



Area Based Childhood Programme

A Framework for Infant & Early Childhood Mental Health

Supporting Young Children's Mental Health from pregnancy to 5 years.

The Infant Mental Health Subgroup,
Area Based Childhood Programme

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Contents

1. Introduction	3
2. Area Based Childhood Programme	5
2.1. Background	5
2.2. The unique 'ecosystems' approach of ABCs.....	6
2.3. ABC approach to child mental health	8
3. What is Infant Mental Health?.....	9
3.1. Origins of Infant Mental Health	9
3.2. Definition of Infant Mental Health (IMH)	10
3.3. A confluence of science & research	11
3.4. The history of IMH in Ireland	14
4. An Infant Mental Health Framework for ABCs	18
4.1. A continuum of IMH interventions	18
4.2. Considerations in building an IMH Organisational Culture	21
4.3. Applying the IMH Framework to the ABC Programme of work.....	24
5. The Social Justice, Economic & Policy Potential of ABC IMH Interventions.....	41
6. Successes, challenges and opportunities	46
7. Future vision & recommendations.....	49
References.....	53
Appendices.....	56

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1. Introduction

For 15 years, the Prevention and Early Intervention Programme (PEIP) and its successor, the Area Based Childhood (ABC) Programme, have led prevention and early intervention across Ireland alongside other colleagues and stakeholders

A number of evidence-based prevention and early intervention principles have guided this work, impacting at a regional and national level while targeting 12 areas of social disadvantage in Ireland.

Grounded in evolving evidence, ABCs know that:

- It is essential to support children, parents/caregivers, and their families from pregnancy or as early as possible.
- Brain development in the first five years, including pregnancy, is at a rate never seen again during our lifetime.
- Children don't grow up in isolation but in relationships with their parents/caregivers, their families and their wider communities.
- Early relationships matter and the quality, consistency and responsiveness of these relationships support a child's mental health both now and in the future.
- Supporting the capacity of parents/caregivers, families and the caregiving environments of early childhood can lay the foundations for all development as children realise their full potential in life.
- Young children's emotional well-being is closely tied to the mental health of their parents and caregivers
- Reducing stress in children's lives and environments has a significant impact on them, their brain development, and their future outcomes.

ABCs have drawn from international best practices in mainstreaming evidence-based programmes to develop a range of interventions providing preventive and early intervention responses. Taking a social-ecological or an 'ecosystem' perspective, they have:

- Delivered services, programmes and interventions directly to children, parents/caregivers and families (**service delivery**).
- Built the capacity of other interagency partners working with young children and their families (**capacity building**).
- They have effected change in interagency practices, contributed new research to inform service change and influenced policy developments (**systems change**).

In November 2018, the Centre for Effective Services (CES) published a national evaluation of the ABC Programme (Hickey et al., 2018). The findings demonstrated positive changes across a range of domains for children and their parents, such as

- increase in positive parent-child relationships
- improved rates of children's social and emotional wellbeing
- reduced parental stress
- improvements in a child's home learning environment
- improved rates of school readiness for participating children.

The original focus of the work of ABCs was parenting, child health and development, and children's learning. There was a strong focus on children's behaviour, emotions, and sociability as indicators of mental wellbeing or mental health.

The ABC collective continues to pioneer different approaches, interventions and programmes to promote children's social, emotional and behavioural development.

Many effective evidence-based parenting programmes draw from theoretical backgrounds such as social learning theory and cognitive behaviouralism, often with practical problem solving and goal setting principles. ABCs have led the way in mainstreaming evidence-based parenting programmes with much success.

An alternative approach was initially explored by Youngballymun when it started as a PEIP. Working during the perinatal phase, they sought to address the same challenges facing children and parents as other parenting programmes. However, they took a relational approach using the theory, principles and practice of what is referred to as Infant Mental Health (IMH).

Since 2015, IMH has progressively become a standard focus for ABC Programmes. They have established services directly supporting families whilst also advocating for change across all structures and services that parents/caregivers and families with young children encounter.

The development of IMH within ABCs continues to grow concurrently with the range of other evidence-based practices ABCs deliver to provide 'ecosystem' solutions to the challenges facing communities experiencing disadvantage.

As IMH is becoming more embedded in the work of ABC Programmes, it is timely to reflect on the complementarity of IMH and ABCs and map out a framework to guide the ongoing development and growth of IMH in the communities served by ABCs.

This paper aims to outline:

- A framework for how ABCs embed IMH within the communities they serve, including:
 - the breadth of IMH work happening across all 12 ABC sites
 - ABC's work across service and policy levels to affect the structural changes required to ensure IMH is an essential PEI response to child poverty, ensuring better outcomes for all children.
- The successes, challenges and opportunities experienced by ABCs concerning their IMH work
- The social justice, economic and policy arguments for the ABC Programme approach to IMH
- Finally, we look to the future as to how ABCs can continue to grow this work in collaboration with national partners, thereby contributing to the national progression of IMH across Ireland.

2. Area Based Childhood Programme

2.1. Background

The Area Based Childhood (ABC) 2013 – 2017 Programme evolved from predecessor Programmes, the Prevention and Early Intervention Programme (PEIP) 2007 – 2013 Programme, all-Ireland Prevention and Early Intervention Initiatives (PEIIs) and the National Early Years Access Initiative (NEYAI) 2011 - 2014.

Today the ABC Programme is funded by the Department of Children, Disability, Equality, Integration and Youth (DCDEIY). It is delivered through the Prevention Partnership and Family Support Programme (PPFS) within Tusla.

The Programme vision, mission and objectives are reflected below.

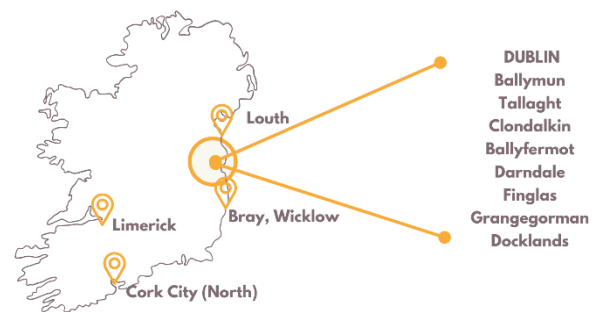


Figure 1: Locations of ABC Programmes across Ireland

- | | |
|------------|--|
| Vision | An Ireland where no child is impacted by poverty and all children are supported to reach their full potential. |
| Mission | Through prevention and early intervention approaches, the national ABC Programme aims to work in partnership with families, practitioners, communities, and national stakeholders to deliver better outcomes for Children and Families living in areas where poverty is most deeply entrenched. |
| Objectives | <ul style="list-style-type: none">• Support children at critical stages of their development and wellbeing and through key transitions, with a particular focus on pre-birth to six years of age.• Translate the science of early childhood development and evidence-informed practice into locally appropriate programmes and approaches.• Mitigate the impact of intergenerational poverty and improve outcomes for children and families.• Take a progressive universal approach to address child poverty.• Actively support and work in partnership with parents as the primary carers and educators in their Children's lives.• Enhance the provision of quality prevention and early intervention approaches by developing workforce capacity (education, training, coaching, mentoring and reflection) across Children's services.• Utilise and enable whole-systems, multi-stage processes to enhance children's services and practice at local and national levels to improve outcomes for children.• Use monitoring and evaluation systems to inform our practice and measure impact.• Share the learning and work to embed effective practices in all Children's services.• Inform policy development at local and national levels where ABC areas are utilised to test, evaluate and disseminate intervention processes and outcomes. (ABC Programme, 2020) |

2.2. The unique 'ecosystem' approach of ABCs

Bronfenbrenner's ecosystem theory marked a change in how child development is viewed. Developed in the 1970s, Bronfenbrenner described the many layers of environmental influences on the growing child. Represented visually, it demonstrates how the political, socio-cultural, and immediate home environment interact, shaping the growing child. At times, this 'shaping' is done in a very explicit way (e.g., a designed education system), but it also accounts for more implicit influences (e.g., the impact of socio-economic policies on a child's day-to-day life).

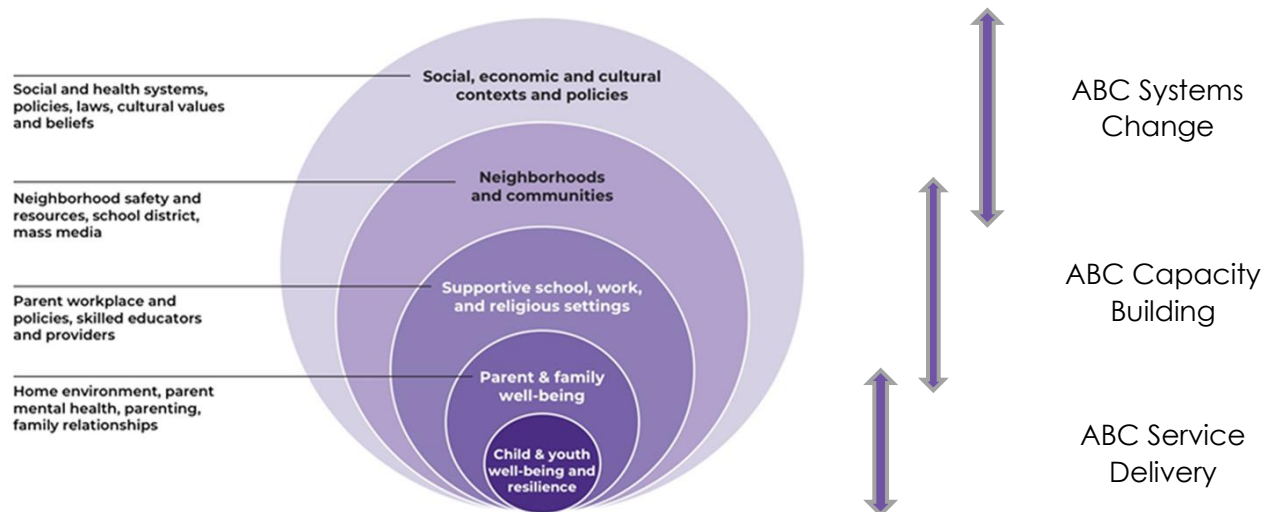


Figure 2 Visual representation of Ecosystems Theory and ABC area-based approach adapted from Bioecological Approach (Center for Child and Family Well-Being, University of Washington, (2022).

As outlined in the introduction and above in figure 2, ABCs have a 3 pillared delivery approach:

Service Delivery: *Frontline delivery of PEI services for children and families which support early child development.*

ABCs work at the nuclear level targeting the immediate environment of the Family home by influencing the parent-child relationship or working directly with parent and child, building confidence and enhancing knowledge and capacity.

Capacity Building: *Training, facilitation, and support to other service providers to implement evidence-based ways of working.*

In this way, ABCs bring together local interagency partners to explore new learning and best practice evidence to enhance:

- interagency working to promote integrated service delivery
- outcomes-based working
- evidence-based programmes and practice
- co-development of new evidence-informed materials and interventions

Interagency capacity-building actions can also create a systemic change in service provision for children and their families.

Systems Change Engaging management and decision-makers at local, regional, and national levels to effect change which could include:

- changes in organisational culture
- enhanced interagency working because of structural changes
- development of new services or changes in existing service offerings to increase PEI
- changes in funding, resources, or services because of research findings
- changes in national policy and strategy.

Approaches that inform and shape the development of the ABC Programme

1. Prevention and Early Intervention (PEI)

'Prevention is about identifying potential problems before they happen and putting supports in place to prevent them. Early Intervention is about intervening early to prevent difficulties escalating and helping children become more resilient and realise their full potential' (ABC Programme, 2020). The two terms are intertwined to reflect an approach that is the 'bread and butter' of ABC work. PEI is a two-generational approach supporting parents/caregivers' capacity from the earliest time possible to ensure maximum dividends for their young child, family and wider community. Targeted in areas of disadvantage, PEI is essential in tackling the impact of intergenerational disadvantage. This approach reaps significant cost benefits (Heckamn & Masterov, 2007; Kilburn & Karoly, 2008). It is also a Child Rights approach focusing on a child in the here and now as well as looking to their future potential.

2. Child Poverty

A greater understanding of child poverty, how it manifests, and the impact it can have continues to shape ABC work. The mission of the ABC programme states that its focus is on children and families living in areas where poverty is most deeply entrenched. Tackling poverty in this context is understood as tackling social exclusion and the underlying causes of disadvantage and inequality by focusing on "transforming lives" (Department of Children and Youth Affairs, 2013). Initiatives and research call for a multidimensional approach to Child Poverty, grounded in the United Nations Convention on the Rights of the Child (UNICEF, 2017; UNICEF, 2007; UNICEF UK, 1989).

Having a child poverty focus links the multi-layered work of ABCs from the grassroots day to day experiences of the impact of child poverty to effecting systemic change regionally and ultimately nationally. ABCs have reflected this through research and advocacy (Martin & Curtin, 2019; Shumba et al., 2021).

3. Community Development

The majority of ABC Consortia grew from Community Development Projects. As such, the principles of Community Development can be very much seen throughout the work of ABCs today. The aims of Community Development reflect those of the ABC Programme: *'To create vibrant, sustainable, inclusive, empowered and self-determining communities that support the social, cultural and economic wellbeing of all members'* Cross Sectoral Group on Local and Community Development (Department of Rural & Community Development, 2019).

4. Population Health

A population health approach considers the social determinants of health within a given population. Social determinants of health are the conditions in the

environments where people are born, live, learn, work, play, and age that affects a wide range of health, functioning, and quality-of-life outcomes and risks. A population health approach recognises the complex interplay between the determinants of health. It targets the social determinants of health in partnership with sectors outside the traditional health system. If prevention and early intervention can be boosted in these areas through universal strategies, the health and wellbeing of the whole community would benefit substantially.

2.3. ABC approach to child mental health

As outlined in the introduction, child mental health has always been a core focus for the work of ABCs; however, it was not always described in this way.

The original ABC logic model outlined the following outcome areas:

- Child health and development
- Children's learning
- Parenting
- Collaboration and interagency working
- Integration of ABC Programme-supported practices, interventions, and approaches into mainstream services.

In this logic model, children's mental health and well-being is measured under child health and development. In the short term, indicators for this outcome were increased social and emotional development and pro-social behaviour. Longer-term indicators included improved mental health and wellbeing and reduced maladjusted behaviour.

To address this, many ABCs provided a holistic approach. They acknowledged that there are many ingredients to positive mental wellbeing, e.g., having positive relationships with parents, language development and succeeding in school. The enhanced self-esteem and self-competency resulting from focusing on children's holistic lives and development provide children with a toolbox, supporting their resilience as they navigate their experiences at home, school, with friends and within their wider communities. ABCs continue to provide varied interventions to support children's holistic development.

However, there has been a shift in ABC collective thinking in relation to child mental health. Logic models can promote a focus on future outcomes rather than the here and now. Mental health was a long-term indicator of a child health and development outcome rather than a current need in infancy and early childhood. Led by Youngballymun and Let's Grow Together, ABCs are now placing infant and early childhood mental health needs at the forefront of their day to day work.

3. What is Infant Mental Health?

The challenge of unpicking what is meant when referring to Infant Mental Health (IMH) is daunting.

- IMH is a noun representing the state of being for young children. The possibility that some infants and young children may have mental health concerns has been considerably overlooked. The mental health states or mental illnesses¹ of pre-verbal infants and young children have been omitted by traditional medical diagnostic classifications². An IMH task force developed a complementary classification of infant disorders in 1994 called '*Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*' (Simpson et al., 2016).
- IMH is an interdisciplinary field of theory, research, practice, and policy concerned with supporting the development of a young child's mental health by supporting the relationships between infants and toddlers and their primary caregivers (Simpson et al., 2016). As a professional field, it has a process for continued development through competency-based practice to secure professional endorsement.
- Finally, IMH is something broader. It is a collective term incorporating the above descriptions and emerging interdisciplinary science, evidence and learning, informed by various fields.
 - psychology and child development
 - neuro-science
 - medicine and public health
 - trauma-informed care/practice
 - and relational approaches which focus on attachment and responsive caregiving, with a two-generational focus on mental wellbeing.

3.1. Origins of Infant Mental Health

Building on the evolving psychological theory of early childhood, Selma Fraiberg, an American Social Worker and Psychoanalyst, developed the practice we now refer to as 'Infant Mental Health' and established the Michigan Association of Infant Mental Health (M-AIMH).

