

An Infant Mental Health Interdisciplinary Training and Coaching Programme in an Irish Community Area Based Prevention and Early Intervention Programme:

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YOUNG KNOCKNAHEENY
Area Based Childhood Programme

funded by:

- An Fíorán Linnéal agus Síneáil Óige, Department of Children and Youth Affairs
- ATLANTIC Philanthropies**
- CEES** Centre for Effective Services
- pobal** government supporting communities
- NICHE** National Institute for Research and Development in Health Services

managed by:

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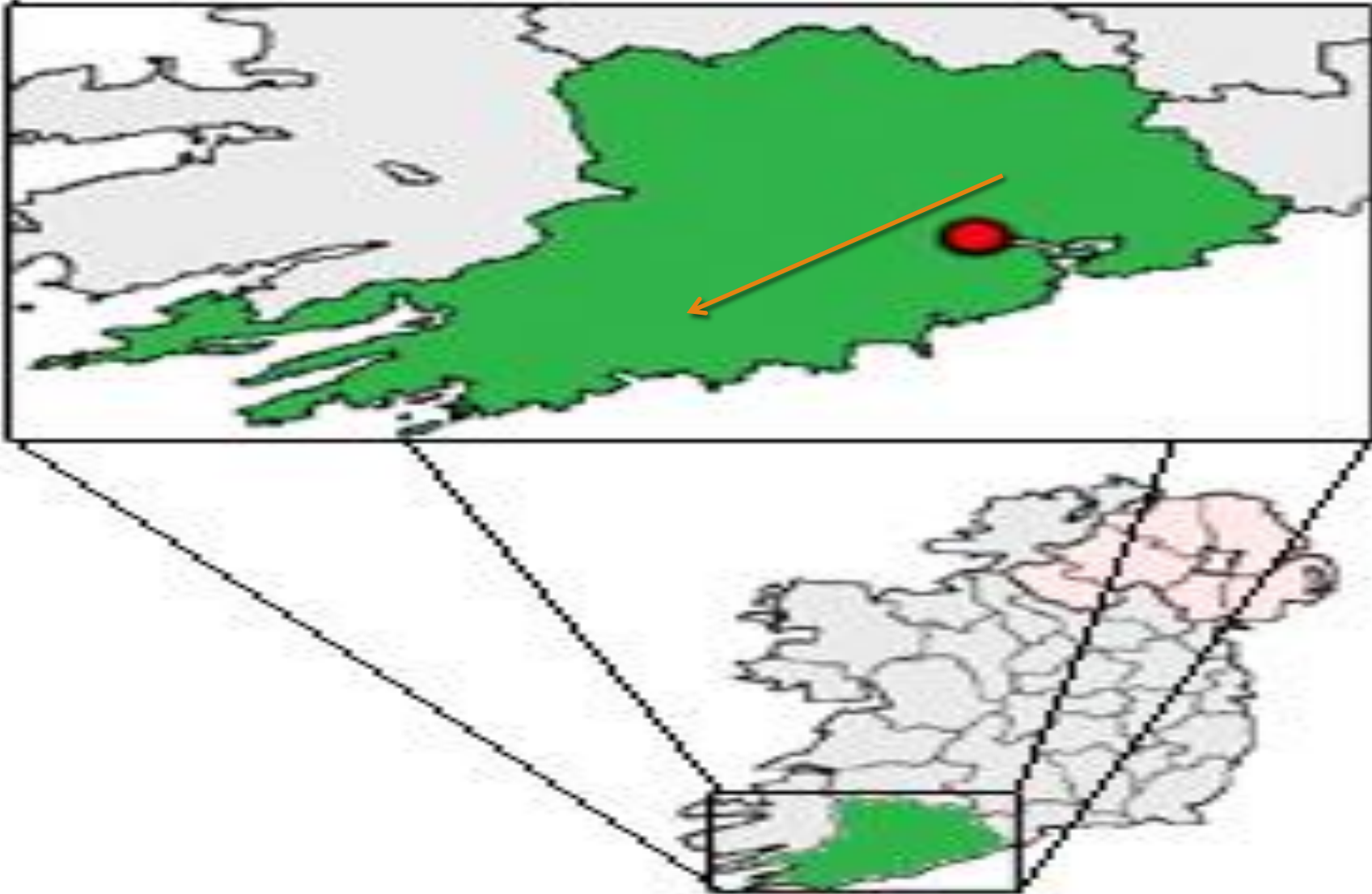
consortium members:

