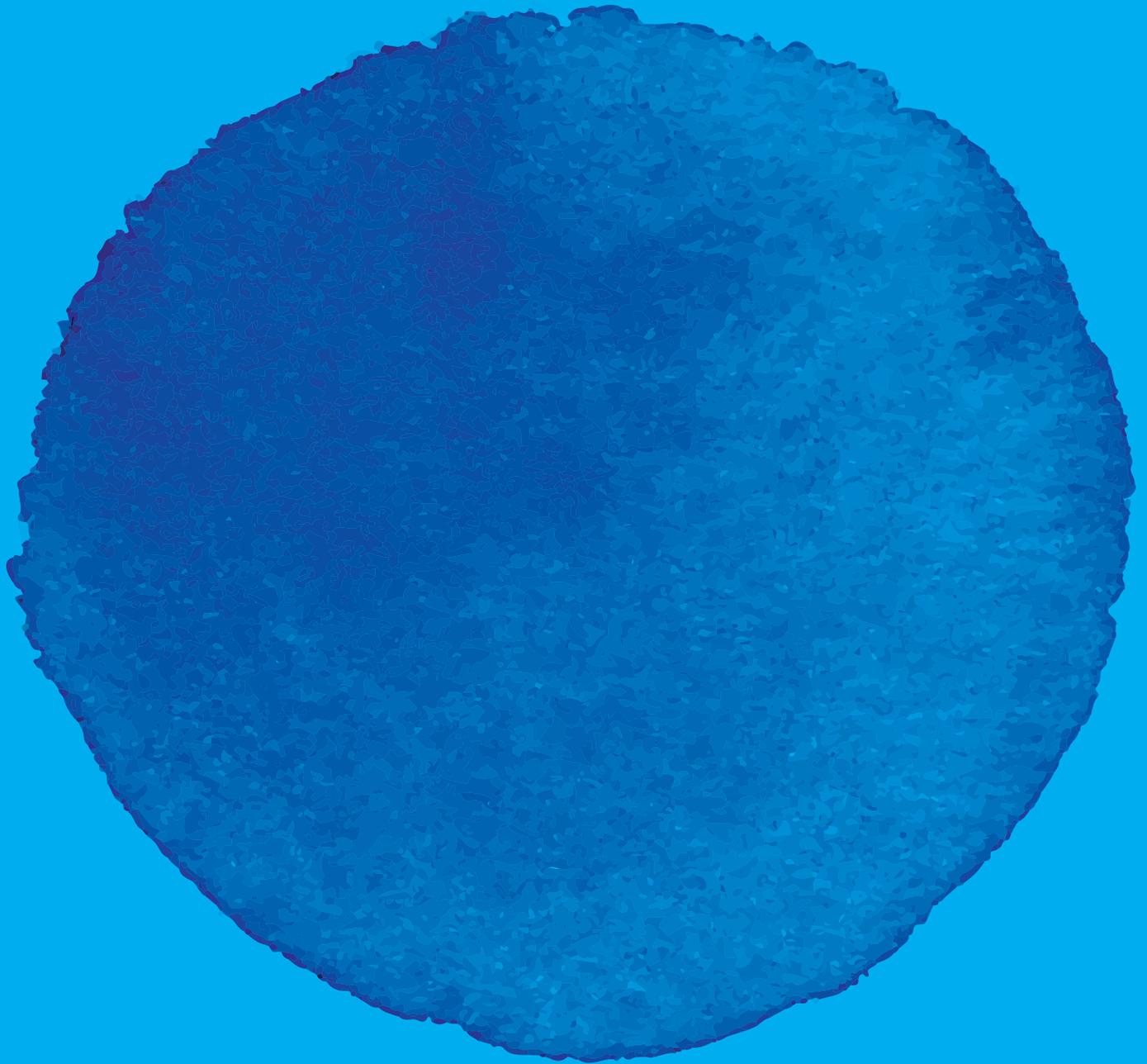




Let's Grow Together

Report on the Implementation
and Consultation Event 2016



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Glossary of Terms

ABC	Area Based Childhood Programme
AP	Atlantic Philanthropies
BOBF	Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020
CCC	Continuous Professional Development
CPD	Cork North West Quarter Regeneration Plan
DCYA	Department of Children and Youth Affairs
HSE	Health Service Executive
IMH	Infant Mental Health
IPS	Infant Parent Support
IY	Incredible Years
NICHE	Northside Community Health Initiative (Cork) Ltd.
OLO	Oral Language Development Officer
OT	Occupational Therapy
RAPID	Revitalising Areas through Planning, Investment and Development
TUSLA	Child and Family Agency
UCC	University College Cork
YK	Young Knockhaneeny

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YOUNG KNOCKNAHEENY
Let's Grow Together...



Young Knocknaheeny

Young Knocknaheeny (YK) is currently part of the National Area Based Childhood Programme (ABC) funded by Department of Children and Youth Affairs (DYCA) and Atlantic Philanthropies (AP). YK takes a whole community, prevention and early intervention approach to service delivery and practice in child development. It seeks to contribute lasting change to Knocknaheeny and surrounding areas, by building on the skills and capacity of practitioners, services and parents to get every child's life off to the best possible start.

The YK Programme, which commenced in January 2015, is a community prevention and early intervention programme working on the Northside of Cork City. The programme aims to measurably improve the lives of all children (pre-birth to age six) and their families. It does this by building on the work of our many partners across services and disciplines through a whole community approach. It aims to respectfully enhance the skills of parents and practitioners who come into the life of the child in order to strengthen and enhance relationships, thus supporting optimal child development and outcomes.

The YK Programme is underpinned by an innovative Infant Mental Health (IMH) Framework and draws on best international evidence and practice. The implementation of the programme is achieved through community and systems change. This means YK works first through a relationship-based model directly with families, guided by an IMH Interdisciplinary framework complemented by the delivery of evidence-based parenting programmes and groups. Second, it supports the development of quality skills and environments using coaching, modelling, mentoring and continuous professional development of practitioners working with children aged 0-6 and their parents. Over a two year period, the YK programme engages with 2,500 children, 450 parents, 310 practitioners and 40 services.

The YK Programme consists of 4 interconnected strategies supported by an integrated research and evaluation process. The strategies are connected by their common approaches of capacity building, integration and quality so that all children can be happy, well, and able to learn and reach their full potential.