In her paper 'Ghosts in the Nursery', Fraiberg (1975) highlighted the intergenerational impact on parenting and the formation of essential early attachment relationships. Fraiberg (1980) describes how knowledge about early development and relationships is "a gift from science" to be shared with families through thoughtful observation, empathic listening, and responses. At the core of Fraiberg's model of IMH work is the belief that development occurs within relationships, past and present (Weatherston 2000).

Building on Fraiberg's work, IMH is now an interdisciplinary and international field that focuses on the dynamic social, emotional, and cultural forces that shape an infant's development (Weatherston, 2000).

¹ Zeanah et al (2005) outline how people find it difficult to consider infants as having mental health problems. They also outline a distinction noted by the American Surgeon General decoupling mental health from mental illness which underpins the term 'infant mental health' whilst also acknowledging that infants can also experience mental illness.

² International Statistical Classification of Diseases and Related Health Problems (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM).

3.2. Definition of Infant Mental Health (IMH)

'IMH is defined as young children's capacity (from birth to 5 years) to:

1. experience, regulate, and express emotions,
2. form close and secure interpersonal relationships,
3. and explore the environment and learn within the context of family and cultural expectations' (Zero to Three, 2016).

These capacities are best accomplished within a caregiving environment encompassing family, community, and cultural expectations, and they are the cornerstone of healthy social and emotional development (Zero to Three, 2001).

Applying an IMH lens is explored as a central tenant of IMH. It enables practitioners to combine a range of skill sets, including observations, reflection and relationship building, as they explore the child's capacity in their unique contexts (Zero to Three, 2001). Zeanah et al. (2005) outlines 4 primary contexts for analysis.

1. Biological context: The inherent temperament, physiology, neurology or genetic makeup of the child, possibly informed by intrauterine experiences.
2. Developmental context: Attending to a child's development and how this impacts infant/child-parent relationships.
3. Environmental context: The day-to-day life experiences of the child within their home as influenced by familial stresses, community stressors, and even the physicality of the space which is called home
4. Relationship context: Infants and young children are primed for interaction. Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development (National Scientific Council on the Developing Child, 2004). The attachment relationship with a primary caregiver provides the foundation for all future relationships and learning.

It is clear from the literature that a framework is required to integrate best IMH practices across service provision.

The centrality of reflection to all IMH interventions

Reflective functioning is a core element of IMH for both parents and professionals. Parental reflective functioning (PRF) refers to the caregiver's capacity to reflect upon their own internal mental experiences and those of the child. PRF plays a crucial role in fostering the developing infant's capacity for making sense of what might be going on in others' minds: What they might be feeling, thinking, and what they might need, desire, believe or hope, which is essential for developing emotional regulation, a sense of personal agency, and secure attachment relationships.

In professionals, it is more commonly referred to as Reflective Practice. Reflective practitioners can think creatively and self-critically about what they are doing, better understand their strengths and weaknesses, and adjust their behaviour in their interactions (Schon, 1983). Practitioners use their emotions and knowledge when working with infants, young children, and families. Awareness of their own attitudes and feelings is as essential as acquiring scientific knowledge and therapeutic skill (Fenichel & Eggbeer, 1990).

Organisations supporting IMH internationally

Michigan Association for Infant Mental Health (M-IAIMH): Founded in 1977, MI-AIMH promotes the critical importance of the infant-parent relationship, providing a framework for all learning and development. MI-AIMH provides professionals with the training and professional development to support strong relationships for infants, young children and their families, and those who work with them. MI-AIMH works across Michigan to equip and support professionals who serve infants, young children and their families through specialised in-service training, advocacy and endorsement.

World Association for Infant Mental Health (WAIMH): Founded in 1980, WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world. They do this by considering cultural, regional, and environmental variations and generating and disseminating scientific knowledge. They promote international cooperation, advance and disseminate evidence-based knowledge and practice skills and facilitate ongoing research and development in the field.

Zero to Three: The National Center for Clinical Infant Programs was founded in 1977 by internationally renowned leaders in medicine, mental health, social science research, child development and community, interested in advancing the healthy development of infants, toddlers, and families. It became Zero to Three during the 1990s, and since then, its mission has been to ensure that all babies and toddlers have a strong start in life and reach their full potential. Organisational priorities focus on training and publications for interdisciplinary professionals, including the Zero To Three Journal.

3.3. A confluence of science & research

'Our earliest experiences become biologically rooted in our brain structure and chemistry. This knowledge corroborated by converging lines of research is nothing short of a revolution in our thinking about brain development about behaviour, and about babies'. (Karr-Morse & Wiley, 1997)

Parallel to developments within the emerging field of IMH, research across a range of disciplines has resulted in a broad complementarity and endorsement of central IMH messages.

Adverse Childhood Experiences

The extensive research in understanding how early childhood experiences can significantly impact future life outcomes, more commonly referred to as Adverse Childhood Experiences (ACEs), is an approach that honours the importance of positive, supportive and responsive relationships with caregivers in the early years. The ACES study was led by two American Physicians, Vincent Felitti and Robert Anda (Felitti et al., 1998). Their research asked 17,000 participants about their experience of several of what were described as adverse experiences in childhood. Up to 10 such experiences were listed and included abuse, neglect, witnessing domestic violence, the imprisonment of a parent, divorce etc. They found a strong link between these ACEs and adult health risk behaviour and disease, with many participating adults reporting physical or mental health conditions.

Further research has explored how the human stress response system impacts the body, particularly the long-term inflammatory response of the neurological, endocrine and immune systems (Lacey et al., 2020).



Figure 3 Cumulative theoretical developments, research, & relational parenting approaches endorsing the central tenants of IMH

Trauma-Informed Care/Practice

An American organisation, Substance Abuse and Mental Health Services Administration (SAMHSA) was one of the first to draw attention to early childhood trauma. They began to explore what can be done to best support those individuals with past experiences of trauma as they encounter and navigate support services. A publication by Falloot and Harris (2011), 'Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services', described a new practice of 'Trauma-Informed Care' (TIC). TIC provides principles to create an organisational culture that understands and responds appropriately to individuals with a trauma history. The cross-disciplinary learning from this approach complements IMH practice with common elements such as safety, voice and choice, trustworthiness, collaboration and mutuality.

IMH work focuses on developmental trauma in the early years. Early memory has a powerful impact on how we feel and relate to others, even more than conscious memories, which we can process and think about (Le Doux, 1993). Conversely, learning from IMH helps those working with adults who have experienced trauma to have a greater understanding of early childhood trauma and gives voice to the child within the presenting adult.

Center on the Developing Child (CDC), Harvard University

Learning from ACEs is now coupled with advances in understanding brain development in the early years. In parallel research Jack Shonkoff and his team at the Harvard Center on the Developing Child (CDC) have advanced our understanding of early experiences of toxic stress in the day-to-day life of young children. Exposure to early childhood stress can cause changes in physiology, impacting future life outcomes in physical and mental health.

The CDC's diverse activities align around a platform for science-based innovation to transform the policy and practice landscape. CDC publications such as "From Neurons to Neighborhoods" describe an 'ecosystem' model presenting evidence about "brain wiring" and how children learn to speak, think, and regulate their behaviour. It examines the effect of the family, childcare, and community within which the child grows. (Shonkoff & Phillips, 2000).

Relational approaches to child development and parenting

Drawing from fields as diverse as paediatrics, psychiatry, psychotherapy, health visiting and social work, a range of relational strategies for working with infants, young children and families have emerged.

A detailed description of these relational approaches is included in appendix 2. They all address the concept of reciprocity, which refers to the dance of parent and infant as they construct their most important relationship and place relationships between practitioner and parent at their core. These models include:

1. Solihull Model
2. Newborn Behaviour Observation (NBO)TM System
3. Circle of Security Parenting (COSPTTM)
4. Other similar programmes, e.g., Mellow Parenting®; peep Antenatal Programme; peep Learning Together Programme; Northamptonshire Baby Project®.

Nurturing Care Framework/ Guideline on Improving Early Childhood Development– World Health Organisation

Launched in 2018, the Nurturing Care Framework is an international framework for countries to promote the best outcomes for young children and their families.

The Framework argues that to reach their full potential, children need the five inter-related components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning.

It places the centrality of responsive caregiving within a health context with the early parent-child relationship front and centre. It calls for a focus on families and communities and acknowledges the many factors impacting a child's early experiences. It highlights the need for more support for families, particularly support for caregivers' mental health. In 2020, the WHO built on this to issue '*Improving early childhood development: WHO guideline*' (World Health Organisation, 2020). In this document, they simplify the 4 elements to enhancing outcomes for children:

- Responsive Caregiving
- Promote Early Learning
- Integrate Caregiving and Nutrition Interventions
- Support Maternal Mental Health

These align with the most recent evidence from the CDC, Harvard's '*3 Principles to Improve Outcomes for Children and Families*' (Center on the Developing Child at Harvard University, 2021):

- Support Responsive Relationships
- Reduce Sources of Stress
- Strengthen Core Skills

3.4. The history of IMH in Ireland

Catherine Maguire & Rochelle Matacz, Senior Clinical Psychologists, were instrumental in establishing IMH in Ireland. In 2006 they started this movement in response to needs emerging in their day to day practice in the Primary Care Child & Family Psychology Services in Mallow, North Cork (NC-CFPS). An initial review of the service revealed a growing number of referrals of toddlers presenting with social, emotional, and behavioural problems. With no clinical service framework or referral pathway available for the pre-birth to three age group, they sought to access the specific clinical expertise to respond to this gap. Deborah Weatherston and the M-AIMH supported their initial work.

The work originating from NC-CFPS has resulted in the growth of IMH practice in Ireland, particularly within the ABC Programme. It influenced the following:

- development of IMH practice within HSE Psychology Services, with many leaders of IMH within the HSE having trained or worked in association with the NC-CFPS
- development of the concept of interagency IMH Networks in Ireland
- establishment of structures (outlined below) to grow and enhance IMH practice, including the Irish Association for Infant Mental Health (I-AIMH) Competency Framework ®.

Despite a substantial lack of identified funding for this work, the development of IMH in Ireland continues to grow. I-AIMH is supported by the essential voluntary commitment of its executive and members. Some early work was supported by the HSE National Partnership fund with additional contributions from philanthropy. This highlights the need for recognition and funding for the ongoing development of IMH in Ireland

Irish Association of Infant Mental Health (I-AIMH)

I-AIMH was established in 2009. It is a professional, interdisciplinary non-profit organisation. I-AIMH's mission is to bring strategic focus to the critical developmental stages of infancy and early childhood. It also emphasises the nature and quality of early relationships and caregiving environments in establishing overall health and well-being. This mission supports education, training, and building workforce capacity and research and policy development. The aspiration for I-AIMH is to support and facilitate practitioners to achieve endorsement to practice at a range of different levels using the Irish Association for Infant Mental Health (I-AIMH) Competency Framework ®. As well as supporting training in IMH, I-AIMH has also placed a strategic focus on supporting the translation and implementation of IMH skills into frontline practice by advocating for the continuous development of IMH Network Groups (IMH-NG).

Psychological Society of Ireland Special Interest Group in Perinatal and Infant Mental

The Psychological Society of Ireland has a Special Interest Group in Perinatal and Infant Mental Health that published a position paper on Perinatal and Infant Mental Health. The paper outlines existing service provision in Ireland and the social and economic costs of poor perinatal and infant mental health. It recommends:

- the development of a national perinatal and infant mental health strategy
- universal screening for parents and infants
- clear pathways of care; resourcing of existing services
- specialist perinatal services

- raising awareness amongst the public, staff, and policy makers on the importance of infant mental health
- evidence-based practice and the collaboration of multiple sectors, including health and education (PIMHSIG, 2016).

Area Based Childhood Programme

Youngballymun, then a PEIP site, adopted a relational approach to address the IMH needs of children and their families. This targeted focus on the relationship between parent and child is at the centre of an 'ecosystem' model. They recognised that effecting change at this integral level of the parent-infant/young child relationship was essential to effecting community change. Training in the Parent Child Psychological Support Programme PCSP® was completed in 2009 with all PHNs in the area and some Youngballymun staff. This was facilitated by Angeles Cerezo, Professor of Psychology at the University of Valencia. In addition to commencing the PCSP® programme, Youngballymun provided parallel capacity building supports to the many services supporting children and families in Ballymun. This was the start of Youngballymun's IMH journey and, subsequently, the history of IMH within the ABCs, as outlined in table 1 below.

Youngballymun adopted the IMH North Cork model of IMH Networks to establish a sustainable mechanism to integrate IMH across interagency partner organisations. In 2010 an IMH Specialist Consultant, Bonnie Daligga from MI-AIMH, was engaged to support the staff team's training and practice-based learning. Bonnie delivered an IMH training series of six workshops: *Supporting First Relationships* (March –July 2011). Attended by an interagency multidisciplinary group of twenty-five practitioners working with parents and children under three years, resident in Ballymun, this marked the establishment of the first IMH Network in Ballymun.

In 2018, Youngballymun established a regional interagency IMH steering group '*to drive the implementation of an Infant Mental Health approach in working with babies, young children and their caregivers, across agencies in the Dublin North City area*'. Working to effect change at a systems level, the engagement of regional service delivery managers in such a steering group supports ABC's area-based approach.

Drawing on developments in North Cork, South Tipperary and Youngballymun, Young Knocknaheeny (now Let's Grow Together) adopted an IMH framework at its core and engaged an IMH Specialist (Catherine Maguire). The focus of Young Knocknaheeny was outlined as follows:

- Infant Mental Health and Well-being
- Speech, Language and Literacy
- Early Childhood Education and Care
- Pro-social Behaviour and Regulation

Today, most ABCs offer relational interventions to enhance children's social, emotional, and behavioural development and relationships with their parents. While using more traditional parenting interventions drawn from social learning theory, ABCs have pivoted to develop IMH interventions and enhance their training and expertise in IMH. Traditional social-learning parenting programmes are still used within ABCs. There has, however, been a proliferation of new programmes with a relational element as their underpinning theory. Having an IMH framework and analysing all new interventions using best practice in implementation science, e.g., usable innovations can ensure best practice and fidelity.

