

Ready, Steady, Grow

Ready, Steady, Grow **youngballymun**'s Antenatal and Parent Support Service aims to improve the social and emotional development of infants, young children and their families in Ballymun. It is a universal, culturally sensitive, relationship-based service, developed and implemented in partnership with community and statutory organisations.

Ready, Steady, Grow was developed by the Antenatal and Parent Support Service Design Team, whose membership is listed below:

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The key features of the **youngballymun** strategy – integration; innovation; research and evaluation; capacity building; sustainability; and a life-cycle approach informed the service design.

The work of the Service Design Team was also informed by: the expertise and experience of the team; research commissioned by the Ballymun Development Group^{43 44}; a **youngballymun**

43 McKeown, K., & Haase, T. (2006) The mental health of children and the factors which influence it: A study of families in Ballymun. *Youngballymun*.

44 Hayes, N., & Bradley, S. (2006) Summary Report: Ballymun Needs Assessment. Centre for Social & Educational Research. Dublin Institute of Technology.

commissioned community-based needs assessment⁴⁵; a review of existing models and interventions aimed at improving learning and wellbeing outcomes; master class trainings by North Cork health professionals, Catherine Maguire and Rochelle Matacz; and contributions from international experts in the field of infant wellbeing, including Dr. Deborah Weatherston of the Michigan Association for Infant Mental Health in the USA and Professor M. Angeles Cerezo, Professor of Psychology at the University of Valencia, Spain.

Rationale for the Service

Pregnancy and birth are the first of several definitive life events that shape health and wellbeing outcomes within the course of an individual's lifetime. What happens at the beginning of life can have long-term consequences well into adulthood and even intergenerationally⁴⁶. Evidence of the adverse effects of socioeconomic deprivation on the health of mothers and their infants is well established⁴⁷. Moreover, there are many additional risks and stressors in the early lives of children, consequently providing appropriate support to address their health and social needs is essential.

It is well established that there is an increased risk amongst lower income women of pre-term birth and growth restriction⁴⁸. Premature birth and low birth weight have also been associated with chronic stressors, including living in a crowded/inadequate housing environment, unemployment, single parenthood, lacking social support and having financial problems and substance use problems⁴⁹. Explanations for these disparities in birth outcomes include higher rates of maternal smoking and poorer nutrition. Moreover, these birth outcomes have been associated with subsequent deficits in neurocognitive function, lower education attainment and lower socioeconomic status in later life⁵⁰.

45 Matthews, A. et al (2007) A needs and resource assessment to inform the design and development of an antenatal support and parent support programme. School of Nursing, Dublin City University.

46 Kahn, R. et al (2005) Intergenerational health disparities: Socioeconomic status, women's health conditions and child behaviour problems. Public Health Report 120:399-408.

47 Roberts, H. (1997) Socio-economic determinants of health: children, inequality and health. British Medical Journal 314:1122-1125.

48 Spencer, N. et al (1999) Socioeconomic status and birth weight: comparison of an area-based measure with the Register General's social class. Journal of Epidemiological Community Health 53:495-8.

49 Kramer, M. et al (2000) Socio-economic disparities in pregnancy outcomes: why do the poor fare so poorly? Paediatric and Perinatal Epidemiology 14:194-210.

50 Richards, M. et al (2001) Birth weight and cognitive function in the British 1946 birth cohort: longitudinal population based survey. British Medical Journal 322:199-203.

A study of families in Ballymun⁵¹ revealed that mothers within the community are more than twice as likely as their national counterparts to be in the lowest socioeconomic position (67% compared to 32%). Approximately one in three Ballymun mothers are in employment (34%) compared with more than one in two mothers at a national level (55%). In addition, mothers in Ballymun experience a much higher level of financial strain, as measured by difficulties in coping financially. Moreover, the level of financial strain amongst mothers in the community was well above that expected not only by Irish households generally but also by reference to specific groups which are vulnerable to poverty. The study also showed that lone parenthood is the predominant family form; more than one in every two parents living in Ballymun are parenting alone (60%), the majority of whom are women. Mothers in Ballymun were also found to have weaker support networks than mothers in Ireland. National research shows that lone parents are more likely than any other social group to be living in poverty⁵². The Ballymun needs assessments supported these findings highlighting that over half of four year olds (57%) were living with their natural mother only⁵³. Almost half the mothers (46%) had their first child below the age of twenty, a further one third (33%) had their first child aged between 21 and 24 years.