Underpinned by Interdisciplinary Infant Mental Health Framework
Supported by an integrated Research and Evaluation for systems / community change

Figure 1: YK's Four Interconnected Strategies

1. Infant Mental Health and Wellbeing



- Pre-birth to 3 years invitation to all parents to register with Young Knocknaheeny (YK) Programme
- Pre-Birth Home screen: Incorporated Psychological assessment of preparation for parenthood
- Pre-birth to 3 years interdisciplinary home visiting programme informed by Michigan Infant Mental Health (IMH) Home Visitation Model with external consultation provided by Michigan Association of IMH
- Interagency Wrap-Around Model for interdisciplinary family work
- IMH reflective practice supervision (YK Staff)
- IMH consultations available to practitioners and services
- Environments of continuous learning: IMH 2 day masterclasses in communities and in-service training, followed by sustainable monthly interdisciplinary practitioner network meetings
- Education and training modules to undergraduate and postgraduate health and social sciences programmes
- Supports to Kidscope Community Child Development Assessment Clinic including registration of families to YK Programme, Clinic process documentation, and Clinic Administration
- Universal Transition to Parenthood Group: psychological preparation programme for expectant parents
- PEEPS Learning Together Programme Leader Training and Facilitators network; co-facilitated Parent and Child 0-years Programme
- Elklan Lets Talk with your Baby Group 3-12 months
- Baby Massage

2. Speech, Language and Literacy



- Babbling Babies universal communication session with parents and 9-month baby in conjunction with Public Health Nurse Development Check Up Clinics
- Whole community Junior Infant Speech & Language Assessments and follow up in all 4 primary schools
- Contributing to 0-3 interdisciplinary IMH home visitation model and Kidscope Interdisciplinary referrals
- Delivering Early Years staff Hanen 'Learning Language & Loving It' programme
- Delivering Junior Infant teacher Hanen "ABC and beyond" Programme
- Provision of oral language development training to YK team members & supporting implementation of Elklan Let's Talk with your Baby group
- Cross- service implementation groups
- Training and Education modules to undergraduate and post-graduate health and social science programmes
- Oral Language Community/Service Consultations
- Clinical Governance / Supervision provided by HSE Cork North Speech and Language Department



3. Early Childhood Care and Education

- Children 18 months to 5 years benefiting from a local Early Care and Education setting involved in ongoing whole community quality improvement strategy
- Early Years ECERS and ITERS assessments and reports for all rooms pre and post YK quality improvement strategy
- Highscope curriculum training for Crèche and Preschool Staff
- Montessori Masterclasses
- On Site specialist implementation mentoring within National Framework Standards
- Environmental enhancement supports
- Skills development for staff supervision
- Developing and sustaining an Early Years Co-ordinators Forum
- Implementation of standardised transition tools for children entering preschool and primary cycle.
- Local promotion of Early Years Centres in their contribution to children's early education and development
- Developing co-ordinated strategies for greater parental involvement
- Co-ordinated by Barnardos Brighter Future Centre, supported by EY Co-ordinators Forum group and Cork City Childcare Company.

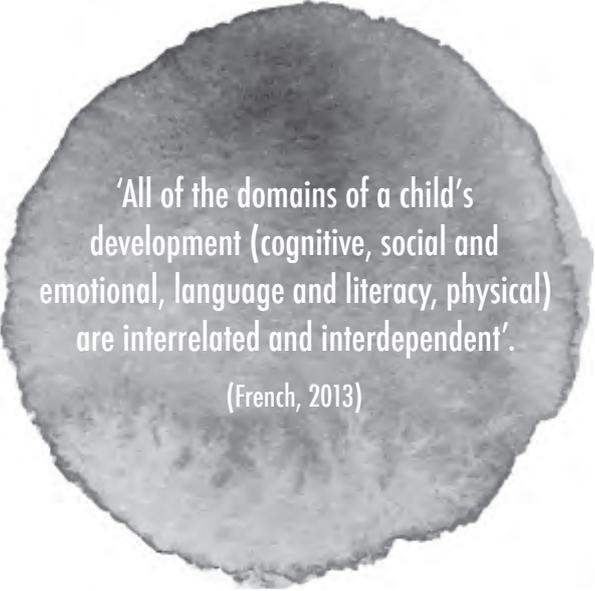


4. Pro-Social Behaviour and Self-Regulation

- Whole community approach to the delivery of Incredible Years Programmes
- Incredible Years Teacher Classroom Management Training across 4 primary schools
- Incredible Years Basic Parent Leader Programme Training for practitioners across 9 organisations
- Incredible Years Whole Classroom Dina Programme Training across 4 primary schools
- Incredible Years Basic Parent Programme 2-4 years and 5-8 available to all parents in catchment area
- Co-ordinated by the local School Completion Programme
- Training and mentoring provided by Archways
- IY Parent Leader Facilitators Peer Group: Supporting roll out of parent programme, promotion, referrals, preparation of participations, and logistics
- Working toward facilitator accreditation, mentoring and training delivery.

Policy Context

The work of YK ABC is a practical implementation of the national policies; Better Outcomes – Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 (DCYA, 2014), and Healthy Ireland (Department of Health, 2013); implementation of the EU Commission recommendations in investing in children; Breaking the Cycle of Disadvantage (2013), and the WHO recommendations in the European Report on Preventing Child Maltreatment (2013). It is aligned to, and compliments, the Tusla Child and Family Agency Prevention, Partnership & Family Support strategy (2015), the National Maternity strategy (2016), and Nurture HSE Infant Health and Wellbeing Strategy (2016).



'All of the domains of a child's development (cognitive, social and emotional, language and literacy, physical) are interrelated and interdependent'.

(French, 2013)

Implementation & Consultation Objectives

Young Knocknaheeny (YK) is built on a strong foundation of local interagency collaboration which has underpinned the design, planning, resourcing and management of the programme. In addition, the implementation of YK's strategies is achieved through community and systems change, which by its nature, places a significant value on ongoing consultation, dialogue and relationship building.

From 2011 to January 2016, using an Implementation Science Framework, YK was able to map its transition from the early work of the interagency Consortium, in the first phase taken to design, resourcing and install the Programme, to the second phase to recruit the programme team and develop the service delivery model. The third phase toward full implementation of the programme, had now begun. It was at the beginning of this third phase that a wide interdisciplinary consultation was considered necessary.