- Barnardos**
- TUSLA** An Ghriúcháinbheachtas Linnéal agus an Teachlár Child and Family Agency
- before5** Centre for Children & Community
- Specialist Agency** Jodelly Hall Family Centre
- St. Vincent's** St. Vincent's Health Centre
- UCC** University College Cork, Ireland Centre for Evidence-Based Research
- HF** Tallinn University of Health Services, Estonia

Outline of the Presentation

- Background to Young Knocknaheeny ABC Programme
- Background to Infant Health and Wellbeing Strategy
- The IMH Training and Coaching Programme –Content and Implementation
- Process and **Outcome (short term)** Evaluation
- Findings and Learning to Date
- Conclusion

Location



Cork city

—population **119, 230**

YK Catchment area

—population **12,000**

—children <15years **5177**

—children 0 – 6 years **1155**

—(Source CSO Census 2011)

—Annual births – **135** (approx.)

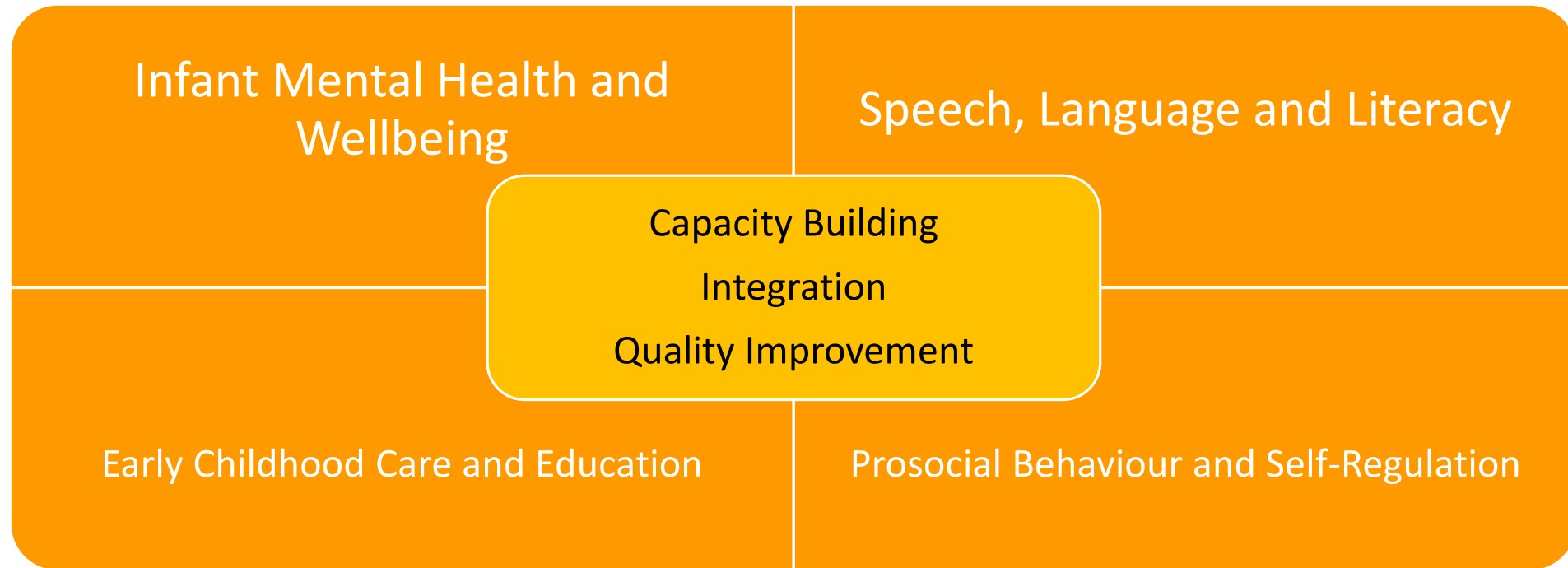
(Source Health Services Executive)

