the individual' is about the individuals that are involved in the implementation.
- The last domain of 'process of implementation', consists of multiple interrelated subprocesses. It is about the change process that is needed for the implementation of an intervention.

The five domains are further specified in constructs, which are visible in Table 1. Together, the constructs influence the implementation of an innovation (Damschroder et al., 2009). The researcher does not have to include all constructs when applying the CFIR but can choose to include the constructs which are found relevant to the implementation process. The constructs support the researcher to guide an assessment of the implementation context, to assess implementation progression and to clarify findings in scientific articles or initiatives related to quality improvement (Damschroder et al., 2009).

Table 1: *The constructs and characteristics of the CFIR*.

I. Intervention characteristics	
A. Intervention source	E. Trialability
B. Evidence Strength & Quality	F. Complexity
C. Relative advantage	G. Design quality and packaging
D. Adaptability	H. Cost
II. Outer setting	
A. Patient needs & resources	C. Peer pressure
B. Cosmopolitanism	D. External policy & incentives
III. Inner setting	
A. Structural characteristics	D. Implementation climate
B. Networks & communications	E. Readiness for implementation
C. Culture	
IV. Characteristics of individuals	
A. Knowledge & beliefs about the intervention	D. Individual identification with an organization
B. Self-efficacy	E. Other personal attributes
C. Individual stage of change	
V. Process	
A. Planning	C. Executing
B. Engaging	D. Reflecting & evaluating

Note: Adapted from *Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science* (p.6-11) by Damschroder et al., 2009, *Implementation Science 4:50.*

2.2.3 Population-Intervention-Environment-Transfer Model of Transferability

The Population-Intervention-Environment-Transfer Model of Transferability (PIET-T model) is a transferability model: it supports the gathering of criteria that influence the transfer of an intervention from the primary to the target context (Schloemer & Schröder-Bäck, 2018). This is important because the transferability and applicability to another context play an important role in whether an intervention will reach its goals (Wang, Moss, & Hiller, 2006). The PIET-T model can be applied by gathering information on the criteria in the primary context. The criteria can be assessed whether they are facilitating or impeding the implementation. The criteria from the primary context should then be compared to the criteria in the target context. The differences between the contexts are taken into consideration to decide whether the intervention is suited in the target context, whether the intervention needs to be adapted and to organize the transferring process (Schloemer & Schröder-Bäck, 2018). The PIET-T model is made to be used from the perception of the decision-maker (for example a policy maker, institute or researcher) with the goal of increasing the health of a target group by transferring the intervention. It is specifically meant for measuring transferability of health interventions (Schloemer & Schröder-Bäck, 2018). The health interventions can include policies, diagnostic and therapeutic services as well as community interventions (Schloemer & Schröder-Bäck, 2018).

The PIET-T model consists of four high-order themes. The four high-order themes together determine the effect of a transfer of an intervention and they represent descriptive themes. Consequently, the descriptive themes classify criteria, that are the facilitating and impeding factors of transferability. The criteria can again be divided by sub-criteria. This is shown in Figure 4 (Schloemer & Schröder-Bäck, 2018). An example of a high order theme is ‘population’, that is represented among others by the descriptive theme of ‘population characteristics’. This descriptive theme can be classified by the criterium ‘epidemiologic characteristics’. In Figure 4, the sub-criteria aren’t included (Schloemer & Schröder-Bäck, 2018).

The four high-order themes are: ‘population’, ‘intervention’, ‘environment’ and ‘transferability’ (Schloemer & Schröder-Bäck, 2018):

- With ‘population’ is meant the people that are targeted by the intervention, and other people that are closely involved. It is represented by the descriptive themes in which the characteristics of the target group are mentioned, perception of health and health services and the attitude towards the intervention.
- The high-order theme ‘intervention’ focuses on the characteristics of the innovation. It is further detailed by the themes ‘intervention content’ and ‘evidence base’.
- With the theme ‘environment’ is meant the conditional criteria that influence the transfer of an intervention. The conditional criteria are described by the themes ‘local and organizational setting’, ‘coordination players’, ‘policy/legislation’ and ‘healthcare systems and services’.
- With ‘transferability’ is meant the criteria that influence the accomplishment of the transfer. The success of the accomplishment can be described by the themes of ‘adoption’, ‘evaluation’, ‘sustainability’, ‘knowledge transfer’ and ‘communication’.

In the center of Figure 4, the process of determining transferability is shown that consists of eight steps. The process starts with analyzing a health issue to identify the need for an intervention. The criteria that can be identified with the model, help to understand where in the process, adaptations need to be made to improve the transferability (Schloemer & Schröder-Bäck, 2018). For example, it might be decided that based on the studied criteria, another intervention is better suited for the identified health problem or that adjustments need to be made for a sustainable implementation.

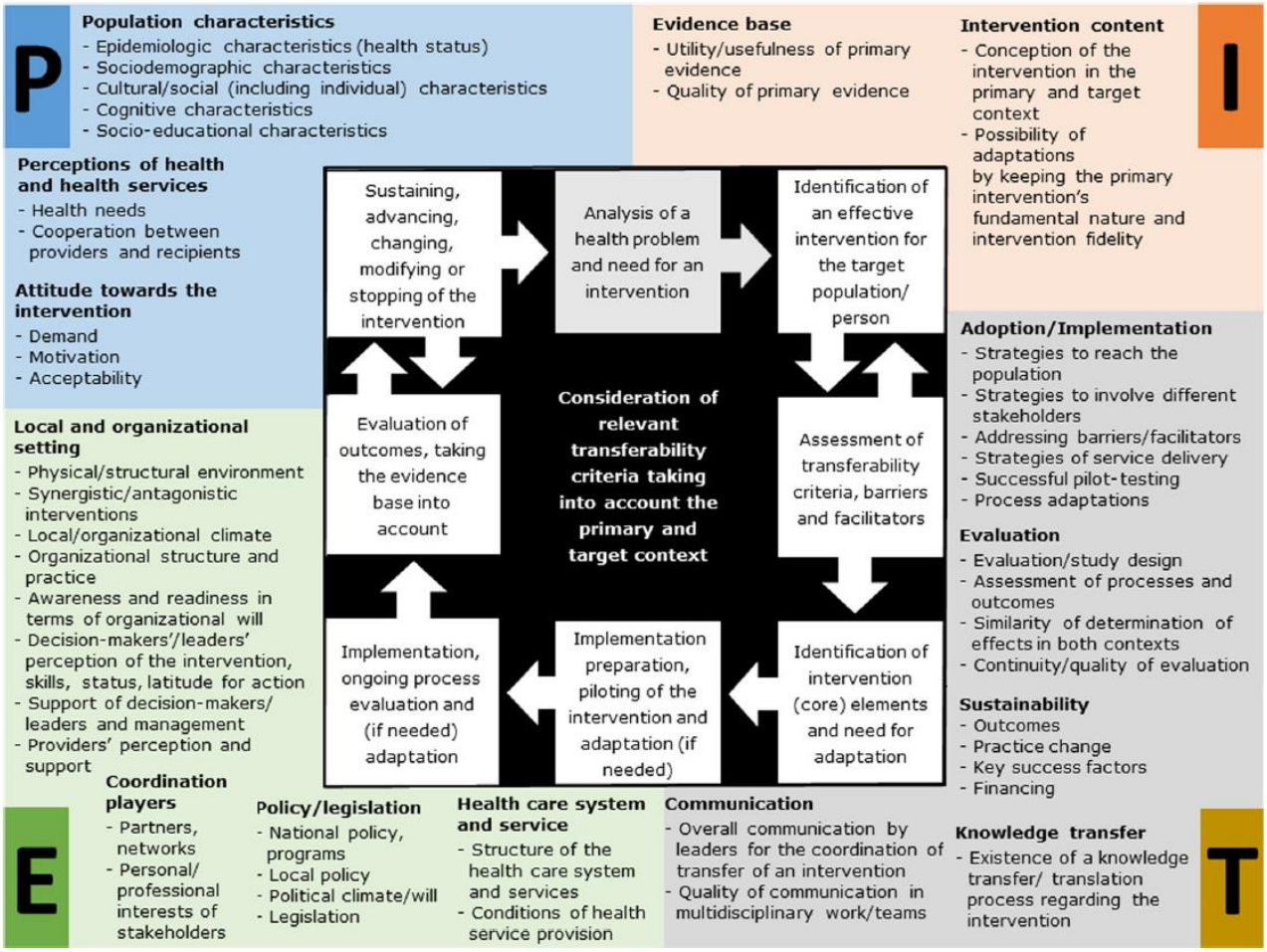

Figure 4: The PIET-T model **.** Reprinted from Criteria for evaluating transferability of health interventions: a systematic review and thematic synthesis (p.9) by T. Schloemer and P. Schröder-Bäck, 2018, Implementation Science, 13:88.

2.2.4 Comparison of the models

The MIDI, CFIR and the PIET-T model are compared to determine which implementation model is most suited to identify the facilitating and impeding factors in the implementation of HCLIF. The models are compared based on four criteria: 1) content on the constructs, 2) parsimoniousness, 3) provision of support and guidance, and 4) usage of the models. The criteria are based on differences when applying the models in this study report. The models are awarded points to determine which model best fits this study, which is shown in Table 2. This is done by determining per criterion which model is most suitable. The model that most satisfied the criterions' content, received a point. The model that received the most points is applied in this study.

The first criterion is about the content of the constructs. This is important since the content of the constructs must be suited to HCLIF. Ideally, the constructs of the model cover all possible factors that influence the implementation, so that all possible identifiable factors can be taken into account in the analysis of the data. The MIDI, CFIR and the PIET-T model all include the groups of the individual, the intervention and organizational settings, in which the CFIR and the PIET-T model pay more attention to the context of the organization by the group of outer setting (CFIR) and the local and organizational setting (PIET-T model). Also, these two models pay attention to implementation process in contrary to the MIDI (Damschroder et al., 2009; Fleuren et al., 2014b; Schloemer & Schröder-Bäck, 2018). In relation to this study, the implementation process might be relevant to know because it can be an important facilitator or barrier for stakeholders. It is possible, for example, that the planning of the intervention might be experienced as a barrier in the implementation, or that stakeholders do not feel engaged to organize the intervention. Because the CFIR and PIET-T model contain the construct process, next to the other constructs that all three models contain, the CFIR and the PIET-T model receive a point.

The second criterion is about the parsimoniousness of the models. In relation to this study, a parsimoniousness model would be welcome, because of the limited time in which the thesis needs to be made (in total 5 months). This causes that no elaborative literature reviews and many interviews can be performed to identify and analyze all determinants or criteria of the more elaborate models, such as the PIET-T model. The PIET-T model is the largest model with 44 criteria and 62 sub-criteria (Schloemer & Schröder-Bäck, 2018). In contrast with the PIET-T model, the MIDI is the shortest model with 29 determinants (Fleuren et al., 2014b). The CFIR is somewhere in between with 26 constructs and 11 subconstructs (Damschroder et al., 2009). In relation to this study, it does not seem likely that within the limited time and resources, 44 criteria and thereby 62 sub-criteria can be identified. Though it is not necessary to identify all the criteria or determinants of the models, sufficient criteria or determinants should be identified to make well-use of the models. The MIDI is in comparison to the other models most compact in the number of determinants and therefore easy to apply. Also, the CFIR with 26 constructs is concise in comparison to the PIET-T model. Therefore, the MIDI and the CFIR receive a point on parsimoniousness.

The third difference is that the MIDI and the CFIR provide support and guidance in gathering the relevant data, by providing instructions and interview questions related to the determinants or criteria. This is important because it provides support on how to apply the model correctly. The PIET-T model does not provide any support and guidance (Damschroder et al., 2009; Fleuren et al., 2014b; Schloemer & Schröder-Bäck, 2018). Besides the provided questions, the MIDI also provides response scales related to each question (Fleuren et al., 2014b). This might provide options for further research when identified determinants can be quantitively measured. The provided support and questions provide the MIDI and CFIR an advantage because it's more likely that the model is applied in the correct way. Next to that, the MIDI also offers possibilities for future research. Therefore, the MIDI receives a point.

The fourth difference is related to the use of the models in The Netherlands as well as in the direct environment of this study. This is an important criterium, so the outcomes of this study are easily understandable and applicable by researchers involved in the intervention HCLIF. In The Netherlands, it seems the MIDI is more and more used. When looking into Dutch reports about the implementation of social interventions, the MIDI seems to be often recommended in comparison to the CFIR and the PIET-T model. Thereby must be noted that the PIET-T Model is recently developed in 2018. For example by the Dutch Youth Institute and Movisie, only the MIDI is recommended to identify facilitators and barriers, not the CFIR and PIET-T model (Daamen, 2015; Zwet & Groot, 2018). Not only on the national level the MIDI seems to be used more often, but also within Academic Collaborative Centre Youth Twente. Within Saxion University of Applied Sciences, which forms a part of the Academic Collaborative Centre Youth Twente, the MIDI is often being used and advertised among their students. When using the MIDI as a framework in this study, the results can be easily understood and processed in the next step of the implementation by the Academic Collaborative Centre Youth Twente. Therefore, the MIDI receives a point.

Table 2: *The points that are given to the MIDI, CFIR and the PIET-T model.*

Criteria	**MIDI**	**CFIR**	**PIET-T**
1. Content of the constructs	0	1	1
2. Parsimoniousness	1	1	0
3. Provision of support and guidance	1	0	0
4. Used in the Netherlands and direct environment	1	0	0
Total	3	2	1

In Table 2, the total amount of points of the MIDI, CFIR and the PIET-T model are shown. The MIDI has the highest score with three points, the CFIR has two points and the PIET-T model got one point. Because the MIDI has the most points, it is chosen to include the MIDI as a framework for this study. With the MIDI, the factors are identified and structured related to the implementation of HCLIF.

3 Method

To answer the research questions, data was gathered on the implementation of the family-focused intervention HCLIF. This chapter starts with information about the setting of the study. Next, the design of the study is discussed, how the data is collected and analyzed and at last the ethical approval is mentioned. This study can be considered as an explorative study wherein a qualitative data collection method is used. The study is executed in the period from February 2019 till July 2019 and is part of a longitudinal intervention study executed by the Academic Collaborative Centre Youth Twente.

3.1 Study setting

The Academic Collaborative Centre Youth Twente consists of a collaboration between GGD Twente, Saxion University of Applied Sciences, University of Twente and the municipalities in the region of Twente. From 2015 till 2019, the Academic Collaborative Centre Youth Twente has been conducting a longitudinal intervention study. Within this study, the intervention HCLIF is designed, executed and the effects are evaluated. In Appendix 1, the intervention is explained in detail. The effects of the intervention are measured by Grevinga (2019). In anticipation of these results, the present study aimed to gather the factors that influence the implementation of HCLIF and recommendations to improve the implementation. The factors and recommendations support the Academic Collaborative Centre Youth Twente in setting up an implementation strategy for the future implementation of HCLIF.

3.2 Study design

Two research questions were formulated: 1) "Which facilitating and impeding factors are according to stakeholders of influence in the implementation of 'Healthy Children in Low-income Families'?" and: 2) "What do stakeholders recommend for an optimal implementation of 'Healthy Children in Low-income Families'?". To identify the factors and recommendations, an exploratory qualitative study is executed. The data is gathered by conducting focus groups and interviews. The MIDI by Fleuren et al. (2014) was used to guide the collection of data, to analyze the data and to systematically report the data. This is done by using the determinants of the MIDI, which are divided into four groups: the intervention, the adopting person, the organization and the socio-political context (Fleuren et al., 2014a).

3.3 Data collection

3.3.1 Identifying primary stakeholders

The participants of this study are the primary stakeholders. These are the individuals who were directly involved in the implementation of the intervention, but also play a role in the future implementation of HCLIF. With future implementation is meant when the intervention is not part of a longitudinal intervention study anymore. Their experiences can be used to identify factors and recommendations that are relevant to the implementation of the intervention. The primary stakeholders can be described as "*actors that have direct control of essential means of support required by the organization*" (Garvare & Johansson, 2010, p.739). When applying the definition to this study, with primary stakeholders are meant the people that have direct control in the means of support required when implementing HCLIF. Taking this definition into account, the following primary stakeholders are identified:

- The parents of children living in poverty who participate in HCLIF. In this study, they are called HCLIF-participants so that they can easily be referred to. The HCLIF-participants are closely involved in the execution of HCLIF since they are the ones for whom the intervention is developed and because they attend the meetings of the intervention.
- The tandems of a professional and an experience expert who organize and execute the HCLIF-meetings. They prepare and execute the meetings that the HCLIF-participants attend. The professionals and the experience experts are the intermediary users who determine how the HCLIF-participants are exposed to the intervention HCLIF.
- The policy officers of municipalities who are involved in the implementation of HCLIF. The term 'policy officer' is used as an umbrella term by which are meant the ones closely involved in the decision-making

to adopt the intervention within a municipality or welfare organization. The policy officers have a lot of power because their approval, and approval of their superiors, is necessary to execute the intervention.

3.3.2 Interviews and focus groups with primary stakeholders

With the primary stakeholders, separate focus groups and interviews were conducted. There is chosen to involve the four types of stakeholders separately because other stakeholders' presence might influence the answers they give. This influence can lead to stakeholders not feeling free to talk about their experiences related to HCLIF (Kitzinger, 1995).

HCLIF-participants

The HCLIF-participants were involved in this study by conducting focus groups. With focus groups, information could be gathered of the opinions and insights of the respondents. Also, with focus groups factors and recommendations could be explored of which little was known about (Gill, Stewart, Treasure, & Chadwick, 2008). Through discussion, the respondents could stimulate each other to formulate answers that they would not have thought of on their own (Kitzinger, 1995). Since some HCLIF-participants participated in the intervention a few months before the focus group, refreshing each other's memory was estimated to be relevant. Though the subjects treated during the focus group were mainly focused on the intervention itself, it was inevitable that the personal circumstances of living in poverty were discussed. This is a shameful and stressful subject for people living in poverty, and therefore a sensitive subject (Dempsey, Dowling, Larkin, & Murphy, 2016; Plantinga et al., 2018). Because it is a sensitive subject, it was chosen to include the HCLIF-participants in a focus group who together had followed the HCLIF-meetings, so the HCLIF-participants would already know each other before the start of the focus group. When being in a familiar environment, participants are more likely to discuss sensitive subjects (Dempsey et al., 2016). Because of the mentioned reasons, focus groups were organized with the HCLIF-participants who attended at least three of the five HCLIF-meetings.

Tandems of professionals and experience experts

Individual interviews were held with the professionals and experience experts. With interviews, their motivation, experiences, views, and beliefs could be explored. Just as with focus groups, topics could be explored that were still unknown and detailed information could be retrieved from the professionals and experience experts (Gill et al., 2008). The individual interviews were easy to schedule on the short term and the travel distance could be overcome by traveling to their preferred location. Although the professional and experience expert led the intervention together, they were interviewed separately. By interviewing them separately, they might have felt more freely to talk about the facilitating and impeding factors they experienced in the implementation and about the recommendations (Kitzinger, 1995).