Referral pathways alone and post programme feedback were not considered to be a sufficient level of engagement. Through the consultation process, YK sought to engage local conversations with key stakeholders. The consultative relationship that was both collaborative and collegial with expertise shared in both ways was considered essential (Pawl, 2004). Moreover, imaginative ways of contacting and engaging people and the development of accessible structures and processes were needed to enhance participation (Forde & Lynch, 2015) to meaningfully contribute to this phase of the YK Programme.



'It takes a whole village to raise a child'.

(Old African Proverb)

Consultation Objectives

The "Let's Grow Together" Implementation and Consultation Event aimed to:

- Create an opportunity for community partners to learn more about the practice model being developed in particular, to build an understanding of the universal nature of the programme;
- Build on existing relationships with key stakeholders and link with new and potential stakeholders;
- Create a critical feedback loop which would inform the decision making processes.

Methodology

In January 2016 an open invitation to attend “Let’s Grow Together” Implementation and Consultation Event to take place in the new Hollyhill Library on February 3rd 2016. See appendix 1 for invitation.

The event began with a presentation (lasting half an hour) from the manager and staff entitled Young Knocknaheeny Concepts (Universal & Implementation) Vision and Update’ followed by a further half hour of questions and answers to clarify the Programme’s approach. This was followed by break out discussions on each of the four Implementation strategies:

1. Infant Mental Health and Well Being
2. Speech, Language and Literacy
3. Pro-social Behaviour and Self-Regulation
4. Early Years Care and Education

The discussions were organised using the World Café methodology outlined in Figure 3. Each table was themed around one of the four strategies and facilitated by a staff or Consortium member who was familiar with the strand. Participants chose which table they wished to join for each of the conversations. This approach allowed participants to engage with at least three strategy discussions.

The following four questions were posed at each of the themed tables:

1. What resonates with you from the presentation in relation to (table theme)?
2. What are the potential areas for development?
3. How could our relationship with your agency support this development?
4. In what capacity would you/ your agency be prepared to get involved in the implementation?

Key points from each discussion were recorded on flip charts and displayed in the room so that participants could build on previous conversations. Staff also maintained detailed notes which reflected the depth of the discussion and informed the thematic analysis of the event.



World Café Method (www.theworldcafe.com)

The World Café methodology is an effective, and flexible format for hosting large group dialogue based on seven design principles:

1. Set the context
2. Create hospitable space
3. Explore Questions that Matter
4. Encourage everyone's contribution
5. Connect diverse perspectives
6. Listen together for patterns and insights
7. Share collective discoveries

The World Café format can be modified to meet a wide variety of needs.

In the Young Knocknaheeny context the format allowed participants to contribute to each table theme and thereby up to three programme strands. The implementation event adhered to the five components which comprise the basic model:

- 1. Setting:** A "special" environment was created modelled after a café with round tables and refreshments served.
- 2. Welcome and Introduction:** Following the presentations there was an introduction to the World Café process, setting the context, sharing the Cafe Etiquette, and putting participants at ease.
- 3. Small Group Rounds:** The process begins with the first of three or more approximately twenty minute rounds of conversation for the small group seated around a table. At the end of the first conversation, each member of the group moved to a different new table. The "table host" remained at the table and welcomed the next group and briefly filled them in on what happened in the previous round.
- 4. Questions:** each round was prefaced with questions as outlined below. The same questions were used for each round.
- 5. Harvest:** After the small groups, individuals were invited to share insights and results from their conversations with the rest of the large group. These results were reflected visually on flip charts displayed around the room.

Feedback

Participant Feedback

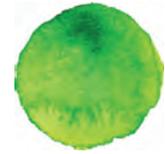
The event was attended by 70 practitioners and managers across a variety of services and disciplines from statutory, voluntary and community sectors. (See Appendix 2: List of Attendees). Feedback from each of the strands, in response to the questions posed, are reported in the following tables.



Table 1: Infant Health and Wellbeing Strand Feedback

1. What resonates with you from the presentation in relation to the Infant Health and Wellbeing Strand?

- Making links to parent/caregiver's mental health. Promotion of good mental health and facilitating access to services.
- The issue of domestic violence impacts on child welfare- can this link with YK's work?
- The nature of the language used - suggesting how we describe ourselves and our services in the community will matter.
- Partnership (with the other services in the community) is vital- Young Knocknaheeny needs to make strategic links and partnerships.
- Services for children are inundated, long waiting list exist for children waiting for services. Children with emotional difficulties are not getting the services they need- this needs to occur at a younger age as children are having difficulties at a younger age.
- Importance of motor development in the first 12 months in early child development - as a pre-cursor for everything (much discussion on this issue).
- Science and evidence-based research is now underpinning our work- this is reassuring to know.
- Translating the science into user friendly terms- everyday language, normalising the language.
- Infant Mental Health (IMH) underpinning our work.
- Engaging with parents and practitioners around the language of IMH.
- Home visit-visiting programme.
- Relationship with the Public Health Nurse is vital.
- Interdisciplinary working is very exciting.
- Importance of supporting reflective practice.
- Coaching staff.
- Capacity building in parents and encouraging modelling.
- Positive feedback re: peer support and supervision in IMH networks.
- Need for partnerships between parents and practitioners.
- Incorporating IMH across all practice.
- Home visit by PHN, antenatal care very good idea.
- Linking of all services: interdisciplinary role.
- Families need access to other agencies in the area

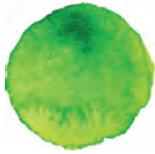


2. What are the potential areas for development?

- Need for early interventions, parental involvement is crucial.
- Simple, effective strategies are required.
- Respect for parents. Talk to expectant mothers.
- Educating professionals. The time for this training needs to be addressed. Identify need for training as implications of not having training are a risk.
- Research and evidence suggest it's important for staff to have training.
- Need to recognise training for CPD credits.
- Building awareness with parents and practitioners.
- The need to educate practitioners in the intellectual disability sector around infant mental health.
- Openness to learning using a common language.
- Look at creativity as a domain for the development of infants and their parents.
- Look at birthing options e.g. Domino - first day crucial.
- Grandparents and the need to be linked with them.
- Developing relationships with clients in the antenatal period is key.
- Mapping of services in area connecting services together - clear signposting.
- Visible presence of YK in the area.
- Community forum to connect for professionals.
- Developing a model that can be expanded upon elsewhere.
- Pathway to YK that can be co-ordinated and standard.
- Pathway from Cork University Maternity Hospital (CUMH) - Create awareness in CUMH of all agencies in the area.