Date	Key moments in the development and establishment of IMH in Ireland
2003/2005	<ul style="list-style-type: none"> HSE Primary Care Child & Family Senior Clinical Psychologists began online IMH training & reflective supervision through MI-AIMH, becoming the first in Ireland with a Level 3 Endorsement as IMH Specialist®.
2006	<ul style="list-style-type: none"> The first interdisciplinary IMH Master Class in Ireland was held in North Cork. Establishment of North Cork Infant Mental Health Network Group (IMH-NG) as a direct response to sustain learning and integration of practice skills.
2007	<ul style="list-style-type: none"> Commencement of PEIP funded by DCYA and Atlantic Philanthropies Youngballymun carry out IMH development work with a local service design team Ireland's first IMH Conference, "Baby in Mind".
2009	<ul style="list-style-type: none"> The Irish Association for Infant Mental Health (I-AIMH) was established Youngballymun (PEIP) commences Parent Child Psychological Support Programme® Youngballymun host a conference called "A Baby is Born." IMH Services developed in Tipperary Primary Care Psychology Services, based on the North Cork model.
2010	<ul style="list-style-type: none"> Commencement of IMH Consultant from MI-AIMH in Youngballymun Programme - mentoring provided for 18 months IMH Master Class delivered to Youngballymun & interagency partners
2011	<ul style="list-style-type: none"> An IMH network was established by Youngballymun
2012	<ul style="list-style-type: none"> Development of the Young Knocknaheeny* Consortium with a strong focus on IMH 'Tus Maith, Leath na hOibre /A Good Start is Half the Work: Infant Mental Health Policy Paper' (Mc Clorey, O'Byrne, & Maguire, 2012) IMH Master Class to Primary Care Services in Drogheda
2013	<ul style="list-style-type: none"> Transition to ABC Programme for all PEIP sites, including Youngballymun retaining a strong IMH focus establishing Therapeutic Home Visiting and ongoing IMH, informed community supports I-AIMH hosted a second national conference on Trauma in the Early Years.
2014	<ul style="list-style-type: none"> IMH Master Class in Young Knocknaheeny Cork
2015	<ul style="list-style-type: none"> 10 new ABC sites join the original 3 PEIP = 13 ABC sites Young Knocknaheeny and Youngballymun are both now ABC sites strongly influenced by IMH frameworks, knowledge and practice Submission to the Joint Committee on Health and Children – "The first three years are a time of massive brain development, with lifelong implications for the child and for society" (Nugent K. J., 2015) Formation of the Psychological Society of Ireland's Special Interest Group in Perinatal & Infant Mental Health.
2016	<ul style="list-style-type: none"> Young Knocknaheeny established an IMH Home Visiting Programme; Masterclasses, and establishment of IMH networks Youngballymun commence delivery of IMH Masterclass Nurture Programme begins within the HSE with IMH input from Young Knocknaheeny IMH Specialist and South Tipperary Primary Care Clinical Psychologist CDI Tallaght complete IMH Masterclass with interagency partners & initiated IMH Network The Psychological Society of Ireland's Special Interest Group in Perinatal & Infant Mental Health published a position paper on IMH.
2017	<ul style="list-style-type: none"> Youngballymun host COSP™ training in Ireland and continue on an annual basis Youngballymun commence taster workshops with ABC Managers in advance of offering training to staff teams Preparing for Life complete IMH Masterclass with interagency partners and commence IMH Network

Date	Contd. Key moments in the development and establishment of IMH in Ireland
2017 contd.	<ul style="list-style-type: none"> • Better Finglas complete IMH Masterclass with interagency partners and commence IMH Network • Youngballymun and Young Knocknaheeny develop ABC IMH Capacity Building Strategy • I-AIMH secure funding & purchase a licence for the MI-AIMH Competency Framework
2018	<ul style="list-style-type: none"> • Blue Skies, Clondalkin and Family Matters, Ballyfermot complete IMH Masterclass with interagency partners and commence IMH Network across the two areas • SPECS complete IMH Masterclass with interagency partners and initiated IMH Network • I-AIMH host conference and launch the I-AIMH Competency Framework® • Development of IMH within HSE Tallaght Primary Care Psychology Services • Youngballymun establishes an IMH Steering group • First hosting of NBO training for practitioners in Tipperary. Subsequently hosted annually by Young Knocknaheeny
2019	<ul style="list-style-type: none"> • Young Knocknaheeny support an ABC IMH Network of Networks (this subsequently became the ABC Community of Practice- co-supported by Youngballymun) • Collaboration with Barnardos Library Service to enable access to essential IMH research and journal publications to support ABC IMH Networks • First Solihull Train the Trainer Programme delivered by CDI
2020	<ul style="list-style-type: none"> • ABC Start Right Limerick, complete IMH Masterclass with interagency partners and commence IMH Network • Let's Grow Together host NBO training in Ireland and continue on an annual basis
2021	<ul style="list-style-type: none"> • 0-2 Programme Dublin Docklands complete IMH Masterclass with interagency partners & are supported to establish IMH Network by Youngballymun • Youngballymun develop an online IMH Masterclass to respond to needs raised during COVID
2022	<ul style="list-style-type: none"> • 9 ABC sites currently support 12 IMH networks across Ireland • The Genesis Programme due to complete IMH Masterclass with interagency partners & supported to establish IMH Network throughout Co. Louth by Youngballymun • HSE National Healthy Childhood Programme due to launch online learning modules in IMH (developed with input from HSE Psychology & Young Knocknaheeny IMH Specialists) • Youngballymun began Reflective Supervision for some ABC IMH Network Co-ordinators
2023	<ul style="list-style-type: none"> • The Irish Association for Infant Mental Health will host the 18th WAIMH World Congress.

Table 1 Key moments in the development of IMH in Ireland

**In 2020, Young Knocknaheeny became Let's Grow Together!. Both names are used in this timeline.*

3.5. Summary

The breath of IMH theory, practice and the multitude of cross-disciplinary supporting science, theory and knowledge can make it difficult to unpick what interventions are grounded in IMH or, more accurately, which ones aren't. Confronted with a range of innovations and new programme developments, ABCs must ensure their work is evidence-based, has well-defined outcomes, and well-considered implementation processes.

A consistent approach guiding fidelity to IMH best-practice, whilst allowing for flexible responses to local needs, is required. Not attending to this can enable programme drift with a lack of clarity of what is to be achieved.

An ABC IMH Framework to integrate IMH work across the ABCs has been proposed to address fidelity and consistency. This must be informed by best practice and the theory of IMH. There has been considerable international and national work on integrating IMH into a range of different early years services (Weatherston, 2000; Emde, Bertacchi, & Mann, 2001; Zeanah et al., 2005; New Mexico Family Infant Toddler Program, 2008; Weatherston, 2012; Hayes et al., 2016;). This material has been analysed and will guide the development of an ABC Framework as outlined in section 4.

4. An Infant Mental Health Framework for ABCs

'Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years' (Shonkoff & Phillips, 2000)

The above quote summarises the unfolding argument presented to date – that if we are to improve outcomes for all children, it is essential to attend to the multi-layered environments and experiences which shape their lives, as outlined in figure 2.

'An infant mental health framework provides a useful lens through which practitioners can understand and support the context and development of caregiver-infant dyads' (Klawetter & Frankel, 2018).

ABCs are uniquely placed to advance outcomes for children whilst using an IMH Framework. As outlined throughout this document, IMH encapsulates the essence of prevention and early intervention within communities – from 'neurons to neighbourhoods'.

As seen in section 3, ABCs have amassed considerable expertise and knowledge about IMH. This document will highlight some of the detail of the work of ABCs and will present it through a proposed framework. This framework aims to support:

- consistency of practice
- fidelity to best practice and evidence-informed practice in IMH
- a consolidation of actions and shared learning whilst minimising duplication
- a foundation to ensure best practice in implementation for the growth and development of new IMH innovations
- a structure to advance IMH nationally in collaboration with national interagency partners

The following concepts from IMH literature will underpin the development of:

1. An ABC IMH framework (figure 5)
2. IMH Organisational Culture (figure 6).

4.1. A continuum of IMH interventions

Weatherston (2012), building on pre-existing IMH literature, outlined an IMH continuum of four levels ranging from promotion, prevention, intervention, and treatment.

These levels outline the IMH risks and reciprocal responses required from a service.

Exploring how interventions might be categorised using this continuum is interpreted differently across the literature, making it challenging to analyse the breath of ABC work.

ABCs work in targeted communities and environments with higher risks for child outcomes. In this regard, many community-based parent-infant groups are already targeting parents and infants at risk. These groups may be considered 'promotion' in some contexts; however, they become prevention in an ABC context when delivered through an IMH lens.

These levels of intervention align very well with the work of ABC, with a central focus on the promotion, prevention and early intervention. Less aligned with the work of ABCs is the level outlined as treatment. Youngballymun is the only ABC site with employed clinical

and professional staff who work at an IMH Specialist level under the I-AIMH Competency Framework ®

Zeanah et al.(2005) reflect a similar model, using different terminology. Their model in figure 4 demonstrates the movement between levels and the structural elements required to support the work of IMH.

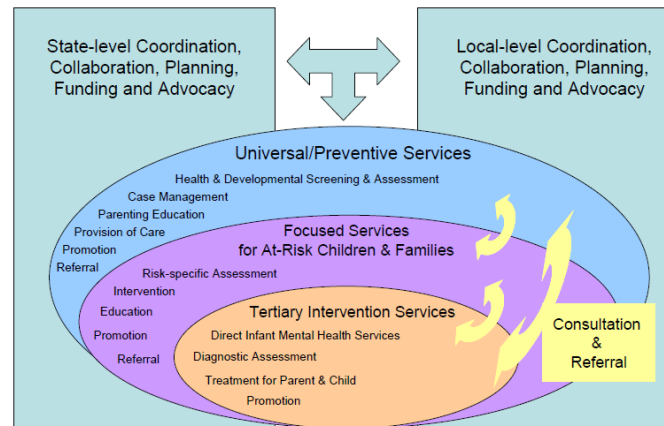


Figure 4 Levels of Infant Mental Health Care (Zeanah, Stafford, Nagle, & Rice, 2005)

The model in figure 4 reflects both the service delivery and systems change elements of ABC work. However, it does not represent the significant impact of capacity building work of ABCs.

Taking a strategic focus, ABCs have always aimed to engage whole departments and secure senior management's buy-in before training to ensure sustainability and best success for implementation. In many ways, the capacity-building work of ABCs and their reach into the area to support and train enhances the capacity of a range of interagency partners and creates systems change from a bottom-up perspective. The ripple impact of their work can be hard to measure as core concepts from the training are shared within departments and amongst interagency partners.

Adopting the learning from IMH theory and ABC best practice, an ABC framework for IMH is proposed in figure 5.

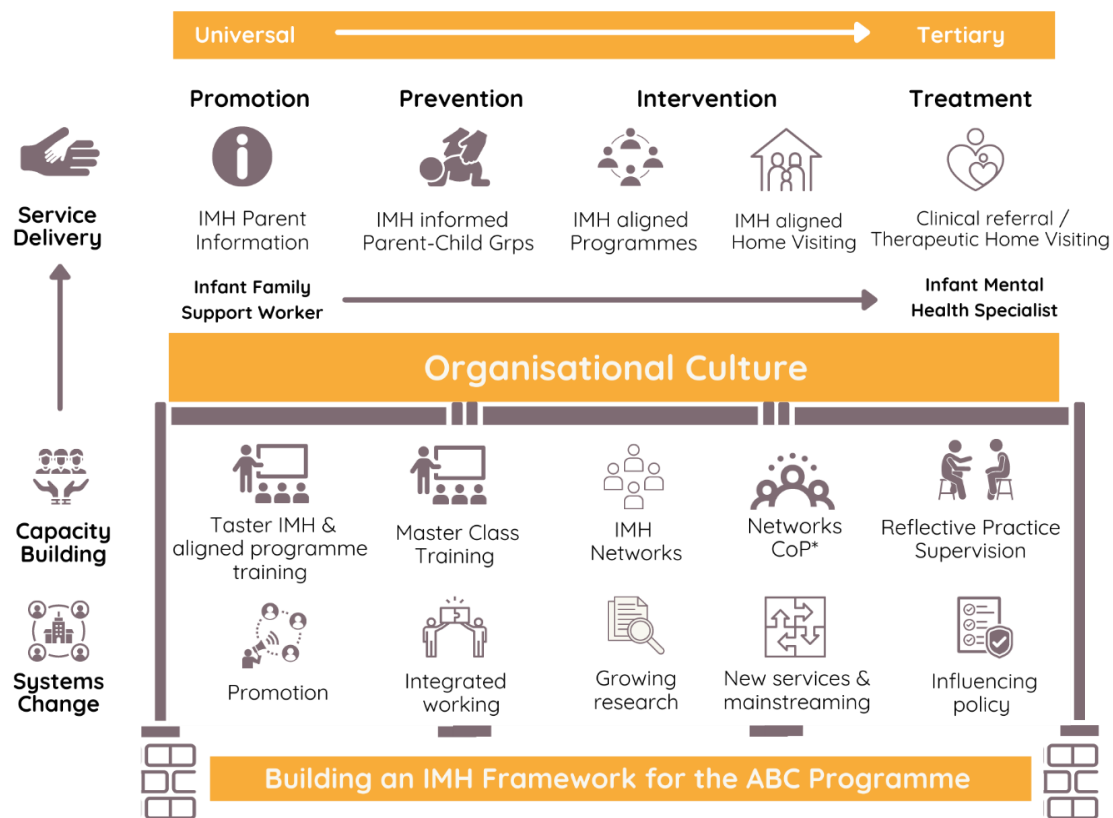


Figure 5 A proposed IMH Framework guiding ABC Programme work in supporting infant and early childhood mental health [*Community of Practice]

4.2. Considerations in building an IMH Organisational Culture

4.2.1. Developing ABC service level components to guide IMH work

In 2012 Weatherston outlined IMH service components. These effectively describe the breath of work undertaken by IMH practitioners³, which is both comprehensive and intensive. These have been expanded to reflect the unique nature of ABC work and are integrated to create an organisational culture to guide the range of interventions delivered by the ABC Programme.

1. **Emotional support:** The practitioner pays careful attention to the concerns expressed by a parent. Their presence and availability offer reassurance to the family.
2. **Concrete support assistance:** A family's urgent and immediate need for food, medical care, and housing must be met if parents are to engage in relationship-based work. Addressing these primary concerns builds the parent-practitioner relationship and removes imminent stressors from parents' lives, enabling them to focus on their relationship with their child.
3. **Developmental guidance:** The practitioner offers information to the parent that is specific to the baby's developmental needs.
4. **Reflective supervision:** Reflective supervision will be addressed within a learning culture for IMH practice. Instead, it is proposed to use the term **reflection** as an ABC service level component to highlight the importance of parental reflection, practitioner reflection and the process of joint reflection as practitioners and parents wonder together as they interpret the young child's behaviour.
5. **Infant-parent psychotherapy:** Given the focus of ABCs⁴ on promotion, prevention and early intervention, the component '*infant-parent psychotherapy*' is less fitting. ABCs can provide lower-level support to parents through their delivery of long-term relationship-based supports such as home visiting or COSP™. However, most ABCs will have a central role in screening and referral for tertiary services (clinical psychotherapy). Unlike most ABCs, Youngballymun has IMH Specialists within their team who receive reflective supervision from the M-AIMH, enabling them to work at this therapeutic or 'treatment' level. With this in mind, Weatherston's component will be rephrased as **access to infant-parent psychotherapy** to fit an ABC context.
6. **Early relationship assessment and support:** ABCs have a unique opportunity to assess and gently support infant-parent relationships, given the informal nature of many of their interventions. The non-clinical nature of their work promotes broad engagement from families who may have reservations about engaging with statutory services. Given this, it will be essential to highlight the **assessment and support** element of all ABC IMH interventions.
7. **Advocacy:** Advocating for the needs of individual parents, communities, and policy and practice change is central to ABC work. This service component supports ABC functioning across service delivery, capacity building, and systems change.
8. **Awareness of parental mental health:** '*young children's emotional well-being is tied so closely to the mental health of their parents and non-family caregivers*' (National Scientific Council on the Developing Child, 2012). This final component has been

³ Initially Weatherston outlined these components in describing the IMH Specialist role, but subsequently they reflect the work of all of those "with a distinct set of core beliefs, skills, training experiences, and clinical strategies who incorporates a comprehensive, intensive and relationship-based approach to working with young children and families." (Weatherston, 2000)

⁴ Excluding Youngballymun which has a specialist IMH intervention

included as it draws from the work of: the CDC, Harvard; the WHO Guidelines for Early Childhood Development; and research in Ireland and beyond.

In his submission to the Joint Oireachtas Committee, Kevin Nugent (2015) states: *'consistent with the findings from the Growing up in Ireland Longitudinal study (Williams, Greene, McNally, Murray, Quail, 2010), mental health services for adults who are parents of young children would have broader impact if they routinely included attention to the needs of infants and toddlers'*. The Primera Research programme by NUI Maynooth stressed the value of a whole family approach when a parent has mental health challenges (Christine Mulligan, 2021).

The above components will provide a fidelity and quality checklist for ABC sites to identify and align their work within the IMH framework. They are all outlined in the organisational culture proposed in figure 6.

4.2.2. Developing ABC IMH Principles

Articulated and refined over time by Deborah Weatherston, a list of 17 skills and strategies have been used to describe the core work of the IMH Specialist. Whilst the role of IMH Specialist is not relevant to the day to day work of ABCs (which is at its core promotion, prevention and intervention), Weatherston's work in this area provides a guide. Her work has been modified and condensed down to 10 fundamental practice principles that align with ABC IMH work across all three levels of service delivery, capacity building, and systems change. It can serve as a guide and benchmark for ABCs to 'proof' that their work adheres to these core principles.

The proposed list of 10 practice principles forms the core of the IMH organisational culture for ABCs in figure 6.