Young Knocknaheeny Area Based Childhood Programme (YK)

A multi-disciplinary area-based prevention and early intervention **partnership** which aims to get every child's life off to the best possible start by:

- Respectfully enhancing the **knowledge and skills** of all parents and practitioners
- Strengthening and enhancing all **relationships and environments** that are important to children
- Embedding systems and **community change** to address childhood poverty and support early childhood development

Young Knocknaheeny Integrated Strategies



Informed by Interdisciplinary Infant Mental Health Framework

Supported by Integrated Research and Evaluation

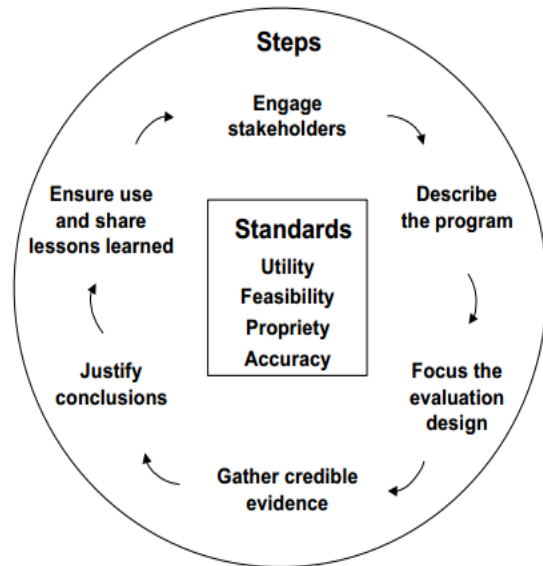
Young Knocknaheeny Building Whole Community Competency in Infant Mental Health

- IMH Interdisciplinary 2 Day Blended Learning Masterclasses
- IMH Monthly Network Groups:
Facilitating integration and consolidation of core skills and competencies



Evaluation Framework Method

The Framework for Programme Evaluation in Public Health (CDC, 1999)



The Framework Method (Richie & Spencer, 2003)

- Guided qualitative data analysis
- Thematic method of data analysis focusing on commonalities or differences in qualitative data
- Focuses on relationships between data
- Stages of thematic analysis include: **transcription, familiarisation, coding, developing working analytical framework, charting data into matrix, interpreting data.**

Evaluation Methodology

- **Data Collection:**

- Pre and Post Master Class Questionnaires
- Pre and Post Focus discussion Groups
- X 2 IMH-NG Focus Groups
- Participants Consented for Data Use for Research & Evaluation

- **Data Analysis:**

- Microsoft Excel and IBM SPSS 20.0 were used to conduct Quantitative Analysis and provide descriptive statistics
- Qualitative Analysis involved Thematic Analysis of discussion group responses and focus group transcripts