3. How could our relationship with your agency support this development?

- Training for practitioners in IMH.
- Parent-infant music group could compliment services in Young Knocknaheeny (E.g. COPE Music Therapy service would provide the human resource in return for the IMH skill set).
- Consider the time around training –time challenge (... in releasing staff) and costs.
- Information sharing.
- Networking Community Forums for professionals and parents.
- Promote the YK work model so it can extend to other areas.
- Once links have being made, implementation will happen faster.
- Kids communicating through play is missing from agency- OT service is missing/
When Primary Care Centre in St Mary's Orthopaedic Hospital is completed, OT will have a room in the area.

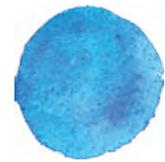


4. In what capacity would you/your agency be prepared to get involved in the Implementation

- Parent Mentor- Parent experiencing the training for themselves.
- Partnership with COPE regarding music therapy.
- Young Knocknaheeny connecting with the different centres; developing relationships with the parents.
- Training – Psychology component.
- Work with practitioners on the ground regarding sustainability.
- Providing talks regarding motor development, both to parent and professionals.
- Linking with undergraduate programmes in UCC.
- Linking with Paediatric Physiotherapy Services Manager.
- Providing clinical placements in YK.
- Concerns about another project coming and going in Knocknaheeny.
- Health Promotion department-training/skills support dietitian Fiona Rush offering support for PHNS/IPS healthy eating/weaning.
- Speech and Language Therapy department expressed a concern re: resources and identifying needs of children on waiting lists across all disciplines, concerns about next steps, need commitment from HSE to provide appropriate service.
- Agencies to look at working together more collaboratively to ensure better outcomes.
- Arrange access to template of directory developed by community work department for child and family services.
- NICHE involved as lead agency, Barnardos have to be involved for Early Years as members of the consortium.
- More interagency involvement and awareness of each other roles.
- Need a knowledge of what's going on where.
- A tailored service for each family need, for example if not suitable for YK another agency.
- Look at how communication is delivered for example people with literacy issues.
- Mapping of services for professionals and parents.



Table 2: Speech, Language and Literacy Development Strand Feedback



1. What resonates with you from the presentation in relation to the Speech, Language and Literacy strand?

Participants report that they feel the following aspects of YK are working well:

- Oral Language Officers (OLOs) have explained that Speech, Language, Literacy is a foundation stone for overall child development.
- The universal prevention role that OLOs play.
- Capacity building amongst all Junior Infant, and some Senior Infant teachers and resource teachers.
- Informing parents regarding developmental milestones at Babbling Babies clinics.
- The Universal nature of the YK programme is a positive.

Participants queried:

- They are aware of how important early intervention is, but they wonder what can they do as individual practitioners?
- Will there be a specific literacy programme / strategy introduced in schools?
- Cultural norms in the area need to be changed – intergenerational norms.

2. What are the potential areas for development?

- Prevention of Speech, Language and Communication Needs (SLCN).
- Engrain language stimulation strategies in the community.
- Increase parental and practitioner awareness regarding communication developmental milestones across all ages – when is it a delay?
- Improved community services (Speech and Language Therapy).
- Quicker and easier access to the OLOs.
- All practitioners need a common language and style of working.
- Make links with the AON (Assessment of Need) officer?
- Increase the promotion of language by all practitioners.
- Link with teacher training / Early Years training – have a module on language development (this is currently an elective module); provide general in service training; link with the Department of Education Continued Professional Development and offer training.
- Highlight the importance of play
- Inform parents regarding the importance of the non-verbal / pre-verbal phase of language development in infants
- Increase awareness for 'where parents are' – they may be feeling guilty their child has SLCN'; they may not want to acknowledge any issues / difficulties; they may have a fear of their child being labelled.
- Schools have noticed that increasingly parents want the best for their children and schools have noticed increased parental engagement with services.
- Advice and training for parents and practitioners while children are on SLT waiting





lists. Inform parents regarding Tips and Tricks they can use at home. Be a source of information for parents

- Reduction of parental anxiety regarding the identification of SLCN.
- Increase parental engagement in early years and schools
- Training for front line staff (early years and school settings) regarding sign posting services for parents.
- Reduction of practitioner anxiety regarding the identification of SLCN.
- Increase practitioner's knowledge and confidence to say 'Do this because.....'
- What is Selective Mutism?
- OLOs input to the early years centres
- Increasing the resources available for children who need to be referred (to SLT)
- Modelling of universal oral language strategies during everyday activities and routines in the early years and school settings.
- Resources that can be used functionally on a daily basis.
- Increase the confidence of practitioners working with children.
- The Framework for Oral Language is included in the Primary Schools curriculum – teachers report this needs to be more explicit – 'demystify' oral language.
- A literacy strategy in the schools.

3. How could our relationship with your agency support this development?

- Parents need to trust practitioners
- Implementation of OLO strategy in Early Years Centres
- YK to have more of a visual presence in the community – posters etc
- Keep services updated regarding YK programmes
- Have a consistent approach from ante-natal through to school age
- Progress from Baby Massage to Lets Talk With Your Baby group to crèche to pre-school to Incredible Years to school – have a flow between services
- Incredible Years Programme for children under 2years – parents could practice OLO strategies at these groups.
- PEEPS training for practitioners
- Co-ordination of training and events
- Collecting evidence from the community to keep services integrated

4. In what capacity would you/ your agency be prepared to get involved in the implementation?

- Compile a directory of services? Community health workers have some information gathered
- Have a link person for each strand in each setting
- Parent and Toddler groups to increase parental confidence
- All settings to be able to provide some information regarding SLCN regarding referral pathways; norms etc.
- Embedding OLO strategies into community services

Table 3: Early Childhood and Education Strand Feedback



1. What resonates with you from the presentation in relation to the Early Childhood and Education strand?

- Collaborative work, all the groups coming together.
- Amount of work done already.
- Extra work for people on the ground (training on their own time).
- Where to fit the programme in.
- How to use the information.
- Reflection process is very useful.
- Relying on the good will of the people working in pre-school areas, resources.
- The 4 strands cross over.
- First time focusing on very young children.
- Good to hear from other agencies, getting to know others.
- Expected to address many different issues.

2. What are the potential areas for development?

- Prevention of Speech, Language and Communication Needs (SLCN).
- Supporting what is already there.
- Funding to become nationally available.
- Modelling.
- Integrate things without overload.
- Work to do with referring, waiting lists for better outcomes.
- Linking the needs to services.
- Peer network established. Keep building relationships.
- Outdoor space opportunities. Sensory Play.

