





Building Relational Capacity in Parents and Children: Evaluation of Youngballymun Infant Mental Health Programmes

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Table of Contents

| Acknowledgements | 3 |
|--|----|
| The Research Team | 3 |
| Executive Summary | 4 |
| The Context | 4 |
| The Evaluation | 4 |
| Results | 5 |
| Conclusions & Recommendations | 7 |
| Conclusions | 7 |
| Recommendations | 7 |
| 1.0 Introduction | 9 |
| 1.1 Background: What do we know about IMH? | 9 |
| Approaches to Parenting Programmes for IMH | 10 |
| Advantages and Disadvantages of Parenting Programmes | 11 |
| Parenting Programmes and Technology | 12 |
| Limitations to the Research | 13 |
| Summary | 14 |
| 1.2 Study Context & Rationale | 14 |
| 1.3 YB IMH Programmes | 16 |
| Newborn Behavioural Observation (NBO) | 16 |
| Baby Massage (BM) | 16 |
| Baby Ballymun Workshops (BBW) | 17 |
| Talk and Play Everyday (T&P) | 17 |
| Circle of Security® Parentina™ (COS-P) Programme | 18 |

| Therapeutic Home Visiting (THV) | 18 |
|---|----|
| 1.4 Referrals to the IMH Programmes | 18 |
| 1.5 YB Ethos: Vision, Mission, Goals & Values | 19 |
| 2.0 The Evaluation | 22 |
| 2.1 Methods | 22 |
| 2.2 Study Aims | 23 |
| 2.3 Participant Recruitment | 24 |
| 2.4 Study Limitations | 24 |
| 3.0 Results | 26 |
| 3.1 Qualitative Findings | 26 |
| Wider Stakeholders | 26 |
| Summary | 29 |
| Practitioners Trained and Supported in IMH | 30 |
| Summary | 34 |
| YB Staff | 34 |
| Summary | 42 |
| Parents | 43 |
| Summary | 57 |
| 3.2 Quantitative Analysis | 57 |
| 3.3 Summary of Qualitative and Quantitative Results | 61 |
| 4.0 Conclusions and Recommendations | 63 |
| 4.1 Conclusions | 63 |
| 4.2 Recommendations | 67 |
| References | 69 |

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The Research Team

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Executive Summary

The Context

A secure attachment between the primary caregiver / parent and child is necessary for a child's healthy emotional and social development, their physical and mental health, and their resilience or capacity to manage life demands and stresses. The relational capacity of parents can be compromised by a range of social and environmental factors, leading to personal and interpersonal stress and reducing parental ability to engage with and care for a child.

Ballymun is a recognised area of social and economic deprivation and Youngballymun (YB) was established in 2007 to promote positive wellbeing and learning outcomes for children from pre-birth onwards.

To this end they have provided a suite of Infant Mental Health (IMH) programmes to support parents in their role as key change agents in their children's lives, in order to put children on a positive developmental trajectory.

These IMH programmes need to be evaluated to establish a sound evidence-base for responding to families vulnerable to relational rupture and the negative consequences of this on children's welfare and the quality of family life.

The Evaluation

The overall aim of this project was to establish the acceptability (relevance and benefits) of the YB IMH activities, primarily the programmes provided to families that are specifically designed to enhance relational capacity. Related activities, such as IMH awareness raising, capacity building, and support among professionals, were also briefly reviewed.

Using a mixed methods approach the study sought to:

- Capture the views and experiences of parents availing of the IMH interventions, of staff delivering the IMH interventions, of practitioners who were trained and supported in the delivery of IMH interventions, and of wider stakeholders involved with YB IMH programmes.
- Establish patterns of programme engagement among parents.
- Establish levels of parental satisfaction with the services provided.

Data were gathered from a number of sources including: documentation on programme engagement (due to COVID-19 pandemic related service disruptions in 2020 and 2021, 2019 data were used); the Client Satisfaction Questionnaire 8 (Larsen et al, 1979) implemented in 2021; and, semi-structured one-to-one and group interviews with parents (n=14) and YB staff delivering the IMH programmes (n=6) over the 3 year period 2019-2021, practitioners who were trained in the IMH programmes (n=7), and wider stakeholders who had involvement with the YB IMH programmes (n=2).

Results

The combined qualitative findings and quantitative results indicate that the YB IMH programmes were acceptable to those receiving and delivering them and that YB impacted significantly on IMH awareness and expertise nationally in the Area Based Childhood (ABC) programmes and among the voluntary and statutory services.

The IMH programmes were deemed relevant to the needs of parents seeking to improve their relationship(s) with their child(ren) and to YB IMH staff seeking to enhance relational capacity in families. These programmes were also acceptable to other professionals who have been supported by YB to avail of IMH training and to deliver these programmes.

The IMH programmes were also deemed beneficial by parents, staff and wider stakeholders. Benefits to families include; improved family relationships and parent-

child relationships, enhanced parental and child emotional and psychological well-being, increased parental understanding of and attunement to the needs of children, enhanced parenting skills, and increased confidence in parenting. Additionally parents gained personally in terms of increased insight into their own emotional, psychological and social needs, thereby enhancing reflective parenting, increasing relational capacity at a community level and improving parental well-being.

Parents reported high levels of satisfaction with the programmes. The content, delivery and ethos of the IMH programmes was deemed important in facilitating engagement. In particular the collaborative, non-judgmental and respectful approach of staff working in IMH at YB was central to building good working relationships with parents and maintaining partnerships with other services in the area and nationally.

The unique contribution that the IMH programmes make locally and nationally was recognised, specifically the potential for such programmes to break the cycle of trauma, and improve parenting, family and community relational capacity.

The online delivery during 2021 was primarily perceived as positive. It suited many parents as it made the IMH programmes easily accessible. However, some struggled with the use of technology and missed the in-person experience for themselves and their child(ren).

When compared with the four crucial elements for effective IMH interventions proposed by McAllister and Thomas (2007), (transdisciplinary teams, reflective supervision, an integrated and empathic view of the child's needs, and incorporation of psychosocial and socioeconomic or ecological factors), the YB IMH programmes measure strongly.

Challenges in sustaining the YB IMH programmes were noted and relate primarily to resources, including securing ongoing funding and staffing levels.

Conclusions & Recommendations

Conclusions

The IMH programmes are acceptable to those receiving and delivering them.

They are deemed to be of high quality and parents were highly satisfied with their content, structure and delivery processes. They fulfil the criteria proposed for effective IMH programmes (McAllister & Thomas, 2007).

The benefits accrued from the YB IMH programmes are consistent with the aims of IMH interventions generally: to increase parenting knowledge, skills and sense of competence; improve child behaviour and emotional stability; and enhance parental well-being. These programmes have the potential to break the cycle of unhelpful parenting practices across generations and in the wider community. The wider impact of YB in capacity building by supporting the training and practice of professionals and other services within and external to the ABCs was also evident.

COVID-19 restrictions and adaptations influenced programme delivery in 2020 and 2021, raising some challenges while also having advantages, and may provide creative opportunities into the future in terms of accessibility and engagement.

The delivery of these programmes locally and nationally through the ABCs and other service providers is crucial to promote IMH awareness and nurturing in the community and requires resources to sustain their quality, delivery and evaluation.

Recommendations

1. As the IMH programmes delivered at YB have shown acceptability, it is strongly recommended that they continue to be delivered in person and online to accommodate the preferences and circumstances of families.

- 2. YB works in partnership with other services to deliver IMH programmes and it is recommended that they continue with these collaborations locally to partially address resource issues.
- 3. YB builds IMH capacity among practitioners (within the ABCs and statutory and voluntary sectors) and it is recommended that this important role is maintained to expand knowledge and skills in IMH and sustain the IMH programmes locally and nationally.
- 4. Given the learnings from the current COVID-19 context, it is worth considering IMH programme advertising if referral pathways continue to be disrupted and, given the invisibility of fathers generally in IMH programmes, develop strategies to engage them.
- 5. To facilitate future evaluations that can inform service planning and delivery it is recommended that: routine outcome evaluations and feedback continue and be gathered and analysed; information be routinely recorded on referrals, programme offers, uptake, and reasons for non-uptake or non-completion; routine evaluation of attendee satisfaction levels be recorded; and the plan to introduce a programme outcomes framework across the ABCs be activated as soon as possible.
- 6. It is recommended that the resources required for the sustainability and expansion of these high quality and specialised programmes and community and national activities be reviewed and addressed going forward.

1.0 Introduction

This first section of the report will outline the background and rationale for the current evaluation of the Infant Mental Health (IMH) programmes and related activities at Youngballymun (YB), situating this in the extant literature and local context. It will also describe the IMH interventions offered by YB, outline referral systems and processes, and describe the ethos and methods of work that underpin these programmes.

1.1 Background: What do we know about IMH?

IMH refers to young children's social and emotional development. IMH aims to establish positive developmental pathways for infants and young children, to promote optimal growth and development and to improve young infants' outcomes through understanding their needs (McAllister & Thomas, 2007; Zeanah & Zeanah, 2019). Early intervention has been shown to be key in preventing serious, negative lifelong mental health consequences for children later in life and promoting children's development in their early years. Research has shown that the earlier an intervention can occur, the greater the outcomes and thus, time spent nurturing IMH during a child's early years has proven invaluable. Furthermore, parenting impacts a whole community and developing nurturing parent-child relationships is important for addressing and preventing violence on a community and societal level (Whittaker & Cowley, 2012). However, the relational capacity of parents can be compromised by a range of social and environmental factors such as poverty, marginalisation and intergenerational trauma, leading to personal and interpersonal stress and related problems, such as substance misuse and mental health problems, reducing capacity to engage with and care for a child.

Typically IMH intervention programmes focus on the infants' parents and their family environments (McKelvey et al., 2015) as infants are largely dependent on the parent-infant relationship (Zeanah & Zeanah, 2019). Thus, they are often referred to as parenting programmes. These programmes are usually short-term, delivered to groups or individually, and facilitated by social care, health or voluntary agencies. Through improving parents' skills, knowledge and / or self-belief in their parenting capabilities

(Whittaker & Cowley, 2012), they aim to improve the relationship between parents and their children and the child's behaviour (Mytton et al., 2014). Such early intervention has been shown to have cost benefits (Edwards et al., 2007), as well as positively impacting children's neurological development (Swain et al., 2007). McAllister and Thomas (2007) highlight four crucial elements for an effective IMH intervention: transdisciplinary teams, reflective supervision, an integrated and empathic view of the child's needs, and incorporation of psychosocial and socioeconomic or ecological factors.

Approaches to Parenting Programmes for IMH

Parenting programmes have been based on two major theoretical approaches: behavioural and relational approaches (Mytton et al., 2014). Behavioural approaches, based on social learning theory (Bandura, 1977), teach parents positive discipline practices (Mytton et al., 2014) by encouraging parents to respond to their child's positive behaviour rather than their negative behaviour. Relational approaches aim to improve the relationship between parents and their children by correcting parents' misattributions about their child and increasing their understanding and knowledge about their child's developmental stages and behaviour (Mytton et al., 2014). Relational approaches focus on encouraging parents to re-evaluate their child's behaviour. Instead of parents viewing "negative" or "unwanted" behaviour as a child misbehaving, parents are encouraged to see that behaviour as developmentally appropriate and a way for their child to demonstrate their agency and need for connection with their parent. Relational approaches move the focus from the outcome (the child's behaviour) to the processes through which behaviour is fostered, and are centred around mutually responsive, bidirectional parent-child interactions (Marsh et al., 2020). IMH has been led by a relational approach, meaning infants are assessed and understood through their primary caregiving relationships. Strengthening these relationships promotes healthy social and emotional development (McKelvey et al., 2015; Zeanah & Zeanah, 2019). These approaches have also been used to target other areas of parenting, such as improving healthy lifestyle choices such as diet (Marsh et al., 2020).