Policy officers

With the policy officers, also individual interviews were held to explore what the facilitating and impeding factors were in the implementation of the intervention, according to their opinion. For the same reasons as mentioned with the tandems, individual interviews seemed a suited method since the factors and recommendations needed to be explored yet.

3.3.3 Sample size

Because of the limited time for this study (February 2019 till July 2019), the primary stakeholders from four out of eight municipalities wherein the intervention was executed, were included. These four municipalities are: Dinkelland, Enschede, Hof van Twente and Tubbergen. The municipalities were chosen for two reasons. The first reason was to reach diversity in the gathering of data:

- In the four municipalities, different organizations were involved in the implementation of HCLIF. In Enschede, Tubbergen and Dinkelland, a social welfare organization was involved in the implementation, while in Hof van Twente only the municipality was involved. Per context wherein an intervention is implemented, different characteristics influence the implementation process (Damschroder et al., 2009). Therefore, differences in characteristics between a welfare organization and a municipality might lead to

a different implementation process so that different factors influencing the implementation and recommendations can be identified.

- The four municipalities vary in size in terms of population. Dinkelland and Tubbergen are small municipalities (< 30.000 inhabitants), Hof van Twente is a middle-sized municipality (30.000 - 60.000 inhabitants) and Enschede is a large municipality (> 60.000 inhabitants) (Databank Overijssel, 2019). Between different sizes of municipalities, different circumstances play a role that might influence the implementation process, such as differences in the poverty rate, social cohesion, and progressivity in policy (Steenbekkers, Vermeij, & van Houwelingen, 2017).

The second reason to choose for these municipalities is that in Dinkelland and Tubbergen, the same primary stakeholders were involved in the implementation of HCLIF, except for the HCLIF-participants. As a result, only one interview had to be conducted with the professional, experience expert, and policy officer to gather factors and recommendations that relate to the experience of implementation in both municipalities.

The HCLIF-participants of Enschede, Hof van Twente, and Tubbergen were approached to participate in a focus group. The HCLIF-participants of Enschede and Tubbergen were willing to participate. It was not possible to execute a focus group with the HCLIF-participants of Hof van Twente due to personal circumstances of the HCLIF-participants. The two focus groups that were executed in Enschede and Tubbergen, differed in size. It was tried to include between the six to eight participants, as is recommended in the literature (Breen, 2006; Gill et al., 2008; Krueger & Casey, 2015). In Enschede, seven HCLIF-participants joined the focus group. Unfortunately, in Tubbergen, only two HCLIF-participants were able to join the focus group. Next to the focus groups with the HCLIF-participants, three policy advisors, three professionals, and three experience experts were approached to participate in an interview. These were involved in the implementation of HCLIF in the four municipalities: Dinkelland, Enschede, Hof van Twente and Tubbergen. All were willing and able to participate. In Hof van Twente, an interview was held with two policy officers because both had different knowledge relevant to the implementation of HCLIF. An overview of the number of interviews and focus groups is provided in Table 3.

Table 3: *Number of interviews and focus groups held with the stakeholders.*

Research method	**Policy advisors**	**Professionals**	**Experience experts**	**HCLIF-participants**	**Total**
Interviews	3	3	3	-	9
Focus groups	-	-	-	2	2

Note: In total N=4 policy advisors participated, N=3 professionals, N=3 experience experts, N=9 HCLIF-participants.

3.3.4 Characteristics of the primary stakeholders

In Table 4, an overview is provided of the characteristics of the stakeholders that were included in this study. 90% of the study population was female. The average age was 49. Half the population had a low level of education, the other half a middle level of education. The policy officers worked as policy officers or policy advisors for the municipalities. The professionals worked as poverty coordinator, social-cultural worker and as work-coach ‘training’. The policy officers and professionals were active in the working field between 9 and 40 years (mean = 27 years). During the HCLIF-meetings, the experience experts shared their experiences about living in poverty for the first time.

Table 4: *Characteristics of the primary stakeholders which were included in focus groups and interviews.*

Characteristics	**Policy officers N = 4**	**Professionals N = 3**	**Experience experts N = 3**	**Participants N = 9**	**Total N = 19**
Sex					
Male	1	-	1	-	2
Female	3	3	2	9	17
Age (average)	59	50	48	38	49 (avg)
Educational level					
Low	-	-	2	8	10
Middle	4	3	1	1	9
High	-	-	-	-	-

3.3.5 Study procedure

All primary stakeholders were first approached by e-mail for participation. In the e-mail, information was provided on the nature and purpose of the focus group or interview. When the primary stakeholder did not reply within five days, contact was taken by phone. The contact information of the participants was provided by project members of the Academic Collaborative Centre Youth Twente. Before the start of the focus groups and interviews, again explanation was given to the stakeholders about the nature and purpose of focus groups and interviews and permission was requested to record the interview.

For organizing and executing the focus groups with the HCLIF-participants, a framework was used by Dempsey, Dowling, Larkin, and Murphy (2016). The framework provides support in conducting interviews about sensitive topics. With the use of the framework, extra attention was paid on approaching the HCLIF-participants, a simple topic was made, and the location and time of the focus group were carefully selected so that as many as possible HCLIF-participants would join the focus groups. Also, the tandems were asked for advise on how to organize the focus groups with the HCLIF-participants. In consultation with the tandems, it was decided that the HCLIF-participants received a financial incentive to stimulate participation in the focus group. The HCLIF-participants received a voucher worth 10 euro of a Dutch department store when they participated.

Topic list

Semi-structured topic lists were used to guide the focus groups and interviews. With semi-structured topic lists, key questions were determined but it also provided flexibility to explore information related to the implementation that was not thought of before (Gill et al., 2008; Sabee, 2018). Since the primary stakeholders have a different role in the implementation of HCLIF, three different topic lists were made: The first topic list was made for the focus group with the HCLIF-participants. The second one for the professionals and the experience experts and the third one for the policy officers. The same topic list was used for the professionals and experience experts since their role in the implementation is quite similar. The topic lists are visible in Appendix 4.

The semi-structured topic lists were set up by using the four phases of the implementation process and the MIDI. The four phases of the implementation process are: diffusion, adoption, introduction and securing (Stals, 2012). These phases were used to create a logical structure of the interview and so that questions could be asked related to all phases of the implementation process. Consequently, the transition of one phase to the next can be influenced by the determinants of the MIDI (Fleuren et al., 2004). It was made sure that all determinants relevant to the implementation of HCLIF were included in the topic list. In line with Fleuren et al. (2014a), only the determinants were included that were found critical. Whether a determinant is critical, is based on the expected impact of the determinant in the use of the intervention (Fleuren et al., 2014a). In Table 5, an overview is provided of the included and excluded determinants of the MIDI.

Table 5: *The determinants of the MIDI, description of the determinants and whether the determinants were included or excluded in the topic lists.*

Determinants	Description	Included	Excluded
Determinants related to the innovation			
1. Procedural clarity	Whether the innovation is described in clear steps to perform the innovation.	X	
2. Correctness	Whether the information of the innovation is based on correct and factual knowledge.	X	
3. Completeness	Whether there are enough information and materials provided.	X	
4. Complexity	Whether it is complex to execute the innovation.	X	
5. Compatibility	If the innovation fits with the work method of the user.	X	
6. Observability	Whether the outcomes of the innovation are visible.	X	
7. Relevance for client	Whether the innovation is relevant for the target group.	X	
Determinants related to the users			
8. Personal benefits/drawbacks	Whether the use of the innovations has certain benefits or drawbacks for the users of the innovation.		X
9. Outcome expectations	The probability and importance that the objective of the innovation is going to be achieved.	X	
10. Professional obligation	Whether the use of the innovation fits in with the tasks the user feels responsible for.	X	
11. Client satisfaction	Whether it is expected that the clients are content with the innovation.	X	
12. Client cooperation	Whether the clients cooperate with the innovation.	X	
13. Social support	Whether the users experience social support in the implementation of the intervention.	X	
14. Descriptive norm	Whether colleagues in the organization use the innovation.		X
15. Subjective norm	Whether others expect the users to use the innovation and whether the users comply with the opinions of others.		X
16. Self-efficacy	Whether the users think they can implement the activities of the intervention.	X	
17. Knowledge	Whether the users have the knowledge needed to implement the intervention.	X	
18. Awareness of content	Whether the user is informed of the content of the intervention.		X
Determinants associated with the organization			
19. Formal ratification	Whether the use of the innovation is formally arranged in the organization by the organization.		X
20. Replacement when staff leave	If there are arrangements to replace staff when current staff is no longer involved in the innovation.		X
21. Staff capacity	Whether there is enough staff available to execute the innovation.		X
22. Financial resources	Whether there are enough finances to implement the innovation.	X	
23. Time available	The time that is needed to implement the innovation.	X	
24. Material resources and facilities	If there are enough materials and resources, needed to use the innovation as meant to.	X	
25. Coordinator	If there is a coordinator necessary to coordinate the implementation of the innovation.	X	
26. Unsettled organization	Whether there are changes in the organization that present obstacles in the use of the innovation.	X	
27. Information accessible about use of the innovation	Whether information is available about the use of the innovation in the organization where the staff works.		X
28. Performance feedback	Whether feedback is provided on the implementation between the users and the organization.	X	
Determinants associated with the socio-political context			
29. Legislation and regulations	Whether the innovation is compatible with the requirements of the authorities.	X	

As is visible in Table 5, the following eight determinants were left out because they were not found critical to the implementation of HCLIF: 'personal benefits/drawbacks', 'descriptive norm', 'subjective norm', 'awareness of content', 'information available about use of the innovation', 'formal ratification', 'replacement when staff leave' and 'staff capacity'.

- The determinant 'personal benefit/drawback' was not included because questions would be too specific, since this determinant needs to be measured for each formulated benefit and drawback separately.
- The determinants: 'descriptive norm' and 'subjective norm' were not included since they focus on the influence of the use of the innovation by colleagues. This was found not relevant since the intervention is only executed by one tandem in each municipality, without any involvement of direct colleagues.
- The determinant 'awareness of content' was not found relevant, since all tandems were made aware of the content of the innovation.
- The determinant 'information available about use of the innovation' was not included since the organizations the tandems work for, the municipalities or welfare organizations, did not provide information about the content of HCLIF to the tandems. This was done by the Academic Collaborative Centre Youth Twente.
- The determinants 'formal ratification', 'replacement when staff leave' and 'staff capacity' were excluded. Not because these determinants would be irrelevant, but because in the implementation of HCLIF as a pilot, the intervention was not formally arranged in the municipalities or welfare organizations. Therefore, these determinants had no role in the implementation.

Because these eight determinants are left-out, it does not mean that these determinants do not play a role in the possible future implementation of HCLIF. But to prevent having lots of hypothetical facilitating and impeding factors and to keep the questionnaire concise, it was chosen to leave the eight determinants out. So, in total 21 of the 29 determinants were included in the topic lists.

3.4 Data analysis

The interviews and focus groups were recorded with professional recording equipment. When all data was collected, the focus groups and interviews were verbatim transcribed with the software Amberscript and were consequently coded with Atlas.ti. To gain inter reliability, a fellow student was also involved in coding the first two interviews. These interviews were coded independently of each other. The differences in codes were discussed until consensus was reached. An overview of all codes that were used can be seen in Appendix 5.

Data analysis of facilitating and impeding factors

The first step in coding the facilitating and impeding factors, was dividing the quotations wherein a facilitator or impeder was mentioned, into the four groups of the MIDI (Fleuren et al., 2014a): the innovation, by which is meant the intervention HCLIF; the users of the intervention, more specifically the tandem; the organization of the intervention; and the socio-political context. An extra group was made wherein remaining quotations were placed that could not be divided (yet) in the other groups. Secondly, it was noted which determinant fitted the quotation. When the quotation could not be identified among the determinants of the MIDI, another determinant was created that fitted the quotation. Thirdly, it was noted whether a facilitator or barrier was mentioned. A facilitating factor is defined as a factor that facilitates the implementation of HCLIF and an impeding factor is defined as a factor that impedes the implementation of HCLIF. At last, a short description was given of the quotation. An example of a code that was used: *Us_knowledge_fac_knowing the participants*. This means the quotation belonged to the group of users, fits with the determinant 'knowledge', is identified as a facilitating factor, and the description indicated that the quotation had to do something with knowing the participants.

While coding the data, it appeared more logically to include the determinants related to the (anticipated) perceived experiences of HCLIF-participants in a separate group called 'the HCLIF-participants'. The following determinants were placed in this group: 'client cooperation', 'client satisfaction' and 'outcome of intervention'. This is in line with other qualitative studies as well (Rosman, Vlemmix, Fleuren, et al., 2014). This led to the following five groups: 1) the intervention HCLIF, 2) the HCLIF-participants, 3) the tandems; 4) the organization of the intervention, and 5) the socio-political context.

Data analysis of the recommendations

The first step in coding the recommendations, was indicating whether the quotation was a recommendation. A recommendation is defined as a suggested improvement of the implementation of HCLIF. Second, the recommendations were divided into the four groups of the MIDI (Fleuren et al., 2014a). The recommendations that did not fit among the groups of the MIDI, were placed in a group of remaining recommendations. At last, a small description was given of the content of the quotation. An example of a code that was used for the recommendations: *Rec_organization_add introductory meeting*. This means the quotation was a recommendation, could be placed in the group of organization, and the quotation indicated that adding an introductory meeting is recommended.

While coding the data it appeared more logically to deviate from some groups of the MIDI (Fleuren et al., 2014a), and to divide the quotations into the following groups: 1) the content of HCLIF, 2) recruitment of the HCLIF-participants, 3) the tandems, 4) the organization of the intervention, 5) securing HCLIF.

3.5 Ethical approval

Because of the involvement of humans in this study, ethical approval was needed from the Ethics Committee of the faculty Behavior, Management and Social Sciences of the University of Twente (University of Twente, 2019). The committee assessed that the study was conform the ethical standards. Under file number 190355, approval was given. Next to approval from the Ethics Committee, approval was given by the participants of this study: the participants signed an informed consent for approval of processing data for research purposes. Two different informed consents were made: one for the focus groups with the HCLIF-participants and one for the interviews with the professionals, experience experts and policy makers. These two informed consents can be found in Appendix 6.

4 Results

In this chapter, the results are presented that provide answers to the research questions. In the first part of this chapter, the facilitating and impeding factors are described that influence the implementation of HCLIF. In the second part, the recommendations are described for improvement of the implementation.

4.1 Factors influencing the implementation of HCLIF

In this chapter, the first research question is answered: "Which facilitating and impeding factors are according to stakeholders of influence in the implementation of 'Healthy Children in Low-Income Families'?" In analyzing the interviews and focus groups, 22 facilitating and 21 impeding factors were identified. The factors are linked to the determinants of the MIDI which are divided into five groups: 1) determinants related to HCLIF; 2) determinants related to the tandems; 3) determinants related to the HCLIF-participants; 4) determinants related to the organization; and 5) determinants related to the socio-political context. For each group and determinant, the factors are explained separately. At the end of each discussed group, an overview is provided of the identified facilitating and impeding factors and by which participant it was indicated. Factors were discussed when mentioned by at least two participants. Factors mentioned by one participant are shown in Appendix 7. The highest number of factors were identified in the group of 'determinants related to the HCLIF'.

4.1.1 Determinants related to HCLIF

Procedural clarity

With the determinant ´procedural clarity´ is meant whether the organization and execution of HCLIF are described in clear steps. In total four factors were identified related to this determinant: three facilitating and one impeding factors. One facilitating factor was about the clarity of the profile description that can be used to recruit experience experts, and the other two facilitating factors related to the handbook: clarity in organizing and executing the intervention and flexibility in organizing HCLIF. Also, the impeding factor was related to the handbook: that the subjects of the meetings are hard to distinguish.

The first facilitating factor that was identified related to 'procedural clarity, is that the profile description, that can be used to recruit experience experts for HCLIF, was clear and complete. One professional had used the profile description for recruiting the experience expert. The professional mentioned that the requirements the experience expert had to meet, were clearly described and were conclusive. This is explained in the next citation: "I think everything is mentioned in there. That they (experience experts) really have to be out of debt … When you are out of debt, then your challenge starts. And if you haven't been through that process yet, then you are not that strong to be an experience expert yet." (Interview 2, line 1161-1167).

The second identified facilitating factor is the handbook was clear and elaborate. Professionals and experience experts mentioned that the handbook offered them a clear and elaborate guide of how the HCLIF-meetings could be organized. They mentioned there was sufficient material, including information and suggestions, that could be consulted during the meetings: "You can use it very well, read it well and get things out of it [for the meetings]." (Interview 6, line 427-428).

The last facilitating factor related to 'procedural clarity, is the flexibility of the handbook in executing the HCLIF-meetings. Professionals and experience experts mentioned that the handbook provided them structure in the organization of the meetings, and when necessary, they were able to adapt the content to the needs of the HCLIF-participants. Some examples that were mentioned when this adaptations occurred were: when a subject stirred a lot of response or interaction among the participants, subsequently resulting in less time for other subjects to be treated, when there were urgent personal circumstances of the HCLIF-participants that required attention, and movies and exercises were added that were found suitable for the HCLIF-participants. A professional said: "I thought the handbook was a nice guide. You can give it your own twist based on the group's needs. It was very practical and pleasant… So, there is also space to fill in the meetings your way without really lose sight of the goal

… I think it is nice to sort some things out or think like gosh, I would like to do that, or I find that suited too." (Interview 2, line 653-672).

The impeding factor identified is that the subjects of the HCLIF-meetings were hard to distinguish from each other. This factor was both mentioned by a professional and an experience expert. They said that some subjects, such as 'feeling well' and 'stress', were kind alike which caused the feeling that the same subjects were treated in multiple meetings: "I thought once: 'didn't we already treated something like this but then in other words?'." (Interview 10, line 584-586) and "Some parts were of course hard to distinguish from one another in the sense they merge into one another. Like 'feeling good about yourself' and 'stress', you know?" (Interview 11, line 465-467).

Correctness

With 'correctness' is meant whether the content of HCLIF is based on correct knowledge. In relation to this determinant, four impeding factors were identified. These factors are about insufficient amount of time per meeting, insufficient number of meetings, participants who do not complete home assignments and the title that is not found suited for the intervention.

The first impeding factor related to correctness, is the insufficient amount of time per meeting. A professional, an experience expert and HCLIF-participants pointed out that the time of the meeting, two hours, is too short to treat all subjects mentioned in the handbook: "I got the feeling that the time available for the intervention, two hours, is too short. Too much must be discussed in a short time and it is not possible to pay attention to every subject. The first meeting we were overtime on every subject." (Interview 7, line 137-140). HCLIF-participants indicated that this caused frustration among the tandem that led HCLIF.