4.2.3. Developing an ABC IMH Learning Culture

Emde et al.(2001) outlined three beliefs to characterise an organisational culture that facilitates IMH:

1. Learning is a lifelong process
2. Learning is reciprocal – everyone in an organisation learns and develops together
3. Relationships build over time, relying on accumulating trust and emotionally sensitive communications

They identify the following elements of a learning culture when integrating IMH within an Early Childhood Education and Care service (Emde et al., 2001)

- Reflective supervision
- Access to a trained IMH Specialist
- Continuing Education

Within the ABC context, we have included 3 additional elements:

- Participation in an IMH Network
- Participation for facilitators in the Network Community of Practice
- Progressing when possible towards supporting ABC staff teams towards IMH endorsement

The concept of an IMH Network was first explored in Ireland as a mechanism to embed, sustain and enhance the knowledge base of interagency professionals within the North

Cork project (Hayes et al., 2016). Drawing on best practice examples of peer supervision groups, this mechanism enabled the development of IMH learning in the absence of formal structures. The ABC Programme has replicated this model within its capacity-building strategy. In turn, ABC Facilitators of local networks receive peer support from the 'Networks Community of Practice'. Some IMH network facilitators also receive IMH Reflective supervision from Youngballymun or externally from Clinical Psychologists/IMH Specialists.

4.2.4. An Organisational Culture for ABC IMH work

Figure 6 brings together the theory behind an organisational culture for IMH within ABCs. Applying these components, principles and learning elements to the work of ABCs will ensure fidelity that is aligned with best practice within IMH.



Figure 6 A proposed IMH Organisational Culture for ABCs supporting Children, Families & Communities

4.3. Applying the IMH Framework to the ABC Programme of work

The framework will be applied to IMH interventions across the 3 pillars of ABC work:

1. service delivery
2. capacity building
3. systems change.

4.3.1. Service delivery to infants, young children & their parents/caregivers

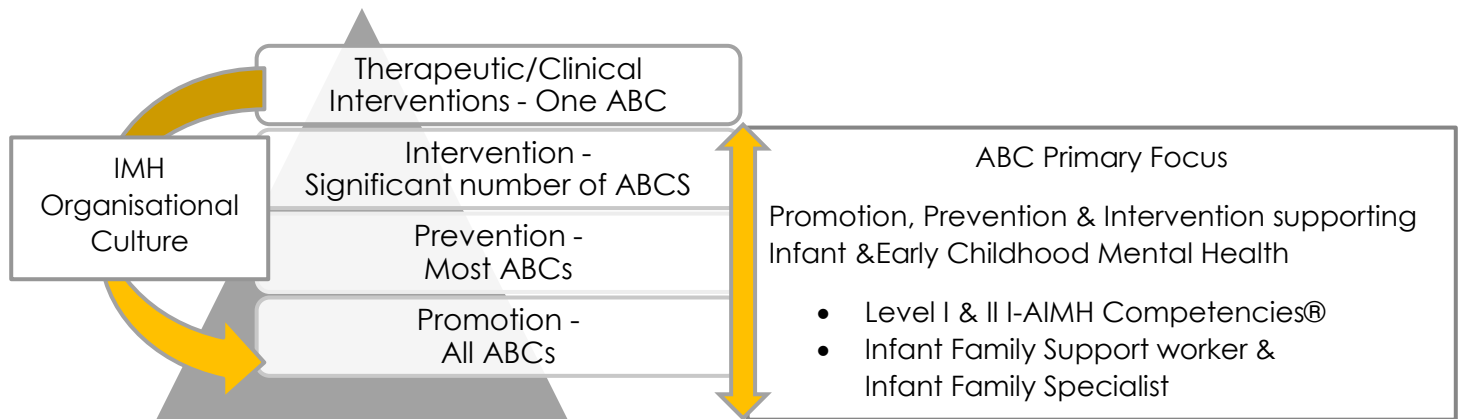


Figure 7 ABC IMH Service Delivery

As represented in figure 7, ABCs provide a range of different interventions to address infant and early childhood mental health along a continuum of IMH practice. The work of ABCs is concentrated on promotion, prevention, and intervention. Youngballymun provides services to infants and parents, which could be considered at the therapeutic/clinic level (treatment). Having access to IMH Specialists who deliver ongoing psychotherapeutic work directly with families is an important resource to support all ABCs in their practice.

1. Service Delivery - Promotion

ABCs use a range of opportunities to share and engage parents in learning more about what IMH is and how it can be helpful for them as they commence and grow in their parenting journey. While IMH information can be shared with parents through different contexts, using an IMH culture or 'lens' ensures best practice. Information can be shared through:

- 1:1 during home visits
- Dedicated information sessions, e.g., Preparing for Life developed 'Building Baby from Head to Toe' a parent information workshop – see table 2 for more detail
- Community-based opportunities to share information with parents
- Production of printed material and handouts. A range of information material has been designed and published by ABC Programmes, sometimes in conjunction with interagency partners, as outlined in table 2 below.

ABC Programme	Sample range of information and material to promote IMH
CDI Tallaght	<ul style="list-style-type: none"> • Bonding with Baby • Powerful Parenting
Start Right Limerick	<ul style="list-style-type: none"> • Positive Infant Mental Health & Wellbeing • Bonding with your Baby /Getting to Know Your New Baby • Baby Tips for New Dads • Helping Your Toddler to Develop Positive Mental Health and Wellbeing • Love Parenting Website • IMH video developed drawing on learning from the Growing Brain Training Programme
Preparing for Life Darndale	<ul style="list-style-type: none"> • Building Baby from Head-to-Toe handbook and newly developed workshop Developed using an IMH framework, the PFL IMH Network came together to create a unique IMH workshop for Parents. The workshop has a strong adherence to embedding IMH in the content and the delivery mechanism. It aims to provide developmental guidance, emotional support, parental well-being and self-care, and promote parents' reflective functioning. The workshop is being piloted in March 2022 and could provide a delivery model for all ABCs to provide IMH messages to all parents.
SPECS, Bray	<ul style="list-style-type: none"> • Looking after your Mental Health & Wellbeing during Pregnancy and Beyond, in conjunction with Specialist Perinatal Mental Health Services & the Coombe
Blueskies	<ul style="list-style-type: none"> • Information packs for fathers are distributed at Maternity hospitals in partnership with From Lads to Dads

Table 2 Sample Range of IMH Promotional Material developed by the ABC Programme

Delivering this input from an organisational culture of IMH ensures fidelity. Consideration should be given to how the components can be incorporated into information dissemination by creating the proper context and follow-up supports outlined in practice example 1 below.

Practice Example 1: ABC Promotion of IMH.

Start Right Limerick: Emotional and concrete support and developmental guidance when promoting and increasing awareness of IMH with parents.

The impact of Covid 19 was very significant for expectant parents in Ireland. Access to reassuring face to face antenatal appointments with a designated partner was limited. Traditional antenatal classes were accessible as videos online without the support of a face-to-face group context. This antenatal experience increases anxiety levels for parents, especially those experiencing their first pregnancy or first-time teen parents.

In the context of Covid restrictions, the Start Right IMH Lead co-facilitated remotely an adapted version of the Mellow Bumps programme with a Specialist Perinatal Mental Health team member. Mellow Bumps focuses on reducing stress levels during pregnancy and supporting mums-to-be to understand the importance of early interaction for brain development.

In addition, the IMH Lead partnered with the Limerick Community Mothers Programme⁵ to co-facilitate two online workshops for teen parents and mothers attending the baby and toddler groups. The workshops supported parental reflective functioning, getting to know your baby, and building responsive relationships. When restrictions eventually allowed, a face-to-face session on Mirror play (peep Learning Together) was held in a local park. This created a much-needed space for young parents to get vital emotional support from their peers and the facilitators. The session also served as a gateway to additional supports through the Limerick Community Mothers Programme, should the need emerge.

In addition to programme delivery, Start Right Limerick continues to provide practical supports (care boxes) to families living in direct provision. The boxes contain useful items for mum and new baby (clothing, nappies) and aim to reduce the stress on new and expectant parents.

⁵ Limerick Community Mothers Programme is one of 7 existing prevention and early intervention home visiting Community Mothers Programmes in Ireland. All Community Mothers Programmes including ABC 0-2 Programme (Early Learning Initiative) are working together to review and revise their Programme and will be called Community Families.

2. Service Delivery: Prevention

All ABCs provide a range of community-based engagements with parents/caregivers and their infants/young children. These all include many of the service components outlined in the organisational culture. They frequently deliver the following groups and activities listed below:

Community-Based Group/Activity
<ul style="list-style-type: none"> • <i>Infant Massage</i> • <i>peep Learning Together & Antenatal</i> • <i>Babbling Babies</i> • <i>Let's Talk with your Baby (Hanen)</i> • <i>Talk & Play Everyday</i> • <i>Mellow Bumps</i> • <i>Baby Yoga</i> • <i>Wellbeing for Mothers and Babies</i> • <i>Breastfeeding Support Groups</i>



Table 3 Sample of ABC Prevention Community Based Groups and Activities

Some of the community-based activities above do not necessarily have IMH as their core function. This can be the case if they are facilitated by someone who does not have an awareness of IMH or if they are delivered in isolation from an IMH organisational culture. However, the principles and practices of IMH can be integrated as part of an IMH culture during the following phases of group delivery:

- Design and develop the content ensuring IMH alignment
- Ensure the context for delivery offers access to a wraparound offering of services
- Consider the process for engagement of parents/caregivers and their infants
- Consider the Facilitator's skill sets and organisational learning supports
- Opportunities for onward signposting/referrals
- Follow up with parents/caregivers

Practice Example 2: ABC Prevention in IMH

Blue Skies Clondalkin: Delivering Infant Massage using an IMH organisational culture

In 2022, it is planned for four local mothers engaged with the Clondalkin Healthy Living Centre in Clondalkin to undertake training and deliver Infant Massage through the Centre. Blue Skies will support these new trainees by co-facilitating the initial block of classes as they work toward getting accreditation.

A member of the BlueSkies staff team completed academic research in 2021, highlighting the need to create opportunities for infant massage instructors to support themselves through peer-to-peer reflective practice and critical reflective practice in their classes (Deegan, 2021). Therefore, Blue Skies Initiative plans to facilitate communities of practice with these trainees to offer support opportunities and embed the learning from the classes. This combined with wraparound training, including the Solihull Approach Foundation course, will further support their work and highlight the importance of working with families through an IMH lens.

This innovation ensures that freelance facilitators working on a contract basis have the core competencies of an IMH Approach and work in a way that aligns with the organisation's culture.

ABC Prevention: IMH when promoting Language Development

ABCs and their predecessor Programme, PEIP, long recognised the importance of interdisciplinary community-based work to promote language development and were some of the first organisations to employ Speech and Language Therapists (SLTs) to work in a community rather than a clinical context. Many ABCs deliver parent-infant language-development groups. Some of these groups follow manualised evidence-based programmes such as those developed by Hanen® and Elkan®. Others have developed a language development programme drawing on evidence-based practice.

In many cases, these language groups' content and core messages overlap with important IMH messages of responsivity and reflective parenting. This enables a valuable opportunity to extend the functionality and aims of these groups to provide developmental guidance and address those components listed in figure 6. Children's early language and communication skills develop and grow within the context of their relationship with their caregivers. High-quality, responsive parent/caregiver interactions with young children support language and communication development. Therefore, SLTs, with their expertise in this area, play an essential part in developing and implementing relational based promotion, prevention, and early intervention services (McGlinn, 2020).

When the SLT facilitating these interventions has IMH training and is supported by an organisational culture of IMH, these interventions provide a preventative layer for families. Facilitators of these sessions champion relational working enabling an 'essential trust' with parents to establish throughout the sessions. This provides a foundation for informal screening and concrete and emotional support to signpost families for more intensive support. SLTs report that the development of this trust has led to higher attendance at clinics.

ABC Prevention: Delivering IMH through Relational Parent Support Programmes

ABCs deliver the following relational evidence-based/informed programmes, containing content and delivery mechanisms aligned to an IMH approach.

- peep Antenatal Programme
 - Mellow Bumps and Mellow Parenting
 - Enjoy your Baby
 - The Solihull Approach
 - Circle of Security COSP™
 - Newborn Behaviour Observation™ System (NBO)
- (see appendix 2 for more detail on these Programmes)

Categorising interventions under the proposed framework will always present a round peg and a square hole for some approaches used by ABCs. For example, the Solihull Approach, COSP™ and the NBO™ have prevention and intervention reach within IMH.

3. Service Delivery – Intervention

IMH intervention inputs are those where a need has been identified, and the interventions can respond to this level of need. They are differentiated from 'treatment' because the need identified is early and does not require input from IMH Specialists or clinical or psychotherapeutic intervention.

An analysis of ABC work using an IMH framework identified two primary interventions which meet this description:

1. Delivery of Circle of Security COSPT™

Nearly all ABC Programmes deliver COSPT™ to parents in their communities. COSPT™ is an intervention developed to address child mental wellbeing and mental health through a relational parenting Programme (see appendix 2 for more details)/



2. Delivery of IMH home visiting:

- a. IMH Home Visiting Programme – Let's Grow Together
- b. Preparing for Life home visiting - Preparing for Life Darndale, Better Finglas and SPECS Bray
- c. Community Mothers Programme & Homemakers Programme (both home visiting) – Start Right Limerick
- d. 0-2 Programme (home visiting programme based on Community Mothers Programme) – ELI, Dublin Docklands



Practice Example 3.: ABC Intervention in IMH

SPECS Bray – Interagency delivery of COSP™ Group Programme

In 2021 Bray SPECS coordinated the interagency delivery of 4 COSP™ Programmes reaching 34 parents and 78 children. SPECS Bray team collaborated to co-deliver 2 Programmes with Primary Care Clinical Psychology and 1 with Tusla PPFS. This involves:

- Joint planning and reviewing of the waiting lists of all participating organisations, thereby delivering COSP™ in response to local needs.
- Direct phone contact with each Parent to see if they are available and interested in attending.
- Follow up face to face/virtual meet with Parent to explain the Programme, establish Parent's own needs and goals and complete any necessary forms.
- 8-week delivery of COSP™ in line with Programme fidelity.
- Check-in phone calls, as necessary, to each Parent in between attending weekly sessions.
- A catch-up session with Parents 2 months post completion of the Programme.
- Onward referral / signposting to SPECS Bray supports, statutory clinical supports, community-based activities, as necessary on completion of the programme, and support to establish post Programme peer networking as required.

Integrated working has always been a cornerstone of the ABC Programme. The aim of co-delivery of the Programme with interagency partners was to:

- enhance awareness of supports and services available to participating Parents
- avoid Parents waiting on several different waiting lists for support
- increase Parents' access to the most relevant post-training supports
- avoid duplication of services
- identify gaps in local service provision and advocate for service development

The impact of working in this integrated way was:

- enhanced awareness of service provision amongst practitioners and Parents.
- reduced waiting times for Families (some Families were on several organisations' waiting lists)
- enhanced assessment of family need.

Multidisciplinary backgrounds coming together to support families enabled better identification of the correct supports, ensuring that families with ongoing or higher levels of either clinical or welfare needs could access the right supports.

An example of this is from one participating parent. This one parent family with three children with generalised anxiety, one of whom was on several waiting lists across agencies, including SPECS, Child and Adolescence Mental Health Services and Primary Care Psychology. While the Parent reported significant benefits from participating in COSP™, it became clear at the end that the child and the parent required ongoing support and intervention. Both SPECS and Primary Care Psychology met with the parent on completing the programme to ascertain the level of need presented. A plan was developed in partnership with the parent, including initiating a Meitheal. This helped clarify the role of services, particularly where the family were on waiting lists. It also identified the need for the continuation of parenting support from SPECS on a one-to-one basis and a referral to Primary Care Adult Psychology to put in place mental health supports for the parent. This approach was the first time the family had been offered an integrated plan to support both the parent's and the children's ongoing mental health needs.

Practice Example 4: ABC Intervention in IMH

Let's Grow Together – IMH Home Visiting Programme

The IMH Home Visiting Programme (IMH-HV) strengthens the capacity of parents/caregivers to establish and grow safe, securely attached relationships with their children from the antenatal period through to age 4. The IMH-HV complements group-based supports offered and provides multiple ports of entry into the service. Through international collaboration with MI-ALMH, Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks (2015) was identified as the appropriate evidence-based model for the prevention and early intervention IMH-HV. It is delivered by the IMH-trained inter-disciplinary team (IDT) with consistency to enhance safety and trust between practitioners and caregivers utilising the following five core components: concrete assistance, emotional support, developmental guidance, early relationship assessment and support, and advocacy. An Infant Mental Health and Wellbeing Co-ordinator, Infant Parent Support Workers, Speech and Language Therapists, and a Public Health Nurse make up the IDT. Reflective practice supervision is at the core of the Programme and is provided to the IDT.