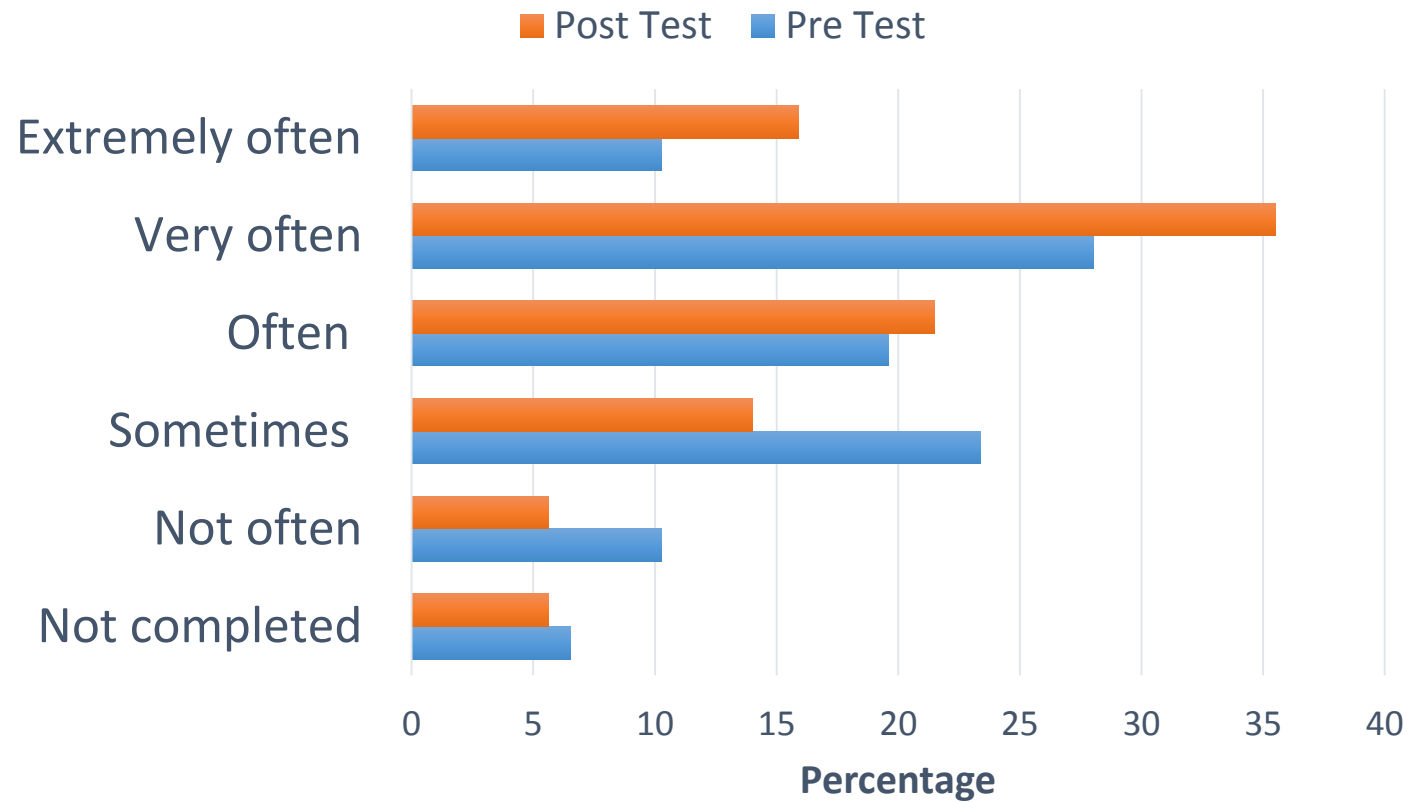
Process and Outcome Evaluation- Descriptive Statistics

- 9 x 2 Day Interdisciplinary IMH Master Class Programmes delivered between April 2016- Dec 2017
- 300 practitioners from a range of disciplines
- 29 Local Practitioners in YK Catchment Area attend continuous monthly IMH – Network Groups
- Local practitioners only offered participation in IMH-NG's secondary to availability of Facilitators & local resources