3. How could our relationship with your agency support this development?

- Keeping practice rich and enjoyable.

4. In what capacity would you/ your agency be prepared to get involved in the implementation?

- Helping to spread the word.....YK.
- Positive gains for young children.....speech & language.





Table 4: Pro-social Behaviour Strand Feedback

1. What resonates with you from the presentation in relation to the Pro-social Behaviour Strand ?

- Collaboration between schools, parents and agencies for the good of the children in the area is positive and different to other approaches which work separately with the 3 groups without trying to get them all focused on using the same language across settings from home to school and across the community.
- It is set to be a common framework that everyone can work from. There is a whole community approach, which is very positive.
- It empowers parents to give them an opportunity to learn more and to be active part in their child's emotional lives. It can make them feel like they are on more equal footing with the teachers and other agencies in their child's life if they are using the same language and so can communicate better.
- There was some concern about the programme being very 'American' in the wording and vignettes. There were suggestions that it would be great if there could be more local versions of the programme commissioned.
- There was a feeling that the Incredible Years (IY) programme fits well with the restorative practice that is being used in a number of agencies.
- Helps people I am working with access the programme. Having it local is really useful.
- The recruitment seems to have been a success. It would be great if learnings could be shared from this around what made the difference. The feeling from those in the group was that the referrer having a prior relationship and the work the facilitators put into building a relationship for weeks prior to the programme starting must be contributing factors.

2. What are the potential areas for development?

- Having Occupational Therapy (OT) input would be beneficial especially around self-regulation and sensory difficulties, which can accompany behavioural issues.
- Having a variety of people trained to allow different expertise to share knowledge and can be useful for answering questions. It works well to help our colleagues gain an understanding and ability to answer questions posed by parents.
- Schools:
 - It would be great if teacher training institutions could be targeted for IY training, so that new teachers are given the opportunity to learn these skills before their careers start. Can our evidence be used to help lobby for this?
 - The whole school approach can be difficult to realise. If it had been possible to get all the teachers in a school trained in a shorter period of time rather than smaller groups trained over the 3 years it might make it easier to have a whole school approach.
 - There should be an IY mentor in each school who is there to assist any teacher who needs it and especially for new teachers who may be unfamiliar with IY and its principles. This will help to ensure a whole school approach and fidelity to the programme.
 - There should be a designated person to put systems/principles in place across the 4 schools to ensure the continued practice of IY and the continuation of teacher upskilling.

3. How could our relationship with your agency support this development?

- All agencies could incorporate the IY language into our work practice.
- By attending workshops where the basic tools of IY are explained and the language is explored.
- Could coaches/trainers and other leaders in activities where children attend be upskilled so that they have access to this information through workshops or opportunities to receive training?
- Community Gardaí should also receive workshops to increase effective interactions with young people.

4. In what capacity would you/ your agency be prepared to get involved in the implementation?

- Can we work jointly to avoid overlap? We can share training, expertise and knowledge.
- We can identify families that need additional supports
- Participate in networks to share knowledge and help troubleshoot if issues arise.
- We can promote the programme and encourage engagement in the programme.
- We can engage in discussion around the topic of prosocial behaviour and self-regulation to ensure our communities become aware of these areas and familiar with the language we use to speak about them.



Analysis

Drawing on the reported feedback from the “World Café” consultation, it was possible to undertake a thematic analysis, under the following themes.

1. Concepts and Approach

Key concepts of “universal”, “capacity building” and “stages of implementation” were all commented on in the feedback. Participants reported that the universal nature of the Young Knocknaheeny (YK) programme is positive and that the concepts of “universality” and “a whole community approach” reflected the broader fundamental idea that every individual has the right to an equal start in life. In order to enable an infant to have this positive early beginning, family, community and societal supports are required.

There was an acknowledgement that the integration of these concepts within the YK programme has already begun. Success is emerging through the four strategies, building on the scientific knowledge acquired by practitioners and within service delivery settings, and is functioning to keep practice rich and enjoyable.

Practitioner and managers acknowledged that the opportunities provided within the YK programme were of value. There was an endorsement that science and evidence based research and knowledge should underpin the work of all practitioners within early years of child development. This contributes to increased confidence and skills among practitioners.

There was also a welcome for the development of a pre-birth to 6years programme approach which for the first time focuses on the holistic development babies and young children. Feedback suggested that the Infant Mental Health (IMH) framework could act as a core knowledge base underpinning the programme. The opportunity to have this framework integrated across all areas of practice was very welcome.

Participants acknowledged that there are many challenges and obstacles to navigate in order to ensure a consistent approach to supporting and promoting early development from pregnancy through to school age, across all programmes and interventions. Consistent approaches were considered essential in enhancing parents understanding of early childhood development and the services required to support this important early stage of development. Parents need to experience accessible and co-ordinated pathways across all services.

2. Developing a common language regarding the science of early development

All strategies in the YK Programme require a common language regarding the science of early development and a level of fluency in which to translate and communicate it into practice. This requires translating the science into user friendly and accessible terms using everyday language particularly around the language of IMH. Suggestions were made as to how a common language approach could be achieved.

Attendance at workshops where the basic concepts are explained and the language is explored was suggested. A short workshop which allows more people to learn about the key concepts and the important language would help to encourage a cross-community approach.

The importance of providing an opportunity for parents to learn more about their child's development and ways in which they can play an active part in their child's emotional lives was discussed. Having a common language would enable parents to communicate on a more equal basis with practitioners in their child's life and as a result improve communication regarding their concerns and the needs of their child.

3. Partnerships of practice for change

YK is continually engaged in interagency collaborative work as various groups and services continue to come together. Exciting opportunities for interdisciplinary working are beginning to emerge.

Feedback during the consultation process suggested benefits of working together include:

- Working jointly to avoid overlap.
- Sharing training, expertise and knowledge.
- Participation in Learning Network Groups to share knowledge and help troubleshoot if issues arise.
- Collaborative, interagency working enables practitioners to identify families that need additional supports.

An example of interagency working discussed at the event was the recent roll out of the Incredible Years (IY) parent programmes across the area with a supporting interagency network bringing together a variety of practitioners who were trained as facilitators in the IY programme. This group is considered beneficial as it allows for a broader skill mix in core competencies in parent training to support colleagues.