Advantages and Disadvantages of Parenting Programmes

In addition to high efficacy rates for child outcomes parenting programmes have been shown to have positive psychosocial outcomes for parents, such as: improved parental mental health at least in the short-term (Barlow et al., 2014; Furlong et al., 2012); increased satisfaction in their relationship with their partner (Barlow et al., 2014); improved parental well-being (Lindsay et al., 2011); increased parental self-efficacy (Bloomfield & Kendall, 2012; Hohlfeld et al., 2018); altered parental attributions (Whittingham et al., 2009; Wiggins et al., 2009), an enhanced sense of parental competence (Deković et al., 2010; Landy & Menna, 2006; Leung et al. 2003), confidence and skills (Barlow et al., 2014; Gardner et al., 2006), all of which have been shown to lead to positive changes in parenting practices (Deković et al., 2010; Jones & Prinz, 2005; Mouton & Roskam, 2014). Baby massage classes have shown improved quality of mother-child interactions and higher couple satisfaction, particularly among mothers with low levels of psychological distress (Porreca et al., 2017). Positive parental outcomes, for example decreases in dysfunctional parenting, have been shown to act as mediators resulting in positive outcomes for the child (Gardner et al., 2006; Hanisch et al., 2014).

Importantly, the impact of a parenting programme, regardless of content or quality, is entirely dependent upon its ability to reach and engage parents (Piotrowska et al., 2017) and research suggests that parents frequently encounter barriers when attempting to access such programmes (Owens et al., 2002). Situational barriers include; time constraints, transport difficulties, financial constraints, inaccessible location (Koerting et al., 2013), and language, literacy, ethnic and socioeconomic circumstances (Mytton et al., 2014). Service barriers include: long waiting lists, limited programme places, lack of accurate information or misinformation about available services, poor communication between agencies, and disorganised referral routes (Koerting et al., 2013). Some psychological or perceptual barriers include; shame and a fear of stigmatisation, guilt, a lack of confidence, concern about being labelled as a bad or inadequate parent, and distrust of authorities or of course facilitators (Koerting et al., 2013; Mytton et al., 2014). Lack of trust can be exacerbated by cultural or ethnic differences between the parents and facilitators (Owens et al., 2007), prior contact with

justice systems (Cortis et al., 2009), and in tight-knit communities (Boydell et al., 2006; Pullmann et al., 2010). Factors that help parents to access parenting groups include; a convenient time and venue, and having effective advertising and good service promotion (Mytton et al., 2014).

Uptake and completion rates also vary greatly (Friars & Mellor, 2007; Kazdin, 1996). Engaging both parents, fathers in particular, can also be quite challenging (Panter-Brick et al., 2014). Engagement can be hampered by factors such as: parents struggling with the group dynamics; finding the programme unhelpful, difficult or stressful; and changes in personal or interpersonal circumstances, such as lack of family support (Koerting et al., 2013). Factors that enhance engagement include: clearly addressing the needs of the family (relevance); having a focussed and tailored content; skilled facilitation; having a safe and supportive group environment (Koerting et al., 2013; Mytton et al., 2014); and having good quality and trusting relationship between parents and facilitators (Mills et al., 2012). One study also found having additional between-session contact (e.g. home visits, phone support) positively impacted parents continued engagement with the programme (Koerting et al., 2013). Parents reported enjoying programmes where they felt they were learning relational skills, and were able to meet others with whom they felt safe to talk, exchange ideas and support each other (Mytton et al., 2014).

Parenting Programmes and Technology

Technology can assist parenting interventions by increasing accessibility, delivering more content or by increasing communication between those providing the service and the parents (Corralejo & Domenech Rodríguez, 2018). Hall and Bierman (2015) reviewed a wide range of online parenting interventions and concluded that online educational materials, guidance and modelling for parents appears to influence parent-related knowledge, attitudes and in some cases to provoke behaviour change when compared to groups with no or minimal intervention. They also found that acceptability of various technology-assisted parenting interventions was mixed and appeared to be dependent on the technology medium used.

Some differences between online and in person delivery include; online delivery can be conducted in the child's home or natural environment (Bruder, 2010); a child might behave differently when alone with their parents and there is no service provider present (Meadan & Daczewitz, 2015); and parents may participate more actively when the service provider is more distant (Blaiser et al., 2012; Hamren & Quigley, 2012). Parents may be more passive when the service provider is physically present as they observe the service provider working with their child (Wagner et al., 2003). Factors such as the quality of the online platform, access to and comfort levels with technology, and the existing relationship with the service provider may also influence the experience.

Web-based parenting interventions have shown success in some cases (COMET; Enebrink et al., 2012) often leading to improved parental knowledge, parental efficacy and behavioural changes in the child. Hybrid approaches have also been shown to work. For example, Baharav and Reiser (2010) found that having an in person session and a home-based online session instead of two in person sessions of speech and language therapy appeared to be effective with most children's communication behaviours improving and parents reporting that they were comfortable using the technologies provided.

Limitations to the Research

Measuring the impact of early intervention programmes / parenting programmes can be challenging for a number of reasons. Outcomes are often subtle or invisible, and depend on a range of factors, such as the ability of the child. Different measures have been used to evaluate acceptability, such as: dropout rates, consumer satisfaction ratings (Hoath, 2020), or asking parents directly about programme strategies and the suitability of the process of teaching (Houlding et al., 2012). Some evaluations fail to control for biases when samples have been changed by non-attendance and drop-out (Whittaker et al., 2006), and there is lack of agreed operational definitions and clearly defined methods for measuring drop out (Snell-Johns et al., 2004). Furthermore, much of the research in this area has focused on the views of stakeholders, policy makers, researchers or providers (Moran et al., 2004), rather than the parents themselves, therefore more research is needed to give the parents and participants of such programmes a voice.

Summary

In summary, the literature indicates that IMH is a complex area of intervention, primarily focusing on parents rather than infants, and that while a range of programmes have been developed, they can be difficult to access, engage with and evaluate. Therefore, when reviewing IMH programmes it is important to take into account factors that facilitate and hinder access and engagement, subtle influencing factors and often hidden outcomes and to incorporate a range of perspectives particularly that of parents.

1.2 Study Context & Rationale

Ballymun is a recognised area of social and economic deprivation with a disproportionately high level of lone parent families, the household type most at risk of poverty, a majority of households living in local authority housing (52%), and high rates of unemployment. YB was established in 2007 as a "social regeneration strategy that together with the implementation of the regeneration masterplan, could incrementally transform the social and economic environment of Ballymun" (Youngballymun, 2019).

YB operated as a community based programme funded jointly by the Department of Children and Youth Affairs (DCYA) and Atlantic Philanthropies¹ (AP) from 2007-2013. It formed part of the Prevention and Early Intervention Programme (PEIP) in three areas, with each area meeting regularly with both funders. In 2013, PEIP transitioned to the Area Based Childhood² (ABC) Programme and extended to 12 programmes in total. The DCYA and AP funded the ABC Programme between 2013 and 2018, with significant investment of €34 million over the six year period for the design, planning, implementation and evaluation of evidence-informed practice in children's services.

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¹ Atlantic Philanthropies were founded in 1982 by Irish-American businessman Chuck Feeney and provided funding for health and socially oriented projects internationally

² The ABC programme was established under a commitment in the Programme for Government to adopt an area-based approach to tackling child poverty

This extensive programme of research was undertaken to gather learning on the processes of implementation and outcomes achieved. Since November 2018, the programme has been aligned with Tusla, the Child and Family Agency under its Prevention, Partnership and Family Support Programme (PPFS) with funding from the current Department of Children, Equality, Disability, Integration and Youth.

YB works in partnerships with local service providers and nationally with the other 11 ABCs to deliver better outcomes for children and families. YB provides, and supports, the delivery of a number of programmes that specifically aim to enhance relational capacity by building parenting skills and knowledge, protecting against the risk of physical and mental health problems (Youngballymun, 2019). Thus, YB works at three levels; direct programme delivery to parents, workforce capacity building with local and national services, and systems change work at a national level. Activities that address the latter two goals include; designing and delivering IMH Master Classes, offering IMH Reflective Supervision to professionals (e.g. Public Health Nurses (PHNs), Speech and Language Therapists (SLTs), addiction services, early years, and YB staff), funding places on training in and supporting implementation of IMH interventions (Baby Massage, Circle of Security® Parenting™, Newborn Behaviour Observation), coordinating the Youngballymun IMH Network, supporting other ABCs to establish IMH learning networks, presenting IMH practice models to third-level institutions, and raising awareness of the impact of Adverse Childhood Experiences (ACE's). YB also provides supports to parents and practitioners under its Social & Emotional and Language & Literacy Programmes.

Direct service delivery centres around a number of IMH programmes that aim to enhance relational capacity in families and the local community including; Newborn Behaviour Observation, Baby Massage, themed workshops for parents of under 3 year olds, Circle of Security® ParentingTM, Talk and Play Everyday, and IMH Therapeutic Home Visiting. Relationship based programmes that support parents in their role through reflection, modelling and learning new skills, provide opportunities to put children on a positive developmental trajectory, better enabling them to take advantage of other opportunities into the future and promote resilience. Therefore, such interventions need to be evaluated to establish a sound evidence-base for responding to parents and children

vulnerable to relational rupture. This project is focused primarily on evaluation of the IMH programmes provided to parents by YB, specifically the acceptability of these programmes to those delivering and receiving them (relevance to their needs and perceived benefits to families). It also reviewed related IMH activities, such as IMH awareness raising and capacity building among professionals.

1.3 YB IMH Programmes

Each of the six IMH programmes, which comprise a suite of interventions provided by YB, is briefly outlined below.

Newborn Behavioural Observation (NBO)

NBO is a once-off intervention that takes about 45 minutes and is delivered on a one-to-one basis to families with babies under 3 months. The NBO system is a tool designed to help parents and practitioners share together the uniqueness of each baby, by observing how babies communicate through their behaviour. It aims to support parents' reflective functioning by helping them to tune into their baby's various ways of communicating with them and understanding what their baby is telling them, their likes and dislikes and the kind of supports their baby needs. This programme was not delivered during COVID-19 restrictions but with lifting of restrictions it has been re-introduced to parents in their homes.

Baby Massage (BM)

BM is a five-week group programme that runs continuously throughout the year. BM supports parents to tune into their baby's cues, while offering nurturing touch through massage strokes. It aims to enhance parent-infant bonding and the quality of their interaction together, providing parents / caregivers with an opportunity to connect with their baby beyond the basic needs of feeding and changing. The sessions also provide a space for parents to meet other parents to discuss their concerns and share their

experiences of parenting an infant. It is delivered by one facilitator and transitioned to online delivery during COVID-19 restrictions.

Baby Ballymun Workshops (BBW)

BBW are once-off workshops using a relationship-based approach for parents of children under three years of age on particular topics, for example, feeding and weaning. The workshop uses an evidence based intervention designed by Ellyn Satter: The Satter Division of Responsibility in Feeding (sDOR) approach encourages parents to take leadership with the *what*, *when*, and *where* of *feeding* and give children autonomy with the *how much* and *whether* of *eating*. The workshops aim to support parents to view feeding from their infant or young child's point of view and to support children's eating competence. These workshops are delivered in groups of up to ten parents and are delivered by one facilitator.

Talk and Play Everyday (T&P)

T&P is a weekly parent and toddler (12 to 24 months) group that runs during the school term and is delivered by two facilitators. It aims to improve parent-child interactions by increasing parents' understanding of child development and supporting parents to build confidence in their relationship with their children through play. Facilitators follow the lead of the parents and guide them through modelling, while encouraging parents to be curious about their children. T&P is informed by the theory and practice of Infant Mental Health, Hanen: You Make the Difference® and HighScope Infant-Toddler Curriculum. T&P did not run during the COVID-19 restrictions, instead staff maintained telephone or online support for parents and started to develop relationships with those on the waiting list for the service. More recently the group has moved outside to a community garden.

Circle of Security® Parenting™ (COS-P) Programme

COS-P is an attachment-based group programme that can also be delivered on a one-to-one basis. It consists of eight to ten sessions delivered weekly. COS-P aims to support the development of reflective functioning in relation to parenting and to strengthen the parent-child relationship. The model uses video clips to introduce parents to attachment theory in an accessible manner and to invite them to engage in reflective dialogue regarding their strengths and struggles in parenting. COS-P is normally facilitated by two staff and is run in a community setting however, during COVID-19 restrictions it was moved online and was facilitated by one staff member.