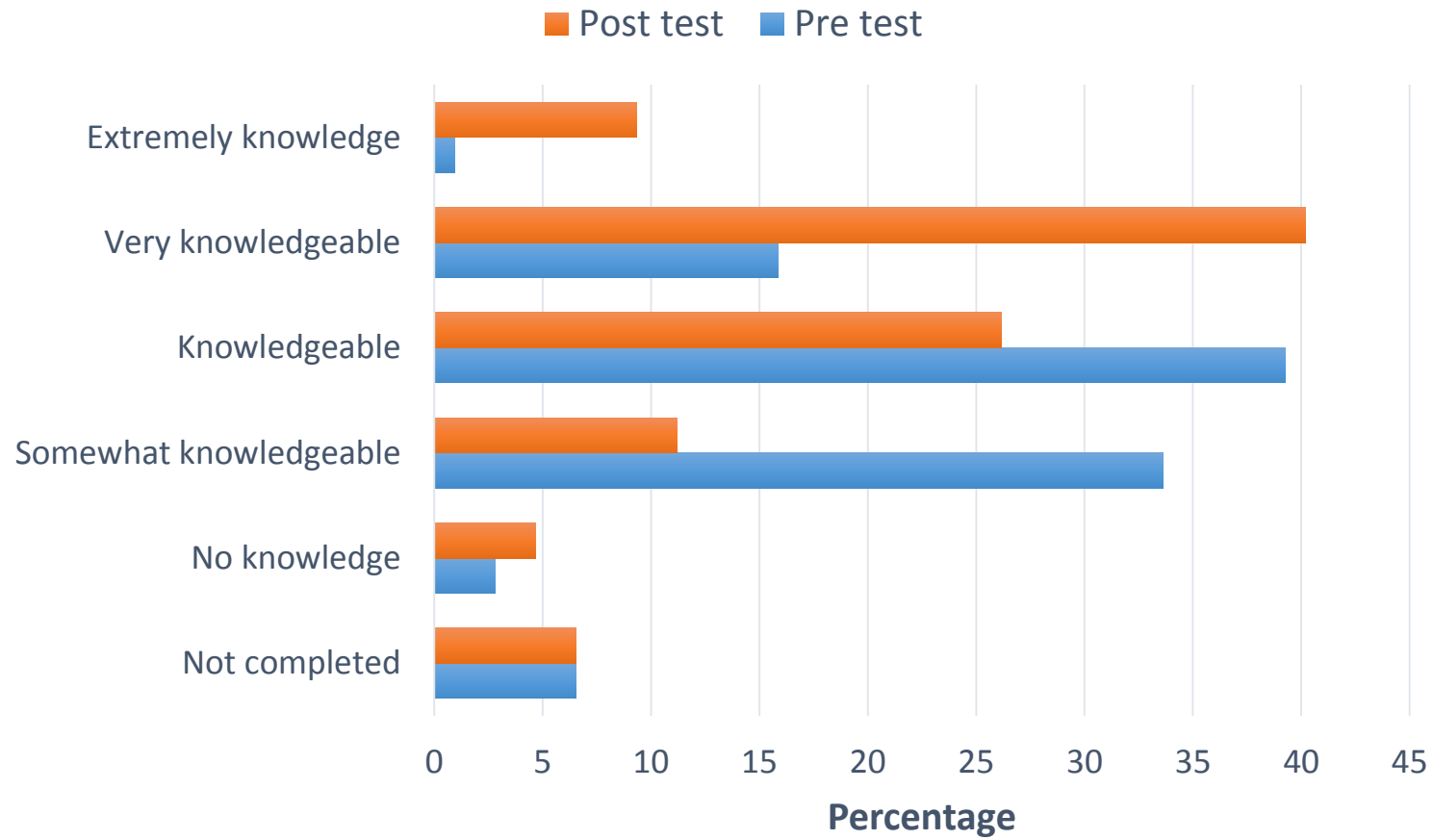
IMH Master Class Evaluation x 4 – Respondent Characteristics