Based on the statements of the HCLIF-participants, the impeding factor 'not having enough time per meeting', can be linked to the second identified impeding factor of 'correctness': insufficient number of meetings. Because there was not enough time to discuss all subjects per meeting, the HCLIF-participants drew the conclusion that there are too few meetings to discuss all subjects. Three reasons that were mentioned by the professionals, experience experts, and HCLIF-participants why five meetings were experienced as insufficient: 1) the goal of the meetings is not achieved yet after five meetings, 2) no further support can be offered to the HCLIF-participants after five meetings, even though it is sometimes necessary or desirable, and 3) because very personal information is discussed during the meetings which created a close bond among the HCLIF-participants. According to an experience expert, continuing the meetings seems appropriate after creating such a personal connection. Two citations that support the aforementioned reasons: "Now you separate after five meetings, and then? Then the goal isn't achieved yet. You don't want to make the little step that is taken by the participants undone because no attention is being paid to it anymore." (Interview 7, line 281-283) and "they have just become a part of yourself and that sounds very... but you are so closely involved with each other about the topics, that I can't say: 'thank you guys, good luck! I can't do that; it isn't very real." (Interview 3, line 911-913).

The third impeding factor related to correctness, was that HCLIF-participants do not complete the home assignments. Although the handbook assumes that HCLIF-participants complete their home assignments, a professional and experience expert affirm that this is not the case in general. They mentioned the required home assignments were not completed by most of the HCLIF-participants. The professional and experience expert pointed out that when HCLIF-participants come home after the meetings, they are immediately caught up with their own problems and activities. Therefore, they feel limited to create time to complete their home assignments, which is shown in the next two citates: "Yesterday I think I didn't ask anymore who done their homework. No that is far away" (Interview 6, line 341-342) and: "Once in the two weeks there is a meeting and after that, you go on with your daily life and take care of the children. Then it is hard to make some space to do homework with them [the children]" (Interview 11, line 515-518).

The last impeding factor related to correctness, is that according to professionals, an experience expert, and HCLIF-participants, the Dutch title: 'Healthy children in tight times' (in Dutch: 'Gezonde kinderen in krappe tijden', is not suitable for the intervention. Four reasons were given why the title is not found suited: First, the

HCLIF-participants indicated that the title is too directly and explicitly mentioning that the intervention is about the poor: “I asked the neighbor for the meaning of ‘healthy children in low-income families’. She said poor kids or something …, who don’t have money. I don’t like that. When my kids are older and maybe understand what it means, for my culture it is embarrassing.” (Interview 4, line 417-427). Secondly, the HCLIF-participants do not like the fact that the title imposes the task of living healthy, explicitly on the people who live in poverty: “Then I feel poor and I need to live healthily, that is how it appears to me …. Because it is only meant for people living in poverty.” (Interview 8, line 85-87). Third, a professional mentioned that the title is a mouthful and at last, a professional mentioned that the title does not represent the content of the intervention. A professional and experience expert further specified this by indicating that the title assumes children are participating, and that subjects related to food would be discussed: “The program is called ‘Healthy Children in Low-Income Families’ and the children are not involved. That is weird right?” (Interview 11, line 386-387) and: “Because with health, the first thing you think about is healthy eating.” (interview 8, line 556).

Completeness

With the determinant ´completeness´ is meant whether the information and materials available of HCLIF are complete. Two impeding factors were identified related to this determinant. The first factor described is about the lack of participation of children and the second factor about the lack of information about healthy food.

First, the impeding factor that was identified was the lack of participation of children in the intervention. A professional and experience expert indicated that when the goal of the intervention is to increase the health and well-being of children, the children should also be involved in the HCLIF-meetings. The experience expert mentioned that there is the risk that the HCLIF-participants do not explain or execute the Kindtool with their children. Thereby must be mentioned that the stakeholders do not reject the current vision of improving the health of children through the parents: “It is very much focused on the parents. … And that is also important. When they are not stable then the children cannot be stable, so it is an interaction. But if it is really about the kids, then they need to get more attention.” (Interview 10, line 323-329).

The second impeding factor that was identified related to completeness, is that information related to healthy food was absent. This was indicated by HCLIF-participants. They mentioned that they did not recognize the theme ‘health’ in the HCLIF-meetings. They thought in advance of the HCLIF-meetings, that healthy food would be discussed or information about cheap recipes. They did not see these subjects in the HCLIF-meetings which they expected, and as a result, missed these subjects in the meetings: “You may feel like you are being healthy, but maybe you aren’t being healthy at all. I thought that that question could be asked in the meetings: what does your child actually eat in turbulent times?” (Interview 8, line 574-575).

Compatibility

The determinant compatibility means whether the chosen intervention fits with the working method of its users. In relation to this determinant, one impeding factor was identified: the intervention was found incompatible with the social district teams’ working method. The social district teams were in some municipalities approached for adopting the intervention. The impeding factor was mentioned by a policy officer. With incompatible, the policy officer meant the intervention is not sufficiently in line with the neighborhood-oriented working method of the social district teams. “They [the projects] are screened carefully, like does the project fits? When it fits for 100%, then we can consider adopting it, but else they are not adopted. And at that time, that was the consideration actually.” (Interview 5, line 99-102).

Relevance for client

With the determinant ‘relevance for client’, is meant whether the innovation is relevant for the families living in poverty. Regarding this determinant, one facilitating factor and one impeding factor were identified.

The facilitating factor that was formulated, is that the intervention corresponds with the problems of families living in poverty. A policy officer indicated the intervention corresponds with problems of the poor families, by saying that from a social perspective, the overall health of children living in poverty is lower than children who do not

live in poverty. More specifically, the professionals and experience experts mentioned HCLIF corresponds with the problems of families living in poverty, by approaching health from multiple perspectives: "I think that the basic principle of health is more than only feeling well and having no financial deficiency. And that the six pillars also are very good and that it [intervention] is well conveyable because there is more necessary to feel healthy." (Interview 6, line 446-448). The professionals and experience experts mentioned that by using the six pillars of positive health, various problems of poor families can be tackled because each pillar relates to an HCLIF-participants' home situation.

The impeding factor that was formulated is that the goal of HCLIF is not clearly present in the HCLIF-meetings. This was mentioned by HCLIF-participants, a professional and an experience expert. The initial goal of HCLIF is to increase the health of children living in poverty. A professional pointed out that the current goal for the HCLIF-participants is foremost the social aspect: "When I see the two groups that I guided, and what they have gained from it …, that is understanding, recognition, a getaway, being for a moment away, just that social aspect. Um, that is actually the main goal so to speak for the target group." (Interview 2, line 177-184). According to the professional, the goal of increasing the health of the children is a subgoal of the intervention. The HCLIF-participants mentioned that they did not recognized the subject 'health' during the meetings. When thinking of health, the HCLIF-participants noted they initially think of subjects as food, exercise or physical health.

In Table 6, the facilitating and impeding factors are shown related to the determinants of HCLIF.

Table 6: *Facilitating and impeding factors in the implementation related to the determinants of HCLIF and presented for the four groups of participants separately.*

Determinants related to HCLIF					
Determinant	**Factor**	**HCLIF-partici-pants**	**Profes-sionals**	**Experience experts**	**Policy officers**
Procedural clarity	Profile description of the experience expert was clear (f)		X	X	
	The handbook is clear on how to organize and execute the intervention (f)		X		
	The handbook provides flexibility in organizing the meetings (f)		X	X	
	Subjects of the meetings are hard to separate (i)		X	X	
Correctness	Insufficient amount of time per meeting (i)	X	X	X	
	Insufficient number of meetings (i)	X	X	X	
	HCLIF-participants did not execute home activities (i)		X	X	
	The title is not suited for the intervention (i)	X	X	X	
Completeness	Lack of participation of children (i)		X	X	
	Lack of information about healthy food (i)	X			
Compatibility	Not compatible with the working method of social district teams (i)				X
Relevance for client	Intervention corresponds with problems of parents living in poverty (f)		X	X	X
	The initial goal of the intervention is not clearly present (i)	X	X	X	

Note: (f) stands for facilitating factor and (i) for impeding factor in the implementation of HCLIF.

4.1.2 Determinants related to the HCLIF-participants

Client cooperation

With the determinant 'client cooperation' is meant whether the participants cooperated during the meetings of HCLIF. In relation to this determinant, one facilitating and one impeding were identified. The facilitating factor is about the interaction between the participants and the impeding factor about the inability to read Dutch.

The facilitating factor related to 'client cooperation' is the interaction among the HCLIF-participants. Experience experts, professionals and HCLIF-participants mentioned that during the meetings, the HCLIF-participants felt safe to share their personal stories with each other and the HCLIF-participants gave each other advice, when discussing different subjects. An experience expert said: "You can see from the engagement and active participation during the meetings that there is certainly a good input" (Interview 11, line 574-575). An experience expert mentioned that the HCLIF-participants liked the interaction with other participants that much, that they decided also to meet each other outside the HCLIF-meetings: "In X, for example, we created a group-app and we recently had coffee with each other" (Interview 3, line 700-701).

The impeding factor related to 'client cooperation' is HCLIF-participants being unable to read Dutch. Professionals and an experience expert mentioned that some participants were unable to read Dutch due to low literacy and/or due insufficient command of the Dutch language. They indicated that the inability to read Dutch causes difficulty to fully engage in HCLIF. Some examples that were mentioned where the inability to read played a role: in the recruitment of participants because people could not read information about the content of the intervention, when making homework, and when providing the list of organizations that can provide support to the HCLIF-participants: "You give them a lot of oral information but the people get homework. They must formulate a goal and steps to reach the goal. This must be written down. And all the information they receive of organizations is on paper when they want to ask help." (Interview 7, line 404-407).

Client satisfaction

With 'client satisfaction' is meant whether the participants are content with the intervention. In relation to this determinant, the facilitating factor was mentioned that the HCLIF-participants were content with the guidance of the meetings by the tandems. The HCLIF-participants appreciated the professionals' role as well as the experience experts' role, but most frequently mentioned is the added value of the experience expert. The HCLIF-participants indicated that they valued the practical experiences of the experience experts in which they could recognize themselves. Furthermore, they said the guidance provided by the experience expert felt personal. The question whether an experience expert or professional is more eligible to guide the meetings, caused a discussion in one focus group in which the HCLIF-participants' considerations are clearly presented: (person 1) "You know, we will receive the information anyway, so whether it is an experience expert or a professional..."; (person 2) "It is not always uh.. I want someone with experience. I found that somebody who has more…"; (person 3) "But a professional also has enough experience, also has enough human knowledge."; (person 4) "Yes but not practical right? More theoretical experience. And [experience expert] had more practical experience and shared that with us, and I found that more personal." (Interview 8, line 411-425).

Outcome expectations

With the determinant 'outcome expectations' is meant the probability and the importance of the outcomes that are achieved. Regarding this determinant, three facilitating factors were identified. These factors are about HCLIF-participants being increasingly aware of their health and the health of their children, being increasingly aware of possibilities for external support and finding mutual recognition of their personal situation.

The first facilitating factor related to 'outcome of intervention' is HCLIF-participants being increasingly aware of their health and the health of their children. The HCLIF-participants and a professional mentioned that their children are getting more attention, fewer sweet drinks were purchased for the children and they are more action-oriented: "They were very content in a way that they have heard a number of things that they have picked up differently ... That often has to do with attitude, you can stay in your victim role, but you can also think like what

do I have… Then they find out they can do a lot more than they thought. More action-oriented." (Interview 11, line 349-365).

The second facilitating factor identified is HCLIF-participants being increasingly aware of possibilities for external support. Experience experts and HCLIF-participants mentioned that participants are taking more control over their lives by being conscious of possibilities for external support and because of mutual recognition of their problems among other HCLIF-participants: "What it also yields is that you notice the people's needs and you can then refer them to others where they can receive help. So, to take these steps is certainly beneficially. People learning like gosh, I am by no means the only one and there are opportunities to move on." (Interview 7, line 622-626). The HCLIF-participants noted that the outcome of having knowledge of external support, is a reason why the participant would recommend the intervention to others parents who live in poverty.

The third identified facilitator: recognition of HCLIF-participants' personal situation, was one of the most important outcomes according to professionals, experience experts, and HCLIF-participants. The HCLIF-participants learned that they are not the only one living in poverty and that they can talk about the problems they face in their daily life. "Sometimes you think that you are the only one in a deprived situation. Or that you are the only one standing in the supermarket and think: 'the strawberries are quite expensive, then I will skip that or the grapes', you understand? But when you hear it from others, you think all right, I am not the only one." (Interview 8, line 722-725).

Recruitment process

With 'recruitment process' is meant the recruitment of the HCLIF-participants. In relation to this determinant, four facilitating factors were mentioned and four impeding factors. The facilitating factors related to recruitment included using different communication channels, approaching the HCLIF-participants personally, giving HCLIF-participants a financial incentive and at last anonymity. The impeding factors included social control, the HCLIF-participants' personal situation, flyers, and voluntary participation.

First, anonymity was mentioned as a facilitating factor in the recruitment process by a policy officer and an experience expert. An experience expert indicated that in big municipalities, it is easier to recruit possible HCLIF-participants because people don't know each other very well: "We [people living in the city] don't know each other. I don't know who lives at the end of the street. In a village, everybody knows each other.".

Second, the facilitating factor in the recruitment process is giving HCLIF-participants a financial incentive when participating. This factor was mentioned by the HCLIF-participants, a professional and an experience expert. During the test-implementation of HCLIF, the HCLIF-participants received money for filling in the questionnaires when they attended the meetings. The HCLIF-participants said the financial incentive helped in persuading them to participate: "There was also a financial incentive behind it because people got money for filling in those... that helped." (Interview 7, line 332-334).

Thirdly, the facilitating factor was mentioned of using different communication channels to approach parents living in poverty. This was mentioned by the HCLIF-participants, professionals, experience experts and policy officers. Examples of communication channels that were mentioned: posters, flyers, an advertisement in the local paper, using the tandems' network and approaching other organizations for recruitment. A professional said: "We did not only use our own network. No no, this has gone to schools, the food bank, it was on social media. Actually, it has gone everywhere." (Interview 2, line 417-419).

The last facilitating factor related to 'recruitment process' is approaching possible HCLIF-participants personally. This was mentioned by the HCLIF-participants, professionals, experience experts and by policy officers. They described a personal approach by visiting or calling possible HCLIF-participants. By approaching people personally, the participants indicated that people are most inclined to participate, especially when the parents are approached by someone that they are familiar with: "Personal approach works best. Yes, preferably when they are addressed by someone they know." (Interview 7, line 483-484). The participants mentioned multiple examples of

familiar persons who can approach possible HCLIF-participants: the professionals involved in HCLIF, professionals of other welfare organizations who are not involved in HCLIF, experience experts and youth consultants who work at a municipality: “And also at the municipality, a youth consultant who visits families a lot. The consultant knows a lot of families who they [tandems] can use.” (Interview 2, line 472-474).

The first impeding factor related to ‘recruitment process’, is social control. According to professionals, experience experts and policy officers, social control plays an important role in whether parents living in poverty register themselves for participation or not. It was mentioned that in particular in small municipalities, social control influences the recruitment of HCLIF-participants, because a lot of people know each other in a small municipality. Therefore, HCLIF-participants fear that they are judged by others for living in poverty and are afraid to meet acquaintances in the meetings, according to the professionals and experience experts. The HCLIF-participants experience fear because they are ashamed of living in poverty: “I found it quite tense at the beginning: who would be there at the meetings or whether there was an acquaintance” and “We live in a very small municipality, especially in Tubbergen. Everybody knows each other … Everyone knows each other and there is a lot of gossiping and judging.” (Interview 3, line 661-666).

The second impeding factor related to the ‘recruitment process’ is the use of flyers to recruit possible HCLIF-participants. Professionals, experience experts, and policy officers were critical of the use of flyers to recruit participants. The participants indicated that the response to the flyers was low. Two reasons were given: people can put a flyer easily away and too much information was mentioned on the flyer. Also, a professional mentioned that the flyer did not indicate that in order to participate, the children of the HCLIF-participants needed to be a certain age. As such, parents registered who had children older than twelve years, and therefore needed to be rejected for participation: “In the end, it was not very clear that it concerned children with the age of the primary school. That is why parents responded... well it mentioned that you needed to have a child. But further the age wasn’t mentioned. So, we had 4 to 5 parents with older children who we needed to reject.” (Interview 6, line 393-397).

The third impeding factor related to ‘recruitment process’, is that participation is too voluntarily for HCLIF-participants. A professional and experience expert mentioned that the parents do not sign up for the meetings when participation is voluntary: “When it is voluntarily, then people don’t show up” (Interview 10, line 183). The experience expert said that parents do not know what the added value is of joining HCLIF but regard it as one of many interventions that are currently available: “People do not see what the added value can be, I think. They think: ‘o there you have another course again’.” (Interview 11, line 124-125). The experience expert said that parents living in poverty would miss out on interesting information, because HCLIF is voluntary. In contrary, another experience expert mentioned that when participation would be mandatory, the HCLIF-participants are unlikely to participate during the HCLIF-meetings: “Even if they [the participants] would come, even if you would tell them they are obliged to come, then they really do not want anything to do with it. When someone forces you to do something, you already have pulled the screen down.” (Interview 7, line 353-355).

The last impeding factor related to ‘recruitment process’, are the personal circumstances of the HCLIF-participants that could make participation more difficult. A professional, experience expert and HCLIF-participants mentioned some personal circumstances which hindered the participation of some parents: transportation to the location of the HCLIF-meetings and having to arrange a babysitter for the HCLIF-participants’ children who do not attend school yet. A professional said: “I had for example parents with young children for whom no babysitter could be arranged ... In X, we also picked people up… So, we offered that too. But you notice that it is an obstacle. The distances are big here.” (Interview 2, line 484-496).

In Table 7, the mentioned facilitating and impeding factors are summarized in relation to the HCLIF-participants.

Table 7: *Facilitating and impeding factors in the implementation related to the determinants of HCLIF-participants and presented for the four groups of participants separately.*

Determinants related to HCLIF-participants					
Determinants	**Factor**	**HCLIF-partici-pants**	**Profes-sionals**	**Experience experts**	**Policy officers**
Client cooperation	Interaction between participants (f)	X	X	X	
	Being unable to read Dutch (i)		X	X	
Client satisfaction	Guidance of the meetings was experienced as pleasant (f)	X			
Outcome of intervention	Being aware of one's own and the child's health (f)	X	X		
	Awareness of possibilities for external support (f)	X		X	
	Recognition of a participants' life situation (f)	X	X	X	
Recruitment process	When participation is anonymous (f)			X	X
	When financial incentive is given (f)	X	X	X	
	Multiple communication channels (f)	X	X	X	X
	Personal approach is most effective (f)		X	X	X
	When the HCLIF-participants experience social control (i)		X	X	X
	The flyer is not supportive in the recruitment (i)		X	X	X
	When participation is voluntarily (i)		X	X	
	Personal circumstances: babysitting and travel distance (i)	X	X	X	

Note: (f) stands for facilitating factor and (i) for impeding factor in the implementation of HCLIF.