Family A first engaged with the IMH-HV in 2016. This family was registered with the IMH-HV for family support via the paediatric clinic Kidscope. IDT provide an IMH briefing for medical students and clinicians involved in Kidscope. This family received intensive home visiting whereby they availed of weekly face-to-face and telephone-based home visits for almost two years.

The young child exhibited delayed speech, language and communication skills, and one parent had a learning difficulty and physical disability. An IPS worker and SLT provided developmental guidance and modelling through joint home visiting and met the family 'where they were at' to develop a care plan with the family. The IDT advocated for the family, assisted with completing the HSE primary care referral forms, and linked the family with wider community-based services, including securing a place in an Early Years setting. The family experienced housing issues which involved advocating for the family to the PRTB and the local authority housing department. Social Work were involved with the family, and IDT members attended case conference meetings to advocate for the family's needs. During their time engaging in IMH-HV, the family were supported to participate in IMH aligned group programmes with LGT.

In 2018, a programme wide evaluation found parents reported very positive experiences from engaging with the IMH-HV and group activities. Development of the parent-child relationship, assistance with referral forms, support with their child's development, and emotional support offered to families were the primary outcomes highlighted by parents. Parents reported increased confidence in parenting abilities.

'It was lovely to have that support through my pregnancy. I didn't have anything like this in my previous two pregnancies, the service just wasn't out there. I felt very lucky to have someone like my key worker to call or come out to the house to give support this time around'.

'I am not from Ireland; I have never seen in my life the support that I am getting here. I have never seen a service that comes into your house and helps you if you feel bad. I had very bad moments and what the programme does for me, and my baby is great'.

4. Service Delivery: Treatment / Therapeutic Intervention

As outlined in figure 7, the core of ABC's work in supporting infant and early childhood mental health lies between promotion and early intervention. ABCs are not considered tertiary service deliverers. Yet the knowledge and experience coupled with the clinical backgrounds and expertise of the Youngballymun team enables them to provide therapeutic IMH interventions.

The term treatment has been used to describe this level of intervention to align this framework with international literature. In this context, the word 'therapeutic' has been used to mean treatment - as this is the terminology used by Youngballymun.

As referenced in figure 5, an IMH Specialist's support is essential to integrating IMH within services. In Ireland, there are limited IMH practitioners, let alone IMH Specialists. Along with their partners in Let's Grow Together, Youngballymun continues to mentor the National ABC Programme and all Programme sites in their IMH practice.

Direct service delivery experience is essential to underpin the skills, practice and capacity of an IMH Specialist in supporting the practice of others.

It is not proposed that ABCs adopt this level of IMH intervention, but rather that they advocate for, work closely with and refer to clinical therapeutic interventions for infants and their parents.

Practice Example 5 – ABC Treatment

Youngballymun: Therapeutic Home Visiting Intervention – A Parent's Story

'I arrived into parenting in an unplanned way. My daughter was not with me or her father for the first 6 months of her life. Her father and I were and remain apart, and terms like lone parenting or co-parenting seemed alien to me as I was still trying to get used to what it might mean to be a mother/parent.

Many of the services that Tusla recommended did not seem to fit my story or be aimed at someone in my specific circumstances. So I searched on Google for Community Parenting Resources in the Ballymun area. I contacted Youngballymun and was linked with my Home Visitor (HV) and told her my story. At that stage, my daughter had not yet returned to my care.

My HV did tell me about the "suite of services" that my daughter and I could access once she was in my care again. More importantly, my H/V offered me space and time to prepare for my daughter returning to me. I was able to tell my H/V the full story, and it felt like I had somebody that was there for me and my relationship with my daughter. I was worried about whether I would be able to establish a "proper" relationship with my daughter, my confidence was low, and my relationship with her father was quite difficult. My first phone call with my H/V reassured me that there would be someone there to support me and help me meet my daughter's needs as I started to parent in unexpected and challenging circumstances.

The first programme I joined over Zoom was Baby Massage, I still use it today, and in fact, my daughter asks for massage when she wants "closeness". Baby massage was a chance to meet other parents, but it was also time to set aside a special time to connect with my daughter. It felt very special as I had missed out on the first six months of her life. It supported me in getting to know my daughter as her own person.

I then joined a Circle of Security group, and this really helped me see my daughter's needs while also acknowledging my feelings. It supported my self-awareness in my parenting and to not let my "shark music" take over.

I remember a time when my daughter said "NO," and what that brought up for me, coming from a strict upbringing. I've come back to the Circle of Security ideas again and again when I've felt unsure as a parent. The group really helped me establish wonderful communication with my daughter. Seeing her respond to empathy and connection and learn to talk to me about her feelings has been very special and reassuring. It means a lot that she trusts me with her feelings and shows me that we have definitely established a firm parent-child relationship.

I joined the Talk & Play group, and this group seemed to bring it all together. Simply getting to play with and 'delight in' my daughter was very important. I felt safe to make mistakes in the group and not be the perfect parent. I remember a time when my daughter simply did not want to share. The facilitators had such a way of holding the freedom to be with your child no matter and gently putting some words to what my daughter might be feeling. "Even Angels have days off!!!"

I have finished all the "programs", so when my H/V asked for some feedback regarding the IMH services in the area and across services, I thought it was important to share my thoughts about my experience of the programmes and how they have supported me in my relationship with my daughter.

I phoned my H/V when I was very nervous about becoming a parent. She didn't show up with a checklist of things I needed to be or achieve. Instead, quietly and gently, she supported me along the way. It was a chance for me to talk through very difficult emotions at times and know that she was there for me. She encouraged me to trust myself, and it will work out. At times it was hard when my daughter's father was brought up in the discussion but again, my H/V allowed me to be with my emotions so that they would not cloud my judgment regarding any care decisions that needed to be made. I knew my H/V would give me the space to explore difficult topics of co-parenting and separate accommodation with my daughter's needs at the centre.

The difference in me since contacting Youngballymun is that I have a lot of personal tools and resources now that didn't come from a manual but from the space I was given to figure things out, and the kind, non-judgemental support from my H/V and everyone involved in the different programs. This year my confidence is really strong, and I trust myself and my relationship with my daughter will be able for the challenges and joys of parenthood that are ahead'.

Youngballymun provided the following support over 18 months:

45 1:1 support contacts (including Zoom engagements, walk & talks and home visits).

6 Baby Massage sessions online

Online participation in the Circle Of Security (COSP)TM Programme

22 Talk & Play in-person group sessions delivered in the local community.

An accredited Psychotherapist and IMH Specialist supported this intervention.

Additional core team skills supporting the 'wraparound' support required: active, reflective supervision, group facilitation, infant massage qualifications and licensed facilitator of CoSTM.

4.3.2. ABC IMH Capacity Building

"I just feel that my whole practice will change for the better since attending. I think this course is essential for anyone working with families in any capacity." Participant IMC Masterclass Training

This section will focus on the capacity building initiatives of the ABC Programme with their interagency partners and across the ABC Programme itself, as outlined in figure 5. These capacity-building actions are all outlined in table 3.

Core to the capacity building work in IMH has been the delivery of IMH Masterclasses by Youngballymun and Let's Grow Together

Since 2015 Youngballymun and Let's Grow Together have consistently delivered 25 IMH Masterclasses for up to 680 practitioners from a diverse interagency background. The 2 Day Training follows established curriculum and learning objectives (aligned to the M-AIMH competency framework), using blended learning that comprises interactive and experiential learning methodologies and builds on the sustainability model outlined in the North Cork Project (Hayes et al., 2016). The work developed resulted in the following:



1. The development of an ABC Capacity Building document: This document outlined 8 actions to ensure the sustainability of the training within an area. (Appendix 3)
2. In 2021 Youngballymun moved to develop an online Masterclass building on the previous legacy of Masterclass delivery and in response to the Covid pandemic.
3. In response to need, IMH 'faster' classes have also been developed and are delivered to 285 professionals, including undergraduate and postgraduate Public Health Nurse Students.

Practitioner feedback:

"I've so many ideas to bring to my practice – greater understanding of relationships between baby, parent and practitioner."

"This training should be made mandatory for all front-line practitioners."

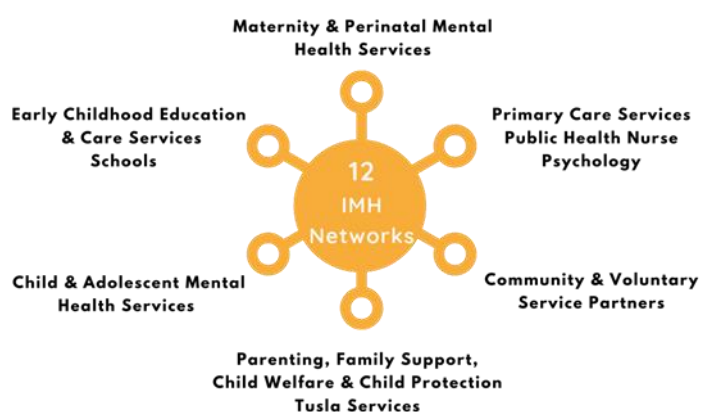
"This course was helpful in moving from theory into practice; something that is often missing from other trainings."

"I really enjoyed and valued the time and space for reflection on clinical practice."

"As PHNs, we are always busy doing home visits, holding clinics etc. However, we do not always reflect on our practice, and I felt this training course allowed us to do this."

"I feel this training was very beneficial and that maybe every 3-6 months, PHNs should meet and reflect on our practice with a 'coach'. It's important we keep the momentum of Infant Mental Health."

192 Participants from a range of Interagency Partners



Practice Example 6 – ABC Capacity Building

Family Matters: An intensive capacity-building approach with whole staff teams in Ballyfermot

In 2020 there was a demand for capacity building training aligned with IMH principles to support professionals working directly with children and families. In the absence of IMH Masterclasses being available and to meet this training demand, the Solihull Approach Foundation course was rolled out. Family Matters staff participated in a Solihull Train the Trainer Programme hosted by CDI, Tallaght. Subsequently, throughout 2021, six 2-day foundation Solihull Approach courses were delivered by Family Matters staff to local professionals working with children and families.

89 professionals completed the training. Family Matters aimed to train as many staff as possible across various organisations. This helped to embed the model rather than asking one staff member to bring the learning back to their whole team. Managers' buy-in was sought in advance, and they were also encouraged to complete the training to support the practice implementation within their team. All participants had a central role in delivering local services to children and families.

A Solihull Community of Practice (CoP) is planned for 2022 to ensure sustainability and enhanced development of practice. CoPs aim to provide a forum for staff to meet and discuss the implementation of the approach in their work. Similarly to the IMHN, it would provide a place to reflect, share case studies and embed practice.

CDI Tallaght also provides Solihull training to interagency partners in the Tallaght area. Together both CDI and Family matters trained 149 practitioners in 2021.



Practice example 7: ABC IMH Capacity Building

Youngballymun: Sustainable and accessible embedding of COSP™ Training across Ireland

Since 2017 the facilitation of 4-day COSP™ training has been coordinated by Youngballymun, reaching 202 practitioners. Youngballymun has taken several actions to enhance the reach of COSP™ to practitioners, including:

Funding 26 places supporting staff in Tusla, HSE, and Community and Voluntary sector to access training
COSP™ International is mentoring one

Youngballymun team member to become a Fidelity Coach. This will enable Youngballymun to offer fidelity coaching to COS facilitators through 9 sessions, thereby maximising the programme's potential. Furthermore, it supports COSP Facilitators' reflection on their role and relationships with participants.

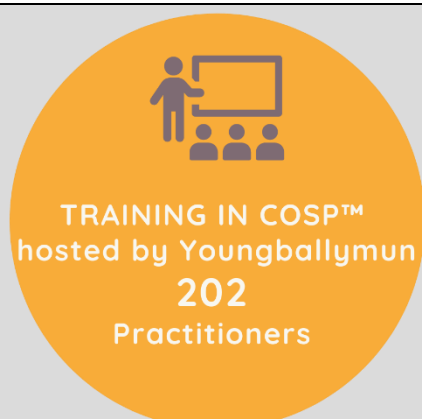


Table 3 Overview of IMH Capacity Building actions of the ABC Programme

IMH Continuum	Range of Capacity Building actions targeting interagency partners & ABC Programme teams	Led/supported by
<i>Promotion</i>	Introductory / taster workshops in IMH for interagency partners	Majority of ABCs
	Embedding workshops into professional graduate-level training across early years disciplines	Youngballymun Let's Grow Together, Cork
<i>Prevention</i>	The Growing Brain Training Programme for ECEC Practitioners	Preparing for Life Darndale Start Right Limerick
	Northamptonshire Baby Room Project for ECEC Practitioners	Start Right Limerick
	The Solihull Approach Training for practitioners	CDI Tallaght Family Matters Ballyfermot
	IMH Masterclass and online development of IMH Masterclass	Youngballymun Let's Grow Together, Cork
	Design and development of modified IMH Masterclass for ECEC Practitioners	Let's Grow Together, Cork and Youngballymun
<i>Intervention</i>	Establishing, facilitating, and sustaining IMH Networks Supporting ABCs to establish networks	ABC Programmes Let's Grow Together, Cork and Youngballymun
	Facilitating access to and supporting the national delivery of Circle of Security Training Practitioners – including a Circle of Security Community of Practice	Youngballymun
	Provision of and access to reflective supervision from an IMH practitioner with Specialist IMH training	Youngballymun External support from Primary Care Psychologist/ I-AIMH
	ABC IMH Network Facilitators Community of Practice	ABC Programmes
	Provision of and access to reflective supervision from an IMH Mentor	External support to ABCs from M-AIMH
<i>Treatment</i>	Reflective supervision offered to HSE staff, Tusla Early Years and Addiction Service teams	Youngballymun

Practice Example 8: ABC IMH Capacity Building

Let's Grow Together: Development of ECEC IMH Training

A dedicated IMH training programme for Early Childhood Education and Care (ECEC) services was developed and delivered over 4 weeks (2-hour session/4 modules). This involved a pilot rollout in 2020 to one ECEC setting and subsequently to an additional ECEC and an Early Start setting. An evaluation by UCC (Martin et al., 2021) is ongoing, with findings from the pilot study available. The project aimed to translate and make accessible the science of IMH and early childhood development and apply this to a format that built capacity in the everyday practice of ECEC practitioners working with young children. The training model was underpinned using the following:

- principles of IMH
- I-AIMH Competency Framework ® (2018)
- Aistear Early Childhood Curriculum Framework.

IMH practitioners provide the training with ongoing mentoring from an Early Years Mentor to translate the training into practice. In collaboration with Cork City Childcare, a working group was established to develop the content and approach to training.

A core element of the training was having a whole-Centre training approach. The mentoring aimed to support the development of reflective practice and gave the practitioners the skills to meaningfully engage and explore their relationships with the children and explore how these relationships could be nurtured to support children's learning and development. The training also gave insight into understanding children's behaviours so practitioners could tailor responses.

Results showed several areas of improvement in practice, including an increase in practitioners' knowledge of IMH and child development and increased confidence in supporting the development of the parent-infant attachment. Increases in practitioners' ability to identify and respond to a lack of progress in a young child's social and emotional development were noted. An important finding related to practitioners' self-regulation as they reported increased awareness of the regulation of their own emotions. Overall, EY practitioners reported an increase in their awareness of children's emotions, feelings, and behaviour and their capacity to respond sensitively. An ongoing need to focus on supporting the parent-practitioner relationship was highlighted as only 13% of practitioners felt 'completely confident' in their ability to establish a working partnership with parents. Overall, the positive results demonstrate that the IMH training successfully built EY practitioners' competencies and confidence.

Future developments in ABC IMH Capacity Building

In summary, the core of ABC IMH work has been the delivery of 3 key training elements:

- IMH Masterclass and IMH Taster Workshops, including online training and modified training dedicated to ECEC professionals
- Circle of Security COSP™ – Parenting Programme
- The Solihull Approach

Recently ABC staff have been exploring new capacity building training targeting ECEC practitioners:

- The Growing Brain from birth to 5 years – A Curriculum for Early Childhood Providers.
- Northamptonshire Baby Room Project can be delivered to parents and foster carers and has a dedicated ECEC training element.