The importance of a strong partnerships between parents and practitioners was discussed. The recruitment of parents to local IY parent programmes was seen as an example of this. It was considered valuable when a referrer had a prior relationship with the parent or caregiver being referred to the group. The emphasis which the group facilitators placed on building and consolidating a relationship with participants during the weeks prior to the programme starting was also noted as a contributing factor to the overall success of the group.

Overall, partnerships with other services in the community were considered vital. These include the relationship with Public Health Nurses, and the role of Home-School Liaison Officers in supporting parents to engage in programmes. Suggestions were made to build on links with statutory services not currently involved in the programme, for example Assessment of Need Officer or Paediatric Physiotherapy Services Manager.

Offers were made by Occupational Therapists to share knowledge and expertise on topics such as the importance of motor development in the first 12 months of an infant's life. Potential activities cited included groups on physical play with children which develop opportunities for physical and motor development through natural movement.

Another example of a suggested partnership included linking YK and the Creative Arts. Creative approaches to engagement and support for parents such as a Parent Infant Music group could compliment services in YK. The COPE Music Therapy services offered to provide the human resource and to be included in the IMH skills development programme.

4. Practitioners as champions and leaders

Participants recognised the value of early intervention, but they wondered what they could do as individual practitioners within therapeutic, educational secondary and tertiary services. Potential roles such as mentors, champions or leaders to assist in sharing programme knowledge with colleagues and supporting engagement of participants were suggested.

Practitioners themselves identified that there could be a link person for each strategy in each setting. For example there could be a designated person to put systems in place across the four schools in the catchment area, to ensure the continued practice of IY and the continuation of teacher upskilling.

Leader/champion workshops could take place to support practitioners in this role. Coaches, trainers and other leaders in activities where children are involved could be engaged so that they have access to information and opportunities to receive training. Community Gardaí could also receive training to increase effective interactions with young people.

A number of reasons were put forward for the development of a practitioner support strategy. All settings would be able to provide information regarding topics such as oral language strategies, IMH competencies, registrations and pathways. It could also lead to a reduction in practitioner anxiety and increase practitioner's knowledge and confidence in implementing evidence-based strategies.

5. Training and professional development

Coaching and reflective practice offered by YK was broadly welcomed and there is a lot of interest in IMH training, peer support and supervision within IMH networks.

However, participants highlighted significant challenges and barriers to accessing training, mentoring and embedding of learning. The need for support from organisations to allow for reflective practice, engaging in learning networks and continuing professional development was discussed. In many circumstances this is considered as an extra work commitment for practitioners working on the ground. As a result, training tends to take place in practitioners own time, and is reliant on the good will. This is a particular issue in Early Years services. The time, resources, and costs for this training needs to be addressed. The need to recognise training made available through the YK programme as eligible for Continuous Professional Development (CPD) credits was also outlined.

Recommendations were made that YK should build on existing links with University College Cork (UCC) to incorporate the knowledge, science and practice of supporting pregnancy, babies and young children's health, well-being and development into undergraduate and postgraduate programmes such as midwifery, social work, speech and language therapy, psychology and early childhood studies. Clinical practice

placements in YK were proposed as a start of this process as were opportunities for YK staff to teach modules on the implementation framework within academic courses.

It was suggested that a link should be made with the Department of Education to discuss and offer training opportunities. Teacher training institutions could be targeted for IY training, so that new teachers are given the opportunity to learn these skills before their careers start.

Interdisciplinary training on promoting Oral Language was also suggested through long-term links with Primary teacher training programmes and Early Years training at undergraduate level. A mandatory module on language development was recommended as this is currently an elective module for students. This would 'demystify' oral language and help to make the framework for Oral Language in the primary schools curriculum more explicit.

The need to further educate practitioners in the intellectual disability sector regarding IMH was also highlighted.

6. Challenges and questions

A reoccurring challenge experienced by all services was that children presenting with social, emotional and cognitive developmental difficulties are not receiving timely access to the services that they require in order to facilitate their recovery and development. Furthermore, there was a significant focus on the need for timely, tailored service interventions when there are indicators that babies and toddlers are experiencing difficulties or when there are struggles in the caregiving relationships. Participants suggested that YK can be supportive in linking those in need to services for example through the work of Oral Language Development Officers (OLOs) and Infant Parent Support (IPS) workers.

Staff from the Early Years Centres identified that while they are hugely supportive and engaging in the YK programme, they have some questions and concerns including:

- Where to fit the programme into everyday work and how to use the information,
- A need for funding to become nationally available to facilitate training,
- Modelling of strategies on site to allow integration of skills without overloading staff,
- An expectation of staff to address many different issues including outdoor space/ play opportunities and sensory play
- When and how the implementation stage of the oral language strategy will take place in the Early Years Centres.

It was suggested that YK needs a visual presence in the community and needs to keep services updated regarding programmes. The importance of information sharing with other services and co-ordination of training and events was emphasised. Some concerns were voiced about another project coming and going in the Knocknaheeny area.

With regard to schools, it was pointed out that a whole school approach can be difficult to realise and questions were asked as to whether there would be a specific literacy programme / strategy will be introduced in schools. The use of existing school level data was queried.

Access to knowledge and information regarding early childhood development was considered an important factor in ensuring that every infant and toddler receives an equal start in life. The particular need to increase parental and practitioner awareness regarding what constitutes healthy social and emotional development was recognised. This would result in an increased recognition of red flags e.g. developmental delay or disorder versus typical development. It was mentioned that in Northern Ireland all schools and home health visitors are trained so that they can advise on and identify difficulties around pro-social behaviour and self-regulation. A question was raised as to whether this could be lobbied for here.

Making the IY Programme available for children under two years of age was suggested as a useful parenting strategy. Parents could practice oral language development techniques at these groups and the importance of play in terms of development could be highlighted.

Making links to parent/caregiver's mental health, promoting positive mental health and facilitating access to services were also raised. The issue of the impact of domestic violence on child welfare and development was discussed and it was suggested that YK could follow up on this.

Conclusion

The YK Consortium are committed to on-going, meaningful consultation. The 'Let's Grow Together' Implementation and Consultation event was an opportunity to listen to and acknowledge the information and wisdom offered and to embed achievable realistic actions that emerge to support decision making across the four strategies of the YK programme. The event also provided visibility and clarity regarding the strategies, approaches and key concepts of the Programme.

YK warmly welcomed the number of participants who attended the event. The breadth of participation symbolized the interdisciplinary nature of the services currently engaged with the YK Programme. The event highlighted, in very practical ways in which YK can build on that participation and sense of commitment.