4.1.3 Determinants related to the tandems

Professional obligation

With 'professional obligation' is meant if HCLIF corresponds with the tasks the tandems feel responsible for when executing the intervention. In relation to this determinant, one impeding factor was identified by a policy officer, professional, and experience expert: tandems of professional and experience expert not feeling compelled to take up the intervention. A professional and policy officer indicated that professionals who could implement HCLIF did not feel compelled to take up the intervention. According to policy officers, professionals did not feel responsible for taking up the intervention, because they were not involved in the decision to adopt the intervention. As a result, potential professionals did not feel the urgency to implement HCLIF: (person 1) "We did not involve the executives when we decided to participate."; (person 2) "In the final phase you [the executives] get involved and then the enthusiasm is less."; (person 1) "Yes and then you haven't experienced the first story.". An experience expert mentioned that experience experts do not feel compelled to take up the intervention, because leading the intervention is found too voluntarily. According to the experience expert, this is because the experience experts do not get paid for leading the intervention, just like the professional, while a lot of time is spent by the experience expert on organizing and executing HCLIF.

Self-efficacy

The determinant 'self-efficacy' is related to whether the tandem thinks they are able to implement the activities involved in HCLIF. In relation to this determinant, one facilitating factor was formulated: tandems felt able to

execute the activities involved in HCLIF. This was mentioned by professionals and experience experts. The professionals indicated that they were able to implement the activities because the innovation corresponded with the tasks of their jobs. They said that within their jobs, they also guide groups and are familiar with people living in poverty: “We had decided that I would do it as a youth advisor because I had experience with parenting support and had contact with parents… and had the knowledge for it. So, it was logical that I would participate, so that is why I would play a part in it.” (Interview 2, line 102-109). The experience experts mentioned that they felt able to use their own experiences in supporting HCLIF-participants who go through a similar process. The experience experts said they were able to share their own experiences, because they have progressed their personal problems of living in poverty.

Self-efficacy – training tandems

Before the professionals and experience experts organized the HCLIF-meetings, they followed a one-day training. The goal of the training was to enable them to implement HCLIF. Therefore, the facilitating and impeding factors of the training were divided among the determinant ‘self-efficacy’. One facilitating and two impeding factors were identified. The facilitating factor was about the content of HCLIF, and the impeding factors about the structure of the training and information on how to address the organization of HCLIF.

A facilitating factor of the training, mentioned by professionals, was that the content of HCLIF was well-explained: “We had a clearer image of the origin of the intervention and why [there is an intervention] and what we can do” (Interview 10, line 397-398).

The first impeding factor that was identified is that the tandems experienced the training as disorderly. Professionals and experience experts mentioned there was a lack of structure during the training and that it was long-winded: “It was a hectic day. Then that person came in to tell something and then that researcher came in. Then that teacher came rushing in… it was also very long. It can be more structured.” (Interview 10, line 398-401).

The second impeding factor that was identified is a lack of information on how to address the organization of HCLIF. This factor was mentioned by professionals and experience experts. They mentioned that after the training, it was still unclear for them how they could set up the HCLIF-meetings. A professional said it was unclear how to approach the organization of HCLIF as a tandem and what is expected from each other in the cooperation: “How are we going to fill it in as a tandem? And how are we going to do that? And what is expected from a tandem? That was still a big question mark. Fortunately, that worked out well. But I missed that a bit.” (Interview 2, line 699-702).

Knowledge

With the determinant ‘knowledge’ is meant whether the tandems have the knowledge to use the innovation. Related to this determinant two facilitating factors were identified. The first facilitating factor was related to being experienced in guiding groups and the second factor was related to having knowledge of the HCLIF-participants.

The first facilitator related to ‘knowledge’, is when professionals have experience in leading a group, enabling them to give attention to the right person. This factor was mentioned by professionals. A professional said: “You must know how it works the group dynamics. It is important you have knowledge of that… Within a group, some people have a lot to say and you must be able to guide that.” (Interview 6, line 518-520). In addition, the professionals mentioned that having human knowledge is necessary for guiding the groups. More specifically, a professional indicated that pedagogical knowledge was desirable: “A piece of pedagogics, I think you... At least in my group, I was glad I had that experience.” (Interview 2, line 593-594).

The second facilitating factor that was formulated, is knowing the HCLIF-participants in advance of the HCLIF-meetings. This was mentioned by professionals and an experience expert. They said that knowing the HCLIF-participants’ personal situations and problems, makes it easier to understand the HCLIF-participants during the meetings, and to reach a level of depth during the conversations. Therefore, a professional mentioned to use HCLIF

in existing groups: “I think it is a very nice method for existing groups if you want more depth. And it could also be executed in a group you don’t know, but then you are dependent on how people experience it, and because they don’t know you, it can be the case that after the first time they say: ‘I won’t come any more’.” (Interview 6, line 318-323).

Collaboration tandem

With the determinant ‘collaboration tandem’ is meant the cooperation between the professionals and the experience experts. Within this determinant, two facilitating factors were identified. The first factor is about the fit between the professional and experience expert, and the second factor is about providing feedback.

The first facilitating factor regarding ‘collaboration tandem’ is that the cooperation between the professional and the experience experts fits well. The professionals and experience experts pointed out that they experienced the cooperation with each other as pleasant and that the tandems complemented each other regarding each other’s knowledge. This is supported by the statements of the professionals and the experience experts of each other: The professionals mentioned that they valued the openness of the experience experts about living in poverty: “I like that about her that she is open and direct… and then you see that it does something with the participants.” (Interview 2, line 927-932). The experience experts complimented the coordinating role of the professional and the professionals’ experiences in the working field: “When people were very said, I found it hard when to cut them short and [the professional] had more insight in that” (Interview 3, line 442-444); “She had from her profession, of course, the needed luggage and experience and I have that based on what I have experienced in life.” (Interview 11, line 887-888).

The second facilitating factor related to ‘collaboration tandem’ is tandems experience the possibility to provide each other feedback. This was mentioned by the professionals and experience experts. A professional and experience expert mentioned that they evaluated each meeting and said to each other what went well and what needed to be adjusted. Two other tandems indicated that feedback was given spontaneously during the meetings itself. For this reason, they said no separate feedback moments needed to be planned in order to give each other feedback: “We know each other that long that when something encounters you can say it immediately”… we would discuss it immediately at the moment that it encounters.” (Interview 11, line 954-958).

In Table 8, the mentioned facilitating and impeding factors are summarized in relation to determinants of the HCLIF-participants.

Table 8: *Facilitating and impeding factors in the implementation related to the determinants of the tandems and presented for the four groups of participants separately.*

Determinants related to the tandems					
Determinants	**Factor**	**HCLIF-partici-pants**	**Profes-sionals**	**Experience experts**	**Policy officers**
Professional obligation	Tandems do not feel compelled to implement HCLIF (i)		X	X	X
Self-efficacy	Tandems are able to organize and execute the HCLIF-meetings from personal and professional experiences (f)		X	X	
	Training tandems:				
	- The content of the intervention was well-explained (f)		X		
	- It was experienced disorderly (i)		X	X	
	- Information was missing on how to execute HCLIF (i)		X	X	
Knowledge	Having experience with leading a group (f)		X		
	Knowing HCLIF-participants before the start of the HCLIF-meetings (f)		X	X	
Collaboration tandem	The cooperation between professional and experience expert fits well (f)		X	X	
	The tandem experience the possibility to provide each other feedback (f)		X	X	

Note: (f) stands for facilitating factor and (i) for impeding factor in the implementation of HCLIF. No factors were mentioned by the HCLIF-participants.

4.1.4 Determinants related to the organization

Financial resources

With 'financial resources' is meant whether there are enough finances available to implement the intervention. In relation to this determinant, one facilitating factor was mentioned: according to the policy officers, a relatively small financial sum is required to implement HCLIF. A policy officer said that only the working hours of the professional had to be financed by the municipalities: "Because we subsidize the welfare organizations for the hours they make and this falls within those hours and that has actually been the financing." (Interview 1, line 489-490). One policy officer said that the finances were not even a subject of discussion in the choice to adopt the intervention.

Time available

The determinant 'time available' refers to the time that is needed and the time that is available to implement the intervention. In relation to this determinant, three factors were identified. Two factors were formulated in which time investment was mentioned as a facilitating and as an impeding factor in the implementation. The other impeding factor was about the time that people have available to implement HCLIF.

The facilitating factor related to 'time available', is that it takes little time to organize the HCLIF-meetings. This was mentioned by a professional and experience expert. They indicated that it did not cost them a lot of time to organize the meetings. As such, they planned the HCLIF-meetings when it was convenient for them. Also, two policy officers indicated that their time investment was very minimal since most time needed to be invested by the tandems.

On the contrary, the first impeding factor related to 'time available', is that it takes a lot of time to organize the meeting. This was also mentioned by a professional and an experience expert. They indicated that it cost them a lot of time to organize the meetings: in particular the preparation of the meetings. Where officially one hour is

reckoned for the preparation, the tandem said that it cost them more time: “Prior to such a meeting we sat together for one hour and a half to two hours. And yes, it was also a bit of chit chat. But also, more tasks arose from the meeting because things need to be copied, teaching formats had to be made... so I was pretty busy with that.” (interview 6, line 559-563).

The second impeding factor related to ‘time available’ is that some professionals and social district teams did not have time available to implement HCLIF. Policy officers mentioned that time available was a reason why other possible professionals or social work teams in their municipality could not pick up the intervention: “Everybody is very busy with their own caseload and we don’t have the time for tasks like this.” (Interview 5, line 89-90).

Material resources

With ‘material resources’ is meant if materials and resources are available to use the intervention as intended to. Regarding this determinant, one impeding factor was identified: in the execution of HCLIF, digital resources were barely available. This was mentioned by a professional and an experience expert. They mentioned digital resources were necessary to use the Kindtool. An experience expert mentioned that the Kindtool could not be filled in by phone, and therefore needed to be filled in on a computer. However, not all HCLIF-participants are in possession of a computer or of a printer to print out the results of the Kindtool: “Then you need to do that on the computer, but not everyone has a computer. That is often forgotten, and I think that is a point that needs to be considered you know. Or you need to have a printer, but nobody has a printer. Hello, we live in poverty!” (Interview 3, line 596-599). A professional said that in order to execute activities where internet is required or where people need to use mobile phones, facilities need to be available on site: “If you do it over the internet or people need to be able to use their phone online with the app, then you need to have the facilities for that. We were at a location and uh well... that didn’t work at all.” (interview 6, line 349-351). Reasons mentioned by the professional why the Kindtool did not work on the mobile phones, was because people did not have call credit to use internet or their phones did not work.

In Table 9, the mentioned facilitating and impeding factors belonging to the determinants of the organization are shown.

Table 9: *Facilitating and impeding factors in the implementation related to the determinants of the organization and presented for the four groups of participants separately.*

Determinants related to the organization					
Determinants	**Factor**	**HCLIF-partici-pants**	**Profes-sionals**	**Experience experts**	**Policy officers**
Financial resources	It costs little money to implement HCLIF (f)				X
Time available	Little time needed to invest in HCLIF (f)		X	X	X
	A lot of time needed to invest in HCLIF (i)		X	X	
	Not having the time to execute HCLIF (i)		X		X
Material resources	Unavailability of digital resources (i)		X	X	

Note: (f) stands for facilitating factor and (i) for impeding factor in the implementation of HCLIF. No factors were mentioned by the HCLIF-participants.

4.1.5 Determinants related to the socio-political context

Legislation and regulation

With ´legislation and regulation´ is meant whether the innovation is compatible with the requirements of the authorities. Within this determinant, one facilitating factor was identified and one impeding factor. The facilitating factor is about the fit with the municipalities’ policy, and the impeding factor about the existence of similar initiatives and projects.

The facilitating factor that was identified is that the intervention is in line with municipalities' policy. The policy officers mentioned that the intervention coincides with existing policy for people living in poverty and the focus of the municipalities on increasing the health of children. Next, they indicated that the intervention fits with the arrangements that are available for the poor in the municipality. A policy officer mentioned: "We try to let this target group (the poor) participate, especially for the children. And we often do that together with other organizations." (Interview 9, line 304-305).

Even though the intervention fits in with the municipalities' policy, policy officers and a professional mentioned the impeding factor that there already is a lot arranged for children living in poverty within the municipalities. They mentioned that municipalities have started similar projects and that private initiatives have been set up that focus on children living in poverty: "We already executed a number of projects. We already participate in 'Scoren in de Wijk', so it was partly filled in" (Interview 5, line 80-81). A policy officer indicated that the existence of similar projects was one of the reasons for not implementing the intervention in a social district team. A professional doubted whether there is an urge for increasing the health of children living in poverty, because of already existing projects for this target group: "Because in our municipality, fortunately, more municipalities are joining, quite a lot has been arranged for children to let them participate. So, they can participate in sports (…) we have the child packages, birthday box uh birthday parties uh possibilities for clothing for school resources. So quite a lot is arranged for them." (Interview 8, line 876-881).

In Table 10, an overview is provided of the facilitating and impeding factor belonging to the socio-political context.

Table 10: *Facilitating and impeding factors in the implementation related to the determinants of the socio-political context and presented for the four groups of participants separately.*

Determinants related to the socio-political context					
Determinants	**Factor**	**HCLIF-partici-pants**	**Profes-sionals**	**Experience experts**	**Policy officers**
Legislation and regulation	Fits in with municipalities' policy (f)				X
	The existence of similar kind of initiatives/projects (i)		X		X

Note: (f) stands for facilitating factor and (i) for impeding factor in the implementation of HCLIF.

4.1.6 Conclusion

A variety of facilitating and impeding factors was identified in the implementation of HCLIF. Most factors were identified related to the HCLIF-participants. The HCLIF-participants mostly mentioned facilitating and impeding factors in relation to the intervention HCLIF and related to the HCLIF-participants. Overall, the professionals and experience expert mentioned the most facilitating and impeding factors. The policy officers had most input in relation to the organization, and the socio-political context, though overall few facilitating and impeding factors were mentioned by them compared to the other stakeholders. No facilitating and impeding factors were mentioned related to the determinants: complexity, observability, social support, coordinator and unsettled organization. A short overview of the mentioned facilitating and impeding factors are given per group.

In the first group of the intervention HCLIF, it appeared it was clear for the professionals and experience experts how to organize and execute the HCLIF-meetings. However, not enough time was experienced to treat all the subjects in the handbook within the five meetings. Two subjects that the participants missed were child-participation and healthy food. This was partly caused because the title gave the participants' the idea that these subjects would be treated. Another impeding factor that was mentioned, is that the aim of HCLIF is not clearly present in the intervention. Nevertheless, the participants find that the intervention fits with the problems the HCLIF-participants face in daily life. In the second group of the HCLIF-participants, it was indicated that the interaction between the HCLIF-participants and the guidance of the meetings were pleasantly experienced. What made participation in the intervention more difficulty, was the inability of some HCLIF-participant to read Dutch. In relation to the recruitment process, multiple factors were mentioned. Regarding the recruitment of HCLIF-

participants was mentioned that most parents living in poverty can be reached when spreading information about HCLIF using many different communication channels. A personal approach was found most efficiently in the recruitment of HCLIF-participants and spreading flyers was in general not found efficiently. In the third group of the tandems, the cooperation between the tandem was experienced pleasantly in organizing and executing the meetings. Knowledge of having experience with leading a group and knowing the HCLIF-participants in advance of the meetings was found helpful. Through the training the tandems receive, the content of the meetings becomes clear for them. Though, also some impeders mentioned were mentioned regarding the training. Namely, that the training is experienced disorderly, and a lack of information was experienced on how to execute HCLIF. Fourth, in the group of the organization, the facilitating factors were mentioned that organizing and executing HCLIF costs little money and time. In contrary, also was mentioned that it cost a lot of time to organize the meetings and that people do not have the time to invest in setting up HCLIF. The unavailability of digital resources, that are needed to treat some subjects of HCLIF was mentioned as an impeding factor. In the last group of the socio-politics was mentioned that the intervention fitted the municipalities' policy. The existence of similar kind of projects within a municipality impedes the implementation of HCLIF.

4.2 Recommendations for an optimal implementation

In this chapter the second research question is answered: "What do stakeholders recommend for an optimal implementation of 'Healthy Children in Low-Income Families'?" 34 recommendations were identified and are discussed in this chapter. The recommendations are divided into the following five groups: 1) recommendations related to the content of HCLIF, 2) recommendations related to the recruitment of HCLIF-participants, 3) recommendations related to the tandems, 4) recommendations related to the organization, and 5) recommendations related to securing HCLIF. At the end of each discussed group, an overview is provided of the mentioned recommendations and by which participants it was indicated.

4.2.1 Recommendations related to the content

Within this subchapter, eleven recommendations are described about the content of HCLIF. These recommendations are about adapting the content of the HCLIF-meetings, adding subjects, materials or activities and at last a recommendation is mentioned related to the Dutch title of HCLIF.

The first recommendation that was identified is to adapt the intervention in such a way that it is suited for HCLIF-participants who cannot read Dutch. An experience expert mentioned that some HCLIF-participants were illiterate and because of that it was difficult for them to participate. The experience expert said that some adaptations could be made to the intervention HCLIF to make it more accessible for these HCLIF-participants: "You might have to do more with video, more with images instead of writing. Lots of people do have a phone. And on the phone, you can install a thing to which can be spoken: a language-app. But those are things you must know. Maybe that is a possibility to make it [the intervention] more accessible.".

Second, the recommendation that was identified is to adapt the meetings in such a way that the content of the meetings is more distinguishable. A professional and experience expert mentioned there was a lot of overlap between the subjects. Therefore, the professional recommended to adapt the meetings in such a way that the content of the meetings are more distinguishable.

The third recommendation, mentioned by a professional, is adding question-and-answers-cards by Loes that is provided by the pedagogic advice center in The Netherlands. The professional said these cards can be used between parents and their children and that these cards can be used in a final HCLIF-meeting where children can be invited.

The fourth recommendation, mentioned by a professional and experience expert, is adding information and assignments about the internal saboteur. The experience expert explained this as follows: "Your internal saboteur is the one that makes sure you don't succeed. So, what I have figured out is: what is an internal saboteur? And I explained this and explained what you can do with this knowledge and what you can do to change this so you can reach your goals." (interview 7, line 201-204). The professional indicated that information about the internal

saboteur would be a nice addition because the HCLIF-participants need to formulate goals they want to reach in the HCLIF-meetings. In formulating these goals, the professional said it is important to know what prevents the HCLIF-participants in not reaching those goals: “You want people to reach their goal, right? And you want people to get started with those goals. But then it is actually just as important to know why you never reach your goals.” (Interview 7, line 191-193).

Fifth, it was recommended to add information on how the HCLIF-participants can entertain themselves in daily life, apart from the tasks that are related to being a parent. This was mentioned by the HCLIF-participants: “You are at home daily, and then the children come, and you have nothing of your own. You want to do something, but what? What possibilities are there?” (interview 4, line 528-530). An idea that was suggested related to how the parents could entertain themselves, was organizing outings with a social aspect for the HCLIF-participants.