4.3.3. ABC IMH Systems Change

As outlined in figure 4, ABCs address IMH systems change in many ways.

Promotion at a systemic level

ABCs are uniquely placed across a range of interagency fora to promote and increase awareness and understanding of the importance of building IMH into all relevant child and family services. They engage in many local structures such as:

- Child and Family Support Networks (CFSN)
- Children and Young Peoples Services Committees (CYPSCs) and their subgroups
- Local Community Development Committees (LCDCs)

Equally, ABCs are involved in many national interagency networks and structures such as the:

- Parenting Network
- Home Visiting Alliance
- Prevention and Early Intervention Network
- Children's Rights Alliance

Finally, ABCs are supported at a national level by the National Manager of the ABC Programme. ABCs are uniquely positioned to inform and contribute to promoting IMH within policy and practice.

Integrated Working

Integrated working is both an aim and a vehicle for systems change. The unique interdisciplinary nature of IMH encourages collaboration, especially in the co-delivery of IMH programmes and interventions. The ABC Programme demonstrates an extensive range of collaborative interagency IMH initiatives.

Practice example 9: ABC Systems Change.

ABCs integrated working with Maternity/Antenatal Services

All ABCs are progressing their integrated working with Maternity Services. Better Finglas is unique in having a Community Midwife as part of the Better Finglas team. To outline the impact of this work, we will share the learning from two ABC sites. These actions address the National Maternity Experience Survey findings that many parents felt unsupported in their physical and mental health 6 weeks post-birth (HSE, 2020).

1. **ABC Start Right Limerick:** In 2017, ABC Start Right Limerick developed an in-house IMH Lead role with support and guidance from Let's Grow Together. This role has enabled a wide range of IMH actions to develop enhanced working relationships with University Maternity Hospital Limerick (UMHL).

Start Right Limerick's IMH Lead co-delivers the Mellow Bumps parent programme with the Specialist Perinatal Mental Health Team (SPMHT) from UMHL. This has resulted in increased access to IMH interventions for expectant parents. Collaboration with UMHL has also resulted in several additional actions, including:

- The provision of emergency practical support to new mothers
- Participating and sharing knowledge of IMH within an interagency steering committee for a pilot creative art therapy project for maternity hospital patients

- Provision of information inputs provided to parents at Maternity Hospital booking clinics
- Collaboration with Maternity Hospital staff on information sessions for expectant parents (Bump to Baby event)

2. **CDI Tallaght:** CDI's IMH strategy is delivered through partnership and collaboration with community interagency organizations and practitioners, primarily through the Ante-Natal to Three Initiative (ATTI) Steering Group. The ATTI Steering Group enables communication, dissemination of information and referrals across agencies and disciplines. ATTI partners with frontline practitioners to provide materials and resources directly to parents.

In late 2020 CDI hosted a webinar on Ante-Natal Child Protection focusing on the impact of Domestic Violence on babies. CDI is currently developing an antenatal child protection approach with Tusla, incorporating IMH principles and practice. They are working with the PPFS Manager and Child Protection teams in Tallaght and Dublin Central to provide specialist support pre-birth to mothers at risk of child protection intervention. The Project plans to deliver the Solihull Approach Foundation Training in 2022 for Child Protection teams and other services working with at-risk mothers. In addition, Doctors from the Perinatal Mental Health team in the Coombe attended an Infant Mental Health Masterclass hosted by CDI and facilitated by Youngballymun in 2021. In June 2021, CDI held a webinar on Perinatal Mental Health during Covid 19, and an outcome of this was a developed resource, 'Bonding with Baby'.

These collaborative interagency actions have resulted in more parents accessing IMH information, support and signposting to additional services during pregnancy.

Growing research

ABC Programme sites have been at the forefront of Irish prevention and early intervention research, including IMH. As an evidence-informed practice, IMH continues to grow its evidence base. ABCs are uniquely placed to do this given their research and evidence-based practice knowledge, for example:

- Let's Grow Together - Learning Together: Young Knocknaheeny Process Evaluation 2015-2017 (Buckley & Curtin, 2018) & Supporting Relationships: Implementing Infant Mental Health training and capacity building for Early Years Practitioners (Martin, Curtin, & O'Hara, 2021)
- Youngballymun - Building Relational Capacity in Parents and Children: Evaluation of Youngballymun Infant Mental Health Programmes (Gordan et al., 2022)
- ABC Start Right Limerick - An evaluation of the impact of participating on the Limerick IMH Network is currently underway.

The design and development of an outcomes framework for the National ABC Programme could also contribute substantially to the 'real-time' evidence of the impact of the IMH work of ABCs.

New services and mainstreaming

'Systems change' can result in creating new structures and services supporting the delivery of IMH to infants and their parents.

As noted earlier, ABCs have seen a progressive increase in the range of IMH interventions they offer to parents and practitioners.

Their work has also shaped and influenced external organisations and their service level offerings to infants and parents. There are several different examples of this, but two will be reflected below:

Practice example 10: ABC Systems Change – Mainstreaming

Embedding IMH within the Nurture Programme and subsequently the National Healthy Childhood Programme

The Nurture Programme – Infant Health and Wellbeing was developed with the aim that every parent receives the best possible advice, information and support from conception to the child's third birthday so that each one of these babies gets the best possible start in life. It was funded by Atlantic Philanthropies and managed by the Katharine Howard Foundation. The programme of work was delivered by the Health Service Executive and its related agencies, and implementation support was provided by the Centre for Effective Services.

This extensive piece of work had many outcomes and developments. One central development was that IMH would inform the key HSE messages to parents, covering topics like bonding with your baby, parent-child communications and supporting your baby's early learning and emotional development. This outcome was actively informed and shaped by the work of ABC Programmes and the representation of Young Knocknaheeny's IMH Specialist. This focus on IMH can be seen throughout the subsequent National Healthy Childhood Programme and has resulted in capacity building training in the form of online modules in IMH available to all HSE staff and Public Health Nursing staff in particular through the HSE's online platform HSEland (Gardner et al., 2020).

Practice example 11: ABC Systems Change – New Services

Childhood Development Homelessness Coordinator hosted and supported by Start Right Limerick

In conjunction with interagency partners, ABC Start Right identified concerns regarding the experiences of young children living in or at risk of homelessness. In 2020, they received HSE funding to support children under six who live in or are at risk of homelessness, and a Child Development Homelessness (CDH) Coordinator joined the team. Knowledge of IMH concepts, training in IMH, and the ability to translate IMH principles into practice was essential to this new role. This role could only be supported within an organisational culture with IMH at its core.

Influencing policy

In 2012 Youngballymun collaborated with Catherine Maguire, IMH Specialist, with additional inputs from Barnardos, M-AIMH and Ballymun Local Drugs Task Force to develop the first Irish IMH position paper (Mc Clorey, O'Byrne, & Maguire, 2012).

While there is still a long journey to go in progressing IMH on the policy agenda, it is clear that many recommendations raised in this position paper are on the way to being realised. Two, in particular, are the embedding of IMH within the Public Health Nurse Services of Primary Care and in the development of HSE online training, as referenced earlier.

5. The Social Justice, Economic & Policy Potential of ABC IMH Interventions

In 2012, *Tús Maith, Leath na hOibre - A Good Start is Half the Work* (Mc Clorey et al., 2012), an IMH policy paper, presented the social justice, economic and policy potential of IMH as a primary PEI approach. Since then, there has been considerable advancement of IMH in Irish policy and service developments.

- Irish Association of Infant Mental Health (I-AIMH) launched the IMH Competency Framework® in 2018
- The importance of all children's infant and early childhood mental health is outlined in *First 5 – A Whole of Government Strategy for Babies, Young Children and their Families* (DCYA, 2018). *First 5* also lists IMH Home Visiting amongst a range of home visiting programmes delivered in Ireland.
- The National Healthy Childhood Programme has developed IMH online training modules for Health Service Executive (HSE) and aligned staff.
- Specialist Perinatal Mental Health Services – A Model of Care for Ireland (Health Services Executive, 2017) established a 'hub and spoke' model of service delivery and the first in-patient Perinatal Mental Health facility for mothers and babies was announced.

5.1 Social Justice Case

The 'My World Survey 2' stressed the '*inextricable link between relationships and youth mental health*' (Dooley et al., 2019). Healthy Ireland (2015) outlined that a higher percentage of adults had a mental health concern if they lived in a disadvantaged area. Investment in early childhood interventions that support the primary relationship between an infant and parent is not just an economic argument; it is also the right thing to do for those most at risk of poverty.

In 2020, over 210,000 children lived in households below the poverty line in Ireland. There are many factors impacting a child's life at the macro-economic level. While not a core focus of ABC work, they are addressed through ABC research (Shumba et al., 2021) and advocacy. ABC Programmes provide IMH actions through integrated work with Maternity, Perinatal Mental Health and Public Health Nurse Services; Primary Care Psychology; Child Protection and Early Childhood Education and Care Services. Integrated working is a fundamental principle of the *EU Recommendation - Investing in Children: Breaking the Cycle of Disadvantage* (European Commission, 2013).

With growing access to longitudinal data, there is increasing evidence to support early child development as a critical determinant for equity. The interaction between the development of brain structures and the primary caregiving environment of infants is central to advancing a social justice approach to inequality. Child health inequalities are one of many child-poverty impacts. In addressing child health inequalities, it is important to target both the individual and the community aligned to the ecosystems approach of ABCs. Finally, it is essential to address barriers to accessing child health services and supports (La Placa & Corlyon, 2014; Spencer et al., 2019). The ABC delivery of accessible community-based supports is described in the IMH Framework. It proposes a gateway wraparound model of IMH supports to parents instead of a once-off programmatic approach.

Irish policy in addressing child poverty builds on the EU Recommendation and advances the importance of ABC work in PEI. Better Outcomes Brighter Futures: A Whole of Government Strategy to Tackle Child Poverty (Department of Children and Youth Affairs, 2017) outlines how the PEI learning from ABC work can be mainstreamed to '*ensure the sustainable delivery of evidence-informed approaches to children*'.

While the impact of COVID on childhood inequality cannot yet be fully estimated, we know that COVID has exacerbated the inequality gap for all, especially for children. The ESRI policy review on the implications of COVID on children and young people highlights the importance of policy intervention to address the growing inequality evident over the period of restrictions and the importance of parent-child relationships on child mental health. They note the negative impact of COVID on parent-child relationships due to economic and other impacts and, subsequently, child and adolescent mental health. The need for community-based IMH interventions and signposting to tertiary service is critical now more than ever as the mental health impact of COVID on infants and parents unfolds. Furthermore, addressing inequalities in access to health services, including psychological and therapeutic support, is critical.

5.2 Economic Case

Evidence supporting the cost-benefit of PEI continues to grow. Heckman (2007) outlined a 7-13% return on investment through high-quality early childhood interventions. New research outlines how a factor termed 'brain health' of a 3-year-old can predict which adults will require health, housing, welfare and wider state support and identifies how targeted interventions can break this cycle. Wider research details the cost impact of conduct and antisocial behaviour.

The cost impact of mental health has also been documented. Budget 2022 outlined a total allocation of €1.149 billion for mental health services in Ireland. However, the cost of mental illness is not only measured by the expenditure on mental health services but includes expenditure across a range of government departments. The UK National Health Services outlined that the excess costs for child and adolescent mental health conditions are '*estimated at between £11,030 and £59,130 annually per child*', and other research stated the total impact of mental health problems was estimated to cost 5% of the UK GDP in 2019 (Mc Daid & Park, 2022).

In 2021, the HSE recorded that 2948 children were on the waiting list for Child and Adolescent Mental Health Services (CAMHS). This is a 47% increase from 2019 figures, with nearly 200 children waiting over 12 months to be seen (Health Services Executive, 2021). There is a similar picture for children waiting for Primary Care Psychology Services. For infants and young children, mental well-being and health provide a foundation for developing a range of wider skillsets impacting the lives of children in the here and now and in the future. Sensory and emotional regulation are at the core of the infant-parent relationship and equips the child as a social being to interact, develop language, and a range of core skills – as Heckman says, '*skills beget skills*'.

5.3 Policy Context & Potential

As noted earlier, there have been significant achievements in the representation of IMH across a range of government policies and strategies. This ABC Programme IMH Framework has the potential to address many policy priorities⁶.

Creating a Better Future Together: The National Maternity Strategy 2016 - 2026 (Department of Health, 2016)

Specialist Perinatal Mental Health Services: A Model of Care for Ireland (HSE, 2017) – SPMHS National Maternity Experience Survey (HSE, 2020)

- ABCs deliver a model of community-based parent-infant services across a continuum of need (component 9 SPMHS).
- The National Maternity Strategy and the SPMHS-MC advocate for ongoing professional development, reflective supervision, and a learning culture. ABCs track record in creating a learning culture through reflective supervision and interagency IMH Networks can inform actions in this sphere (see also *First 5* below). Resources are required to ensure capacity building and professional development at the IMH Specialist level to ensure there are a sufficient number of practitioners with the knowledge and skillset to provide reflective supervision.
- Emotional support and parent mental health are integral components of the ABC IMH Framework. The National Maternity Experience Survey reported that *'29% of women said that their GP or practice nurse/midwife did not spend enough time talking about their mental health at their postnatal check-up'*. They also felt they did not have the opportunity to ask questions about the labour/birth and noted reduced support for their mental health whilst in hospital. Community-based IMH supports at peer groups, or one-to-one home visits can provide essential support to Mothers post-hospital discharge. Mothers can be referred for additional services if required.

Sharing the Vision: A Mental Health Policy for Everyone 2020-2030 (HSE, 2020)

Stronger Together: The HSE National Mental Health Promotion Plan 2022-2027 (HSE, 2022)

'Sharing the Vision' recommends that the learning from the ABC Programme (and other similar PEI initiatives) should inform mainstream services. The National Mental Health Promotion Plan recognises the importance of IMH and PEI as it outlines a range of actions under 'Starting Well'. The ABC programme is well placed to work collaboratively with the National Healthy Childhood Programme (lead agency) and other national partners. It can:

- Build the capacity of early childhood professionals to strengthen the social and emotional health of infants
- Work collaboratively with IMH national partners to advance systemic changes to build services and infrastructures to support social and emotional development in infancy and early childhood.

⁶ A range of contemporary policy and service delivery strategies are explored here. Better Outcomes Brighter Futures is explored on page 42 with specific reference to Child Poverty.

Waiting List Action Plan 2022 (HSE, 2022)

The Waiting List Action Plan outlines an expenditure of €20 million to reduce specific community care waiting lists (including primary care child psychology/counselling and CAMHS).

- ABCs have a demonstrated integrated working with Primary Care Psychology which has reduced waiting lists by assessing need and referral to the most appropriate service.

First 5 – A Whole of Government Strategy for Babies, Young Children and their Families (DCYA, 2018)

First 5 places a strong focus on early childhood development across a range of Government departments, emphasising IMH through parenting information, parenting supports, and services to support the mental health of babies, young children, and their parents. The '*National Model of Parenting Supports*' is an action arising from *First 5* and is addressed below. Outlined here are measures that can be progressed through mainstreaming of ABC IMH work:

- ABCs have developed a range of IMH information resources and supports frequently delivered to Parents in conjunction with Maternity, Perinatal Mental Health and Public Health Nurse Services (objective 6.1)
- Positive self-care, mental well-being and health information and guidance are provided to expectant and new parents through the ABC IMH Framework. Emotional support and parent mental health are core components. (Objective 6.2)
- This ABC IMH Framework promotes access to mental health supports for infants and young children at a universal community level with integrated working and signposting to IMH interagency partners (objective 6.2)
- ABCs have the capacity at a community level to identify mental health problems among babies, young children, and their families at the earliest point and to signpost and refer parents to the appropriate support. Their engagement during pregnancy and in the early days of a child's life ensures parents can be supported to access services required at the earliest time, thereby implementing a 'No Wrong Door' approach (building block 2.A.).
- IMH Networks promote ongoing professional development in IMH and currently support nearly 200 practitioners in reflective peer IMH Networks. They have trained over 680 practitioners working with children and young people in IMH Masterclasses (objective 6.1). This track record in the training of early childhood professionals can inform *First 5*'s Early Childhood Workforce Initiative (building block 3.B.).
- ABCs have a strong record of using data to inform programmatic delivery. Actions 4.A. and 4.B. advocate for evaluation and data systems development. This theme is replicated in the '*National Model of Parenting Support*' (Theme E). Sustainable funding for efficient data collection and analysis is required to move to a data-informed service delivery model.