A common language across the YK programme needs to be developed in such a way as to be understood, used and accessible for organisations, services, practitioners and parents alike. High quality training and capacity building will provide an opportunity to embed learning into services.

The Consultation process allowed for challenges to be articulated and heard. YK understands that practitioners across a wide variety of services and disciplines will need support, in a variety of ways, to embed YK practice and facilitate parental engagement.

Recommendations

Continue to develop partnerships for consultation, communication and engagement

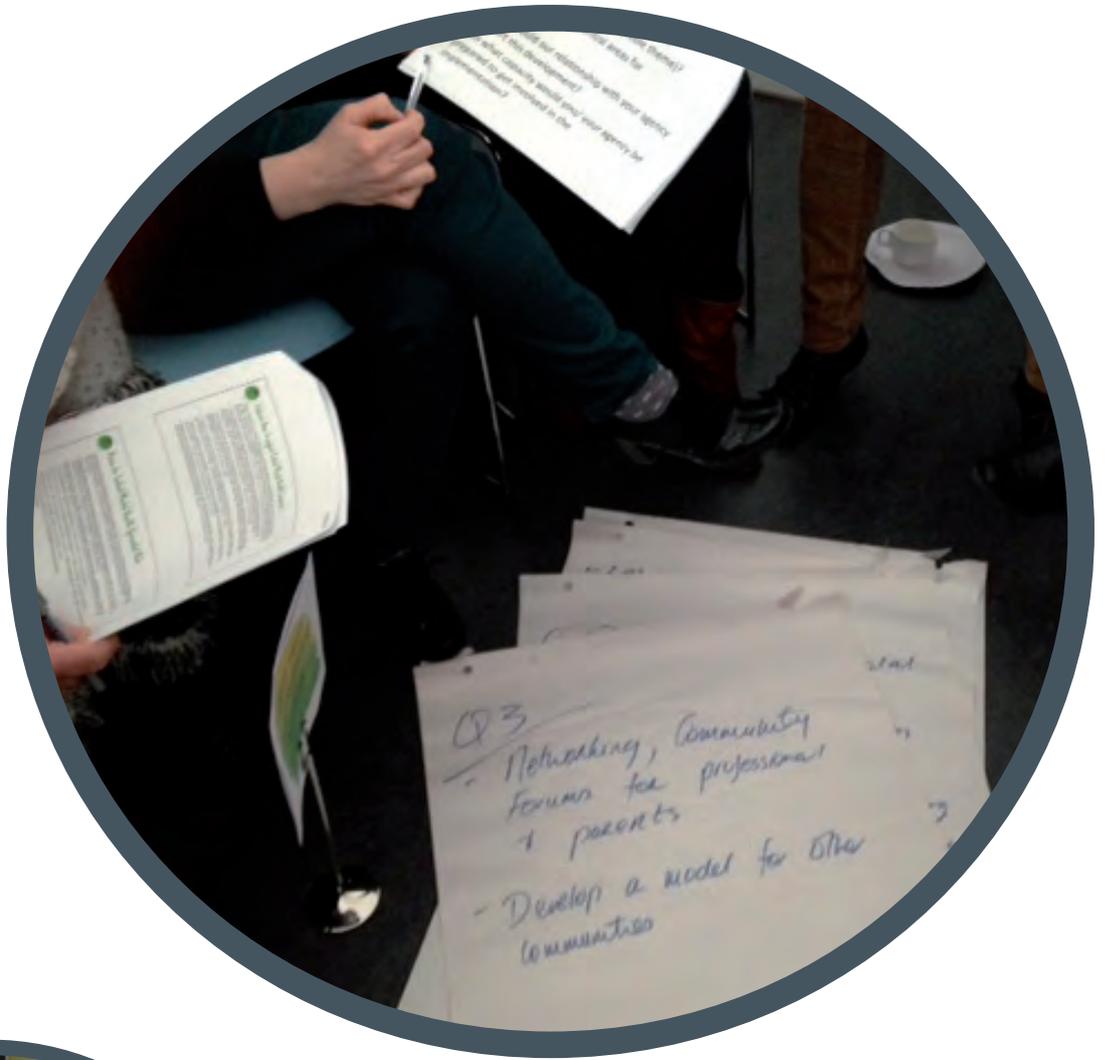
- To carry out consultation events for parents and community and develop further communication methods, including the activities within each of the 4 strategies.
- Development of structures to engage with parents to contribute to planning and development of the YK Programme.
- Review the concept of “Implementation teams” to usefully support implementation practice and integration across the programme.
- Meet with Occupational Therapy practitioners to identify common approaches and develop integrated practices.
- Integrate offer of support and expertise HSE Health Promotion / Community Dietician/ COPE.
- Develop a detailed YK work plan interconnected all strands of the programme to the end of the funding stream.
- Keep all service delivery partners informed of the development of the programme

Enhance the YK approaches and deliver full YK Programme

- Using the “universal” approach, development of YK registration system for all expectant and new parents and revitalise existing referral pathways and seek out new ones.
- Full implementation of the Infant Health and Wellbeing strategy to include pre-birth transition to parenthood screening tool and IHM Home visitation model to work on the infant parent relationship to strengthen social, emotional and self-regulation skills.
- Deliver Hanen “Learning for Language and Loving it” and Junior Infant Language Programme.
- Early Years Programme across all preschools, co-ordinated through EY management group and review provision to primary schools.
- Embed the mentoring supports for Early Years Services, review existing supports to engage with sector.

Share the knowledge / Support the skills

- Deliver IMH training masterclasses for practitioners across the area and in health settings such as the maternity hospital, and build Networks of continuous professional development to develop IMH competencies.
- Workshops for community on early childhood development/IMH.
- Take up invitations to YK team to provide module input to graduate and post graduate programmes within the Health and Social Science disciplines.



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Appendix 1: Invitation to event

You are invited to “Let's Grow Together” Implementation Event on Wednesday 3rd February 2016, 1230 to 4pm at the new Hollyhill Library, Harbourview Road, Cork.

Let's grow together to be the best place to have a baby, raise a family and live in a community

This event aims to introduce you to the key Young Knocknaheeny concepts of “Implementation and universal”. It will also present the overall vision of Young Knocknaheeny Area Based Childhood Programme and provide an up to date briefing of the work in progress.

It will also provide an opportunity to explore the strategies that make up the Young Knocknaheeny Implementation Framework -Infant Health and Well-being; Early Years Care and Education; Pro-Social Behaviour and Self-Regulation; Speech, Language and Literacy; Research and Evaluation; Community Participation and Processes.