Sixth, the HCLIF-participants and an experience expert recommended to pay more attention to the subject of healthy food. According to them, some attention is paid to food in the intervention, but they would like to hear more information about what healthy food is exactly and whether the HCLIF-participants’ families have a healthy diet or not. An HCLIF-participant said: “For your idea, you may feel healthy, but you may not be healthy at all. And I thought that question could be asked. Like what does your child eat in turbulent times?” (Interview 8, line 573-575). The HCLIF-participants and experience expert indicated that an expert could be invited to an HCLIF-meeting to talk about this subject.

Seventh, an experience expert recommended to pay more attention to external support. With this was meant providing information where the HCLIF-participants could go to for external support. The experience expert substantiated that by saying that people in debt often not ask for help, while some HCLIF-participants have serious problems that require external support: “I think there should also be other points of attention, like how you end up in debt and where you should go for help. Those lines are very unclear for the participants.” (Interview 3, line 638-640). An example given by the experience expert on how attention can be paid to external support is providing information where one can ask for financial support, such as tuition fee.

Eighth, experience experts recommended adding home assignment after every meeting, so the participants are more conscious of the content of the meeting in the period between the meetings: “After each meeting, giving a kind of home assignment. What that assignment looks like, I don’t know, but I wouldn’t make it too big. But that they get to work on it in those two weeks between the meetings.” (Interview 11, line 533-536). Another experience expert mentioned the home assignments could be about increasing the self-esteem of the HCLIF-participants.

Ninth, a professional and experience expert recommended to focus the intervention more on the children. According to them, more focus can be paid to the children by executing one or two meetings with the attendance of children. In these meetings, a professional said that a game can be played with the children or they can have lunch together. The professional and experience expert mentioned that a final meeting can be executed with the attendance of children, or a meeting can be organized only with the children of the HCLIF-participants: “Maybe if you have one or two meetings with the children, for example in the evenings or after school, so that you may have another approach.” (Interview 10, line 305-306); “But maybe there is something to be said for having meetings only with the children, without the parents. I know that children tell more without the presence of the parents.” (Interview 11, line 278-280).

Tenth, the HCLIF-participants, a professional and an experience expert recommended to provide a reference book for the HCLIF-participants about the content of the meetings and the assignments. The professional and experience expert recommended providing this reference book on paper. In contrary, HCLIF-participants recommended to provide a digital reference book, for example in the form of an app. HCLIF-participants mentioned that the Kindtool and a list of organizations were provided on paper. They said the following about that: “Now you have it on paper. So, I need to think where I got it and what I did with it... Nowadays, everything is digital so that is nice. That it lingers longer… And it is easier to search digitally for specific topics.” (Interview 8, line 801-803 and 814).

At last, the HCLIF-participants and a professional recommended to change the title of the intervention. They recommended multiple changes: make the title more general, make the title more concise, name the title in such a way in which it is clear that the parents learn how to take care of themselves, and place more emphasis on the fact that HCLIF-participants meet other parents living in poverty. A professional suggested the title could be something like: 'a healthy encounter': "What I am thinking about now is to change it to 'healthy encounter' or something... Then you talk about an encounter what they [the HCLIF-participants] want, and you have something of health in it. It must be something short and what appeals to them." (Interview 9, line 8819-821). The last change opted by the HCLIF-participants, was not mentioning 'poverty' or 'tightness' in the title, because they find this too much emphasizing that they live in poverty.

In Table 11, an overview is provided of the mentioned recommendations that relate to the content of HCLIF.

Table 11: *Recommendations related to the content of HCLIF and presented for the four groups of participants separately.*

Recommendations	**HCLIF-participants**	**Professionals**	**Experience experts**	**Policy officers**
Adapt the content of HCLIF to make it more accessible for people who cannot read Dutch			X	
More difference between the subjects that are discussed within HCLIF		X	X	
Adding subjects				
- Add question-and-answer cards by Loes		X		
- Adding information and assignments about the 'internal saboteur'		X	X	
- Adding information on how you can entertain yourself	X			
- Adding information about healthy food	X		X	
- Paying more attention to external support			X	
- Adding home-assignments after every meeting.			X	
- More focus on child involvement in the intervention		X	X	
Provide a reference book about the content and with home activities	X	X	X	
Changing the title of the intervention	X	X		

Note: No recommendations were mentioned by the policy officers.

4.2.2 Recommendations related to the recruitment of HCLIF-participants

Within this subchapter, the recommendations are described that relate to the recruitment of HCLIF-participants. Three recommendations were mentioned. The recommendations are about using different communication channels in the recruitment, giving HCLIF an obligatory character and opening the intervention for a broader target group.

First, it was recommended to use many different communication channels to recruit parents who live in poverty. This was mentioned by the HCLIF-participants, professionals, experience experts, and a policy officer. Examples of communication channels that were mentioned by the participants: an ad in the local newspaper, via private initiatives like the birthday-box (in Dutch: Verjaardagsbox), the tuition fee foundation (in Dutch: Stichting Leergeld) and the Food Bank (in Dutch: Voedselbank), via schools, the City Bank (in Dutch: Stadsbank), social media, flyers, posters, using the client base of a municipality, using the network of welfare organizations and by approaching the participants personally. The last example that was mentioned: approaching the parents personally, is mostly recommended by the participants. With a personal approach, face-to-face contact is preferred when they are approached by someone the parents are familiar with: "Personal approach works best. Yes, preferably when addressed by someone they know." (Interview 7, line 483-484).

Second, it was recommended to make participation to the intervention more officially, so that it would be easier for the tandems to recruit parents for participation. This was mentioned by a professional and by experience experts. They suggested that participation could be made more officially giving it an obligatory character. An experience expert proposed the idea that when HCLIF-participants follow the HCLIF-meetings, they can put a

note of participation on their curriculum vitae. Other ideas that were mentioned: making participation count as voluntary work so it can be seen as work experience, and making participation mandatory as part of the benefit period, just like an application training: "I think it is a good thing, considering the experiences of the participants, to make it a kind of mandatory meeting... For example, you also have job application training as a job seeker." (Interview 11, line 112-119).

Third, professionals and policy officers recommended to broaden the target group, so including a broader target group than just parents living in poverty who have children of the primary school age. A professional mentioned that HCLIF can be opened up for all people who have the need for social contact so that participation provides new contacts for all people who need it. Another professional mentioned that HCLIF might not only be beneficiary for parents of young children, but also for parents of teenagers. Thereby, the professional mentioned that the intervention can also be provided to existing groups in which parents participate who might not necessarily meet the requirements to participate in HCLIF: "Also use existing places and groups who are already there. This is also an intervention that can be used for parents of teenagers. Now is only chosen to focus on parents of children with primary school age." (Interview 6, line 501-503). Another argument, mentioned by policy officers, is to broaden the target group to make participation more anonymous. They said that when people participate with various problems, not only limited to living in poverty, it is not immediately clear to other participants what kind of problems the participants are in. By making it more anonymous, the policy officers mentioned that it might be easier for the parents to come to the meetings: "And if you approach it in a different way that it [HCLIF] is actually open for everyone, then you still can participate without anyone knowing what your background is." (Interview 9, line 627-629).

In Table 12, an overview is provided of the mentioned recommendations that relate to the recruitment of HCLIF-participants.

Table 12: *Recommendations related to the recruitment of HCLIF-participants and presented for the four groups of participants separately.*

Recommendations	**HCLIF-partici-pants**	**Profes-sionals**	**Experience experts**	**Policy officers**
Using multiple communication channels	X	X	X	X
Making participation more officially by giving it an obligatory character		X	X	
Opening up the intervention for a broader target group.		X		X

4.2.3 Recommendations related to the tandems

Within this subchapter, eight recommendations are included that are related to the tandems. These recommendations are about the recruitment of experience experts, recruitment of the professionals, and recommendations about the improvement of the training the tandems receive.

First, professionals, experience experts, and policy officers recommended to personally approach possible professionals and experience experts who can organize and execute HCLIF. They mentioned to recruit experience experts who the professional already knows. Another approach that was mentioned, is recruiting experience experts by spreading a message wherein the need for an experience expert is described.

Second, the experience expert recommended to recruit people for the function of experience expert, who are ready to organize the HCLIF-meetings. Mentioned examples of what is meant with being ready: experience experts who been out of debts for a couple of years, who do not develop any new debts, who have no sleepless nights anymore because of living in poverty, and who are able to reflect on the fact that they live, or lived in poverty: "I think you

need to be out of debt for a couple of years and also be able to secretly look back on it with a smile, though it sounds very strange to people." (Interview 3, line 236-238).

Third, policy officers recommended to involve people who could function as professionals in HCLIF, in the decision making to implement the intervention. The reasons that were given to involve them, is to increase the enthusiasm of possible professionals about the intervention and to get them familiar with the background of the intervention. When being involved with the background of the intervention, policy officers mentioned the professionals feel more the urge to organize and execute the intervention.

Multiple recommendations were mentioned by participants on how the training of the tandems can be improved. The fourth recommendation was mentioned by professionals and experience experts. They recommended to focus the training more on the collaboration between the professional and experience expert. The fifth recommendation, mentioned by a professional, is to include the wishes of the tandems in the content of the training, so the training is more tailored to tandems' needs. The sixth recommendation mentioned by an experience expert, is to make the training short and concise, with the maximum duration of one day. The seventh recommendation is to include the experiences of tandems in the training who already executed HCLIF. This was mentioned by an experience expert. At last, the recommendation was made by a professional and experience expert to add practical exercises in the training, instead of only giving information.

In Table 13, an overview is provided of the mentioned recommendations that relate to the tandems.

Table 13: *Recommendations related to the tandems and presented for the four groups of participants separately.*

Recommendations	**HCLIF-partici-pants**	**Profes-sionals**	**Experience experts**	**Policy officers**
Use a personal approach to recruit professionals and experience experts		X	X	X
Recruit experience experts who are ready to organize the HCLIF-meetings			X	
Involve the professionals in the decision-making process to adopt HCLIF				X
Recommendations related to the training the tandems received:				
○ More focused on the collaboration between the professional and experience expert		X	X	
○ Include the wishes of the tandems in the content of the training.		X		
○ Make it short and concise.			X	
○ Include experiences of tandems who already executed HCLIF.			X	
○ Add practical exercises		X	X	

Note: No recommendations were mentioned by the HCLIF-participants.

4.2.4 Recommendations related to the organization

Within this subchapter, seven recommendations are described that relate to the organization of HCLIF. The recommendations relate to approaching municipalities to adopt HCLIF, planning of the HCLIF-meetings, a room where the meetings can be executed and the deployment of a coordinator.

First, in approaching municipalities or welfare organizations to adopt HCLIF, the policy officers recommended to make personal contact. A policy officer mentioned that initially, contact can be taken by phone so that an appointment can be made to discuss about the intervention. Another policy officer indicated that the first contact with the municipality about HCLIF, can be made with a policy officer who coordinates such initiatives, because these policy officers are involved in the execution of the intervention. The policy officers advise against making the first contact per email, with one exception: a policy officer mentioned when making personal contact is not

possible, then a mail with an appointment can be send using the Outlook agenda. The policy officer mentioned that often quick response is given on such emails.

Regarding the planning of the meetings, multiple recommendations were mentioned. The second recommendation, mentioned by a professional, is executing the meetings on a weekly base instead of once in the two or three weeks. The arguments the professional mentioned: "Then people remember to execute the home activities more. When an assignment is in two weeks, then people think I will do it next week with my child... It has more a mandatory nature when you already know that you have another meeting next Monday." (Interview 10, line 1009-1015).

The third recommendation, mentioned by HCLIF-participants, professionals and experience experts, is having more meetings with the HCLIF-participants. Various reasons were mentioned by the participants to extend the number of meetings: because of the personal subjects that are discussed that creates a close bond among the HCLIF-participants, because of the social contacts the HCLIF-participants receive through participation, because the amount of meetings were found too short for all the content that needs to be treated and to retain the awareness of living healthy: "Especially with this group, if you want something to change, it is pretty important that you can speak the participants more often so you can ask: 'How are you? And how is your child doing? Have you undertaken anything yet?'. I think that is very important for this target group. If you only organize these five times and you never see each other after that, then I don't know what the people will remember from the meetings." (Interview 6, line 463-469). A professional suggested to extend the number of meetings, by embedding follow-up meetings in other existing programs: "Or making use of existing resources... In Almelo, there weren't many meeting places for the parents to meet each other. But in Enschede, you already have that. [welfare organization] already has a lot and is one of the few welfare organizations who has that. And then you need to use those groups." (Interview 7, line 474-479). Another option to extend the HCLIF-meetings is by adding an introductory meeting. This was mentioned by professionals and experience experts. They said that the participants and tandems could get know each other in this introductory meeting. Instead of adding an introductory meeting, a professional suggested the idea of executing intakes before the HCLIF-meetings at the participants' home: "I would like to have an intake with the participants first. Like, how is their financial situation? And how are the kids doing?... That you meet the children and you have an idea about who they are." (Interview 10, line 600-607).

The fourth recommendation mentioned by HCLIF-participants and an experience expert, is having more time per meeting to discuss all the subjects of the handbook. The HCLIF-participants mentioned they want to have more time to discuss the subjects by splitting the group of HCLIF-participants in two. By splitting the group, the HCLIF-participants argue there is more time to discuss all the subjects: "But what I say, they might have better... One group and then another group, then you have the possibility to tell more." (Interview 8, line 439-441).

The fifth recommendation is to hold the HCLIF-meetings at a common location that the HCLIF-participants can visit anonymously, and that is close to where the HCLIF-participants live. This recommendation was mentioned by an experience expert: "It must be a walk-in that everyone can visit, but where it is not clear that you go there because you have no money." (Interview 7, line 862-864).

Professionals, experience experts, and policy officers gave multiple recommendations in relation to assigning a coordinator. The sixth recommendation, mentioned by a professional and by experience experts, was that the professional could take up the role of the coordinator, because the professional already took up this role in the execution of HCLIF and therefore is familiar with coordinating the intervention.

The seventh recommendation, mentioned by professionals, an experience expert and policy makers, is to appoint a specific person in the municipality or welfare organization as a coordinator when the intervention is executed more frequently. An experience expert said this person needs to have some experience in organizing interventions: "Someone who knows a bit how the organization of an intervention works. And the person does not have to know the intervention itself but needs to know what it means to organize things like that, and what kind of things needed to be considered." (interview 7, line 906-908).

In Table 14, an overview is provided of the mentioned recommendations that relate to the organization of HCLIF.

Table 14*: Recommendations related to the organization of HCLIF and presented for the four groups of participants separately.*

Recommendations	HCLIF-participants	Professionals	Experience experts	Policy officers
In approaching municipalities to promote HCLIF, take personal contact with a policy officer				X
Planning				
○ Executing HCLIF-meetings on a weekly base		X		
○ Extend the number of meetings	X	X	X	
○ Extend the duration of the meeting.			X	
Execute the HCLIF-meetings at a common location the HCLIF-participants can visit anonymously			X	
Coordinator				
○ Appoint the professional as a coordinator of HCLIF		X	X	X
○ Appoint a specific person within municipality/welfare organization who organizes HCLIF		X	X	

4.2.5 Recommendations related to securing HCLIF

Within this chapter, five recommendations are mentioned that relate to securing HCLIF. The recommendations relate to embed the training the tandems receive, payment of a salary to the experience experts, evaluating the intervention with HCLIF-participants, tandems, and municipalities, and embedding the intervention in the policy of a municipality and/or welfare organization.

The first recommendation, mentioned by an experience expert, is embedding the training of the tandems in the organization of HCLIF. The current experiences in the execution of HCLIF, can be passed on to other professionals and experiences in the training, according to the experience expert. The experience expert mentioned that therefore the training needs to be financed in the future: “That it also can be passed on to new people who can execute it. Therefore, financial resources are necessary to learn others what HCLIF entails, how they can execute it and how they can handle it.” (Interview 7, line 667-970). The experience expert recommended that for embedding the training, two to four people should be responsible for giving the training in municipalities wherein HCLIF is going to be set up.

The second recommendation, mentioned by an experience expert, is that the experience experts get paid for leading the intervention. The experience expert mentioned three reasons why the experience experts should get paid: First, because it is a job for the experience expert to lead the intervention. Second, it looks good on their curriculum vitae and at last, a financial incentive stimulates experience experts to lead the intervention. The experience expert also said: “I think that it should be paid and that you should be able to keep the money. Because when having social assistance, you must hand in everything. So why shouldn’t you be able to get an incentive to work yourself out of it?” (Interview 7, line 775-777).

The third recommendation that was identified, is implementing short evaluation forms for the HCLIF-participants. This was mentioned by experience experts. They said the evaluation forms could be helpful to evaluate how the HCLIF-participants experienced the HCLIF-meetings: “Actually it would be nice, now I think of it, to get an evaluation form in which people can indicate… what they have learned from it or what they missed. Because then you can adjust that.” (Interview 7, line 684-687). An experience expert mentioned the idea of a short questionnaire with multiple-choice question, on which the HCLIF-participants can indicate what went well and what can be improved. Another idea that was suggested, is making a short digital questionnaire that the HCLIF-participants can complete in their own time: “You could, for instance, send the questionnaire to their homes one or two weeks after the last meeting. Or put it on the site or something like that, or send a digital mail, like: ‘guys, we would like… we would like if you would participate.’.” (Interview 11, line 1059-1061).

The fourth recommendation that was identified is planning fixed moments for evaluations between the tandems and the municipality. A professional and policy officers mentioned that once per year or once per two years would be sufficient to evaluate the intervention with each other: “We just have to schedule that every year, compulsory, for example planning fixed dates in advance… Before the summer vacation, after the summer vacation. Just naming a few options.” (Interview 10, line 952-957).

The last recommendation mentioned by a professional and an experience expert, is that HCLIF must be embedded in the policy of a municipality and/or welfare organization for a sustainable implementation of the intervention. The professional specifies this by saying that policy needs to be made within the Social Domain of the municipality, so that the relevant persons are involved in the implementation of HCLIF. A mentioned example of a relevant person: an employee within the Social Domain who visits people at home, and therefore has a network of people who can be approached for participation in HCLIF. An experience expert mentioned that within the policy, fixed start dates must be planned for the execution of HCLIF, and that attention must be paid to the recruitment process. Also, the experience expert said that time, hours and money need to be provided to organize HCLIF: “You need to have fixed start moments for that, I think. A new group needs to start occasionally. And then, you also need to have a certain degree of recruitment implemented, I think. And the organization must be capable to spend the hours and time available for this, and there must be space, financial space.” (Interview 7, line 919-923).

In Table 15, an overview is provided of the recommendations related to the securing of HCLIF.

Table 15: *Recommendations related to securing HCLIF and presented for the four groups of participants separately.*

Recommendations	**HCLIF-participants**	**Professionals**	**Experience experts**	**Policy officers**
Embedding the training for the tandems in the organization of HCLIF			X	
Provide a financial reward for the experience experts leading HCLIF			X	
Have the HCLIF-participants complete an evaluation-questionnaire			X	
Planning evaluation moments between the tandems and the municipality		X		X
Embedding the intervention within the policy of the municipality and/or welfare organization		X	X	

Note: No recommendations were mentioned by the HCLIF-participants.