Therapeutic Home Visiting (THV)

THV is offered to families on a one-to-one weekly or fortnightly basis that continue for as long as is required or until the child reaches three years. The aim of THV is to support infant and parent mental health by increasing parental understanding and promoting appropriate and consistent responses to the child's emotional needs. Grounded in Selma Fraiberg's IMH work, the service is an intervention model for challenged parent-infant relationships. Challenges such as feeding, sleeping, soothability or behaviour are viewed through the prism of the parent-infant relationship. Families may also be referred due to difficulties in the parents' own childhood or parental mental health. THV is offered by a small team of practitioners with specialist IMH training. THVs were suspended during COVID-19 restrictions and were replaced by phone or online support.

1.4 Referrals to the IMH Programmes

Parents are directed to the IMH programmes on an ongoing basis from a range of sources (e.g. schools, General Practitioners, PHNs) as well as self-referral. At the time of referral, verbal consent is given to share parent contact details (name, address, telephone number) and baby / toddler's date of birth. When recruiting for a programme, phone or text contact is made directly with parents on the waiting list, and information

is provided on the available programme. Parents who sign up are placed on an intervention list and more information is taken such as the baby's name, information on other children's ages, and if childcare is needed (offered when running COS-P in partnership with Tusla). Programmes are generally over-subscribed to allow for drop off.

When a programme is due to commence a reminder text is sent to the parent(s). Those who do not attend (DNAs) are contacted by phone and invited to attend the next session or have a catch-up session, where appropriate. If they do not come for this session they are contacted again and asked if they want their details retained for the next group. If a response is not forthcoming they will be kept on the programme list and further contact made at the next opening. A general rule of thumb is 2 invitations to those who do not respond and then they are removed from the list as it is assumed that they do not wish to proceed. Those who are unable to complete a programme but remain in contact are kept on the list indefinitely or until their child reaches the upper age threshold for the programme. Contact is also made with parents who engage but miss a session and, depending on the group, they are invited to attend the following session or avail of a catch-up session.

Staff described engagement as challenging for some parents and they may decline, partially engage with, or drop out of an IMH programme. They suggested that this may be due to parents experiencing the method of working as too demanding and may feel unsafe. Offering a suite of programmes is viewed as one way to address this, whereby parents may be offered less intensive interventions initially and then progress to more in-depth work.

1.5 YB Ethos: Vision, Mission, Goals & Values

The ethos of YB underpins all IMH activities. YB (2022) describes its vision, mission, goals and values as follows:

"Vision

Children and families in Ballymun are physically and emotionally healthy and secure and have multiple opportunities to reach their full potential. Youngballymun collaborates with our partner organisations to deliver better outcomes for children and families to make this vision a reality.

Mission

To promote secure relationships and deliver positive wellbeing and learning outcomes for children from pre-birth on.

Goals (2022-2026)

Goal 1. Frontline Delivery: To engage parents as key agents in supporting the learning and emotional, social, cognitive and physical well-being of their children in Ballymun.

Goal 2. Capacity Building: To build the capacity of service providers, organisations and practitioners to implement parental engagement and evidence-based methods of working in Ballymun and in other areas as relevant.

Goal 3. Systems Change: To contribute to changing systems through involvement in the ABC Programme Nationally and engagement with decision makers in Service Providers and 3rd level institutions regarding the key aspects of prevention, early intervention and parental engagement.

Goal 4: To ensure Youngballymun operates to the highest standards of excellence and sustainability.

Values

Belief in People: We believe in the unique human potential of each and every person. We strive to create opportunities to develop this potential in all aspects of our work. We place meaningful, trusting relationships at the centre of all that we do. We believe we all have the capacity to learn and change in a way that is empowering and fulfilling. We encourage the active participation of children, young people and their parents in being the agents of their own development and the advancement of Ballymun.

Respect: In all our work, treating children and young people of Ballymun, their parents and the community with respect and dignity is paramount. We appreciate and respect the contributions of all our partners. We value diversity and embrace difference as a means of adding deeper meaning and understanding to what we do.

Transparency & Openness: We are inclusive, approachable and welcoming of all who wish to participate in Youngballymun. Our practice and procedures are transparent. We are honest about the achievements, challenges, and lessons learned from our work and are happy to actively share these with others.

Commitment: We are committed to delivering high quality health, learning and wellbeing outcomes for children in Ballymun. We are accountable for our work. We regularly monitor, question and evaluate what we do in order to refine our methods. We strive at all times to work to the highest standards. We believe in collaborative working and are committed to making this happen in all the partnerships we find ourselves in.

Creativity: We believe in the power of creativity to bring about positive change. We seek to use creative means to problem solve, celebrate success and promote learning.

Equality and Inclusion: All children and young people are equally important in the eyes of Youngballymun. We recognise that some children and young people experience more complex barriers to full participation in community life. With this in mind, we commit to identify, understand and address barriers that prevent their participation in the work of Youngballymun."

The YB ethos clearly aspires to the provision of high quality services that operate to enhance knowledge and skills in families and in the wider community through partnership building. YB has managed to sustain most of its core activities despite huge funding cuts in recent years. However, it has to continuously make a case for resources to provide these services. Thus, it strives for excellence in a challenging context that impacts its capacity for expansion. One area that has not been sustained, as a direct result of lost funding, is the internal evaluations that were a central element of the YB work in the past. While some valuable data is currently being collected on the IMH programmes, for example, the Parent Stress Index for THVs and COS-P, and feedback forms for BM and NBO, these have not been analysed.

2.0 The Evaluation

This section of the report will outline the study design, aims, methods used to gather and analyse data, and the recruitment strategy.

2.1 Methods

Service evaluation can take a number of forms and involve a range of methods. To evaluate the YB IMH programmes, this independent mixed methods study focused specifically on the evolving concept of "acceptability" of the IMH programmes. Acceptability, "reflects the extent to which people delivering or receiving a healthcare intervention consider it to be appropriate", based on their cognitive and emotional responses to the intervention (Sekhon, 2017, p. 1). Acceptability is important to establish as it is linked to positive outcomes, such as successful implementation, engagement and effectiveness (Lovell, 2011). It can be measured using a number of different methods, for example, qualitative data provides in-depth accounts of participants' experiences in relation to a particular phenomenon (Willig, 2008), and are well suited to establishing acceptability (Lovell, 2011). Quantitative data can also be used to establish key patterns, such as satisfaction levels with the service provided and / or behavioural responses such as engagement and completion rates.

Using mixed methods allowed for the incorporation of both qualitative and quantitative data. This involved: reviewing documentation on intervention engagement for 2019 because of COVID-19 related service disruptions in 2020 and 2021; measuring satisfaction levels among parents attending the IMH programmes during 2021 using the Client Satisfaction Questionnaire-8 (Larsen et al, 1979: CSQ-8); and, using semi-structured one-to-one and group interviews gathering qualitative data from a range of stakeholders including; parents who attended one or more IMH programmes (n=14) in the period 2019-2021, staff delivering those programmes (n=6) during the same time frame, and wider stakeholders who had involvement with the IMH interventions via IMH training and support (n=7), or professional involvement with YB (n=2).

Qualitative data, the primary data source, were analysed using Thematic Analysis (Braun & Clarke, 2006). This involves a six-phase process; reading and re-reading the data for familiarisation, generating succinct descriptive codes to collate and organise the data, generating themes that bring data together into themes and subthemes, reviewing the relationship between themes and between different levels of themes, identifying the essential core of each theme and determining the data each theme captures, and weaving together the analytical narrative and interview extracts and contextualising the analysis to the extant literature. Analysis was conducted through collaborative and iterative feedback between the research team to increase the credibility of the derived themes. Descriptive statistics were used to report on participant demographics and other quantitative data were calculated in the form of frequencies and percentages.

2.2 Study Aims

The overall aim of this project was to establish the acceptability (relevance and perceived benefits) of Infant Mental Health (IMH) programmes provided to families by YB that aim to enhance relational capacity. The study also sought to establish the perception of YB in the community and the influence of IMH training and support provided by YB for professionals in the wider service provision sector.

Specific Objectives were to:

- Identify the views and experiences of parents who availed of the YB IMH interventions in relation to their relevance to their needs and their helpfulness in managing daily life;
- Establish levels of parental satisfaction with the IMH programmes;
- Identify patterns of programme uptake and completion among parents;
- Identify the views and experiences of professionals delivering these interventions in relation; to their relevance to the needs of families; their relevance to them as practitioners seeking to enhance relational capacity; and perceived benefits to families derived from these programmes;
- Capture the views and experiences of practitioners who have been trained in IMH interventions and have been supported by YB;

Capture the views and experiences of wider stakeholders involved with YB.

2.3 Participant Recruitment

All participant groups (parents, staff, trained practitioners and wider stakeholders) were recruited for this evaluation through YB. Each group was contacted directly by YB who provided information on the nature of the evaluation and the contact details for the research team, should they require further information or wish to express interest in taking part. The research team then provided potential participants with detailed written information and a consent form and followed up a few days later to discuss any queries they might have and to arrange an interview if they wished to proceed. Consent forms were signed by participants in advance of the interviews and YB sought permission from all parent participants to complete the CSQ-8 at the end of each 2021 programme. In total 29 people took part in the qualitative interviews, comprising 14 parents, 6 YB staff members, 7 external trained practitioners and 2 wider stakeholders, and 37 parents completed the CSQ-8.

2.4 Study Limitations

It is important to acknowledge the limitation to the current evaluation study. The findings of this evaluation are based on the data provided by the research participants and no data is available from those who chose not to take part in the study, who may have different views and experiences of the IMH programmes. There was incomplete data available on some aspects of programme activity for 2019, such as referral details, reasons for declining interventions, thus it was not possible to accurately reflect or comment upon such patterns. Despite acknowledgement of the complexity of capturing outcomes in early intervention programmes, there is currently some routine evaluation processes in place at YB. However, this data has not been analysed for some time due to resource limitations and it was beyond the scope of this study to do so, therefore the data gathered for this evaluation could not be triangulated with these routine evaluations of the IMH programmes. Finally, this evaluation was conducted at a time of extreme challenge due to the COVID-19 pandemic and may have been influenced by the social

and emotional challenges arising from this unique situation, for example, the amended and disrupted delivery of services or the pressures being experienced by parents and service providers during this period.

3.0 Results

In keeping with the overall aim of this study, to evaluate the acceptability of the YB IMH programmes and review related activities, this section of the report presents the results of this study in two sub-sections. The first section outlines the analysis of the qualitative data gathered from four distinct groups; parents who attended one or more YB IMH programmes (n=14), YB staff delivering the IMH programmes (n=6), and wider stakeholders involved with YB, including those trained in IMH interventions (n=7), and those with professional associations with YB (n=2). The second section provides a summary of the quantitative data gathered in relation to parental satisfaction with the interventions received in 2021 (CSQ-8), and patterns of attendance in 2019 (prior to COVID-19 restrictions).

3.1 Qualitative Findings

The qualitative analysis of the wider stakeholder group is presented first to provide some broad contextual information about YB and the IMH programmes and how they are perceived in the community. This is followed by the data analysis derived from the professionals who availed of IMH training and support to provide a sense of how these activities were experienced and influenced their practice. The final section reports on the analysis of acceptability among staff delivering and parents receiving the IMH programmes at YB.

Wider Stakeholders

They are the key to capacity building

Two wider stakeholders were interviewed together regarding their views on and experiences of YB and its place in the local community and more broadly. Their perspectives are interesting as they were in a position to speak to the reputation and contribution that YB make locally and nationally. The analysis is presented under three headings; Building Capacity, An Ethos of Collaboration and Generosity, and Challenges, followed by a brief summary.

Building Capacity

The considerable expertise of YB in relation to IMH was emphasised by one external stakeholder: "[YB] ... have really developed a specialism and understanding in infant mental health..." The important contribution that they make in relation to informing and promoting IMH service quality and delivery in other ABCs and beyond was also noted: "[YB] ... have really supported the other ABCs in terms of getting up to speed with their understanding, their practice, training"; "They are the key to capacity building across the ABCs and I'd say across the kind of community and voluntary sector in Ireland." These stakeholders noted the positive influence that YB has had on the practices of a range of health disciplines in the Ballymun area and emphasised their contribution to service coordination locally: "YB have been very successful in not just speech and language, but psychology and public health nursing, and really joining up services in Ballymun." This was viewed as extremely helpful due to the disjointed nature of services in many areas: "we need to join up the work in a consistent and coherent way within each agency and across and between the agencies, there is a lot of disjointedness.", and indeed at a wider national level; "I think that we can do fantastic work on the ground but actually until we get the departments working and the policies working together, we are never going to achieve as much as we could."