The studies of families in Ballymun also revealed high rates of smoking among mothers in the community; three in every four Ballymun mothers (75%) reported current smoking compared to one in three (33%) women in Ireland⁵⁴. In addition, the use of drugs was significantly higher among Ballymun mothers than in a national representative sample of women. Among Ballymun mothers more than one in seven (14%) reported current use of 'sedatives, tranquilisers or antidepressants' compared with one in twenty (5%) women in Ireland. Moreover current use of cannabis by Ballymun mothers (6%) was three times higher than the national prevalence rate for women (2%); methadone use (4%) was also substantially higher than the national prevalence rate (0.2%), as was heroin use (1.4% compared with 0.1%).

Expectant mothers have physical (nutrition, safety, absence of toxins) and psychological (support, knowledge and confidence) needs. A needs assessment undertaken on behalf of **youngballymun**⁵⁵ identified the key needs of parents as being support (both psychological & practical) and education across the continuum of pre-birth to two years (and after). Antenatal education classes are the primary response to addressing women's pre-birth needs. These classes encompass preparation for birth and parenting, with an emphasis on preparing for

51 McKeown, K. & Haase, T. (2006) *ibid*

52 Combat Poverty Agency (2006) *Lone Parent Families and Poverty*. CPA. Dublin.

53 Hayes, N., & Bradley, S. (2006) *ibid*.

54 McKeown, K. & Haase, T. (2006) *ibid*

55 Matthews, A. et al (2007) *ibid*.

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the psychological and emotional realities of parenting, rather than solely focusing on medical and physical needs. The research revealed that not all women will have the same level of need; identified vulnerable groups, such as pregnant teenagers, women with substance use problems and Traveller women require targeted antenatal care and specific support measures⁵⁶. While there is inconclusive evidence to support the effectiveness of antenatal programmes in improving parental health practices and increasing parental knowledge during pregnancy and post-partum⁵⁷, antenatal classes can reduce first time mothers anxieties in particular, and help them feel more confident about the approaching birth⁵⁸.

The needs assessment indicated that the emphasis post-natally is on supporting parents to meet the child's needs (physical and psychosocial) again through support and education⁵⁹. Research indicated that there are two important foundations to support parenting particularly in infancy. One has to do with transition to parenthood. The other is provided by the period itself of the infancy, a time where appropriate and sensitive parenting practices positively affect growth and development, and inappropriate parenting practices can have an adverse effect on the infant or toddler because of their fragility and vulnerability in a context of absolute dependency⁶⁰.

The two developmental issues that are most important to the first years of life are the development of attachment and the process of autonomy and self-development. Secure attachment comes from consistently responsive caregivers providing a secure base for the very young child's exploration of his/her environment⁶¹. Insecure attachment can result from inappropriate parenting practices such as inconsistent, insensitive and indifferent responses to an infant or toddler's bids for attention and their interactions. Conversely, responsive parenting reduces attachment problems and plays a critical role in young children's socio-emotional, cognitive and language outcomes⁶². This includes prompt and appropriate responses to infant

56 Matthews, A. et al (2007) *ibid*.

57 Gagnon, A., & Sandall, J. (2007) Individual or group antenatal education for childbirth or parenthood or both. *Cochrane Database of System Reviews Issue 2* :Art. No CD002869. DOI 10.1002/14651858:CD002869.pub2.

58 Luyben, A., Fleming, V. (2005) Women's needs for antenatal care in three European countries. *Midwifery*. 21:212-223.

59 Matthews, A. et al (2007) *ibid*.

60 Cerezo, M. (2003) PCPS in Ireland: Evaluation Report 18 months later. University of Valencia, Spain.

61 Coyl, D., Roggman, L., & Newland, L. (2002) Stress, maternal depression and negative mother infant interactions in relation to infant attachment. *Infant Mental Health Journal*. 23:1-2:145-163.

62 Landry, S., Smith, K., & Swank, P. (2006) Responsive parenting: Establishing early foundations for social, communication and independent problem-solving skills. *Development Psychology* 42:4:627-642.

signals, effective support for a toddler's behaviour, playful interactions and contingent verbal responses to an infant's cries or coo's and a toddler's vocalizations.

When a parent is affected by stressors and problems, their parenting practices may also be affected. Parenting practices can also be inappropriate, not only because of stressors but also as a result of lack of information, and inaccurate beliefs or assumptions about very young children's needs and behaviours. Supporting parents requires supporting synchrony and mutual parent-child understanding⁶³. The study of families in Ballymun revealed that mothers in the community have a 'weaker parent-child relationship than mothers in Ireland as a whole', in so far as they are less satisfied with themselves as parents, and are less able to set appropriate limits on their children. The research identified limit setting as a particular problem for Ballymun mothers who use more discipline on their children compared to Irish mothers⁶⁴.