4.2.6 Conclusion

Various recommendations were identified to improve the implementation of HCLIF. Most recommendations were related to the content of HCLIF. These recommendations were mentioned by the HCLIF-participants, professionals and experience experts. They recommended making the intervention more accessible for people who cannot read Dutch, making more distinction between subjects that are discussed, changing the title of HCLIF and adding several subjects and materials. The most notifying recommendation in relation to the recruitment of HCLIF-participants, is that every participant recommended to use different communication channels to reach the parents who live in poverty. For recruiting the tandems, it was recommended to use a personal approach and to involve experience experts who are ready to organize HCLIF. The policy officers mentioned it is important to include the professionals in the decision-making process of adopting HCLIF. Multiple recommendations were given by the professionals and experience experts to adjust the training the tandems receive. To improve the organization of HCLIF, it was recommended to appoint a coordinator and to adapt the planning of the HCLIF-meetings. Related to securing the intervention, experience experts recommended to embed the training in the organization of HCLIF, giving them a financial reward, and let the HCLIF-participants fill in an evaluation-questionnaire. Also, it was recommended to plan fixed evaluation moments between tandems and the municipality and to secure HCLIF in the policy of municipalities or welfare organizations.

5 Discussion

In this chapter, first, answers are provided to the research questions. Next, the results are compared with the literature and strength and limitations are mentioned. At last, recommendations are given for future research.

5.1 Answering research questions

Two research questions were answered in this study report. The first research question was: "Which facilitating and impeding factors are according to stakeholders of influence in the implementation of 'Healthy Children in Low-income Families'?". A wide variety of facilitating and impeding factors were identified. These were related to the groups of the intervention HCLIF, the HCLIF-participants, the tandems, the organization and the socio-political context. In relation the intervention itself was mentioned that the intervention was clear to organize and execute, and that it fitted the problems the HCLIF-participants face in their daily life. The scheduled time per meeting was experienced as insufficient, just like the number of meetings. The title of the intervention was not considered suitable for the intervention because it created different expectations of the content of HCLIF. Because initially the stakeholders had other expectations of the content, they missed the subjects of food and child-involvement in the meetings. In relation to the HCLIF-participants was mentioned that they well-experienced the guidance by the tandem and that there was a pleasant interaction between the HCLIF-participants. What made participation more difficultly, was when the HCLIF-participant was unable to read because then the HCLIF-participant could not participate and benefit from some assignments. Stakeholders mentioned that anonymity, giving a financial incentive, a personal approach and using multiple communication channels facilitates the recruitment of the HCLIF-participants, while a flyer, voluntary participation and some personal circumstances impedes the recruitment. Regarding the tandems, it was mentioned that they could well-cooperate with each other, found themselves able to organize and execute HCLIF and felt they had the right knowledge for it. The tandems found that the one-day training they received, well-explained the content of HCLIF but also found the training disorderly and they missed information on how to execute HCLIF as a couple. In relation to the organization of HCLIF, was mentioned that it costs little time and money to organize HCLIF, but unavailability of digital resources makes it difficult to execute some aspects of the intervention. At last, related to the socio-political context was mentioned that the intervention fits to the municipalities' policy, but the existence of similar kind of initiatives within a municipality impedes the implementation of HCLIF.

The second research question was: "What do stakeholders recommend for an optimal implementation of 'Healthy Children in Low-income Families'?". Many recommendations were identified. The main recommendations were related to the groups of the content of HCLIF, recruitment of HCLIF-participants, the tandems, the organization and securing HCLIF. In relation to the content, it was recommended to make the intervention increasingly accessible for people who cannot read Dutch, make more distinction between discussed subjects of the meetings, adapt the Dutch title of the intervention and adding some subjects and materials. In relation to the recruitment of the HCLIF-participants, every type of stakeholder recommended to use multiple communication channels to reach the parents who live in poverty. To make recruitment easier, it was recommended to make participation more officially and to broaden the target group of the intervention. For recruiting the tandems to lead HCLIF, it was recommended to approach the tandems personally. Other recommendations that were identified related to the tandems, is to involve professionals in the decision-making process of adopting HCLIF within a municipality, and to adapt some aspects of the training the tandems receive. To improve the organization of HCLIF, the recommendation was given to appoint a coordinator, execute the HCLIF-meetings at a common location and to adapt the planning of the HCLIF-meetings: to execute HCLIF on a weekly base, to extend the number of meetings and to extend the duration of the meetings. For embedding the intervention in a municipality or welfare organization, it was recommended that evaluations be carried out: advise was given to let the HCLIF-participants fill in an evaluation form in the last HCLIF-meeting, and to plan fixed evaluation moments between tandems and municipalities. Also, was suggested to embed the organization of the intervention in the policy of a municipality or welfare organization.

5.2 Comparison with literature

The professionals and experience experts mentioned that they missed information on how to execute the intervention. They expected to receive this information in the training before the start of organizing and executing HCLIF. Boendermaker (2012) mentions that it often happens that trainers cannot practice before the start of an intervention, and that little attention is paid on how to embed and execute the intervention. This is because the inventers of the intervention, often want to start quickly with setting up the intervention and want to lose little time in the process before (Boendermaker, 2012). This can be problematic because an intervention might not work optimally or may have adverse effects when the trainers do not implement the intervention as is intended (Barnoski, 2004; Wensing & Grol, 2017).

Boendermaker (2012) mentions that trainers of interventions focused on youth, prefer broad selection criteria for including participants. They prefer broad criteria because the trainers believe that many people benefit from participating in the intervention (Boendermaker, 2012). This coincides with the recommendation given by the professionals and experience expert to include not only parents living in poverty, but also other people who may benefit from participation. Boendermaker (2012) mentions that involving a broader target group must be carefully considered. Although others have the need for similar kind of outcomes of the intervention, the question must be asked whether the intervention is sufficiently adjusted to them (Boendermaker, 2012).

It was often mentioned by the stakeholders that it was difficult to recruit the HCLIF-participants. The difficulty of recruiting participants is not uncommon when looking at the implementation of similar interventions. Bettencourt et al. (2018), Stahlschmidt et al. (2018), and Taveras et al. (2006) studied the implementation of similar kind of interventions as HCLIF: interventions that focused on increasing the health of vulnerable and low-income families by letting parents participate. In all three studies was mentioned that difficulty was experienced in recruiting the parents to join the interventions. This may be caused by the fact that families who live in poverty, often experience stress, shame, feeling having no control over their lives, and rather avoid talking about their problems, which makes it less likely that people will participate in any activities (Boendermaker, 2012; Haushofer & Fehr, 2014; Orthner et al., 2004). In addition, people are generally inclined to stay away from unfamiliar changes, such as participating in interventions, because people are inclined to avoid novelty (Berwick, 2003). To increase the chance that people will participate, the need for change needs to be clearly explained to create a positive perception towards the intervention (Berwick, 2003). This can be done by using a recruitment approach that appeals to the parents living in poverty: such as the mentioned recommendation of using a personal approach. It was also recommended to use a more official approach to make the recruitment easier, for example by providing the parents a certificate after participation or making participation a part of the benefit period. This is in line with the study by Taveras et al. (2006), who recommended to provide an obligatory aspect to participation, so that parents who have the need for the intervention will participate.

The participants mentioned some contradictory factors in relation to the implementation, for example, the different view on time investment of the intervention: some stakeholders indicated that little time was needed to organize HCLIF, while others indicated a lot of time was needed to organize HCLIF. Next to the identified contradictory factors, some factors and recommendations were only mentioned by the stakeholders who implemented HCLIF in one municipality but were not supported by the stakeholders who implemented HCLIF in other municipalities. These disparities could be explained by differences in adherence to the handbook. In the interviews some stakeholders mentioned that they strictly adhered to the steps of the handbook, while others only executed the main topics. Therefore, the tandems might have encountered different facilitating and impeding factors in the implementation because the execution of the intervention differed. Regarding adherence to the handbook, Stals et al. (2009) mention that a trainer must follow some key aspects of an intervention, because the key aspects determine the effectiveness of the intervention. But there must also be flexibility in the intervention to adapt some aspects because this increases the motivation of trainers to work with an intervention. It is the task of the trainer to find a balance between implementing only the core elements and strictly adhere to the script (Webster-Stratton, 2006). It might be the case that the tandems had different expectations on how they should execute the intervention: whether it was necessary to fully adhere to the script or whether only the main elements of the intervention needed to be executed. Because the effectivity of an intervention is dependent on how it is executed (Stals, Yperen, Reith,

& Stams, 2009), it is important that it is clear to the tandems what the core elements are of the intervention they need to perform.

The tandems mentioned that no feedback moments need to be planned in the intervention in which the tandems can provide each other feedback, because they already provided each other feedback in a spontaneous way. Also, policy officers mentioned that no fixed evaluation moments needed to be planned to evaluate the intervention with the tandems. These preferences of the tandems and policy officers differ from what the literature recommends. In literature, it is recommended to determine and report the frequency of feedback in advance of the start of an intervention, so that it is clear to every user of the intervention how and when to give feedback (E. K. Proctor et al., 2013). Boendermaker (2012) mentions that reflecting, for instance by giving feedback or having evaluation moments, is very important because it makes people aware of the consequences of their actions. Within feedback moments, attention should be paid to whether it is manageable to execute the intervention, and whether actions have the desired outcomes (Boendermaker, 2012).

5.3 Strengths and limitations

Various strengths and limitations can be identified of this study that is executed. The two most important strengths and three most important limitations are described.

The first strength of this study is that through executing focus groups with the HCLIF-participants and interviews with the professionals, experience experts and policy officers, an elaborate and detailed overview of facilitating and impeding factors and recommendations could be gathered. By involving different stakeholders, factors could be gathered from different perspectives. Where the HCLIF-participants could critically reflect on the intervention itself, the tandems could reflect on organizing and executing HCLIF and policy officers could reflect on the conditions the intervention had to meet before deciding to adopt the intervention. When taking into account the studied factors and recommendations in the implementation strategy of HCLIF, it is more likely HCLIF will be successful implemented, since the strategy is based on the opinion of all the important stakeholders (Wensing & Grol, 2017).

The second strength of this study is that a complete determinant analysis has been conducted of the implementation of an intervention that aims to improve children's health. Stals et al. (2009) mention that often a determinant analysis is not performed for interventions that are focused on improving the health of children. Often, the implementation strategy is based on intuition, which increases the chance of a failed implementation (Stals et al., 2009). By executing a determinant analysis, it becomes predictable which determinants influence the implementation process and thus targeted activities can be selected that influence the implementation. When basing implementation activities on the identified determinants, chance is increased the implementation will be successful (Stals, 2012; Wensing & Grol, 2017).

The first limitation of this study is that the included stakeholders were aware that others within their municipality would also be interviewed for this study. Therefore, they knew that the interviewer would speak to others they have closely worked with, and when others reading the results of this study, they might be afraid that others possibly recognize the factors and recommendations mentioned by the stakeholder. Especially when it comes to aspects in the implementation that might not have gone well, such as the collaboration between the tandems. Therefore, the stakeholders might have given socially desirable answers about the implementation of HCLIF to prevent uncomfortable situations in which they might possibly be confronted with their mentioned factors or recommendations. Also, within the focus groups the HCLIF-participants might have felt restrained in giving answers, because of the presence of the other HCLIF-participants. Feeling restrained in a focus group is a common restriction (Krueger & Casey, 2015). To prevent missing out of important information about the implementation, since participants might feel restrained, also tandems were asked about the perceived experiences of the HCLIF-participants. Thereby some answers were possibly given that the HCLIF-participants would not have dared to say in the presence of the other participants in the focus group.

The second limitation is that data saturation was not reached. For executing interviews, eleven is a small sample size to reach data saturation. For reaching data saturation, between 20 to 50 interviews are recommended (Mason, 2010). Because data saturation was not reached, it is not clear whether all factors and recommendations related to the implementation of HCLIF are gathered in this study report. When data saturation is not reached, the internal and external validity is hampered (Fusch & Ness, 2015). For this reason, the results should be carefully interpreted. For increasing the chance to reach data saturation, initially it was tried to organize focus groups with all the professionals and experience experts who executed HCLIF, so that the factors and recommendations could be identified of all professionals and experience experts that were involved in the implementation of HCLIF. Unfortunately, focus groups were not possible to execute within the time available for this research (February 2019 till July 2019) and because obstacles were experienced as travel distance and costs of traveling.

The last limitation, is that in qualitative research, bias is unavoidable (Sutton & Austin, 2015). The reason for this is the subjectivity of the researcher in gathering and interpreting the data. Analyzing and interpreting qualitative data is very susceptible to reporting-bias (Sutton & Austin, 2015). Because bias was unavoidable, it was tried to minimize the threats that influence the validity and reliability. Hence, it was tried to be reflexive in this study by not avoiding or ignoring biases, but by reflecting upon choices and mentioning subjectivities. By being open about the choices that were made, readers can understand the circumstances and filters through which data was gathered, analyzed and reported. Other efforts to prevent bias, was coding two interviews with a fellow student to increase objectivity in approaching the data. This was done by coding the first two interviews independently of each other and consequently comparing and discussing the codes that were given.

5.4 Recommendations

The results of the present study are further explored within the intervention study of HCLIF. A recommendation for this intervention study is to reach a more representative and complete view of all factors and recommendations of HCLIF. This can be done by executing evaluations or performing an additional study. Evaluations could be executed with the primary stakeholders of the municipalities wherein HCLIF was executed, with the primary stakeholders of the municipalities this study did not focus on. These municipalities are Almelo, Hellendoorn, Losser and Oldenzaal. Next to evaluations, an additional study could be executed in which the same research method of executing focus groups and interviews can be used to gather information of the not included municipalities, or a study in which a comparison can be made with the literature or an additional quantitative study could be executed. For example, the identified factors and recommendations in this study report could be used to develop a questionnaire that can be set out in a survey. By spreading it among all primary stakeholders of HCLIF, one can measure whether they agree on the identified factors and recommendations, whether they find the factors and recommendations important and whether there are additional factors and recommendations. Quantifying facilitators and impeders is common in other studies as well (Rongen et al., 2014; Rosman, Vlemmix, Beuckens, et al., 2014).

The last recommendation for the intervention study of HCLIF is to adapt the existing implementation strategy of HCLIF based on the identified factors and recommendations described in this study report. When an implementation strategy is based on studied factors and recommendations that influence the implementation of an intervention, it increases the chance of succeeding in the implementation process and to reach a sustainable implementation (Daamen, 2015; Stals, 2012).

6 Conclusion

The goal of this study report was to find out which facilitating and impeding factors influence the implementation process of the intervention HCLIF according to the primary stakeholders, and to find out what their recommendations are to improve the implementation of HCLIF. By conducting interviews and focus groups, a variety of factors and recommendations were identified that influence the implementation of HCLIF. The identified facilitating and impeding factors can be related to the intervention itself, the participants of HCLIF, the tandems guiding the intervention, the organization of the intervention and the socio-political context. The most notable factors that were identified relate to the first three groups, of which most factors were mentioned regarding the planning of the meetings, use of the handbook, recruitment of the HCLIF-participants, tandems having the necessary knowledge and skills, and factors related to the training the tandems received in advance of organizing HCLIF. Regarding the recommendations, the most notable ones were mentioned regarding the content of HCLIF, the organization of HCLIF, and regarding embedding the intervention within a municipality or welfare organization. Some notifiable recommendations that were identified in these groups were: providing a reference book to the HCLIF-participants about the content of HCLIF, extend the number of meetings and adding a short evaluation form for the HCLIF-participants. A number of the identified factors and recommendations are consistent with the literature, although differences have also been found. The identified factors and recommendations can be used to improve the implementation of the intervention, with the aim to reach an optimal and sustainable implementation of HCLIF.

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Appendix 1: Healthy Children in Low-income Families

In May 2018, the execution of the pilot intervention "Healthy Children in Low-income Families" (HCLIF) started. The intervention is part of a longitudinal intervention study in which the intervention is being developed, executed and the effects of the intervention are being measured. The intervention is set up by the Academic Collaborative Centre Youth Twente. In this appendix, information is given about the content of the intervention. It provides a short summary of the handbook that is used to organize and develop the HCLIF-meetings (Handboek Interventie AWJT 2018) which is not published yet (Jacobs-Ooink et al., 2018).

Aim of the intervention

The primary goal of the intervention is to promote the health and well-being of children who grow up in poverty and the secondary goal of the intervention is to promote the health and well-being of parents living in poverty. The idea is that an improved health of the parents has a positive effect on the health of their children.

Involved parties

The intervention is being piloted by a project group of the Academic Collaborative Centre Youth Twente. The project group consists of a collaboration between the following parties: Municipal Health Services Twente (in Dutch: Gemeentelijke Gezondheidsdienst Twente), Saxion University of Applied Sciences, University Twente and eight municipalities in the region of Twente. These municipalities are: Almelo, Dinkelland, Enschede, Hellendoorn, Hof van Twente, Losser, Oldenzaal and Tubbergen. The intervention is financed by the scientific institute ZonMW.

Background

The intervention is developed according to a participative approach so that the intervention optimally connects with the target group. Regarding HCLIF, it means that in the development of the intervention, parents living in poverty, professionals, and experience were involved. The experience expert has experience with living in poverty and the professional is often a social worker who has experience in supporting people who live in poverty. The input of the parents, professionals and experience experts ranged from determining the content of the intervention to determining the duration of a meeting. Next to the participative approach, two other principles have a crucial role. These principles are positive health and empowerment (in Dutch: Eigen Kracht). Positive health is incorporated in the intervention by using the six dimensions: bodily functions, mental functions and perception, spiritual dimension, quality of life, social participation, societal participation and daily functioning. In the intervention, the parents' and children's state of positive health is being measured by using the Kindtool. This is an online tool in which the parents and children need to answer 39 questions. Empowerment is incorporated in the intervention by emphasizing the possibilities the parents have, to shape their life.

Target group

The intervention is aimed at parents with children in the age of 4 to 12 years who live in poverty. A prerequisite for participation is that the parents are motivated to improve their own health and the health of their family.

Recruiting participants

During the pilot intervention, the tandems were mostly involved in the recruitment of participants. A tandem consists of the collaboration between a professional who works with people living in poverty, and an experience expert who has lived in poverty. Together they organize the intervention in a municipality. The tandem followed a training in which they learned how to organize the intervention. Other professionals and organizations can also be involved in the recruitment process. Different approaches were used to recruit the participants. Flyers were handed out to parents and flyers were spread among places the parents often visit (e.g. Voedselbank, day-care or schools). Also, social district teams and other local initiatives were contacted that are having contact with poor families to recruit participants.