An Ethos of Collaboration and Generosity

These wider stakeholders have observed the person-centred approach of YB towards clients. It was noted that they meet individuals who come into the service "where they are at". YB was viewed as extremely community-centred and as one stakeholder highlighted it is often necessary to reach out to the community, for example schools, to properly engage with the people who would most benefit from the service:

"Youngballymun are much more about engaging with where people are at and it's kind of patiently and kindly drawing them in you know and engaging and being very supportive and understanding, so they can really engage those hard to reach people, which it is very difficult for the HSE to do."

In addition to working in this manner with users of the YB services, these stakeholders noted how this approach expands into the local community and beyond. The YB ethos of generosity and collaboration was emphasised: "... the generosity of [name] and her predecessors and the current staff is they give a lot to the other ABCs and they give a lot to other agencies... particularly in infant mental health." YB were viewed as open, approachable and supportive to those who have sought advice: "Youngballymun are brilliant at motivating and supporting and at highlighting the importance of the early years." One stakeholder noted that this makes referral to YB more seamless; "I would refer to Youngballymun and they're very supportive, very open to taking referrals and you know I would discuss them with them and they would take the referrals so that's really, really good." The responsive nature of YB also means that decisions can be made and action can be taken quickly: "They can get things done. You ask them one day and the next week it's done you know, whereas here you'd be waiting years."; "I think it's really important for the flexibility, and I know Youngballymun were very involved during COVID but also in kind of the emerging homelessness over the last 5, 6, 7 years as well, so they have the ability to respond very quickly."

Challenges

Wider stakeholders noted that, while YB are making huge progress at a local level, expanding knowledge and practice skills in IMH at a national level is not without challenge. One of the challenges relates to outcomes of the work that may not be visible as they are subtle and difficult to measure:

"... the outcomes are complex because it might mean there is a vulnerable parent with a vulnerable infant and they do some infant mental health work and are supported it doesn't mean they won't need services in the future. So they still might need speech and language therapy, or a bit of psychology, but they mightn't need it to the same intensity, or maybe the relationship might have broken down otherwise and the child might have been taken into care. So it's kind of complex to show those down the line."

These stakeholders talked about the frequently misplaced emphasis on the quantity rather than the quality of interventions, which they viewed as not appropriate for preventative and early intervention services. It was noted that because outcomes are not always visible the longer term impact of services at YB are not taken into account: "they are measured in terms of how many people come through their door and they fix. Whereas in reality that preventative work isn't counted..."; "... it's not about the people in through the door, it's sometimes who you prevent coming through the door or they might not be coming in as often, had you not done this work in the first place." These stakeholders emphasised the logic and importance of investing in these services early to reduce the need for longer term inputs: "... it makes sense, it is cheaper in the long run to put the necessary supports in."

Another related and ongoing challenge raised by these stakeholders concerned securing funding to maintain adequate resources to deliver quality services and demonstrate outcomes through evaluation. YB are viewed as having capacity to have a wider impact on service delivery but are currently seen as under-funded and under-resourced: "Well I suppose if they were funded more, the ABCs that's what I think you know, that's what I think they need, more funding, more recognition of the work they do."

Summary

Under-funded, under-resourced

YB is viewed as an important resource in Ballymun and nationally in terms of service provision, training and support and moving the vision of IMH forward. The wider stakeholders emphasised the high quality of the services and other important activities of YB and the subtle impact this has at a community level and beyond, which often goes unrecognised. The ethos of caring, collaboration and generosity was deemed central to making YB an accessible and engaging resource.

Practitioners Trained and Supported in IMH

Practitioners who attended IMH training that was funded by YB or YB support activities and have an ongoing working relationship with YB were also interviewed (n=7). Their views and experiences of the IMH training and how this has informed their professional practice were ascertained, as well as their experiences of engagement with YB. Four practitioners took part in a focus group and three participated in one-to-one interviews. Some of the participants have a long-standing relationship with YB, spanning over 15 years, therefore they had a wealth of experience to draw upon.

These practitioners came from different professional backgrounds (Clinical Psychology, Public Health Nursing, Infant Mental Health Practice, Early Years / Child Care Work, Speech and Language Therapy), and engaged in different types of IMH training (e.g. Circle of Security Fidelity Coaching (COS-FC), BM), availed of different levels of support from YB (e.g. IMH masterclasses, IMH reflective supervision, funding for training, post-training support), and worked in different service settings. This analysis is presented under four headings; Experience of IMH Training and Engagement with YB, Influence on the Practitioners, Barriers and Support for IMH Work, and Recommend to Others?

Experience of IMH Training and Engagement with YB

Positive, supportive and understanding

Practitioner participants were clear that participation in IMH training was an extremely positive learning experience. They emphasised the supportive nature of the training, which enabled them to feel safe and to share their own professional challenges: "Amazingly supportive... you don't often get to talk about your struggles, or where you're struggling. I really felt supported by the team. You feel safe in sharing your struggles." The transformative nature and practical focus of the training was deemed important as it equipped them to integrate new knowledge and transfer this directly into their practice: "These trainings have really, for me, transformed really complex

attachment theory and neuroscience stuff into really accessible information and practical ways to be able to share it with parents and to be able to deliver it in whatever your service delivery is." These professionals described how the training profoundly changed their way of thinking and promoted a relational lens for their IMH work: "the kind of goose bump moment when I was hearing this kind of information at the beginning of my introduction to infant mental health it did feel like it was all kind of making sense at a much deeper level. My lens had completely changed."; "You get one of these Aha moments... it really changes how you view things, everything really comes back to that relationship that you have with the child. That's what you focus on."

The interdisciplinary nature of the training and ongoing support, such as the network meetings, was acknowledged as a positive facet as it linked the wider support structures and therapeutic teams: "It is so nice to attend training where there are other disciplines and just other sectors all together. When you think about this whole child and you segment it into your own little discipline, like the network meetings, the richness comes from the fact that there is all these different disciplines."

These participants described the benefits of ongoing support and supervision provided by YB, having completed IMH training. These support structures offered them communicative and reflective space to share and discuss practice challenges. One person speaking about YB funded COS-FC noted the "Really great ongoing support... You were able to speak to someone from COS-P [international] and basically get coaching and talk through any struggles you may have been having, so it was great to have that." Others spoke about the benefits and learning in attending reflective supervision at YB: "Excellent, really good, very informative. I really enjoy it, it is very stimulating and always very thought provoking."; "participation offered a reflection space to understand child development and the family support... it was really good."

Influence on the Practitioner

I can't say enough about it. It is life changing.

Participants highlighted the transformative and profoundly positive impact that IMH trainings and ongoing support structures had on their thinking, practice and their

relationships with families and children. They described having altered perspectives on and about their work, developing and implementing new skills, and having a stronger focus on families and relationship building: "It becomes kind of internalised so it feeds into every part of your work... using COS-P terminology with parents or the model of how to work with children or how to understand children... You would be using that kind of language with them to try and help them understand what the needs of the children are."; "Youngballymun gave me a different perspective on what might be going on, also to build relationships in the community which was needed for supporting the different children and families that I worked with."

Participants described an increased awareness of the importance of relationship building and the need for timely intervention when working with families, resulting in positive outcomes: "I find there are concepts that I use in everyday conversations, you know the way... It has made me much more aware of me in this space as well, me as a person who is holding a group or holding a parent in a conversation."; "Getting in there as early as we can, made a real difference, because then we were able to offer parents and younger children supports, but in a way that very much focuses on their relationships, which I think was really, really valued and we had a lot of parents that would attend." One participant spoke about the daily influence that IMH training and support has had on how she engages with families in terms of her level of presence: "It really has helped me to stop running into fix something and just to be with somebody, whether that be a parent, a child, an adult, whoever." Another participant described how their presence in an assessment has been transformed as they adopted a more relational focus:

"Post all this infant mental health training my own presence in that assessment is quite different to before. I am not just looking at the child's stage of development and their style of interaction, I am looking at the style of interaction between the parent and child and I am just observing more their relationship. I am watching and wondering a bit more about the child's experience. So if I am feeling something I might be wondering am I feeling something that the child is feeling or that the parent is feeling. So you are engaged much more with those kind of emotional parts of the relationship in the room than I would have been before, it would just have been more behavioural strategies."

One participant reported that the IMH training and support has made them more aware of the experience of the caregivers and improved their language skills: "... awareness is one of the biggest things. It helped me to be more aware of what is going on in conversations with caregivers. It helped me to guess where that caregiver might be, the child might be... And having the language, the simple language to have those conversations in a very simple and understanding and supportive way." Some participants, as a result of the modelling provided in these settings, also thought about and improved their own facilitation skills: "It helped you reflect on your facilitation at a deeper level". Importantly, participants also commented on how these trainings and supports had expanded their service options in terms of wider capacity building: "The COS-P training means we have been able to offer it to our families in our own service, which we wouldn't have been able to do before..."

Barriers and Supports for IMH Work

I have a very supportive manager

Participants emphasised the need for support to become involved in IMH training and work. One person described being positively supported in terms of getting time out from their workplace and being encouraged by their manager to attend IMH training: "I was lucky in that I had the support from my manager who can see the benefits of the training." However, funding to cover the costs of the training was identified as a barrier for some: "My boss in work is very supportive with giving time off but they couldn't justify the price." It was acknowledged that YB have financially supported participants to attend IMH training: "our agency is a charity... so funding is very tight so they couldn't have afforded the training so Youngballymun were very magnanimous in facilitating the price of a lot of training that I do."

Recommend to Others?

Yes, a hundred percent

There was a consistent and clear message from the practitioner participants in terms of recommending the range of YB IMH trainings and support structures to others, such as colleagues and parents: "For me I try to encourage all my colleagues to do it because it is just really, it has changed totally the way I communicate with parents" "I

couldn't recommend it highly enough, every parent will benefit from doing the circle of security." Some participants were of the opinion that the need for IMH training extends beyond the health and social care sector and is indeed the business of everyone who has a child's best interest in mind: "100%, I just think it is the missing link... infant mental health, it is everyone's business from policy makers to politicians to anyone who cares about babies or cares about our future. And for every practitioner, absolutely, anyone who is working with children."

Summary

Professionals who attended IMH training programmes supported by YB and engaged with YB supports found them acceptable. They identified many benefits for themselves in terms of their approach to families and their practice skills. They also saw benefits to their services in terms of expanding the range of interventions on offer. They acknowledged the merits of participating in reflective supervision and other fora provided by YB post IMH training, as this reinforced their learning in a safe and supportive environment. They would highly recommend the IMH training and support structures to others. Participants identified the importance of being supported to attend the training although the issue of funding was problematic for some. They did not identify any changes in existing structures, noting how YB was very approachable, adaptable and supportive.

YB Staff

I realised how we were just missing out...

YB staff came from a range of professional backgrounds (Speech and Language Therapy, Social Work, Psychotherapy, Community Development). On average they worked in YB for 8 years (range: 2.5-12). The analysis of their data are presented under four key areas, Relevance (to families and themselves), Benefits to Families, COVID-19 Adaptations, and What makes them Work (IMH programmes)?

Relevance

She said 'The best thing I did when he was a baby'

The YB staff delivering the IMH programmes clearly described how these programmes met the needs of families at different levels in terms of improving family life and relationships, and met their own needs in terms of helping to enhance relational capacity in families. The fact that many parents choose to engage with a number of different IMH programmes was viewed by staff as an indication of their satisfaction with these programmes. They also received feedback directly from parents indicating the relevance of the IMH programmes to their needs.

YB. Some described having actively sought employment there having being exposed to the work ethos and methods: "I went to the launch of Youngballymun... And I just thought, how do I get a job in this place"; "I remember someone from Youngballymun came up to talk to us, and I was just going 'how do I get a job in that place', and I stalked the website, weekly, and a job came up, and I went for it and I got it". Staff indicated that working in YB contributed to their own personal enrichment, growth and development: "It's like set me on a course, like an actual course of study that wouldn't have happened otherwise". One staff member described working in YB as "Life changing for me." Another described having "a dream job", while others noted the personal fit: "I was just never as happy before. That was what I was after as you know, I just found my niche."