National Model of Parenting Supports (DECDIY, 2022)

The four goals of the National Model of Parenting Supports increased awareness, increased access, increased inclusion, and needs-led and evidence-informed support align with those of this ABC IMH Framework. The guiding principles of the Model also align with this Framework.

- ABCs embed IMH supports through a continuum of universal parenting supports collaborating with interagency partners and parents. They can deliver on the range of actions under Theme B – Empowering Parents.
- The development of an ABC IMH Framework addresses the development of guidelines to advance high-quality practice and standards under Theme C. The IMH Framework could inform similar guidelines across the Parenting sector.
- ABCs currently provide training and support in IMH within ECEC Services and Schools and have identified the need to support ECEC practitioners in partnership working with parents.
- Theme D outlines the need to promote parenting supports, including parenting support information and signposting to all parents, destigmatising parenting supports and removing barriers to access services. As noted earlier, the universal community-based delivery of IMH parenting supports is core to ABC work. Additionally, ABCs work with Maternity Services to deliver essential parenting information support at the antenatal education stage. *This Framework for Infant and Early Childhood Mental Health* outlines some best-practice examples of how ABCs promote IMH parenting information.

Tusla Parenting Support Strategy 2022 – 2027 (Tusla, 2022)

This document presents the 5-year Parenting Support Strategy (2022–2027) for Tusla and its funded services. The model addresses parenting support services from pre-birth up to adulthood.

The six themes of the Tusla Parenting Support Strategy; access to specialised supports, increased awareness, information on parenting support available, integration and collaboration, capacity building/training and evidence-informed practice align with those of the ABC IMH Framework.

The strategy outlines a continuum of support: promoting positive parenting, early intervention, intensive support, and long-term support.

The Tusla Parenting Support Strategy will guide the development of implementation plans overseen by a National Working Group. Most significantly, Tusla has identified key initiatives for 2022 – 2023 under the Parenting Strategy, which align significantly with the ABC IMH Framework. They are to expand and develop home visiting programmes, Preparing for Life and Community Families (0-2 Dublin Docklands), both of which have embedded IMH into their Programme and will continue to do so through an IMH Organisational Culture. Additionally, it is proposed under the strategy to expand IMH Networks. ABCs have developed considerable expertise over the last 7-10 years in establishing, sustaining, and developing IMH Networks and can play a significant role in progressing this initiative.

6. Successes, challenges and opportunities

6.1. Successes

1. The ABCs and their predecessor programme, the PEIP, have advanced IMH knowledge, information and access to training in a considered, extensive and efficient way with support and guidance from the North Cork Model and Evaluation, I-AIMH and M-AIMH. The use of the term efficient is very important. Since 2015 over 680 interagency practitioners from the HSE, Tusla and the Community and Voluntary sector have received IMH Masterclass training, and 192 practitioners are maintaining and growing their knowledge base within IMH Networks. This has been done on a national scale without any dedicated national resources.
2. ABC Programmes have a considerable geographic spread across the country, enabling them to share and support IMH practice extensively.
3. There has been considerable momentum behind the upskilling of staff and the implementation of IMH interventions within ABCs. In addition, there has been a high level of innovation, resulting in the exploration of new aligned IMH programmes, e.g. The Solihull Approach, and in developing responses in line with local needs.
4. There has been strong collaboration across all ABC sites with much sharing of knowledge, resources and time to provide professional support such as Reflective supervision, e.g., Youngballymun and Let's Grow Together. This extended to the sharing of time and resources when Let's Grow Together supported a 'Network of Networks', which evolved into a National Community of Practice (CoP) for IMH NG facilitators jointly supported by Youngballymun
5. ABCs demonstrated their track record in strong partnership working through the successful engagement of local interagency partners in IMH Masterclass training and the formation of IMH Networks. Additionally, in the co-delivery of a range of IMH interventions.
6. Responding to need, ABCs again demonstrated internal collaboration working in response to challenges raised during the Covid 19 pandemic and developing online mechanisms to maintain their focus on IMH interventions.
7. Together with HSE Clinical Psychology Services, the ABC Programme significantly influenced the IMH content of the Nurture Programme/National Healthy Childhood Programme.
8. ABCs have continued to enhance their engagement with Maternity services. This had been a challenge in the past. However, the expertise and knowledge base in IMH has provided an essential mechanism for collaboration and joint working. Already it is having an impact on antenatal care and education in Ireland.

6.2. Challenges

1. Despite the successes outlined above, there are considerable limitations in providing sufficient IMH Masterclasses to meet the required demand. There is no national funding mechanism to make this training accessible to the wider early childhood workforce.
2. Youngballymun and Let's Grow Together led the development and implementation of the IMH Capacity Building Strategy. As training has advanced across ABC Programmes and IMH Networks developed, it is important to review the Strategy and what is needed to continue implementing it within areas currently supported by ABCs. This will address questions about the consistency of practice

across IMH Networks and the training level and skillsets of those facilitating and attending.

- How do IMH Networks respond to requests to attend from new members?
 - Are there criteria for membership of the Network - in terms of the age range of service delivery or prerequisite training for participants?
 - There is a need to clarify the experience and skills needed to be a Network facilitator. Is there a need for training in facilitation for those in this role?
 - What role do ABCs have in developing national training infrastructure and the development of IMH Networks to meet demand in locations beyond ABC programme sites? Should this be addressed in the IMH Capacity Building Strategy?
3. There are considerable challenges in accessing IMH Mentors and Specialists to support ABC staff access reflective supervision. While training has increased the number of IMH practitioners, there has not been reciprocal training at the same pace at the level of IMH Specialists.
 4. Terminology: The term IMH has been used throughout this document. However, there can be confusion about what age range this term encompasses. The ABC Programme provides considerable support to ECEC Services for children from 1 to 5 years. There may be merit in adopting the term Infant and Early Childhood Mental Health to reflect IMH actions accurately.
 5. Mapping ABC IMH interventions has highlighted the potential for duplicating initiatives across ABC sites aimed at the same outcome, e.g., the production of IMH promotional material for parents.
 6. The IMH framework proposed advocates for referral to psychotherapeutic services. There are substantial gaps in clinical service provision within the HSE, with considerable waiting times for Primary Care Psychology Services. Frequently there is no onward referral pathway for infants and parents with identified extensive relationship needs. Access to multidisciplinary clinical services is essential to collaborate with community-based PEI services and provide the onward referral pathway.

6.3. Opportunities

1. This document outlines the strong impact ABCs have had at a local, regional and national level in advancing IMH in Ireland. At present, several relevant policy developments are advancing in 2022. The ABC Programme is uniquely placed to influence these through the National ABC Programme. For example:
 - National Model of Parenting Supports (Department of Children, Equality, Disability, Integration and Youth, 2022)
 - Tusla Parent Support Strategy 2022-2027 (Tusla, 2022)
 - A National Approach to Home Visiting – First 5 (Department of Children and Youth Affairs, 2018)
 - Develop an Early Childhood Workforce Initiative – First 5 (Department of Children and Youth Affairs, 2018). This proposal aims to develop an interdisciplinary initiative to promote learning together and develop collaborative working approaches. Critical issues of relevance are listed, including bonding and attachment.
 - The development of a revised national policy framework to update Better Outcomes Brighter Futures (Department of Children Equality Disability Integration and Youth, 2022)

- The National Maternity Experience Survey outlined that some parents reported not being sufficiently supported in their mental and physical health at the 6-week post-partum check-up. In particular, parents' mental health was identified. The ability to support interagency awareness of IMH and build a system of IMH informed support would address this.
 - HSE Health and Wellbeing launched a targeted initiative for 19 communities that experience high levels of disadvantage called Healthy Communities. The initiative targets a range of health and wellbeing outcomes, including mental health. For the first time, parenting has been included in this initiative. There could be an opportunity to advance the importance of IMH as a primary health prevention mechanism within the Healthy Communities Initiative.
 - Finally, there have been considerable advancements made by the National Office supporting a model of care for Specialist Perinatal Mental Health Services (SPMHS) with newly developed services and posts emerging within local Maternity Services. Already we saw in Limerick the progress made by collaborative working between ABCs and SPMHS, which can continue to grow.
2. The contribution of the ABC Programme to advancing IMH in Ireland has its roots in collaboration. There is considerable opportunity for national partnership to increase the awareness and knowledge of IMH and advocate for a sustainable structural response to ensure all children and families have access to IMH at all levels of the IMH continuum.
 3. Knowledge and research on the life experiences of young infants and their caregiving environments is one area that has seen significant advancements. There is now a greater understanding of an infant's sensory experiences and development and their relationship to an infant's physiological regulation (stress responses, oxygen levels, weight gain, etc.) and subsequent social and emotional regulation. Furthermore, knowledge of how adults regulate themselves and their awareness of how their sensory system responds to everyday environments and demands is also advancing in parenting practice⁷. This has particular relevance to IMH practice. The ABC Programme is well-positioned to support parents' sensory-related knowledge and skills as part of a trusting parent-practitioner relationship that enhances their understanding of themselves and their children⁸.

⁷ Bhreathnach, 2018 - www.sensoryattachmentintervention.com.

⁸ Expertise in sensory interventions to support physiological regulation and relationships has advanced significantly, with a particular focus on the interaction between adult and child sensory regulation and attachment (Hutchon, et al., 2019; Branjerdporn, et al., 2018; Bhreathnach, 2018). Programmes and training can be accessed here: www.sensorybeginnings.com; www.eismart.co.uk; www.sensoryattachmentintervention.com.

The role of sensory integration and processing has also been recognised by M-AIMH (Glovinsky & Mahler, 2020)

7. Future vision & recommendations

To fully realise and grow the framework presented herein, the following recommendations are proposed

1. Service Delivery

1.1. Within the National ABC Programme, grow and develop IMH supports for families through a planned and coordinated application of the proposed IMH framework. This approach should support rather than stifle innovation and responses to local need whilst ensuring fidelity and an evolving evidence base. This should include:

- Parent IMH information and workshops,
- Parent – infant/child community-based activities,
- Parenting programmes and
- Parent – infant/child interventions

1.2. Promote consensus and core standards across all ABC service delivery actions in line with the framework, employing the learning from implementation science to ensure this work has a strong evidence base, including:

- clarity around shared outcomes for the work
- agreed data gathering to evidence outcomes
- ensuring fidelity to an IMH framework
- embedding best practice in child, parental and familial participation and engagement

1.3. Develop a framework drawing on Implementation Science to ensure fidelity of relational programmes and approaches and community-based parent workshops, supports and group-based activities.

1.4. All ABCs will have a strong focus on engaging families across all levels of need. The proposed framework proposes that IMH interventions should not be delivered in isolation but within a wraparound model of care where families can be signposted to additional and more intensive ABC interventions or referred for therapeutic/tertiary level care.

1.5. In line with the organisational culture proposed, all ABC Programme Sites should have access to an IMH Specialist to support their work. Additionally, all staff should have access to reflective supervision.

1.6. Explore new developments and professional training that focus on an infant's sensory systems and their responses to their environment (physical and caregiving) and the physiological regulation of infant and parent as their relationship and attachment evolve. Collectively research aligned training in this field to complement and enhance existing IMH knowledge and practice. Additionally, consider the integration of a sensory component into the ABC IMH Framework

2. Capacity Building

2.1. Outline and agree a process through which IMH practitioners can deliver an IMH Masterclass. In drafting this document, the following options were raised in consultation with ABCs:

- Ongoing mentoring and reflective supervision for IMH Trainers

- Consistent experience of participating in an IMH Network
- Direct experience of working with children and parents in an IMH context
- A mechanism for ongoing mentoring for the trainer to ensure both quality and fidelity
- Facilitation and 'train the trainer' experience in supporting adult practice-based learning

2.2 Develop a National ABC Programme approach with national IMH partners to respond to increased demand for IMH Masterclass training both within ABC sites and beyond ABC project areas.

2.3. Review the ABC IMH Capacity Building Strategy as outlined on page 47 to clarify uncertainties and promote consistency of practice across ABC areas. Address, in particular, the support and training needs of IMH Network Facilitators.

2.7. Develop support and training infrastructures with Early Years providers in ABC areas in recognition of their unique role in supporting young children and identifying concerns

3. Systems change

3.1 Agree a mechanism of support for all ABCs to implement an organisational culture as outlined in the proposed Framework.

3.2. Work with national partners to enhance access to a range of IMH training, particularly the IMH Masterclass, to respond to national needs.

3.3. Support and advance the continued roll-out of IMH Networks to provide peer-reflection to interdisciplinary IMH practitioners

3.4. Support the commencement of the I-AMH endorsement process for the Irish Competency Guidelines to increase the availability of endorsed practitioners at the IMH Specialist and IMH Mentor level.

3.5. Consider a National ABC Programme mechanism to support ABC staff to achieve endorsements to practice at Infant Family Support Worker and Infant Family Specialist level.

3.6. The National ABC Programme should consider what level of in-house IMH expertise is required to support IMH work and secure a sustainable mechanism to fund this work.

3.7. The ABC Programme has considerable strengths in working at a systems change level. Establishing clear outcomes for systems change in IMH commencing with those outlined in the proposed IMH framework.

4. National Programme

4.1. An agreed mechanism for demonstrating outcomes is required across ABCs to measure impact and create programmatic learning opportunities in line with best practice in Implementation Science. Such data gathering with monthly updates enables Programme sites to track changes in how parents and families engage in interventions, emerging needs, or other results which may necessitate changing programme delivery mechanisms.

4.2. Embedding agreed and measurable outcomes within the prospective ABC outcomes Framework is a crucial next step in advancing IMH work across ABC sites. There are a range of measures informed by best practice in using data with families and so are in

line with IMH principles and the proposed framework, e.g. The Ounce Scale (Meisels et al., 2003).

- 4.3. Consolidate the expertise and experience of ABC Programme sites to develop a national policy paper to advance IMH within future policy developments as outlined in section 5. In particular, work collaboratively with national IMH partners to map out a national IMH structure of services and supports traversing the HSE, Tusla and the Community and Voluntary Sector along a continuum of need to adequately support infants and young children and their parents/caregivers from pregnancy to 5 years.
- 4.4. Expand and promote IMH by extending the range of potential partners, such as those with an advocacy role in mental health, social justice, parenting, child poverty, and early education and care etc., to collectively advance access to IMH supports across a continuum of need for all infants, young children and their parents.
- 4.5. Secure funding to grow and mainstream community-based parent-infant supports and services delivered by the ABC Programme, guided by a standardised IMH Framework.
- 4.6. Advocate for therapeutic/tertiary level IMH supports across a range of interagency partners, including Maternity and Specialist Perinatal Mental Health Services, Primary Care Psychology Services and CAMHS.
- 4.7. Promote greater access to relational based parenting programme supports for parents during pregnancy and early childhood.
- 4.8. Secure funding to develop an ABC National IMH Lead to support:
 - the coordinated application of the proposed IMH framework
 - grow, develop and align IMH practice across ABC Programme areas
 - collate on the ground best practice and learning and share at a national policy level in conjunction with the National ABC Manager

Summary

'Our challenge is to move this information [knowledge and understanding of IMH] into the mainstream to create a critical mass of people who know and who care, who will over time enable this information to move from understanding to practice' (Karr-Morse & Wiley, 1997)

The history of IMH in Ireland outlines the ongoing challenge faced by the collective of organisations progressing IMH in an Irish context. The ABC Programme has been at the forefront of this, along with I-AIMH, Perinatal Infant Mental Health Subgroup of Psychological Society of Ireland and the many Clinical Psychologists and aligned professionals working both in the HSE and the Community and Voluntary Sector. In their day-to-day work, they forge a path to embed and promote IMH across all child and family services in Ireland.

Advocating for IMH services can often feel like shouting into a vacuum. Those most affected by the absence of services don't yet have a voice. The impact of a lack of services on the lives of children and their families is experienced too late. When the need does emerge, it is a reaction intensive service response that is required rather than a preventative one.