Meetings

The intervention consists of five meetings and are led by a professional and experience expert. Each meeting lasts two hours. The minimum of eight parents is required to start the intervention and the maximum is twelve parents. Twelve parents are the maximum to retain a sense of safety in the group. This is important because the parents share sensitive and personal information with each other during the meetings. Through contact with fellow poor parents, the parents can support and advice each other. During the intervention, the parents need to formulate goals for themselves as for their child(ren) related to the dimensions of positive health. The meetings provide the opportunity to use or develop competences to live a healthy lifestyle. Though there is a framework provided on how the meeting can be guided, also attention can be paid on subjects outside the framework. This depends on the needs of the parents. In the table, information is provided on the content of the five meetings.

Meetings	Content of the meetings
First meeting: Here and now	Goal: Parents meet each other, express expectations of the intervention, and questions and the needs that parents have are explored about raising their children.
	During the first meeting, elaborate attention is paid on getting to know each other to create thrust for which games can be used. Next, rules and agreements are made by the group. For example, a rule that can be set up is talking from own experiences, not for another one's experience. After making the rules, the concept of positive health is introduced by explaining the six dimensions. After the explanation, the parents fill in the Kindtool. Depending on the outcomes of the Kindtool, the parents set up goals on how to improve their own health and the health of their family.
Second meeting: Body, feelings and thoughts	Goal: Parents become aware of the various health areas (body, feelings and thoughts) and being able to promote health by means of the guidelines.
	During this meeting, attention is paid to the functioning of the brains and the influence of stress. The parents discuss the experience of stress, the cause of it, influence on the body and influence on the children. Stress-reducing exercises are given so parents learn how to control stress. Lastly, the parents discuss their child's or children's visions on health. Dependent on their visions, the parents set up concrete and small goals to improve one of more dimensions of Positive Health.
Third meeting: Participation and daily life	Goal: Parents know which societal facilities and rules are available and decide in the meeting how they want to stay informed about the availability of the facilities and rules. Also, parents know what they find important to do in their daily lives.
	In small groups, the participants discuss important themes in their daily life that influences social participation. Consequently, the underlying questions and needs are identified. Based on the questions and needs, relevant social services, funds and municipal regulations are explained. The intervention concludes with a brainstorm session on the theme ´social participation´. Based on the brainstorm, parents dive deeper into the subjects of how they can socially participate and exchange experiences.
Fourth meeting: Now and later	Goal: Parents have a vision of the future and are aware of their influence on the future of their children.
	In contrary to the first three meetings, this meeting contains fewer practical exercises. The meeting starts with a quite controversial statement which the participants discuss. Next, attention is paid to the future of the parents and the future of their children. More specifically, attention is paid to their future dreams, meaning in life and space is created for telling their own life story. Finally, parents share tips with each other on how to take control in their life and how to stimulate their children to realize their dreams.
Fifth meeting: Feeling good!	Goal: Parents are aware of what influences their well-being and the well-being of their children. They know how to positively influence their well-being to feel healthy.
	In this last meeting, parents note the factors that have a positive and negative influence on their well-being. Subsequently, the parents learn how to find a balance between these factors. In advance of this meeting, the parents had to fill in the Kindtool. The outcomes of the Kindtool are being compared to the outcomes of the

	Kindtool in meeting one, to see whether there are differences and similarities. Finally, they look ahead to set up future goals and determine needs to reach the goals. After the evaluation, the intervention is ended with a festive end.

Research

The intervention HCLIF is being piloted from May 2018 till December 2019. In a longitudinal intervention study, the effects of the intervention are being studied. Fourteen municipalities in Twente were approached to execute the pilot intervention. Eventually, eight municipalities decided to participate. Reasons for municipalities not to participate were another poverty intervention was already executed or there was a lack of time to execute the intervention. To study the effects of the intervention, questionnaires were developed that measure the health and well-being of the parents and their children. To measure the differences in health and well-being due to attending the meetings of the intervention, the parents had to fill in questionnaires. An intervention and control group were appointed who filled in the questionnaires approximately at the same time, where the difference was that the intervention group followed the intervention and the control group did not. The parents who participated in the intervention needed to fill in a questionnaire before the first meeting, after the fifth meeting and three months after the fifth meeting. These results are consequently compared to each other. Because of ethical reasons, it was decided that the control group could participate in the intervention after filling in the three questionnaires. In the second halve of 2019, the effects of the intervention will be known.

Appendix 2: Definitions of 'implementation'

Definition	Reference
"The activities involved in putting research, innovations, or other knowledge into practice."	(Barwick et al., 2005, p.8)
"Implementation is defined as a specified set of activities designed to put into practice an activity or program of known dimensions."	(Fixsen, Naoom, Blase, Friedman, & Wallace, 2005, p.5)
"Active and planned efforts to mainstream an innovation within an organization"	(Greenhalg, Robert G., Macfarlane, Bate, & Kyriakidou, 2004 p.582)
"Een procesmatige en planmatige invoering van vernieuwingen en/of verbeteringen met als doel dat deze een structurele plaats krijgen in het beroepsmatig handelen en/of het functioneren van de organisatie." [Translated: A process-based and planned introduction of innovations and/or improvements with the aim of giving them a structural place in the professional conduct and/or functioning of the organization.]	(Grol & Wensing, 2015, p.9)
"Implementation is the process of putting to use or integrating evidence-based interventions within a setting"	(Rabin et al., 2008, p.118)
"Implementation is the transition period during which targeted organizational members ideally become increasingly skillful, consistent, and committed in their use of an innovation. Implementation is the critical gateway between the decision to adopt the innovation and the routine use of the innovation within an organization."	(Klein & Sorra, 1996, p.1057)
"Implementation refers to what a program consists of when it is delivered in a particular setting."	(Durlak & DuPre, 2008, p.329)
"A planned process and systematic introduction of innovation and/or changes of proven value; the aim being that these are given a structural place in professional practice, in the functioning of organizations or in the health care structure."	(Grol, Wensing, Eccles, & Davis, 2013, p.10)

Appendix 3: Implementation models

In the table in this appendix, the names of the implementation models are visible, descriptions of the models and whether they fulfilled the three set-up criteria: being a multilevel framework, being applicable for public health interventions and being to identify facilitating and impeding factors.

Name of the model	**Short description of the model**	**Focused on multiple levels**	**Applicability to public health interventions**	**Suited to identify factors**
Measurement instrument for determinants of innovation (MIDI)	The MIDI is a concise framework that can be used to identify critical determinants in the implementation. It is a multilevel framework that supports to determine the importance of determinants (Fleuren et al., 2014a, 2014b).	X	X	X
Normalization Process Theory (NPT)	The NPT is a framework that focuses on the micro and meso level and can be used to support in the implementation of interventions. It is focused to be used in the implementation of innovations related to telemedicine and informatic systems (May, 2006).	X		X
Consolidated framework for implementation research (CFIR)	The CFIR is a multilevel framework that can be used to identify factors of influence in the implementation of various kinds of innovations (Damschroder et al., 2009).	X	X	X
A model of diffusion in service organizations	The model can be used as a memory aide to think of important aspects of a complex situation. It is focused to be used for diffusing, disseminating interventions related to health service delivery (Greenhalg et al., 2004).	X		
Framework for describing key features of a strategy for change	This provides a process evaluation in which the facilitating and impeding factors can be identified. It focuses on the micro and meso level and is focused to be used in clinical settings (Grol et al., 2013).			X
Replicating effective programs framework (REP)	REP is a framework that can be used for the implementation of healthcare interventions. It specifically formulates steps that can be followed for transferability. Thereby it is not focused on identifying factors of influence in the implementation of an intervention (Kilbourne, Neumann, Pincus, Bauer, & Stall, 2007).		X	
ForCa Quickscan	The ForCa Quickscan is a digital tool that can be used for a determinant analysis in the implementation of behavioral interventions with a focus on youth psychiatry (Widdershoven, Bongers, & Nieuwehuizen, 2013).	X		X
Checklist for identifying determinants of practice	An elaborate checklist that can be used for identifying determinants related to the implementation of guidelines in clinical settings (Flottorp et al., 2013).	X		X

PIET-T model	A transferability model that can be used to identify important factors of the implementation that influences the transferability of the intervention from one to another context (Schloemer & Schröder-Bäck, 2018).	X	X	X
Framework to facilitate and evaluate supportive social environments for health promotion	A tool is provided and a guideline for the implementation of community health promotion-interventions. It can be used to facilitate and evaluate the implementation process (Wagemakers, Vaandrager, Koelen, Saan, & Leeuwis, 2010).	X	X	
Framework to improve quality of healthcare in the United Kingdom and United States	A framework is provided on how the United Kingdom and the United States can improve their healthcare, by providing core elements these countries can focus on. With these elements, progress of change in healthcare can be measured (Ferlie & Shortell, 2001).	X		X
PARIHS framework	This framework provides information on how findings from research, can be translated to successful implementation. The framework did not match any criteria (Kitson, Harvey, & McCormack, 1998).			
Framework for measuring implementation outcomes	A framework which provides a taxonomy of possible implementation outcomes. The framework supports formulizing the key variables in the implementation (Proctor et al., 2011).		X	X
RE-AIM framework	The RE-AIM framework can be used to evaluate specifically public health interventions. It uses five dimensions on which the intervention can be evaluated and together determine the outcome of the innovation (Glasgow, Vogt, & Boles, 1999)		X	

Appendix 4: Topic lists

Topic list: HCLIF-participants

Implementatie van 'Gezonde kinderen in krappe tijden'

Interviewprotocol in onderzoek van Health Sciences-student Janoe Musch (2019): schriftelijke lijst voor de focusgroep met deelnemers van de interventie.

Datum: mei 2019

Doelgroep: De deelnemers van de interventie 'Gezonde kinderen in krappe tijden'.

Doel van de focusgroep: inzichtelijk krijgen wat volgens de deelnemers de invoering van 'Gezonde kinderen in krappe tijden' heeft bevorderd en wat het heeft belemmerd. Daarnaast ook om aanbevelingen in beeld te krijgen hoe het verbeterd kan worden.

Inhoud:

Tijd: bijeenkomst van een uur.

Materialen:

- Opnameapparaat
- Toestemmingsformulieren
- Flap-over
- Post-its
- A4'tjes
- Pennen

Leiding: de focusgroep wordt geleid door JM. Zij leidt de discussie, luistert naar de antwoorden en vraagt door waar nodig. Daarnaast ondersteunt LG de focusgroepen door mee te luisteren en levert zij een bijdrage waar nodig. Daarnaast houdt zij de tijdsplanning in de gaten en of alle punten besproken zijn.

Wat te doen	**Tijdsduur**
Welkom/introductie - JM en LG stellen zich voor. - Doel van het onderzoek wordt uitgelegd - Inhoud van de focusgroep wordt kort benoemd. - Doel audio-opname wordt benoemd - Toestemmingsformulieren worden uitgedeeld - Notuleren persoonlijke gegevens o Geslacht/leeftijd/opleiding/aantal kinderen - Naambordjes - Start opname	0-10 minuten
Verspreiding/adoptie - Hoe wist u van het bestaan van 'Gezonde kinderen in krappe tijden'? o Prettig/niet prettig? - Wat maakte dat u deel wilde nemen aan de bijeenkomsten? Welke overwegingen speelde hierin een rol?	10-20 minuten

- Stelt u zich voor dat ‘Gezonde kinderen in krappe tijden’ wordt aangeboden aan alle ouders die in armoede leven. Wat is een goede manier om ouders kennis te laten maken met het bestaan ervan? En wat is ervoor nodig dat ouders daadwerkelijk gaan deelnemen?	
De bijeenkomsten De leider geeft een korte en globale terugkoppeling van de inhoud van de bijeenkomsten door de leider. Dan de vraag: Als u terugkijkt op uw deelname aan ‘Gezonde kinderen in krappe tijden’, wat zijn punten die u goed vond? En wat zijn punten die u minder goed vond? *Hierbij benadrukken dat als er geen punten zijn die ze goed/minder goed vonden, dat het ook prima is. De deelnemers schrijven of tekenen punten op wat ze goed en minder goed vonden op post-its. Deze plakken ze vervolgens op de flap-over.* Vervolgens worden de post-its plenair bespreken. De leider let erop dat de volgende punten ieder geval besproken worden: leiding door ervaringsdeskundige/professional, verwachting van de bijeenkomsten, verwachting van de inhoud en de thuisopdrachten.	20-40 minuten
Borging - Wat heeft deelname aan de bijeenkomsten u opgeleverd? - Zou u de bijeenkomsten aanraden aan andere ouders die in armoede leven? En waarom? - Heeft u aanbevelingen om ‘Gezonde kinderen in krappe tijden’ te verbeteren? Zo ja, wat zou u aanbevelen?	40-55 minuten
Conclusie en rondvraag - Zijn er nog punten die we niet besproken hebben, maar die u belangrijk vindt om te delen over het programma ‘Gezonde kinderen in krappe tijden’?	55-60 minuten

Topic list: Professionals and experience experts

Implementatie van ‘Gezonde kinderen in krappe tijden’

Interviewprotocol in onderzoek van Health Sciences-student Janoe Musch (2019): schriftelijke lijst voor de professional en ervaringsdeskundige

Introductie

Datum en tijdstip
Datum: ……..

Tijdstip: …….

Deel volgende informatie met de deelnemer:
Voorstellen: Ik ben Janoe Musch en ik studeer Gezondheidswetenschappen aan de Universiteit Twente. Momenteel voer ik een onderzoek uit voor de Academische Werkplaats Jeugd Twente. Voor dit onderzoek zou ik u graag een aantal vragen willen stellen. Hierin staat centraal wat volgens u van belang is om de armoede-interventie ‘Gezonde kinderen in krappe tijden’ in te voeren in uw gemeente.

Doelstelling: Het doel van mijn onderzoek is om in kaart te brengen wat de invoering van ‘Gezonde kinderen in krappe tijden’ beïnvloed. Dit doe ik door verschillende mensen te interviewen die betrokken zijn geweest bij het

invoeren van de interventie. Deze betrokkenen zijn de professionals en ervaringsdeskundigen die de interventie geleid hebben, de deelnemers en betrokkenen vanuit de gemeente.

Inhoud: Het interview bestaat uit vijf onderdelen. Eerst zal ik algemene vragen stellen over de aard van uw werk. Hierdoor krijg ik een indruk van uw werkzaamheden. Ten tweede zal ik u vragen stellen die gaan over het bekend raken met de interventie. Het derde onderdeel gaat over het invoeren van de interventie en het vierde onderdeel gaat over de interventie een onderdeel maken van uw werkwijze. Ten slotte zal ik in het vijfde deel afsluitende vragen stellen om te zorgen dat ik geen belangrijke informatie heb gemist.

Tijd: Het interview neemt maximaal een uur van uw tijd in beslag.

Audio-opname: Met uw goedkeuring wordt dit interview opgenomen zodat uw antwoorden kunnen worden overgenomen. Aan de hand van de opname wordt het interview uitgeschreven. Aan het einde van het onderzoek wordt de opname verwijderd en de uitgeschreven interviews worden beveiligd opgeslagen. **Gaat u akkoord met de opname?**

Toestemmingsformulier: [geef toestemmingsformulier] Ik zou u willen vragen om het toestemmingsformulier te ondertekenen wanneer u het eens bent met de inhoud ervan. In het formulier staat onder andere dat u goedkeuring geeft voor opname, dat u het recht heeft om op elk moment het interview stop te zetten en dat uw gegevens vertrouwelijk worden behandeld.

Start opnameapparatuur

Deel 1: Algemeen

Graag zou ik een paar gegevens van u willen noteren:

Geslacht: man / vrouw

Leeftijd: …….

Opleiding: …….

Functie: …….

Aantal jaar dat u werkt in deze functie: …….

1. Professional:
   - Wat houdt uw functie in? Welke taken vallen er onder deze functie?
   - Wat is uw rol in het organiseren en uitvoeren van de interventie?

   Ervaringsdeskundige:
   - U bent als ervaringsdeskundige betrokken bij de interventie. Zet u uw ervaringsdeskundigheid ook in op andere plekken? Zo ja, wat doet u zoal?
   - Wat is uw rol in het organiseren en uitvoeren van de interventie?

Deel 2: Verspreiding en adoptie

2. Door wie of wat bent u betrokken geraakt bij de interventie?
   - Wat vond u om op deze manier op de hoogte te worden gebracht van het bestaan van de interventie?
   - Hoe zou u in de toekomst van het bestaan af willen weten van de interventie? En de inhoud van de interventie?

- Wat maakte dat u als professional/ervaringsdeskundige betrokken wilde worden bij de interventie?

3. Het doel van de interventie is om de gezondheid te verbeteren van alle kinderen die in armoede opgroeien. Wat vindt u van deze doelstelling?
   - In hoeverre vindt u dat dit doel moet worden bereikt?
   - Hoe denkt u dat alle kinderen die in armoede leven in gemeente […] bereikt kunnen worden?

Deel 3: Invoering

4. Wat vraagt het van u als professional/ervaringsdeskundige om de interventie uit te voeren?
   - Welke kennis en kunde heeft u nodig om de interventie uit te kunnen voeren?
   - Vind u dat de interventie aansluit bij uw manier van werken? Zo ja/nee, hoe merkt u dit?
   - Welke rol had de training in het uitvoeren van de interventie?
     - Hoe heeft u de training ervaren?

5. Hoe is de werving van de deelnemers verlopen? (Goed doorvragen: goed/minder goed en verbeterpunten)

6. Wat vindt u van het Handboek van de interventie? (Goed doorvragen: goed/minder goed en verbeterpunten)

7. In hoeverre vindt u dat de interventie aansluit bij de problematiek van de ouders die in armoede leven?
   - Vind u de interventie een geschikte manier om de gezondheid van kinderen te verbeteren die opgroeien in armoede? Zo ja/nee, hoe komt dat?

8. Hoe verliep het contact met de ouders (goed doorvragen: goed/minder goed en verbeterpunten)?
   - Wat denkt u dat deelname aan de interventie, de ouders heeft opgeleverd? En waaraan ziet u dat?
   - Denkt u dat ze tevreden zijn met het resultaat van deelname? Zo ja/nee, hoe komt dat?

9. Overige topics bespreken (goed doorvragen: goed/minder goed en verbeterpunten):
   - Samenwerking met gemeente
   - Samenwerking met professional/ervaringsdeskundige: rolverdeling, afspraken onderling.
   - Financiën
   - Benodigde tijd voor organiseren van de bijeenkomsten
   - Materialen en middelen
   - Coördinator

Deel 4: Borging

10. Bij het organiseren van de bijeenkomsten, als u en de professional/ervaringsdeskundige het even niet meer wisten, bij wie kon u terecht voor vragen?
    - Wat voor ondersteuning had u nodig?
    - Hoe had de vraag voor hulp voorkomen kunnen worden?

11. Mocht de gemeente/organisatie besluiten om de interventie als vaste interventie aan te bieden aan de ouders in armoede, zou u er als professional/ervaringsdeskundige betrokken bij willen worden? Zo ja/nee, hoe komt dat?
    - Hoe ziet u uw betrokkenheid voor zich bij de interventie?
    - Hoe kan de interventie een onderdeel vormen binnen uw werkzaamheden als […]?