Staff identified factors that contributed to their sense of satisfaction with their IMH work. Systemic factors included the shared egalitarian ethos across the team, follow through and implementation of decisions, and the clear mission and its connection to their work. They noted that in the past it was well funded, therefore resources were good:

"It's just wonderful coming into that world, and also stepping out of the more rigid structure... into a very dynamic well-funded, back then, well-funded organisation that was, had a very clear and pure focus, and there was, you know, virtually there was very little politics, you know decisions got made, got implemented. It was just an incredible

time. I just loved it." They saw the clear focus of their work, with IMH as central: "the fundamental of infant mental health is at the forefront of everything." Staff described the IMH programmes as relationally focused, meaning that they could work in depth with families with a clear goal of building relational capacity. They described how other organisations frequently work with families and children after serious problems have developed, in contrast to the YB ethos that strives to work proactively to prevent or minimise problematic relationships and family situations.

"I worked as [professional role] for many, many years before that, and the longer I worked in it, the more I realised how we were just missing out... we were just arriving in children and families lives too late. And also just from a personal point of view I just wanted all the time to be working at the level of the relationships, which was not really the focus, generally speaking in [professional role]."

Benefits to Families

...a gradual growing of love for a baby that she felt she couldn't love

Staff described a number of benefits to the families attending the IMH programmes, based on feedback received and their observations of changes in parental attitudes and behaviours. Benefits noted were improved relationships between parents and children, parental and child personal and emotional development, and parents gaining confidence as they realised that they were not alone in their parenting struggles and that they already had resources to draw upon.

Improved Relationships with Children

Improved parent-child relationships were perceived as an important benefit to families. Staff observed changes in parents attitudes towards parenting their child(ren) and their ways of responding to the needs of their child(ren), and parents growing competence and confidence in themselves as parents: "... to see a mother recover her kind of equilibrium, or even reach a sense of equilibrium that she didn't have before and also have a gradual growing of love for a baby that she felt she couldn't love, or a baby that she felt didn't love her". A staff member described how over a period of months

while conducting THVs they noticed significant transformative change in how a mother and baby in responded to each other:

"... she truly believed that the baby hated her and didn't need her and would have more than she needed with the father... and like watching that parent and baby together was really spooky in the beginning because she held the baby out on the edge of her knees, facing away, and she referred to the baby as it rather than as her name, or as she, and the baby had the most solemn unsmiling face I've ever seen in an infant. And by the end of our work together, which I think we worked together maybe over nine or ten months, that baby was turning to seeking the mother, arms up, laughing like exploring like that. That scared look was completely gone and the mother was enjoying her and had come to know her baby's love, and also her love for her. Her baby. So that was like a massive turnaround."

They noticed parents increased understanding of their child's behaviour, resulting in a change in the way they responded to them. One staff member quoted a parent who said: "I'm enjoying my child much more, or I understand the tantrums in a different way now so I'm able to respond differently." Another described a parent who had previously thought of cuddling her distressed child as "making her soft" and who came around to saying "now you know I give her more hugs ... hugs will make her strong as well."

Personal Growth and Well-being

Staff also noticed personal gains for parents in relation to their own emotional and psychological well-being. Many of the parents had experienced adversity in their lives and working with them involved reflection on their own experiences of being parented, their beliefs and values, and patterns of behaviour. One staff member described this as a challenging process that required "the courage to reflect". However, they observed that parents found this helpful and gained insights from this experience, evident in parents' comments: "God I didn't know I was thinking that way"; "I feel so much better". Staff also observed a sense of relief in parents as they gained agency: "... more

lightness about them, and they have more energy, and they have more sense of agency. You know... taking a bit more control in their lives."

COVID-19 Adaptations

It's not for everybody

YB staff required creativity and commitment to adapt their work to accommodate individual needs during COVID-19 restrictions. They recognised that some parents would struggle and be uncomfortable with using online technology. Therefore, staff provided pre-group Zoom sessions to help people to use the technology and to feel comfortable being on screen. They adapted some IMH programmes for online delivery, and also continued to provide phone support or meetings / 'walks and talks' in outdoor spaces.

Some parents engaged with online for a, while others did not engage due to lack of confidence and / or competence in using technology, unavailability of technological devices, poor internet connection, or reluctance to see or be seen on screen. Those who attended online groups tended to complete the programmes. Staff providing 'walks and talks' perceived them as beneficial as the parents engaged and openly discussed their difficulties, possibly because they were "side by 'side"; "We were really surprised how they continued to engage..." Some parents reported to staff that they missed the social aspect of meeting together and the informal interaction with and learning from other parents and children. In an attempt to ameliorate this staff sent out care packages with beverages and chocolate for parents attending group sessions, and they arranged breaks in breakout rooms to facilitate informal chats with other group members.

Staff identified a number of other challenges. The 'walks and talks' meetings presented challenges in relation to privacy, for example if a parent became distressed or upset while out in the open. Telephone work presented challenges in terms of maintaining boundaries and structure. Whereas they would usually work with the parent and the child together, working over the phone meant they could usually only engage with the parent, while the child was in the background or not engaging at all:

"One mom I work with, I'd be aware that I would be on phone for an hour because she just wanted to talk, but then I'd be really conscious of trying to model and 'look we've been on the phone for a long time and so and so [child] has been very patient' and tried to help her to tune into the fact. But then not having them on screen... that bit is really lost. Those opportunities to say 'she's really looking at you', there is that in the moment stuff is lost."

There was also recognition of some lost opportunities in work methods and intervention timing by being physically removed from the area during COVID-19 restriction periods: "I have really felt a loss in the past year of going into certain families that I am working with because they've had babies, and that you know a year of development in an under three is massive and when you haven't, when you're not able to get on the floor and model some of what you want to. Yeah, I think it's been a massive. It's been a massive loss."

There were some perceived advantages to the COVID-19 restrictions for parents who were working from home, as this meant that there were two parents at home providing more support for each other, having more time with their children and being available to access the online IMH programmes. One staff member noted an increase in the number of fathers engaging with these programmes.

What Makes Them Work?

There's an expertise in the room

Staff provided rich examples of their working ethos and methods that they believe make the IMH programmes engaging for parents and enhance their own skill set.

Collaboration

The approach of YB is one of collaboration with parents who avail of services, as described by staff: "... you are going the journey with them"; "when there's a difficult situation, you know, you kind of go, I know you want the answer, but you know, I'm not

here to give you the answer you know I'm here to let us all think about it and wonder about it." Some parents struggle initially with this collaborative approach, sometimes preferring to be directed rather than working things out for themselves. One staff member recounted how a parent had come to realise that they can benefit from the approach after initial frustration:

"I was trying to gauge what he was getting from it. And I asked him for some feedback and he said you know the Karate Kid, and he used to wax on and wax off and there he is hours waxing on and waxing off and he goes to the Master said 'I'm sick of this I want to learn how to play karate.' So he said, 'I think that's what you're doing you're really making me wax on wax off and I'm I getting frustrated'.... It was fantastic analogy that he had in his head that I was frustrating something for him, and he wanted to be told, and then he realised I'm going to find out this way."

This collaborative approach is reinforced by actively listening to parents and respecting their views: "there's a quality for the parents of being taken seriously being really, really heard, and having a sense that you are going the journey with them." Staff described the orientation of the various programmes as relational and experiential rather than didactic: "the programs are still very experiential and relational, so they're not coming to lectures on how to feed or a presentation on parenting, so coming to an experience, and they get to contribute. So they really feel valued by their attendance".

Shared Learning

There is an ethos of shared learning, among the parents themselves and between staff and parents and parents' expertise is acknowledged: "there's expertise in the room." Parents are encouraged to share their knowledge with others: "Like in a group, you might have someone that their baby is at a different stage, and then this parent sees that parent has got through that stage and they're in a different stage." Staff emphasised that while they bring their own knowledge and experience to the work, that they actively seek to work in partnership with parents: "just having like parents feeling like they have something to offer, you know, that we see them as like you're bringing your experience

as well. Do you know, we all learn from that. So we all learn from each other." Thus, valuing the expertise of the parents is central to the way of working. All YB IMH programmes seek to support parents to develop their own wisdom and skills in their relationship with their child: "you're not the expert, there's expertise in the room so you're really trying to harness that idea." Staff explained that they hold "a genuine belief in the parents" and their "innate wisdom" and "positive intentionality, that belief that every parent wants to do their best for their child." This approach inspires confidence in parents to trust their wisdom and judgement about their child(ren) and their parenting abilities: "trying to tap in to their core expertise of their knowing and trusting themselves as a parent." Staff members emphasised their respect for parents and their admiration for their courage in dealing with life challenges.

The Group

The influence of the group in some programmes was noted whereby parents realise that they are not alone in their parenting struggles: "you're not on your own"; "[Parents] realising that it's not just my child that doesn't sleep, this sleep pattern is normal for a baby. Or it's not just my child who has this challenge. Or realising that as a parent, like you're saying you're not on your own that other people actually have these same challenges, and they get through." Participation in groups was perceived by staff as helping parents to place their own experiences in context, thereby reducing self-blame and shame.

Facilitating Connection-making

Helping parents to make connections between their own childhood experiences and way of being parented, and their current relationship with their child was also highlighted as an important element of the work to improve insight and facilitate change. One example was that of a parent who was concerned about her child's eating, and having explored their own childhood relationship with food change was noted: "And then you kind of might check in about the eating a couple of weeks later, 'yeah you know

she's great'. No, it's changed actually and you can't explain why it's changed but something shifts."

Promoting Attunement

Staff described how they use particular non-intrusive methods to work with parents, helping parents tune into their baby's unique ways of communicating. For example, by being the voice of the baby, describing and interpreting the baby's behaviour: "They just might not realise how important they are and how you can help them tune into that is by being the voice of the baby so you're not telling them 'Oh, you should hold your baby' you're kind of saying 'oh look she's really looking at you. She looks like she wants a little hug', little things like that. It's quite subtle, but it's just tuning the parent into seeing that their baby is really looking to them and for them and needing them." They also dialogue with the baby to help the parent connect with the baby's needs: "you're saying to the baby, 'you really love seeing what your mom is doing, don't you.' The mothers seem to hear that better and you can see a softening in them, and them becoming more affectionate with their babies." Another method of working involves modelling behaviour that is helpful in developing a healthy relationship with children: "You kind of have to use playfulness sometimes, in the way that you want parents to use playfulness with children... So you bring that into it because you're trying to model what you want them to be doing with their kids."

Summary

YB staff delivering the IMH programmes found them acceptable, perceiving them as fitting with the needs of families and their own needs as facilitators of relational capacity. They viewed them as beneficial to families in terms of promoting personal growth, advancing parenting knowledge and skills, building parental confidence and competence, and enhancing relational connections. They described the positive teamwork, empathic and collaborative ethos, and clear relational focus of their work as facilitating engagement with the IMH programmes for families and enhancing their level of satisfaction with their work in IMH.

Parents

Fourteen parents took part in the evaluation, thirteen mothers and one father. Most were interviewed individually for convenience and three took part in a focus group. Ten of the parents were Irish and four were non-nationals. They came from different socio-economic groups from unemployed to trained professionals, had diverse family configurations, relationship status and educational backgrounds. These parents had attended a range of the IMH programmes within the YB service provision, some attended only one, while others attended up to four programmes. Participants had completed programmes during the period 2019-2021 and had finished their respective programmes within three weeks to two years prior to their interview. Some further socio-demographic information is provided in Table 1 and the data analysis is presented under the key heading acceptability.