| Respondent Characteristics | Total n=106 (%) |
|---|------------------------|
| <i>Profession type</i> | |
| Community and Family Support Workers | 28 (26%) |
| Early Years Practitioner | 7 (7%) |
| Nursing | 24 (23%) |
| Midwifery | 13 (12%) |
| Allied Health Professional | 27 (26%) |
| Other | 7 (6%) |
| <i>Duration in profession</i> | |
| <1 year | 8 (7%) |
| 1 to 3 years | 15 (14%) |
| 4 to 6 years | 9 (9%) |
| 7 to 10 years | 18 (17%) |
| 10+ years | 56 (53%) |
| <i>Work directly with children and parents</i> | |
| Yes | 101 (96%) |
| No | 5 (4%) |
| <i>Previous training in IMH</i> | |
| Yes | 44 (41%) |
| No | 62 (59%) |

How often do you encounter issues relating to IMH?

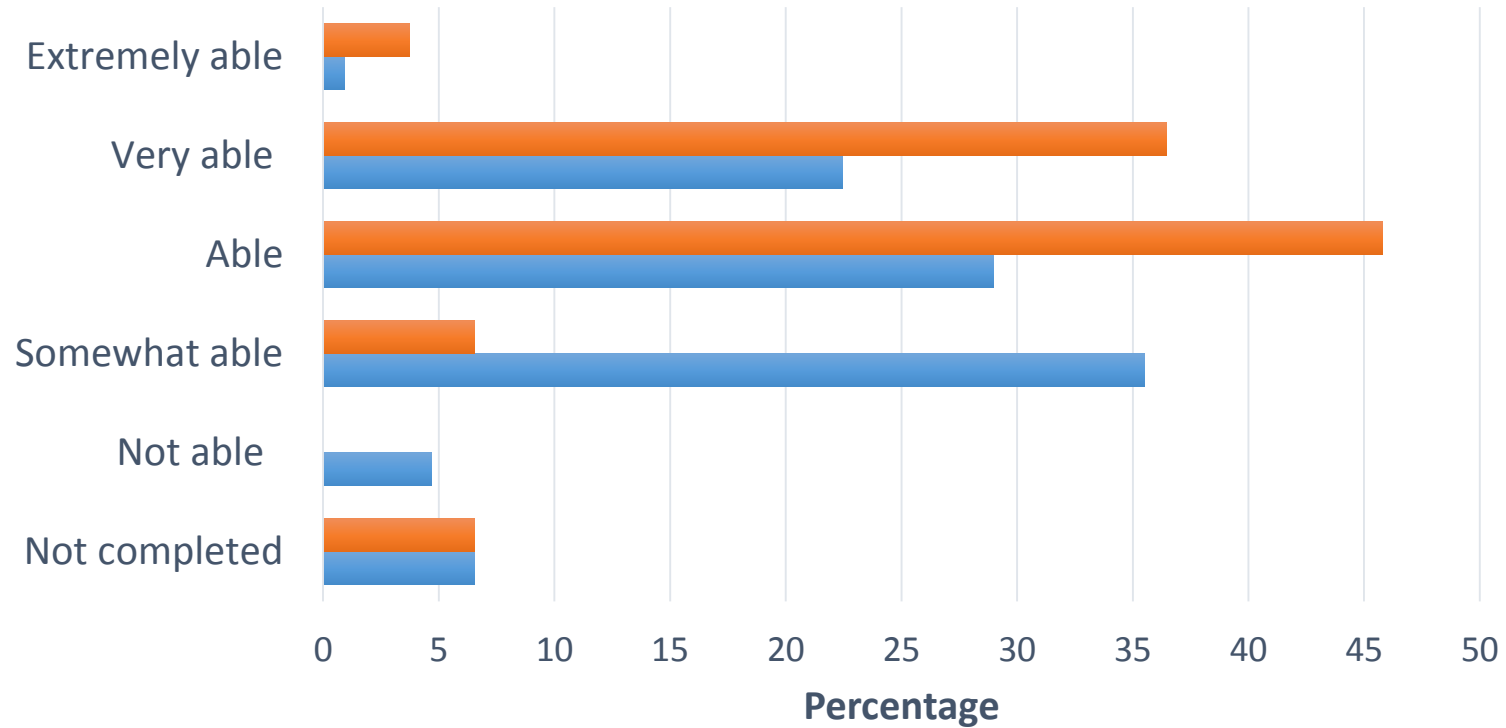


How would you rate your knowledge of social and emotional developmental stages from 0-3 years?