Advocacy for IMH prevention and early intervention is the bread and butter of ABC Programmes. They engage across levels of service delivery, capacity building and systems change within local, regional and national contexts.

This document outlines a foundational IMH framework to support the progress and quality assurance of IMH actions across ABC sites. It is hoped that this framework can promote evidence-based practice through effective service delivery mechanisms to achieve the best outcomes for infants, young children, parents/caregivers, families and communities.

It outlines the reach of ABC work in service delivery and capacity building. It draws on this 'on the ground' experience and expertise to advocate for systems change in partnership with national IMH stakeholders.

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Appendices

Appendix 1 List and contact details of ABC Programmes

NAME	LEAD AGENT	GEOGRAPHIC AREA	WEBSITE
Family Matters	Ballyfermot Partnership	Ballyfermot, Dublin	https://www.bcpartnership.ie/
Youngballymun	Youngballymun	Ballymun, Dublin	https://youngballymun.org/
Grangegorman ABC Programme	Technological University, Dublin	Grangegorman, Dublin	https://www.dit.ie/ace/grangegormanabcprogramme/
Supporting Parents and Early Childhood Services (SPECS)	Bray Area Partnership	Bray, Wicklow	https://www.specsbray.com/
Blue Skies Initiative	Archways	Clondalkin, Dublin	https://blueskiesinitiative.ie/
Early Learning initiative	National College of Ireland	Dublin Docklands and East Inner City	https://www.ncirl.ie
ABC Start Right	Paul Partnership	Limerick	https://www.paulpartnership.ie/abc-start-right/
Childhood Development Initiative	CDI Tallaght	Tallaght, Dublin	https://www.cdi.ie/
Let's Grow Together! Infant and Childhood Partnership	Let's Grow Together! Infant & Childhood Partnership	North West Cork City	www.letsgrowtogether.ie
Preparing for Life	Northside Partnership	Dublin 5 and Dublin 17	https://www.preparingforlife.ie/
Better Finglas	Barnardo's	Finglas, Dublin	http://betterfinglas.org/
The Genesis Programme	Louth Leader Partnership	Louth	https://louthleaderpartnership.ie/service/genesis-programme/

Appendix 2 Details of aligned approaches and programmes under an IMH Framework

Newborn Behaviour Observations system™ (NBO)

Origins: Developed from the work of Paediatrician T Berry Brazelton and Psychologist Kevin Nugent, it builds on the original assessment tool 'The Neonatal Behavioral Assessment Scale (NBAS)' (Brazelton & Nugent, 2011). Drawn from a neurodevelopment and child development perspective, the NBAS is used in clinical settings to observe newborn behaviour and neurological states in response to environmental stimuli. The NBAS focuses on the infant themselves, providing insights to parents and clinicians regarding the infant's competencies.

What is it: Like the NBAS, the NBO has a neurobehavioral origin and is defined as: *"a relationship-based tool that offers individualized information to parents about their baby's communication strategies and overall development, with a view to strengthening the parent-infant relationship"* (Nugent, Keefer, Minear, Johnson, & Blanchard, 2007). It can be described as follows:

- Strengths-based
- It gives voice to how a baby is communicating by tuning into baby behaviour and translating it
- A focus on the behaviour and regulation of the infant and the parent
- Building relationships of trust between parent and practitioner
- Creating a safe space for parents to grow in their relationship with their Infant

Context and use: For use with parents and their infants for up to 3 months, this system provides a complementary tool for supporting infant-parent relationships at the earliest stage. Aligning with IMH and the concepts outlined in figure 5, this tool can be used for prevention and intervention. In a preventive way, it can support a greater depth of understanding within parents of their infant's unique temperament whilst also sharing developmental guidance. Delivered in a context underpinned by best IMH practice, it is an empowering strengths-based tool that may be sufficient to prevent any potential 'mismatch' between infant and parent.

It can provide a first intervention tool to help unpick some contributing elements when there has been a 'mismatch' in an infant-parents relationship.

Training requirements: Unlike the NBAS, a clinical background is not required to train in the NBO system. After direct training, there is a requirement to demonstrate the practice and receive mentoring to achieve certification. Continuous professional development is promoted.

Solihull Approach and Solihull Approach Parenting Programme.

Origins: The Solihull Approach is a way of thinking about working with families and not just a strategy. The theoretical model has developed from three core concepts: containment, reciprocity, and behaviour management. The model integrates psychoanalytic theory, child development theory and behaviourism. The model's theory is used in the planning and delivery of interventions. At the core of the intervention, practitioners listen to and understand the parents' story enabling the parent to find their own solutions. A clear understanding of infant brain development and the importance of the relationship context it develops in is central to the approach.

Context and use: Solihull is a practice framework for working with families. It can be used when working with families in a preventive way or when needs emerge. It can be used in an individual and group context. It provides practitioners with a framework aligned with the organisational cultural content outlined in figure 5. It is a relational approach with a strong focus on understanding early brain development at its core. When used in a one-to-one intervention with families over time, this approach can provide an intervention to effect infant-parent relationship change. When employed in more group contexts, it has a preventative impact.

Training requirements: a two-day foundation training is available to professionals working with families. Having completed the foundation course, Professionals can also complete facilitator training in the Solihull Approach Parenting Programmes.

Mellow Programmes

Origins: Developed in Scotland in 1996, arising from research by a team of Child Psychologists and Psychiatrists and is underpinned by attachment theory.

What is it: It is a parent programme based on the psychological theories of attachment, social learning theory and cognitive behaviour therapy. Mellow focuses on improving parent-child relationships from the antenatal period to five years. The programme aims to reach families and parents who

- have additional support needs, e.g., mental health issues, substance abuse or a learning disability/ who have low levels of literacy
- might find it difficult to engage
- have parent-child relationship problems
- care experienced young people

Context and use: The range of Mellows Programmes are delivered in a group context. The Programmes span a wide age range and those relevant to reference in the context of this paper are:

- Mellow Bumps – Antenatal programme for parents
- Going Mellow – for parents of babies and toddlers (0 – 5 yrs.)
- Mellow Futures – for parents who have a learning disability

Training requirements: Facilitators offer one- and three-day training (depending on the course). Trainees are supported with pre and post evaluations, reflective consultations and programme resources as part of the training package provided.

Circle of Security COSP™

Origins: In 2007, Kent Hoffman, Glen Cooper, and Bert Powell created the Circle of Security model using object relations, attachment theory and family systems theory.

What is it: COSP provides a visual map of attachment. The Circle of Security figure is a central visual used as part of interventions for caregivers, all of which are focused on helping caregivers reflect upon children's attachment needs to promote secure attachment with a child.

Context and use: There are two core Circle Of Security programmes: COS Intensive (COS-^{ITM}) for licenced clinicians and COSPTM, for any professional working with young children and their families. ABC sites have predominantly trained staff in the COSPTM programme. Facilitators can deliver the COSPTM programme to parents/carers of children from infancy to six years. It is delivered in a group format for 8 weeks.

Training requirements: For COSPTM practitioners, complete a 4-day in-person training or 1 to 2-week online facilitator training. Facilitators are encouraged to engage in fidelity coaching.

peep Antenatal Programme

Origins: peep antenatal programme was developed with Professor Jane Barlow and colleagues at the University of Warwick Medical School. It was initially known as peep Reflective Parenting.

What is it: A programme to support parent-baby bonding and attachment by helping parents to:

- think about their baby, tune in to their baby's feelings and respond sensitively
- awareness of the social and emotional aspects of the transition to parenthood
- manage their own (sometimes difficult) feelings that a new baby arouses
- meet other expectant or new parents and develop a supportive network
- reduce the risk to the early parent-infant relationship

Context and use: The Programme can be used perinatally during pregnancy (from 28+ weeks is recommended) to the early weeks following birth. It can be used for a flexible number of sessions, including one-to-one or groups with parent/s and their baby.

Training requirements: A one day peep antenatal training equips practitioners with the knowledge, practical skills and resources to deliver the peep Antenatal Programme.

peep Learning Together Programme (LTP)

What is it: This course builds on practitioners' skills and understanding in supporting parents/carers with their children's learning and development from birth to preschool.

Context and use: Practitioners have online access to the whole LTP programme, from which they can choose any topic to meet the needs and interests of families. The programme can be used with families online or face-to-face.

Training requirements: **Training takes place** currently online - 2 full days or 4 half-days. Extensive post-course delivery support to offered to Practitioners

The Growing Brain

Origins: The early years of life are a period of significant brain development, characterized by great opportunity and vulnerability, dependent on the relationships and environment in which the child is growing.

This training focuses on giving trainers evidence-informed strategies to prepare early childhood practitioners for their vital role in building healthy brains. The curriculum provides a comprehensive understanding of how the brain develops and ways practitioners can encourage healthy brain development in children from birth to 5 years old.

Context and use: Practitioners complete a Train the Trainer Programme, which provides them with practical strategies to support early childhood practitioners in creating environments and interactions that foster positive brain development. Participants will learn skills and strategies for:

- Teaching Early Childhood Practitioners about brain development to inform their practice
- Supporting language, cognition, prosocial behaviour, and social-emotional development
- Reducing toxic stress that can negatively influence the brain development of very young children

Training requirements: Practitioners complete a 5-day Train the Trainer programme.

Northamptonshire Baby Room Project

Origins: It was developed by Educational Psychologists and 'Birth to Three Advisors' in Northamptonshire in response to a need for Early Years practitioners and parents to be more aware of babies' development and what impact the early experience has on a developing infant, a need identified by Psychologists visiting nurseries and Children's Centres. The Northamptonshire Baby Room Project audience includes Early Years Practitioners, Educational Psychologists, Social Workers, Advisers, and Family Support Workers.

What is it: The programme promotes early intervention at a pivotal point in life with lasting positive effects. The essence of the Northamptonshire Baby Room Project is promoting quality interactions with babies.

Context and use: The project provides training courses for practitioners, parents and foster carers. The Practitioners course consists of three sessions over three months which cover: baby brain development; emotional development; playing and laughing

Training requirements: Participants complete 3 training sessions and receive a practitioner's manual to support practitioners use the approach with caregivers.

Appendix 3 Youngballymun and Let's Grow Together: Infant Mental Health Capacity Building Strategy

Infant Mental Health (IMH) is defined as the developing capacity of the infant (from birth to 3 years of age) to experience, express, and regulate emotions, form close and secure relationships, and explore the environment and learn. All of these capacities will be best accomplished within the context of caregiving environments that includes family, community and cultural expectations for young children. Developing these capacities is synonymous with healthy social and emotional development. (Zero to Three, 2001, 2012). Zeanah & Zeanah, (2009)

IMH also includes the growing field of research and practice devoted to promoting healthy social and emotional development, prevention of mental health problems, and treatment of mental health problems in very young children in the context of their families. (Zero to Three, 2012)

This later expansion of the *Zero to Three* definition is particularly useful because it specifically addresses the four primary areas of services: promotion, prevention, early intervention and treatment (Brandt, 2014).

IMH is an interdisciplinary field of practice. Focusing on the strengths and capacity of caregiving environments, it emphasises both the impact and importance that caregiving environments have on a young child's emerging social and emotional development. The complexity of this developmental stage both from a developmental perspective and from the perspective of providing appropriate early interventions for the problems which infant and toddlers may endure, must be matched with timely and appropriate comprehensive services.

This is critical to ensure infants, toddlers and young children reach their full potential and essential in reducing the burden and economic cost of suffering and ill-health across the lifespan.

IMH training has long been recognised as a necessary component of developing skills and competencies in promoting early social and emotional health and wellbeing and in remediating mental health problems during infancy and toddlerhood.

In this respect, IMH capacity building is a core strand of the work of both *Youngballymun* and *Young Knocknaheeny*. In response to the identified need for capacity building in IMH, and several requests for training, *Young Knocknaheeny* and *youngballymun* have worked together to develop an agreed interdisciplinary training model for early years practitioners.

This document outlines the stages and steps involved in delivering and implementing an IMH training and capacity building model.

1. Expression of interest from individual/group in a particular area

- a. A community of practitioners in a particular area who work with expectant parents and/or 0-3-year-olds and their parents are interested in developing their theoretical and practice capacity in the field of IMH.
- b. A small core group of committed individuals and/or a particular agency/organisation are willing to co-ordinate and drive the development of this work in practice.

- c. *Youngballymun* and/or Young Knocknaheeny are invited to advise and support the development of this work.

2. Pre-implementation discussion

- a. Introductory/exploratory meeting between core group/organisation and personnel from Young Knocknaheeny or *Youngballymun*.
- b. Assessment of readiness of new area to embrace an IMH approach to service delivery and form and sustain an IMH Learning Network.
- c. Assessment of the available capacity of *Youngballymun* and/or Young Knocknaheeny
- d. Discussion of costing
- e. Decision to proceed, underpinned by Memorandum of Understanding

3. Introductory presentation with key practitioners

- a. Two hours
- b. Provided by *Youngballymun* and/or Young Knocknaheeny

4. Briefing for key service managers

- a. Guidance on how to 'pitch' session and key personnel to invite
- b. 90-minute input provided by Young Knocknaheeny or *Youngballymun*.

5. Masterclass Infant Mental Health Training

- a. Provided by *Youngballymun* and/or Young Knocknaheeny over two days as a starting point for learning in IMH, with deeper knowledge and skills development to be facilitated by network post-training.
- b. Important that managers sign off on practitioners' participation in the training and that availing of the training is linked to membership in the IMH Learning Network thereafter.
- c. 2 Day Training follows established curriculum and learning objectives (aligned to the Michigan Association of Infant Mental Health competency framework), using blended learning that comprises interactive and experiential learning methodologies.
- d. Essential that training participants attend the full training sessions
- e. Participants complete a comprehensive training evaluation provided by Young Knocknaheeny / *Youngballymun* trainers.

6. Co-ordinating Group for Infant Mental Health Network

- a. Identify a group of 3-4 individuals who will take responsibility for leading and facilitating this work.
- b. Meeting between Co-ordinating Group and relevant people in Ballymun/Knocknaheeny.
- c. Co-ordinating group reviews MOU and agree to Terms of Reference for the Infant Mental Health Network.
- d. Sharing of resources and materials by Young Knocknaheeny / *Youngballymun*, as appropriate

7. Establishment of Infant Mental Health Network

- a. Group meets monthly for a minimum of 90 minutes.
- b. Initially, the group is drawn from practitioners who have participated in the two-day training, but consideration should be given to whether the group is open/closed after that point. Each approach has advantages and disadvantages that can be adapted to accommodate local circumstances.

- c. The group follows an agreed curriculum during the first year, with group members taking responsibility for preparing and delivering presentations to colleagues on a rotating basis.
- d. *Youngballymun* and/or *Young Knocknaheeny* can guide the outline for the curriculum (aligned to the Michigan Association of Infant Mental Health competency framework) and signpost towards key reading.
- e. IMH resources and materials should be sourced by the group and shared with members, e.g., IMH textbooks, journals etc.

8. Reflective Practice Supervision for Group Facilitators

Reflective Practice Supervision is essential and core to developing capacity and competencies in IMH. *Youngballymun/Young Knocknaheeny* will work across ABC areas as necessary to support access to appropriate Reflective Supervision for facilitators of the Learning Network. Whilst gradual reflective practice supervision skills are emerging among current IMH Learning Networks facilitators and the Irish Association for Infant Mental Health, investment will be required to grow capacity among group leadership. As IMH remains a new and emerging service delivery model, support will be needed to initially advance this service model from our international colleagues. Accessing support is also required to maintain and sustain consistency and fidelity to the principles and practice underpinning IMH Learning Network models and the evidence base regarding the science of early development.

9. Irish Association for Infant Mental Health (IAIMH) www.iaimh.ie

Members of the IMH network are actively encouraged to join the Irish Association of Infant Mental Health for ongoing support, professional development and training opportunities.

10. World Association for Infant Mental Health (WAIMH) www.waimh.org

Members of the IMH Network are also encouraged to become members of the international community of IMH practitioners, researchers and policymakers by becoming a member of WAIMH.

The subscription costs are very modest; membership affords members access to the internationally renowned *Infant Mental Health Journal* and the compelling literature and research accompanying this complex developmental period.