12. In het scenario dat de interventie is ingevoerd, hoe kan de interventie binnen de gemeente/zorgorganisatie onder de aandacht blijven?
    - Hoe kunnen evaluatiemomenten eruit komen te zien?

Deel 5: Afsluitende vragen

13. Zijn er nog andere punten, die we niet besproken hebben in het interview, die de invoering van de interventie bevorderen of belemmeren?

14. Heeft u verder nog tips of aanbevelingen voor het uitvoeren van de interventie ‘Gezonde kinderen in krappe tijden '?

Topic list: Policy officers

Implementatie van ‘Gezonde kinderen in krappe tijdens’

Interviewprotocol in onderzoek van Health Sciences-student Janoe Musch (2019): schriftelijke lijst voor betrokkene vanuit de gemeente

Introductie

Datum en tijdstip
Datum: ……

Tijdstip: …….

Deel volgende informatie met de deelnemer:
Voorstellen: Ik ben Janoe Musch en ik studeer Gezondheidswetenschappen aan de Universiteit Twente. Momenteel voer ik een onderzoek uit voor de Academische Werkplaats Jeugd Twente. Voor dit onderzoek zou ik u graag een aantal vragen willen stellen. Hierin staat centraal wat volgens u van belang is om de armoede-interventie ‘Gezonde kinderen in krappe tijden’ in te voeren in uw gemeente.

Doelstelling: Het doel van mijn onderzoek is om in kaart te brengen wat de invoering van ‘Gezonde kinderen in krappe tijden’ beïnvloed. Dit doe ik door verschillende mensen te interviewen die betrokken zijn geweest bij het invoeren van de interventie. Deze betrokkenen zijn de professionals en ervaringsdeskundigen die de interventie geleid hebben, de deelnemers en betrokkenen vanuit de gemeente.

Inhoud: Het interview bestaat uit vijf onderdelen. Eerst zal ik algemene vragen stellen over de aard van uw werk. Hierdoor krijg ik een indruk van uw werkzaamheden. Ten tweede zal ik u vragen stellen die gaan over het bekend raken met de interventie. Het derde onderdeel gaat over het invoeren van de interventie en het vierde onderdeel gaat over de interventie een onderdeel maken van uw werkwijze. Ten slotte zal ik in het vijfde deel afsluitende vragen stellen om te zorgen dat ik geen belangrijke informatie heb gemist.

Tijd: Het interview neemt maximaal een uur van uw tijd in beslag.

Audio-opname: Met uw goedkeuring wordt dit interview opgenomen zodat uw antwoorden kunnen worden overgenomen. Aan de hand van de opname wordt het interview uitgeschreven. Aan het einde van het onderzoek wordt de opname verwijderd en de uitgeschreven interviews worden beveiligd opgeslagen. **Gaat u akkoord met de opname?**

Toestemmingsformulier: [geef toestemmingsformulier] Ik zou u willen vragen om het toestemmingsformulier te ondertekenen wanneer u het eens bent met de inhoud van ervan. In het formulier staat onder andere dat u goedkeuring geeft voor opname, dat u het recht heeft om op elk moment het interview stop te zetten en dat uw gegevens vertrouwelijk worden behandeld.

Start opnameapparatuur

Deel 1: Algemeen

Graag zou ik een paar gegevens van u willen noteren:

Geslacht: man / vrouw

Leeftijd: …….

Opleiding: …….

Functie: …….

Aantal jaar dat u werkt in deze functie: …….

1. Wat houdt uw functie in? Welke taken vallen er onder deze functie?
   - Wat is uw rol in het organiseren en uitvoeren van de interventie?

Deel 2: Verspreiding en adoptie

2. Door wie of wat bent u betrokken geraakt bij de interventie?
   - Wat vond u om op deze manier op de hoogte te worden gebracht van het bestaan van de interventie?
   - Hoe zou u in de toekomst van het bestaan af willen weten van de interventie? En de inhoud van de interventie?
   - Wat maakte dat u betrokken wilde worden bij de interventie?

3. Welke overwegingen spelen vanuit de gemeente een rol om de interventie te in te voeren?
   - Wat zou in de toekomst redenen kunnen zijn om de interventie wel/niet in te voeren?
   - In hoeverre sluit de interventie aan binnen de werkwijze van de gemeente?

4. Het doel van de interventie is om de gezondheid te verbeteren van alle kinderen die in armoede opgroeien. Wat vindt u van deze doelstelling?
   - In hoeverre vindt u dat de gemeente dit doel moet bereiken?
   - Hoe denkt u dat door de interventie alle kinderen die in armoede leven in gemeente […] bereikt kunnen worden?

Deel 3: Invoering

5. Bent u betrokken geweest in de uitvoer van de interventie? Zo ja, wat was uw rol in de uitvoer van de interventie?
   - Wat vraagt het van u om de interventie te organiseren? En wat vraagt het van de gemeente?
   - Wat vindt u van de kennis en kunde die u nodig hebt om de interventie uit te voeren?

6. Bij 5 ja → Heeft u het idee dat u voldoende handvatten heeft gekregen om de interventie te kunnen organiseren? Zo ja/nee, hoe kwam dat?
   - Welke middelen hebben u geholpen om de interventie te kunnen organiseren? En welke middelen zouden van toegevoegde waarde zijn?

7. De interventie wordt geleid door een tandem bestaande uit een professional en een ervaringsdeskundige. De gemeente werft de tandem. Bent u betrokken geweest in de werving van de professional en ervaringsdeskundige? Zo ja, hoe vindt u dat de werving is verlopen?
   - Wat vindt u van de profielbeschrijving om de professional en de ervaringsdeskundige te werven?

8. Bent u betrokken geweest bij de werving van de deelnemers? Zo ja, hoe is de werving van de deelnemers verlopen? (Goed doorvragen: goed/minder goed en verbeterpunten)

9. Wat denkt u dat deelname aan de interventie de ouders en kinderen in armoede heeft opgeleverd?
   - Ben u tevreden met het resultaat van de interventie? Zo ja/nee, waarom?

10. Overige topics bespreken (goed doorvragen: goed/minder goed en verbeterpunten):
    - Samenwerking met professional/ervaringsdeskundige
    - Financiën
    - Tijdsinvestering
    - Materialen en middelen
    - Coördinator/inzet personeel
    - Wet- en regelgeving

Deel 4: De borging

11. Bij het organiseren van de interventie in uw gemeente, als u en uw collega's het even niet meer wisten, bij wie kon u dan terecht voor vragen?
    - Wat voor ondersteuning had u nodig?
    - Hoe had de vraag voor hulp voorkomen kunnen worden?

12. Mocht de gemeente/organisatie besluiten om de interventie als standaard-interventie aan te bieden. Hoe kan de interventie een vaste plek krijgen binnen de gemeente?
    - Hoe kan de interventie onder de aandacht blijven van de gemeente?

13. Om de interventie actueel te houden dienen er evaluaties plaats te vinden. Hoe zouden de evaluaties kunnen plaatsvinden? En hoe vaak?

Deel 5: Afsluitende vragen

14. Zijn er nog andere punten, die we niet besproken hebben in het interview, die de invoering van de interventie in bevorderen of belemmeren?

15. Heeft u nog aanbevelingen voor het uitvoeren van de interventie 'Gezonde kinderen in krappe tijden'?

Appendix 5: Identified codes

Codes of the identified facilitating and impeding factors

Codes related to the determinants of HCLIF	
Inn_compatibility_imp_not with SDT	Inn_procedural_fac_handbook_flexibility
Inn_completeness_imp_going out with participants	Inn_procedural_fac_handbook_home assignment
Inn_completeness_imp_missing child participation	Inn_procedural_fac_profile descr experience expert
Inn_completeness_imp_missing subject 'food'	Inn_procedural_imp_different communication channels
Inn_correctness_fac_prove of effectivity	Inn_procedural_imp_handbook_same subjects
Inn_correctness_imp_home activities	Inn_procedural_imp_inviting extern people
Inn_correctness_imp_insufficient amount of meetings	Inn_relevance_fac_corresponds to problems of target group
Inn_correctness_imp_title	Inn_relevance_imp_goal < > health
Inn_correctness_imp_too little time per meeting	Inn_relevance_imp_problems parents more severe
Inn_procedural_fac_clear steps	
Codes related to the determinants of HCLIF-participants	
Pa_cooperation_fac_participants' interactions	Pa_recruitment process_fac_personal approach
Pa_cooperation_imp_unability reading Dutch	Pa_recruitment process_imp_flyer
Pa_outcome_fac_awareness of health	Pa_recruitment process_imp_judgement
Pa_outcome_fac_possibilities external support	Pa_recruitment process_imp_participation voluntarily
Pa_outcome_fac_recognition	Pa_recruitment process_imp_personal circumstances
Pa_recruitment process_fac_anonimity	Pa_recruitment process_imp_shame
Pa_recruitment process_fac_financial incentive	Pa_recruitment process_imp_social control
Pa_recruitment process_fac_multiple communication channels	Pa_satisfaction_fac_guidance of meetings
Codes related to the determinants of the tandems	
Us_collaboration tandem_fac_cooperation fits	Us_self-efficacy_fac_training_content intervention clear
Us_collaboration tandem_fac_feedback	Us_self-efficacy_imp_experience expert
Us_knowledge_fac_being vulnerable	Us_self-efficacy_imp_training_ disorderly
Us_knowledge_fac_experienced with guiding groups	Us_self-efficacy_imp_training_insufficient relevant information
Us_knowledge_fac_knowing the participants	Us_social support_fac_municipality < > tandem
Us_prof obligation_imp_not feeling compelled	Us_social support_imp_expectation role ACCYT
Us_self-efficacy_fac_ability to organize meetings	
Codes related to the determinants of the organization	
Org_finances_fac_costs little money	Org_time available_imp_having no time for HCLIF
Org_material resources_imp_unavailability of digital resources	Org_time available_imp_large time investment
Org_time available_fac_little time investment	Org_unsettled organization_imp_formation not filled in
Codes related to the determinants of the socio-political context	
Soc_municipality policy_fac_fits in with policy	Soc_municipality policy_imp_similar projects

Codes of the identified recommendations

Codes about the recruitment of HCLIF-participants	
Rec_recruitment_broader target group	Rec_recruitment_obligatory character
Rec_recruitment_multiple communication channels	Rec_recruitment_personal approach
Codes about the content	
Rec_content_add child involvement	Rec_content_add options external support
Rec_content_add healthy food	Rec_content_changing title
Rec_content_add home assignments	Rec_content_more difference between subjects
Rec_content_add how to entertain yourself	Rec_content_reference-book
Rec_content_add internal saboteur	Rec_content_unability to read Dutch
Rec_content_add Loes	
Codes about the tandems	
Rec_users_recruitment professional	Rec_users_related to training
Rec_users_involve professionals in decision-making	Rec_users_salary for experience expert
Rec_users_recruitment experience experts	
Codes about the organization	
Rec_organization_add introductory meeting	Rec_organization_execute HCLIF on weekly base
Rec_organization_approaching municipalities	Rec_organization_extend duration of the meetings
Rec_organization_coordinator	Rec_organization_more HCLIF-meetings
Rec_organization_execute meetings on common place	
Codes about securing HCLIF	
Rec_securing_evaluation form participants	Rec_securing_within municipality/welf organization
Rec_securing_training	

Appendix 6: Informed consent

Informed consent for focus groups

Toestemmingsformulier onderzoek

Titel onderzoek: Implementatie van 'Gezonde kinderen in krappe tijden'
Onderzoeker: Janoe Musch, student aan de Universiteit Twente

Door deelnemer in te vullen

Ik heb duidelijke uitleg gekregen waar het onderzoek over gaat en waarom het onderzoek wordt uitgevoerd. Ik weet wat er van mij verwacht wordt gedurende de gespreksgroep en wat ik zal gaan doen.

De gegevens die verkregen worden gedurende de gespreksgroep, zullen zonder persoonlijke gegevens, als naam en woonplaats, met anderen gedeeld worden. De gegevens van de gespreksgroep worden gebruikt voor het in kaart brengen van de deelnemers' perspectief over de invoering en uitvoering van 'Gezonde kinderen in krappe tijden'. De vragen die ik had over de gespreksgroep heb ik kunnen stellen. Daarnaast doe ik vrijwillig mee aan dit onderzoek en kan ik op elk moment mijn deelname stopzetten. Ik hoef geen vragen te beantwoorden, die ik niet wil beantwoorden. Ook ga ik akkoord met de audio-opname.

Naam deelnemer: ……..

Datum: ……

Handtekening: ……

Door onderzoeker in te vullen

Ik heb zowel mondeling als schriftelijk informatie gegeven over het onderzoek. De overige vragen zijn naar vermogen beantwoord. De deelnemer ondervindt geen nadelige gevolgen wanneer de deelnemer besluit deelname voortijdig te beëindigen.

Naam onderzoeker: Janoe Musch

Datum: ……

Handtekening: ……

Toestemmingsformulier onderzoek

Naam van het onderzoek
Implementatie van ‘Gezonde kinderen in krappe tijden’: een analyse van de bevorderende en belemmerende factoren

Doel van het onderzoek
Dit onderzoek wordt geleid door Janoe Musch. U bent van harte uitgenodigd om deel te nemen aan dit onderzoek. Het doel van het onderzoek is om de bevorderende en belemmerende factoren in de implementatie van ‘Gezonde kinderen in krappe tijden’ in beeld te brengen. Deze factoren worden in beeld gebracht vanuit het perspectief van de betrokkenen bij de interventie.

Gang van zaken tijdens het onderzoek
U neemt deel aan een interview waarin vragen aan u zullen worden gesteld over uw ervaringen met de implementatie van ‘Gezonde kinderen in krappe tijden’. Tijdens het interview zal aan de hand van een topic list, dieper worden ingegaan op uw kijk naar de interventie. Van het interview zal een audio-opname worden gemaakt, zodat het gesprek later ad-verbum (woord voor woord) kan worden uitgewerkt. Dit transcript wordt vervolgens gebruikt in het verdere onderzoek.

Vertrouwelijkheid van gegevens
Uw privacy is en blijft maximaal beschermd. Er wordt op geen enkele wijze vertrouwelijke informatie of persoonsgegevens van of over u naar buiten gebracht, waardoor iemand u zal kunnen herkennen. De audio-opnamen, formulieren en andere documenten die in het kader van deze studie worden gemaakt of verzameld, worden opgeslagen op een beveiligde locatie bij de Universiteit Twente en op de beveiligde (versleutelde) computer van de onderzoeker. Voordat onze onderzoeksgegevens naar buiten gebracht worden, worden uw gegevens **anoniem** gemaakt.

Vrijwilligheid
Deelname aan dit onderzoek is geheel vrijwillig. Tijdens het interview hoeft u geen vragen te beantwoorden die u niet wilt beantwoorden. U kunt als deelnemer uw medewerking aan het onderzoek te allen tijde stoppen, of weigeren dat uw gegevens voor het onderzoek mogen worden gebruikt, zonder opgaaf van redenen. Dit betekent dat als u voorafgaand aan het onderzoek besluit om af te zien van deelname aan dit onderzoek, dat dit op geen enkele wijze gevolgen voor u zal hebben.

Toestemmings-verklaring
Met uw ondertekening van dit document geeft aan dat u goed bent geïnformeerd over het onderzoek, de manier waarop de onderzoeksgegevens worden verzameld, gebruikt en behandeld. Indien u vragen had, geeft u bij ondertekening aan dat u deze vragen heeft kunnen stellen en dat deze vragen helder en duidelijk zijn beantwoord.

Ik ga akkoord met deelname aan dit onderzoek. Het doel van dit document is om de voorwaarden van mijn deelname vast te leggen.

Hierbij bevestig ik dat:

- Ik goed geïnformeerd ben over het onderzoek. Het doel van mijn deelname als geïnterviewde is helder en ik weet wat dit voor mij betekent.
- Mijn deelname vrijwillig is.
- Mijn deelname houdt in dat ik geïnterviewd word door Janoe Musch. Het interview zal ongeveer een half uur tot een uur duren. Ik geef de onderzoeker toestemming om tijdens het interview geluidsopnames te maken.
- Ik heb het recht om vragen niet te beantwoorden. Als ik me tijdens het interview ongemakkelijk voel, heb ik het recht om mijn deelname aan het interview te stoppen.
- Ik heb de uitdrukkelijke garantie gekregen dat ik niet ben te identificeren in door het onderzoek naar buiten gebrachte gegevens, rapporten of artikelen. Mijn privacy is gewaarborgd als deelnemer aan dit onderzoek.
- Ik heb dit formulier gelezen en begrepen. Al mijn vragen zijn naar mijn tevredenheid beantwoord en ik ga vrijwillig akkoord met deelname aan dit onderzoek.

_____	_____	_____
Naam deelnemer	Handtekening	Datum

_____	_____	_____
Naam Onderzoeker	Handtekening	Datum

Overig
Wilt u een samenvatting ontvangen van de resultaten van het onderzoek? Ja ☐ Nee ☐

Appendix 7: The remaining facilitating and impeding factors

In this appendix, the facilitating and impeding factors are described in the tables that are mentioned by one participant. The HCLIF-participants are not included in the tables below, because it was not possible that a single HCLIF-participant would mention a factor since focus groups were executed with the HCLIF-participants in which the joint opinion is of importance. The letters (f) and (i) are visible in the tables in the column of the factors. The (f) means that the described factor is a facilitating factor and the (i) means that the described factor is an impeding factor in the implementation of HCLIF.

Determinants related to the intervention HCLIF

Determinant	Factor	Professional	Experience expert	Policy officer
Correctness	The HCLIF-participants did make the home assignments which they experienced as pleasant (f).		X	
Procedural clarity	Though it is mentioned as suggestion in the handbook, it is not possible to invite extern people, for example someone who can tell about stress or inviting participants' children, without having to let go of other planned activities described in the handbook (i).	X		
Procedural clarity	Messages send to the HCLIF-participants by different organizations involved in HCLIF was found confusing for the HCLIF-participants (i). Example was mentioned that, and messages were send from a welfare organization, and messages were send from Saxion in relation to the organization of HCLIF.	X		
Relevance for client	The subjects discussed in the handbook do not sufficiently match the seriousness of the problems the HCLIF-participants face in their daily life. (i) The participant said information should be added about how to get in contact with debt restructuring (in Dutch: schuldsanering)		X	
Correctness	When the innovation achieves the desired outcome: increase the health of children living in poverty (f).			X

Determinants related to the tandems

Determinant	Factor	Professional	Experience expert	Policy officer
Knowledge	When being able as a professional or experience expert to be vulnerable towards the HCLIF-participants. With vulnerable is meant being open about your personal life (f).	X		
Social support	The cooperation between the municipalities and the tandems was pleasantly experienced (f).			X
Social support	It was unclear what the role was of the Academic Collaborative Centre Youth Twente in the implementation of HCLIF (i).			X

Determinants related to the organization

Determinant	Factor	Professional	Experience expert	Policy officer
Unsettled organization	When changes occur in the organization wherein the intervention is implemented. Then there is less time and capacity for organizing HCLIF (i).			X