Table 1: Parent Participant Profile

| ID | No. of Children | Age of Child(ren) in years | No. & Type of IMH Programme(s) Attended | |
|----|-----------------|----------------------------|--|--|
| 1 | 3 | 2, 5, 12 | 1 – BM | |
| 2 | 2 | 5, 10 | 3 - BM, COS-P, T&P | |
| 3 | 1 | 5 | 2 - COS-P, THV | |
| 4 | 1 | 4 | 1 - COS-P | |
| 5 | 2 | 8, 5 | 1 - COS-P | |
| 6 | 2 | 12, <1 | 2 - BM, BBW | |
| 7 | 3 | 4, 11,12 | 1 - COS-P | |
| 8 | 2 | 11, 4 | 3 - BM, BBW, COS-P | |
| 9 | 4 | 1,4,10,15 | 3 - BM, BBW, T&P | |
| 10 | 1 | <1 | 3 - BM, BBW, COS-P | |
| 11 | 1 | <1 | 1 – BM | |
| 12 | 2 | 2, 5 | 1 – BM | |
| 13 | 2 | 2, 4 | 4 – BM, BBW, COS-P, THV | |
| 14 | 1 | 2 | 2 - BM, BBW | |

Parents came to know about the YB IMH programmes through a range of sources. A number of professionals working in the area signalled the programmes to

parents including PHNs and school teachers. Others heard about the IMH programmes informally from friends, family, neighbours and other acquaintances or by doing some internet research. The regular channels for hearing about the IMH programmes were impacted by COVID-19 restrictions, as parents did not have or had limited access to their usual supports such as PHNs. This was reflected in parents' narratives. One person said they were keen to get help but "didn't know where to go". Another reflected on what life might have been like if she had not heard about COS-P in passing: "...Imagine if I hadn't met [name] I wouldn't have known about it, there wouldn't have been any improvement."

Acceptability:

I'm the evidence of how good these programmes are

The findings related to IMH programme acceptability to parents availing of these programmes is presented under six key headings; Relevance, Benefits, The Online Experience, What Helped? Recommend to Others? and Recommendations for Change.

Relevance:

I didn't have any clue how to guide him

Parent participants were clear that the YB IMH programmes they attended were fitting with their needs at the time. Some found the programmes relevant in terms of maximising their relationship with their child(ren) in the absence of any specific difficulties: "COS was exactly what I was looking for... the development and support of the child's emotions." Others felt they could improve their parenting practice: "I was kind of lost, and my husband, both of us... we knew this was not the right way [to parent]" Some described how they were struggling with aspects of being a parent or that their child required additional attention because of special needs. One mother described her relief when she found the COS-P because she was looking for something to help her to manage her son: "I was so happy to find these kind of services that I really needed... I was looking for help to manage my 3 year old who was having problems at pre-school." One mother, talking about her experience of doing T&P, emphasised the benefits to her child and how observing these changes brought relief to her and her partner:

"It was very good, because at the time... my little girl who had a bit of social anxiety... she would shy away from people... we would go to the group and she would mix with the other children, and eventually she came out of it and now she's a real people person... it was a nice safe environment... they let her do everything at her own pace and she came around herself... We were concerned about her going into crèche but now she is going into school and her social skills are very good, she's ahead with everything, her speech and play..."

The structure, format and materials used in the programmes were deemed helpful and relevant: "... I think that for me even having the book there, having the leaflet there is great but being part of a class, a guided class, helps you be consistent... being part of a class is so important and to commit to that class is so important." Some parents described the information provided in the IMH programmes as superior to information that they had received elsewhere and one mother described the importance of the relational and respectful approach to interacting with a child:

"Of all the parenting books and resources, and I have read lots and I have signed up for lots, this is by far the best one because it is about connecting with your child. It is not about do this and your child will do that. It is about meeting them, being respectful, they are a person, they are a small person, they mightn't have the same communication level that you have but they deserve just as much if not more."

Benefits:

It was really useful for us

Overall the responses from the parents who attended the YB IMH programmes were extremely positive in relation to the perceived benefits. Parents described benefits that they derived from the programmes for themselves, their child(ren), their partners, their immediate and extended family, and indeed the wider community: "it changed how I parented, it changed my relationship with my husband, it changed my relationship with my mother". The parents themselves benefited in terms of their well-being. They described changes such as being calmer, being less worried, being connected and feeling more relaxed and confident in their parent role. Parents reported an increased ability to

understand their children's emotions and frustrations, respond to their children's needs and take a more proactive approach to their parenting. They noted differences in their children also, such as improved behaviours, being more emotionally regulated, appearing happier, and attaining better communication skills. Such benefits were fostered by helpful attitudinal shifts about themselves, their child(ren) and parenting, emotional awareness and regulation, and newly acquired skills to manage challenging, as well as everyday parenting issues:

"I think I will have better children because of it, I think I will have more compassionate children, more emotionally aware and stronger because of it. And as I said our family life has just changed completely, the stress level has come down massively which is what you definitely need during COVID."

Attitudinal Change:

I have kind of learned no negative energy

The parents described developing more positive attitudes towards their child(ren), parenting their child, and themselves. There were insights gleaned such as being more "attuned to the needs" of their child(ren), developing an attitude of being "involved", being "connected" and demonstrating caring. One mother who attended both the BM and COS-P programmes explained: "It makes you a more conscientious parent...

You are more observant, you can take a step back, you're more empathic towards the child. It's made me a lot more aware, conscious, and connected with the baby." This mother described a kind of circular process of positive change for herself and her baby: "Once you're there for your baby she will be less distressed, you will be less distressed, then everyone is happy and calm." One parent described how COS-P helped her to make time each day to enjoy being with her children: "Put the phones away, turn the TVs off and actually sit down and listen and enjoy your kids, enjoy that time with them... whether it is ten minutes, fifteen minutes, do that every single day."

Some parents strongly held taken-for-granted assumptions and unhelpful misinterpretations about what constituted good parenting were challenged: "you have the course and you say see oh that is not what I should be doing, look how damaging

that can be, this is what I should be doing. It is a guide and it is fantastic."; "There's a kind of narrative in your head, the way you were brought up, your mothers' voice. Some of that stuff is really wrong, with COS you kind of break that cycle." The IMH programmes also challenged negative attitudes some of the parents had acquired about themselves as parents. For example, one mother described how she used to feel "guilty" that she was unable to manage her son better but by completing COS-P she learned that "I am not a bad mum." Another parent remarked how she was taught to reward herself, give herself praise, and remind herself that she is doing a good job.

One mother talked about how she came to realise that relational ruptures could not be avoided as "kids will push the boundaries", thus what was important was being able to repair rather than avoid these: "...taking charge doesn't mean I should be mean and being kind doesn't mean I am weak... I used to give in all the time just to avoid it [rupture]". Another mother described how she realised that what was required was "finding the balance" in her responses and that modelling behaviour was important as "kids will not do as we say, they will do as we do... I learned to say sorry". Another parent who attended the COS-P described how she learnt that it is acceptable to feel many of the emotions she had been discouraged from feeling as a child:

"Even I think for a course to be out there to say, it is okay to have these emotions and you are explaining to your child, it is okay to be sad, it is okay to be angry. Which we would have been told as kids being brought up, no it is not okay to be angry and it is not okay to be crying and what are you crying about?"

Emotional Awareness and Growth:

Understanding my kids emotional needs

Parents talked about developing increased awareness of their own emotions and those of their children and indeed others around them, which lead to greater depth of emotional connection with others, an "easier connection". Some mothers noted when speaking about COS-P: "It teaches you a lot about yourself and your kids' emotional needs."; "I have a better understanding of my kids' emotional needs... my kids can now come to me emotionally." Another mother noted: "And then thinking of my daughter as

well, there was a lot of anxiety going on with her that I was able to understand from the Circle." Parents were also eager to pass on some of the emotional awareness that they had gained from the IMH programmes to their children and others:

"The way I was brought up... you were told not to have emotions. So in my teenage years I didn't really know anything about emotions so I spent years doing loads of self-development, books and things like that, just to try and understand myself because I didn't know myself really. So for me to teach [my son] all about that is huge because I don't want him to be confused. I want him to be aware that mental health issues are in the world and it is okay. So I would give that to any other child or anybody struggling with bringing their kids up. It is so easy to be physically there but not emotionally there."

While the changes in attitude to parenting might have been expected, for some parents the increased self-awareness and insight into themselves and their lives was an unexpected bonus. As one mother noted: "I went there to help my son... I ended up dealing with issues of the past, the way I was raised as a child..." Parents described how the YB IMH programmes helped them to understand their own triggers and the effect that those triggers have, which in turn they felt made them better parents: "even though it was helping me with my children it was also helping me out with my own mind and what I had going on."

New Skills:

Using a lower voice and a kinder voice

Parents acquired new skills in communication, making their communications more effective and reducing relational tensions, for example, "talking rather than shouting", "giving clear instructions rather than asking", "listening and responding rather than demanding", "getting down on her level and just using a lower voice and a kinder voice". They also learned skills in dealing with their children's behaviours, thereby managing behaviour more effectively and improving relationships and quality of life. "And I couldn't wait to go back the next week and say that by the end of the night there was a change in her [daughter] behaviour and there was a change in myself, the way I was doing things with her." One mother, speaking about changes made as a result

of COS-P, said: "I just look at myself, I wouldn't have known, because the programme has helped me to make my life easier, not worry so much, open my eyes." Another mother, also speaking about the impact of that programme, described how she and her young son learned to relate better; "he's a lot calmer now, I'm a lot calmer now, it's an easier connection." She described how she then transferred newly learned attitudes and skills to her interactions with her older children. Another parent discussed how the most helpful skill learned through the BM course was to do less and be more in the moment with their child: "Being present, just to be present, to sit without having to do much, that was a big struggle and that really helped me with that, being as opposed to doing". Two mothers, talking about the BM course, suggested that it helped in unexpected ways as their babies had colic: "It was very, very good. The baby had colic and it was great learning new skills of how to deal with the colic... you were able to do the different movements with the legs..."

Some parents continued to use their newly acquired skills and implemented their learning despite the time and effort this sometimes took. One mother speaking about BM suggested "it's a lifelong thing... a good way to communicate with the child." Another mother described how she had incorporated the BM "into everyday life, when you learn something you just do it and you don't realise that you're actually doing it... we kind of got into a routine and we would do it after her bath..." However, others struggled to implement their new skills, for example, following the BM course one mother reflected "I just need to put it into practice now." A mother of two young children explained: "our lives are just so fast I just really didn't have time for the BM... since the course I just keep forgetting... maybe a short meeting every few weeks would help?"

Confidence Building:

I can do it!

Acquiring a positive attitude towards parenting, a more compassionate attitude towards themselves and skills to enact these new ways of being in a relationship with their child(ren) increased the parents' level of confidence in themselves as parents: "It was absolutely brilliant... It was hugely beneficial on my whole life... It teaches you a lot about yourself and your kids' emotional needs. I am now more emotionally

supportive. I've learned that you don't have to bend over backwards for them, that you just need to listen to them...". Parents noted feeling more confident in their own ability to handle stressful parenting situations and to trust in their own judgment: "it just made me feel better as a parent knowing that I was giving more to the children than what I had been giving and just enjoying them as well". One parent felt confident in sharing the knowledge and skills she had acquired on the four courses she attended with her siblings and other parents who she considered benefitted from this input: "It helped them too."

Wider Impact:

Breaking the cycle

Some parents suggested that the programmes could benefit any parent, not just those who are struggling with child related concerns. One person, reflecting on her own learning from COS-P, wondered if it might offer a preventative or educational role to future generations of parents: "... I think it should be implemented in secondary schools. If teenagers were doing this they would be more understanding and know when they are ready to become parents themselves." However, while not designed for this purpose her sentiment was clear, and she also noted the potential to "...change a whole generation of people." This idea of generational change was echoed by other parents who also attended one or more of the YB IMH programmes, providing parents with an opportunity to break the cycle of unhelpful parenting that they had brought from their own childhood experiences: "When he was angry I didn't have the patience to handle it because there was nobody there to handle it for me... I realised this is where it was coming from... it has helped me... avoid repetition of how I was treated."

The Online Experience:

There are pros and cons, it's a personal thing

None of the parents interviewed experienced any significant barriers to being involved in the YB IMH programmes, when attending either in person or online. However, they had different views on the delivery of online programmes. Some were very positive about the online experience emphasising the flexibility of engaging from home: "It was more flexible on Zoom and convenient being in your own home. You just had to find a quiet place and it was easy to connect..."; "I could whiz down to the kitchen

and get the bottle up"; "I did the baby massage on Zoom, and that was a bit of a different experience, it was still nice, I did it with [name] who I know and two other girls..." One parent noted that the Zoom environment enabled her to take part as she was not sure she felt confident enough in her parenting to have joined in person:

"So Zoom actually, not just in the pandemic, but I think when the baby is very young it is really helpful, you feel like oh I had better stay home because I am not sure what I am doing... you nearly don't know how to get out of the house in a way and so it is helpful to have the supports to almost come to you, which is what Zoom does in a way."