How able do you believe you are to identify lack of progress in a young child's social and emotional development?

Post test Pre test



IMH Master Class x 4 Pre & Post Questionnaire: Quantitative Results

- Increased capacity to quantify knowledge, understanding and identify capacity both in self as a practitioner and also determine the capacity or lack of, social and emotional development in infant and toddlers.
- Greater clarity and understanding regarding IMH knowledge
- Shift in knowledge and confidence among the “Some what's / Sometimes”:
 - awareness and about what was perceived to be actual/real knowledge as opposed to what was considered to be knowledge

Sometimes...we don't know, what we don't know

IMH Master Class x 4

- Qualitative Evaluation Results

| Main Themes |
|--------------------------------|
| Programme Implementation |
| Practitioner Capacity Building |
| Engagement and Collaboration |

| Sub-themes |
|--|
| Aids to implementation |
| Challenges to implementation |
| Course content |
| Knowledge and skills acquisition |
| Need for reflective space |
| Engaging with other practitioners in MCs |
| Establishing working relationships through NGs |
| Inter-agency collaboration |
| Observed benefits to families |

Post Master Class Focus Discussion Groups

- Development of a 'common IMH language' – Serve and Return, Attunement, Rupture and Repair.
- Importance of the nature and quality of the emerging infant- parent relationship.
- Understand of new information regarding IMH concepts e.g. impact of ACEs on the caregiving relationship, intergenerational impact of poverty.
- Feeling energised.
- Importance of a reflective space.
- Space to consider the professional's impact on the lives of babies and families.

Infant Mental Health Network Groups (IMH-NG's) Focus Group Results

- Analysis completed 12 months post development of the IMH-NG's
- Main Themes emerging:
 - **Knowledge and skill acquisition**
 - “ Development of a *“common IMH language”* by which to discuss the baby and the their relationships
 - *“More comfortable in interagency discussions”* Greater capacity to contextualise what happening in the family. *“ I work in child care and would have seen mental health issues emerging in children, but would not have the confidence to discuss these issues with a parent.*

Infant Mental Health Network Groups (IMH-NG's) Focus Group Results

- Need for a Reflective Space
 - *“It’s very grounding to be in an IMH Network Group, it gives you an hour to settle yourself and gather your thoughts, and it really validated your work too, which I find hugely reassuring”*
- **Importance of engaging with other practitioners about families in the community regarding the provision support**
 - *“you don’t have to go in and fix things, because sometimes you can’t,...it’s about hearing them, being with them and helping them to reflect....”*

Infant Mental Health Network Groups (IMH-NG's) Focus Group Results- Barriers

1. Hectic work schedules – especially in the Early Years Practitioner where work is often contractual.....Buy-In and Support issues from Management
2. Continuous Professional development and upskilling **not valued as enhancing** service delivery
3. Managing Technology regarding dissemination although this matter was rectified

Reflective Practice Supervision

“ the impact of relationships on relationships”, (Emde, 2009)

Reflective practice is an integral component of the delivery, facilitation and consolidation of building workforce capacity

Summary: A work in progress

- YK IMH programme has response to the science and evidence base regarding what is required and acceptable when working with infants, toddlers and their families
- Emerging quantitative and qualitative analysis reveal positive shifts and trends among an interdisciplinary group of frontline practitioners working with an early years population accessing an IMH interdisciplinary training model
- IMH-NG Focus:
emerging benefit that a monthly reflective space offers for development of a shared common language, IMH skills, while also containing and holding practitioners as they develop new and emerging capacities