The earliest years in life are increasingly considered to be the most important for optimal child development across multiple domains, e.g. social, emotional, cognitive. Moreover, research indicates that very early child development is much more vulnerable to adverse environmental influences than has previously been realised. In light of the identified needs within the community, **youngballymun** developed the *Ready, Steady, Grow* service to improve the wellbeing of children from pre-birth to three years, by supporting the parent-child relationship through providing an enhanced antenatal service, an evidence-based Parent Child Psychological Support Programme and implementing an Infant Wellbeing Training Strategy that is founded on principles and practice of Infant Mental Health.

63 Cerezo, M (2003) *ibid*.

64 McKeown, K. & Haase, T. (2005; 2006) *ibid*

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Guiding Principles

Ready, Steady, Grow is guided by the following key principles:

Guiding Principles	
1	The Service will ensure continuity of care across antenatal, birth and parenting periods.
2	The Service will adopt an approach which fosters inclusiveness through child-friendly services which address family-based needs.
3	The Service will be made accessible through the use of appropriate language, and by respecting cultural preferences and individual choice.
4	The Service will ensure the integration and streamlining of well-connected programmes through collective ownership in a learning community.
5	The Service will promote individuality sustained through respectful care and support and the use of a non-judgmental approach.
6	The service will adopt a flexible approach that enables individual needs to be met, recognising that one size does not fit all.
7	The service will implement consultative processes which promote ongoing monitoring and supervision, and encourage reflection, learning and evaluation.
8	The service will facilitate a smooth transition between life stages, with integration between different service providers and attention to the social, emotional and relationship needs of parents and very young children in their care.

Target Groups

Ready, Steady, Grow is a universal service available to all parents residing in Ballymun, of children from pre-birth to three years. However, based on the available evidence highlighting the desirability of tailoring antenatal services to specific groups due to differing needs and varying abilities to take advantage of opportunities provided, this strand of *Ready, Steady, Grow* will also target specific groups of expectant mothers who are at high risk, such as pregnant teenagers and expectant mothers with substance use problems.

The Table below illustrates the target groups of the *Ready, Steady, Grow* service, and the multiple factors that put them at risk.

Target Group	Risk Factors
Expectant mothers and their partners	<ul style="list-style-type: none"> • High rates of financial strain • High rates of single parenthood • High rates of maternal smoking • High rates of maternal unemployment
Parents of Infants and young Children (0-3 years)	<ul style="list-style-type: none"> • Disrupted housing/built environment • Low educational attainment • Weak support networks • Low levels of satisfaction with parenting role
Infants and young Children (0-3 years)	<ul style="list-style-type: none"> • Low levels of maternal satisfaction with parenting role • Difficulties setting appropriate limits on children • High rates of relationship disturbances or disorders, emotional difficulties and behavioural challenges in later childhood

Desired Outcomes

Ready, Steady, Grow aims to improve the wellbeing of very young children in Ballymun from pre-birth to three years by supporting the early developing parent-child relationship during the transition to parenthood and in the period of infancy and the first three years. The primary desired outcomes of the Service are:

1. To increase positive pregnancy and birth experiences by;
 - Increasing uptake of and participating in antenatal classes
 - Increasing expectant parents knowledge of birthing process options, the labour process, awareness of the psychological tasks of pregnancy and preparation for life after birth
 - Reducing expectant mothers levels of apprehension, anxiety or worry
2. To strengthen adaptive protective systems in infancy and toddlerhood by
 - Improving the quality of the developing attachment relationship between parents and children in the early years.
3. To increase confidence and competence in parents by;
 - Increasing parent's knowledge and understanding of early infant care
 - Increasing pleasure and parental satisfaction in providing early care
 - Reducing the degree of stress attributed by parents to the adjustment to the new parenting role itself
4. To promote healthy infant and child development by
 - Increasing parental sensitivity to infant's cries and cues when hungry, tired, distressed, overwhelmed, or in need of affection.
 - Increasing parental responsiveness to infant's or toddler's needs for attention and playful interaction
 - Increasing parental awareness of infant's or toddler's development and behavior throughout the first three years
5. To reduce childrearing problems by
 - Supporting parents in response to the crying, feeding or sleeping problems in their daily routine with their children
 - Promoting and strengthening positive and nurturing parent-infant-young child relationships in the early years

Ready, Steady, Grow also aims to provide a user friendly integrated service that promotes and improves access to and uptake of existing community and statutory services. It will increase knowledge about infancy and early parent-child relationship development, as well as to promote infant mental health expertise within the appropriate organisations and service staff and across the community. This will enhance collective capacity to promote infant wellbeing and the social and emotional development of babies and young children, support nurturing parenting and generally provide for the needs of parents and very young children in a proactive, appropriate and timely way.

Service Components

Ready, Steady, Grow Service Design team is developing an integrated strategy that will interface with parents, families, and community and statutory services. The specific components of the strategy are;

1	Antenatal Care Programme
2	A Parent Child Psychological Support Programme
3	An Infant Mental Health Training and Service Model

Together, these three strands of the work provide a whole new framework of universal supports and services to all parents, infants and young children in Ballymun. Within that universal framework there will be a focussed and integrated response to parents during pregnancy and following the birth of their babies, identifying parents and infants or toddlers at risk or with specific needs.