Another benefit of Zoom for one parent was that both her and her partner were at home so they could both attend, which she believes would not have been possible had the sessions been in person. One mother spoke about being able to connect with others in the online COS-P group: "We were encouraged to support each other. Even though it was online you get to know the other people... I feel like I know more people in my community." Some parents noted that the online opportunity was timely due to COVID-19 restrictions when "you were cooped up in your home"; "but everything was shut down so it was really nice to do it at home." One parent noted that although one does not hear as many stories in the online environment, the smaller group on Zoom worked well and everybody got their opinion in and their story in." Another parent thought that Zoom encouraged people to become more involved in the group, whereas "in a room you can kind of sit back and hide." Parents noted that the facilitators used Zoom facilities to enhance the programme delivery, such as using the breakout rooms, following a book, or having small and large group discussion.

Others, however, were less positive about the online experience, finding the technology impersonal and challenging: "I just don't like Zoom, or anything where you can see yourself." Another disadvantage of the online delivery voiced by some parents was the lost opportunity to connect in person with other parents and children. One mother noted: "For the baby massage it was so good to have the other mommies and babies together."; "I probably would have found it beneficial for things to be in person because

you get to meet other mothers and I guess see other kids and stuff like that." Some found it more challenging to connect informally with other parents and the facilitators online, for example, sharing tips and advice during breaks: "I prefer the [in person] classes to chat to other people." A parent noted that while they did not find the online environment ideal they would not let this deter them from doing the YB IMH programme because it was so valuable: "Yeah, being in a room was probably better, you would have more people, you would have more stories to share but I wouldn't not do it just because it was on Zoom, it is too valuable."

Another parent noted that it took longer to get to know other people or to feel comfortable with others over Zoom: "you don't know these people and I think when you meet people face to face you kind of ease in a bit more but on the Zoom you are kind of like who is this person?" Physically going to the class was for some like a social outlet providing motivation to leave the house. Speaking about BM one mother said: "I like being up and out with the baby." Some groups planned, with the facilitators, to have in person time following the online course and thought this was a good idea to address the social aspect of being together.

What Helped?

It was just great to meet people

The parents interviewed identified a number of aspects to the IMH programmes that facilitated their learning, namely being supported emotionally and socially, the caring and compassionate attitude of the programme facilitators, and the high quality of the programmes.

Emotional and Social Support

Parents described how they received emotional support from the YB IMH programmes, finding them helpful in dealing with some of their own emotions and problems, which enabled them to better manage their child's emotions and behaviours: "I just kind of broke down on my first day... but they were so warm and welcoming, they just let me talk and let me have my little cry."; "it was like a little counselling course for

me, I could offload what things were happening at home and be able to get the advice and the right advice on what way to go forward with talking to the kids."

Some parents noted how important it was for them, through meeting other parents, to realise they were not alone in their struggles to provide for their children's needs: "I am not the only mommy who is struggling with these kind of problems... we are here together"; "What I am experiencing is just normal." The experience of meeting other parents was viewed as very rewarding, enjoyable and helpful as they shared advice and tips: "To hear other parents' perspective and say oh my God that happened to me, or I am like that as well... we were all giving advice to each other. It was brilliant."; "It was nice to be able to be part of a little group and see other mothers that were also having different issues and problems and baby massage and talking about breast feeding and what not. So that was actually nice because I don't know anyone here [in Ireland] that has babies my age or a child her age."; "And I want someone to talk to because I don't know about potty training and I don't know when to start feeding her solids, I don't know anything, so it was nice to just have other people go through the same thing."

The support parents received existed in the online environment as well as the in person groups. One mother discussed how she had discovered another mother from the BM group who lived nearby and they were planning to meet in person. Most of the parents commented on the helpful nature of being in a group with peers so that people could share their experiences: "... because sometimes it is helpful to hear other people's experiences as well and you feel okay it is not just me."

The Facilitators

The non-judgmental, inclusive atmosphere hugely facilitated parents' own emotional growth: "There was no judgment, it was all help and all about letting you speak as well and listen to other stories which I found great"; "they [facilitators] were like this is what we are here for, we are here for you to lay it all out for us and we are here to help you." Parents described the facilitators as extremely helpful, supportive, excellent listeners and liked their facilitation style: "They let you figure it out yourself

but it is that learning process that is huge." They felt that the facilitators provided a personalised service that extended beyond what might have been expected of them. This was particularly evident and appreciated when staff remained in contact with them during the pandemic:

"Then it got cancelled because obviously nobody knew what was happening with the pandemic... But [facilitator] still rang everybody every week to check in to see how they were getting on and things like that and if you needed advice."

"And I just thought that there was a lot on offer and they worked well even with the change of doing things over Zoom and there was very little going on at that time so it was really helpful to have that support."

Quality of IMH Programmes

Parents spoke about the high quality of the IMH programmes and the attention to detail that was shown by the facilitators: "It was really good". For example, some mothers, speaking about the BM programme described: "...it was really nice, and a pack was delivered to the house, and there were baby books and little treats and the oils..."; 'The variety is very good, they take into account what would suit you..."; "It was really good quality, well thought through, well structured."

Some parents received THVs after their course ended to ensure that they were managing and to support them in implementing what they had learned on the various programmes: "And [facilitator] came out every single week for an hour, it was very, very good because I am a single parent and I was finding things very challenging at the time." One parent, who did the BM course, was quite socially isolated. She described how a facilitator provided her with much needed emotional support during these visits:

"I also went through pretty heavy trauma last year so I feel like that was the main thing. There was just so much going on so I felt I needed someone outside of my life to be able to talk to about all this. So I talked to her and she actually said if you want to continue talking we can do that for as long as you want... It was so nice to have someone to just vent with, not just about the baby but about the whole situation in life."

Recommend to others?

Many of the parents expressed pride in their achievements and were keen to share their new learning with others within and outside of their own family. They were also clear that they would recommend the IMH programmes to other parents and had done so with family, friends and neighbours: "My friend...done the baby massage and I'm going to sign up for the talk and play again and she said she'll do it as well, and I recommended that to my neighbour and she done it"; "I have spoken really highly about it [COS-P] to encourage other people to do it."; "I would [recommend] for anybody to do the [COS-P], definitely... So all in I would give the group a ten out of ten, it was amazing"

Many of the parents said they would repeat the programmes or avail of other programmes in the future: "I would do these courses again and again"; "I would continue doing it forever. I just thought it was brilliant."

Recommendations for Change

Most parents said they would not change anything about the IMH programmes, noting how the various programmes "surpassed my expectations" in terms of gains and quality. They also noted that the programmes were free of charge, which made it easier for them to avail of these when under financial pressure: "These services are free, especially now that I am not in work…"

Some parents, due to the beneficial nature of IMH programmes and noting that many of the people they spoke to had not heard about the IMH programmes, suggested ways of expanding awareness of and access to the IMH programmes. Suggestions

included; wider advertising of the IMH programmes, providing evening programmes for working parents, delivering top-up / refresher courses or repeating courses to reinforce learning, increasing group sizes, and providing additional resources for online programmes: "It would be great just to go through it again."; "maybe courses in the evening for some?" Feeling lucky to have been able to avail of the IMH programmes in their area some also suggested expansion of these services to other geographical areas where support is lacking.

Some of the parents who heard about the IMH programmes informally suggested ways to increase awareness of the IMH programmes: "If there was more advertisement I think there would be a lot more people open to doing it [COS], maybe a notice from the crèche?"; "I would just like to emphasise yet again to make this available, it is so important, make it available to women, to parents, at the very early stages of parenting." Others suggested having flyers available in doctors' surgeries, with the PHN, at HSE locations or within maternity hospitals. "I would love to see it [COS-P] being made available as you walk into a maternity hospital, that you are handed this information." However, it is important to note that the regular structures that were in place for parents prior to COVID-19 restrictions, for example, access to a PHN, were restricted since March 2020 and this may have disrupted referral pathways.

In relation to group size, a staff member explained that groups need to be small to achieve their aims and, for online delivery purposes, some group numbers needed to be reduced: "Both Baby massage and COS-P had clear guidelines on the numbers in groups – these groups have such a focus on emotional support and connection which is not possible to do in large groups." Staff also explained that it is not possible to record groups as: "We are not permitted by the International Association for Baby Massage to record or send techniques via video to parents – this brings the focus to the technique of baby massage, as mentioned above it's about the process – seeing baby as an individual, reading their non-verbal cues, connection etc."

Summary

Parents who attended the range of IMH programmes delivered by YB found them acceptable. They met their needs at the time and surpassed their expectations in terms of gains and quality. These parents identified many benefits for themselves and their families from attending the IMH programmes in terms of new insights, understanding and skills. They would highly recommend these programmes to other parents whether or not they were having parenting related problems. There were mixed views on the online delivery, most of the parents finding these enjoyable and accessible, while some struggled with the technology and missed meeting other parents and the facilitators in person. Parents had few recommendations for change to the IMH programmes except for expanding access to these programmes to maximise benefits for parents, families and the wider community.

3.2 Quantitative Analysis

The quantitative data gathered in this evaluation was minimal but important in terms of aligning this with the qualitative analysis. This section examines attendance levels, outlines typical activity in YB IMH programmes pre-COVID-19 and reports on satisfaction levels.

Attendance Records

The delivery and attendance rates for 2019 were reviewed as this reflects a typical pre-COVID-19 year. Full information on referrals for the IMH programmes is not routinely retained by YB, therefore it was not possible to accurately review referral sources and numbers for all of these programmes. Table 2 provides a summary of activity for 2019 for each IMH programme.

Table 2: YB IMH Programme Activity for 2019

| IMH Programme | No. of Programmes | No. of Places Offered | Uptake ³ | No. of Completers ⁴ |
|------------------|----------------------|--------------------------|---------------------|-----------------------------------|
| BM | 8 | 74 | 53 | 44 |
| BBW | 1 | 11 | 7 | 7 |
| COS-P | 4 | 34 | 29 | 21 |
| T&P | 2 | 26 | 22 | 16 |
| THV | N/A | 10 | 10 | 10 |

The eight BM programmes ran between January 2019 and November 2019. The majority of programme attendees (74%) were referred by PHNs some (12%) were made by YB and others (14%) self-referred. The average number of people who attended each of the groups was seven. One BWW ran in November 2019. All referrals for the group came through the BM group. Four COS-P groups ran between January and December 2019. Of the 29 attendees, the majority (41%) were referred by Tusla, 21% came from YB and a further 21% came from a local Tusla funded nursery, with the remaining referrals (17%) being from professional and self-referrals. Two T&P programmes were run in 2019, one between January and June and the other between September and December. Of the ten attendees for whom referral information was available, four (40%) were self-referrals, three (30%) came from Youngballymun, two (20%) came from SLTs, and one (10%) came from a PHN. In 2019 there were 24 referrals for THV from PHNs, a maternity hospital, mental health services and some internal referrals of individuals known to YB staff through other IMH programmes. Of those referred 7 (29%) were deemed unsuitable and were signposted to other services within or external

³ Uptake refers to attending at least one session

⁴ Completion refers to attending at least 50% of the total number of sessions

to YB IMH programmes, 10 (42%) were offered and availed of the THV, 3 (12%) declined involvement, and 4 (17%) were processed in 2020 due to referral late in 2019.

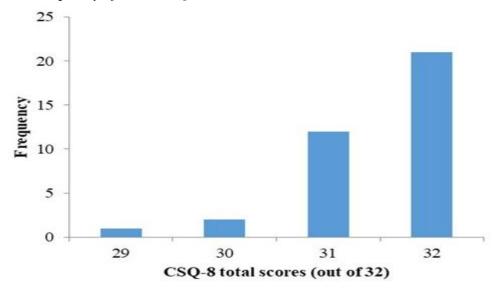
Of the places offered across the IMH programmes, there was an average uptake of 71%. It was not possible to comment on the reasons for non-uptake as this information was not available. Of those who commenced an IMH programme approximately 82% completed it, indicating a high level of completion. Several reasons were given for programme non-completion including; ill-health of parent or child, conflicting demands on time, moving away from the area, finding the programme overwhelming (either for the parent or child), the child being referred elsewhere, and not being able to commit to the programme. In summary, all IMH programmes were run in 2019 and in general uptake and completion rates were high.

The CSQ-8

The CSQ-8 is an eight-item questionnaire used for assessing clients' levels of satisfaction with health and mental health services. Items have four responses to choose from ranging from 1 to 4. The overall score is calculated by summing all item responses. When all items are completed, the minimum score is 8 and the maximum score is 32, with higher scores indicating greater satisfaction levels.

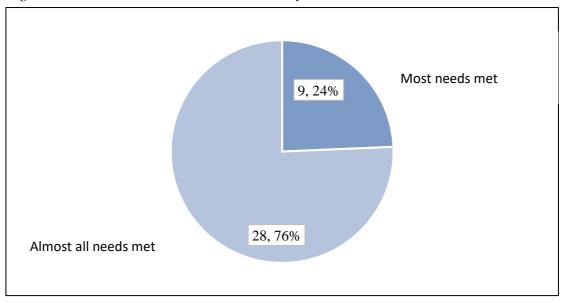
In total, 37 CSQ-8 forms were completed during 2021. The overall average score was 31.5 from a possible maximum of 32, with a lowest score of 29 and highest of 32, indicating extremely high levels of satisfaction among attendees for all programmes completed during this time frame (Figure 1).

Figure 1: Frequency of Total CSQ-8 Scores



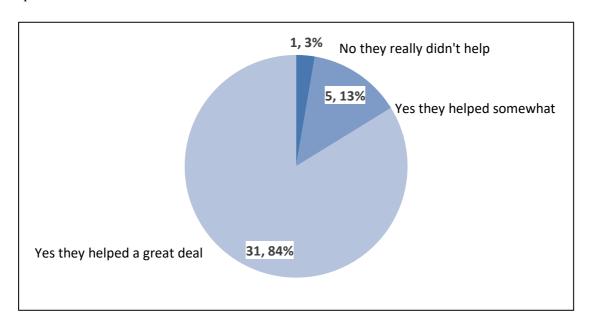
Question 3 of the CSQ-8 (To what extent has our service met your needs?) asks specifically about the relevance of the service provided to the needs of attendees (Figure 2). All participants indicated that almost all (n=28, 76%) or most (n=9, 24%) of their needs had been met.

Figure 2. To what extent has our service met your needs?



Question 6 of the CSQ-8 (Have the services you received helped you to deal more effectively with your problems?) specifically asks about the benefits accrued from attending the service (Figure 3). The majority of participants (n=36, 97%) had a positive response with 84% (n=31) indicating the services helped a great deal and 13% (n=5) indicating the services had helped somewhat. One person (3%) indicated that the services did not really help.

Figure 3. Have the services you received helped you to deal more effectively with your problems?



3.3 Summary of Qualitative and Quantitative Results

The combined qualitative and quantitative results indicate that the YB IMH programmes were acceptable to those receiving and delivering them. They were deemed highly relevant to the needs of parents seeking to improve their relationship(s) with their child(ren) and professionals seeking to enhance relational capacity in families. The IMH programmes were also deemed beneficial by both groups. Benefits to families included; improved family relationships and parent-child relationships, improved child behaviour, better understanding of and attunement to the needs of children, enhanced parenting skills, increased confidence in parenting, and enhanced parental well-being. The unique

contribution that the YB IMH programmes and IMH activities make locally and nationally was recognised, specifically the potential for such programmes to break the cycle of negative parenting and to build family and community relational capacity and capacity building in the local and wider community.

Engagement and gains were facilitated by; the high quality of the YB IMH programmes, the well organised programme structure, content and delivery process, and the caring and collaborative ethos. The stated values of YB (see section 1.5) can be identified in the facilitator's approach to practice with families and within the community.

Experiences of the online delivery of the YB IMH programmmes in 2021 were primarily positive, however, parents and staff noted some challenges with this mode of delivery. It suited many parents as it made the IMH programmes easily accessible and parents described learning from their involvement, despite some challenges. Some struggled with the use of technology and missed the in person experience for themselves and their child(ren). However, there is no doubt that the online experience has opened possibilities for expansion of both IMH programme delivery and IMH awareness going forward.

A key challenge in sustaining the various activities of YB relates to resources, including funding and staffing levels as YB currently experiences stretched resources and is operating at full capacity.

4.0 Conclusions and Recommendations

This final section of the report outlines the conclusions and recommendations emanating from the evaluation of the YB IMH programmes and activities.

4.1 Conclusions

This project set out to evaluate the acceptability of the IMH programmes at YB, six in total, to families availing of them and to the professionals / staff delivering them. Some contextual information was also gathered that provides a broader picture of YB in the local community and nationally. Data were gathered qualitatively through interviews with staff, parents and wider stakeholders and quantitatively by measuring parental levels of satisfaction with the services provided and their levels of engagement / completion.

It is clear from the combined results that the IMH programmes at YB are acceptable to parents, staff and other professionals delivering these programmes. They are deemed highly relevant to the needs of parents and families wishing to enhance their relational capacity, whether experiencing parenting challenges due to their own emotional and psychological distress or the particular needs of their child(ren), and to those who are not experiencing such challenges but wish to foster a closer and more rewarding relationship with their child(ren). They are highly relevant to those working in IMH who specifically aspire to enhance familial relational capacity, providing them with a clear philosophical framework and set of skills to achieve this goal. It is also clear that the related IMH capacity building and awareness raising activities are welcomed and highly thought of.

The findings also suggest that these programmes benefit those availing of them at multiple levels. They impacted positively on family relationships and parent-child relationships; increased parental awareness, attunement and understanding of the emotional, psychological and social needs of their children; increased parenting skills in managing their child(ren) on a day-to-day basis and in times of particular challenge;

increased parental confidence in their parenting capacity; enhanced the psychological and emotional well-being of parents and children; and impacted positively on child behaviour. The benefits accrued from the IMH programmes at YB are consistent with the benefits of successful IMH interventions cited in the literature: increased parenting knowledge, skills and sense of competence; improved child behaviour and emotional stability; and enhanced parental well-being (Barlow et al., 2014; Furlong et al., 2012; McAllistar & Thomas, 2007; Zeanah & Zeanah, 2019). Additionally, these programmes have the potential to break intergenerational and community cycles of parenting practices, as emphasised by a number of the parent participants.

These benefits were facilitated by the collaborative, egalitarian, respectful, and caring approach of the staff, demonstrating coherence between the stated and enacted ethos of YB. Parent participants, as well as wider stakeholders, commented on the inclusive, person-centred and non-judgmental approach within the YB IMH team that may account for the high completion rates among those who commenced the IMH programmes. The YB IMH suite of programmes demonstrate consistency with factors that enhance engagement as outlined in the literature, such as being relevant to family needs, being focused and tailored, creating a safe and supportive group environment, and developing high quality and trusting relationships between facilitators and parents / families (Koerting et al., 2013; Mytton et al., 2014; Mills et al., 2012). These programmes were regarded as high quality by parents, to the extent that they recommended expansion at a number of levels, and by professionals engaging with YB who emphasised the need for their sustainability.

The YB IMH programmes fulfil the criteria proposed by McAllister and Thomas (2007) for effective IMH programmes, namely; working in transdisciplinary teams, engaging in reflective supervision, taking an integrated and empathic approach to or view of the child's needs, and incorporation of psychosocial and socioeconomic or ecological factors in tailoring and delivering services. The interdisciplinary make-up of the team was noted and YB staff, as well as wider stakeholders, emphasised the established good working relationships that contributed to job satisfaction. Engagement in reflective supervision is part of the regular practice at YB for YB staff and external practitioners who are engaged in IMH work and the positive impact of this on their

thinking and practice was also highlighted. The coherence between the vision, mission, goals and values of YB and the clear focus of the work of the IMH team was evident in the narratives of staff and wider stakeholders and their empathic approach was viewed by parents as a central influence on engagement with the IMH programmes. Finally, the context within which YB was established and operates is crucially taken into account in terms of making the services relevant to the needs of families in the area, alongside a clear commitment to early intervention to improve IMH and reduce the risks of longer-term vulnerabilities in the community.

Some recognised barriers to engaging with IMH programmes include inadequate knowledge of these programmes, convenience of programmes, stigma, language and cultural barriers, and struggles with group dynamics (Koerting et al., 2013; Mytton et al., 2014). None of the parents interviewed experienced any of these barriers. For example, the parent sample comprised 4 non-nationals (31%) none of whom expressed concerns about language or cultural barriers to their engagement, and none indicated difficulties with group dynamics. In fact many noted the positive aspects of being part of a supportive and safe group. Staff, however, recognised that this can be a barrier to ongoing involvement with IMH programmes and stressed the need for a suite of programmes requiring different levels of commitment and group involvement to facilitate engagement. It was noted that the study sample comprised 1 male and 13 female parents and staff commented on the greater number of mothers attending the IMH programmes generally. This is consistent with the literature that suggests it is more challenging to engage fathers in these interventions (Panter-Brick et al., 2014). However, staff noted an increase in the number of fathers engaging with the IMH programmes during COVID-19 restrictions, perhaps reflecting eased access due to online delivery as noted by one parent.

This study was conducted at a challenging time during COVID-19 restrictions, which impacted the delivery of the IMH programmes in a number of ways. Some of the IMH programmes were adapted for online delivery (e.g. BM) and some were deemed unsuitable for online delivery (e.g. NBO), therefore alternative forms of support were made available to parents and families. These adaptations brought with them both advantages and disadvantages. Online delivery was deemed more accessible by some

parents as they were able to attend from home, which is in keeping with some of the literature in this area (Blaiser et al., 2012; Bruder, 2010; Hamren & Quigley, 2012). Thus, this may provide additional delivery opportunities into the future depending on parental circumstances and preferences. However, some parents struggled with technology and missed the opportunity to meet other parents and facilitators in person. Staff noted challenges in engaging with parents and children remotely, such as; children not being able to consistently engage in this forum and privacy issues with outdoor activities. In terms of access and awareness the parents interviewed heard about the IMH programmes through a range of sources, formally through local professionals and services and informally through family and community contacts, which is reflective of community based services. Due to COVID-19 restrictions, the normal delivery of services to parents and consequently typical referral pathways to YB were disrupted, and this may require further consideration in the future should such a situation arise again.

The complexity of measuring the impact of early intervention services was noted by some stakeholders as these can be less visible and are difficult to quantify, for example prevention of more intense intervention when more severe and enduring problems develop in the absence of early intervention. However, despite this YB are routinely gathering outcomes and feedback for some of the IMH programmes and while currently this data is not being analysed due to resource issues, it can inform future evaluations. The plan to develop an outcomes framework across the ABCs may add to this going forward.

Finally, the positive impact of YB in the promotion of IMH awareness and practice locally, in the ABCs and in statutory and voluntary services nationally, indicates that they meet their goals to improve IMH awareness at multiple levels, build capacity, and influence wider change processes. There were few recommendations for change to the IMH programmes or related activities. Based on their own positive experiences of the IMH programmes, some parents in the study expressed the view that the IMH programmes be advertised more widely and be expanded in terms of follow up inputs, evening programmes for working parents, and larger size groups where possible. Expansion also requires resources and the YB IMH team is currently working to full

capacity, therefore, careful consideration of the resources that would be required to meet increased demands is warranted.

4.2 Recommendations

- 1. As the IMH programmes delivered at YB have shown acceptability, it is strongly recommended that they continue to be delivered in person and online to accommodate the preferences and circumstances of families.
- 2. YB works in partnership with other services to deliver IMH programmes and it is recommended that they continue with these collaborations locally to partially address resource issues.
- 3. YB builds IMH capacity among practitioners (within the ABCs and statutory and voluntary sectors) and it is recommended that this important role is maintained to expand knowledge and skills in IMH and sustain the IMH programmes locally and nationally.
- 4. Given the learnings from the current COVID-19 context, it is worth considering IMH programme advertising if referral pathways continue to be disrupted and, given the invisibility of fathers generally in IMH programmes, develop strategies to engage them.
- 5. To facilitate future evaluations that can inform service planning and delivery, it is recommended that: routine outcome evaluations and feedback continue and be gathered and analysed; information be routinely recorded on referrals, programme offers, uptake, and reasons for non-uptake or non-completion; routine evaluation of attendee satisfaction levels be recorded; and the plan to introduce a programme outcomes framework across the ABCs be activated as soon as possible.

6. It is recommended that the resources required for the sustainability and expansion of these high quality and specialised programmes and community and national activities be reviewed and addressed going forward.

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