1. An antenatal programme of care

The Ballymun Primary Care Team has developed a locally based antenatal service aimed at supporting expectant mothers (and their families) during pregnancy and in preparation for childbirth. *Ready, Steady, Grow* provides an opportunity for the enhancement of this service, informed by the research carried out in the service design phase. To this end, the *Ready, Steady, Grow* team will work in close collaboration with the Primary Care Team, the relevant staff in the Rotunda Hospital and with local organisations working with expectant mothers. The aim will be to enhance the current antenatal service to better meet the needs of women and families; to increase the capacity of antenatal care within the community; to develop a systematic strategy for engaging expectant mothers (and their partners) with the service; to incorporate the principles and practice of Infant Mental Health into ante-natal provision and to develop the supportive, advocacy, educational and mental health aspects of the service.

2. A Parent Child Psychological Support Programme (PCPSP)

The PCPSP programme originates from Spain and had been successfully operating in Tallaght since 2001⁶⁵. The overall aims of PCPSP are to promote wellbeing in the parenting context and to strengthen adaptive systems in children. The immediate objectives are to support and improve appropriate parenting practices and synchronous parent-baby interaction by;

- Monitoring the baby's progress and anticipating the next expected changes in behaviour and development needs
- Empowering parents to solve conflict in typical routines (sleeping, crying, feeding) by assisting them to develop coping strategies
- Encouraging synchronous relationships by providing parents with guidelines about interaction and checking, when necessary, the evolution and changes from visit to visit within the programme and
- Providing parents with guidelines about overall baby and parenting evolution.

The programme commenced in Decemeber 2009. It is delivered in close partnership with the HSE Public Health Nurse Team and Ballymun Home Support Service. It is available to all mothers and fathers of babies aged between 3 and 18 months in Ballymun. It consists of 6 visits to the PCPSP Team (at 3, 5, 7 12, 15 and 18 months), and at each visit, the parent(s) with their baby see three professionals in three 'stations', where;

- Baby's height and weight are measured and information is gathered about the parent's perceptions of the baby's growth and feeding patterns.
- A developmental exam is undertaken and the parent is filmed playing with child to assess the parent child interaction.
- Parent and child go through a consultation with a member of the team exploring main child-rearing areas.

The programme cooperates with existing services (e.g. Lifestart, Community Mothers, Marte Meo, Social Work, Primary Care Team etc.) to facilitate early intervention and to provide a positive progression route to other services.

65 Cerezo, M (2003) *ibid.*

3. Infant Mental Health Promotion

The Infant Mental Health Promotion strand of the service has two elements

- Infant Mental Health Training and Capacity-Building
- Infant Mental Health Service Development

The Infant Mental Health and Wellbeing Training Model is being developed in collaboration with the Michigan Association for Infant Mental Health (MI-AIMH), the HSE Cork, the HSE Dublin North Central and the Infant Mental Health Network Ireland. This collaboration will train and up-skill existing front-line staff such as Community Mothers, family support workers, Lifestart workers, public health nurses, pre-school staff and Community Resource staff. Key staff will receive training, mentoring and consultation in infant mental health and wellbeing mentored by representatives from the Michigan Association for Infant Mental Health, together with the Infant Mental Health Association of Ireland. The intent of the training is to build capacity in Ballymun to promote the social and emotional wellbeing of infants and toddlers within the context of early developing parent-child relationships within families. The training will be competency-based and lead to professional recognition consistent with the criteria for work force development through an endorsement process. This endorsement process has four levels:

Level 1	Infant and Family Associate
Level 2	Infant and Family Specialist
Level 3	Infant Mental Health Specialist
Level 4	Infant Mental Health Mentor

Every effort will be made by collaborating partners to design training experiences that promote competency at each of these four levels.

The Infant Mental Health service development will include the practical application of the training model in group and individual settings with parents, infants and very young children. The overall aim of this strand of the service is to promote infant and toddler social and emotional development, build parental awareness and confidence in their relationships with their infants and young children, increase knowledge and skills specific to the principles of infant mental health and reflective practice within organisations and among individuals therein; to enhance services' capacity to respond to the needs of parents, infants and young children who are identified as at high risk for delays, relationship disturbances or disorders of infancy in an appropriate, timely way. This work also aims to enhance the capacity for the reflective supervision of staff working with parents and children in this age group.

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Evaluation of Ready, Steady, Grow

The evaluation of *Ready, Steady, Grow* is in its design phase. Updates on the process and the evaluation will be available on www.youngballymun.org.