In tandem, we will also explore and consider how these strategies will contribute to the overall health and wellbeing of the baby, its relationship with its primary caregiver/s, the broader family, community and wider environment of Knocknaheeny and surrounding areas.

And finally its' an opportunity to understand how community participation and system engagement at large can support and embed the Young Knocknaheeny strategic framework and vision.

Schedule:

- 12.30: Arrival and light lunch
- 12.50: Welcome
- 1.00: Presentation: YK Concepts, vision and update
- 1.30: Q&A and discussion
- 2.00: Break out discussions: Implementation strategies (Infant Health and Well-being; Early Years Care and Education; Pro-Social Behaviour and Self-Regulation; Speech, Language and Literacy; Research and Evaluation; Community Participation and Processes).
- 3.30: Reflection on themes, next steps and communication.
- 4pm: Close

Who should attend?

This invitation is extended to all stakeholders of the Young Knocknaheeny Programme, parents, community reps, practitioners, service providers, and organisations across all sectors, educators, policy makers alike! The team and consortium will value the contribution you make on the day and to the future development of the programme. We look forward to meeting you.

Registration:

Please register your attendance by emailing admin.ykabc@nicheonline.ie by Friday 29th January.

Please call 021 6010656 if you require further information.

Appendix 2: Attendee List

Adrian Cole
Ailbhe Creedon
Amy Russell
Ann Fitzpatrick
Ann Marie O'Shea
Anne Horgan
Anthony McSweeney
Bridie O' Driscoll
Barry Murray
Carol Mercer
Catherine Healy
Claire Barrett
Coic McCarthy
Colette Foster
Conor Kelly
Deirdre Callaghan
Deirdre Hegarty
Eileen Kearney
Eoin Nash
Fiona
Fiona Rush
Ger O' Donovan
Hazel Monaghan
Helen Murphy
Helena Mullooly
Ingrid O'Riordan
Jane Murphy
Jenna Russell
Jill Sandvass
Jim O' Connell
Joanne McNamara
Johanna Noone
John Sheehan
Julie Barry
June Hamill
Katherine Morley
Kevin O' Callaghan
Laura O' Sullivan
Ligi Kelly
Louise O' Leary
Lucy Connelly
Mags Creed
Margaret Curtin
Marion Kearney
Mary Barry

An Garda Siochana
HSE SLT
NICHE
UCC
Barnardos
HSE, Speech & Language Manager
Sunday's Well Boys N. S. , HSLO
Good Shephard Services
Tusla
Barnardos
Barnardos
HSE Psychology
COPE Foundation
Edel House
CAHMS NLN
Paisti @ no. 3 Childcare
HSE, Early Intervention Team
HSE, Public Health Nursing
C.F./ CAPC
HSE
HSE, Dietician
St Mary on the Hill, N.S
HSE, Occupational Health
HSE, Public Health Nursing
NICHE
Le Cheile School Completion Programme
Good Shephard Services
Barnardos
Community Mother Programme
HSCL
HSE, Health Action Zone
Tusla, Educational Welfare Services
G.P
CAMHS
Before 5 Family Centre
UCC
St Mary on the Hill N.S.
Barnardos
HSE, Health Action Zone
Barnardos
Independent Early Years Mentor
HSE, Community Work Department
UCC
Barnardos
Before 5 Family Centre

Mary Cronin	UCC
Mary Dolan	Tallaght Child Development Initiative
Mary O' Mahony	HSE
Mary O' Sullivan	Cork University Hospital
Mella Magee	Cork City Partnership
Niamh Coughlan	HSE
Nicola Lally	HSE, Primary Care Psychology
Nicola Lucey	Youghal Health Project
Nuala Stewart	Cork City Council
Pat Corbett	Young Knocknaheeny
Patricia Mon..?	HSE
Roisin MacSweeny	COPE Foundation
Sheila Gallagher	Scoil Padre Pio
Shirley Martin	UCC
Shirley O' Shea	HSE, Health Promotion
Sinead Elliffe	Scoil Padre Pio
Sinead O' Riorden	HSE, Early Intervention Team
Sinead Sheehan	Ag Eisteacht
Susan Macconnell	HSE, North Lee
Theresa McCarthy	HSE Community Work Department
Tony Fitzgerald	Knocknaheeny Youth Project
Tony Gardener	An Garda Siochana
Vicky Pepper	Barnardos
Vivienne Foley	HSE Speech and Language Dept.



Further Information

Young Knocknaheeny Consortium Members

- Ms. Ailbhe Creedon HSE Cork North Speech and Language Dept.
- Ms. Anne Horgan HSE Cork North Speech and Language Dept. *
- Dr. Aileen Malone UCC Dept of Medicine and Child Health/ Kidscope
- Dr. Louise Gibson UCC Dept of Medicine and Child Health/ Kidscope
- Ms. Eileen Kearney HSE North Cork Sector 4 Public Health Nursing Dept.
- Mr. Ger Donovan St Mary on the Hill National School
- Mr. Ger Philips Tusla Springboard*
- Ms. June Hamil Before 5 Family Centre
- Ms. Ingrid O' Riordan Tusla Le Cheile School Completion Programme*
- Ms. Angela Kalaitzake Hollyhill-Knocknaheeny Family Centre
- Ms. Jenna Russell Barnardos Brighter Future Centre*
- Dr. Margaret Curtin UCC School of Nursing and Midwifery *
- Ms. Nuala Stewart Cork City Council / RAPID / Cork Northwest Regeneration*
- Dr. Pat Corbett Chairperson / NICHE*

*YK management group members

Young Knocknaheeny Team

- Katherine Harford Programme Manager
- Brian Kelleher Programme Administrator
- Catherine Maguire (S -HSE) Infant Mental Health Specialist
- Helen Troy (S -HSE) Public Health Nurse
- Grace Walsh (S -HSE) Senior Oral Language Officer
- Sally O' Sullivan Oral Language Officer
- Maeve Donegan Infant Parent Support Worker
- Sinead Murphy Infant Parent Support Worker
- Tracie Lane Infant Parent Support Worker
- Maria Sloane Infant Parent Support Worker
- Braedon Donald Research Officer
- Lynn Buckley Programme / Research Assistant

(s) Secondment

Contractors

- Jenna Russell Consortium Member Early Years Strategy Co-ordinator
- Ingrid O' Riordan Consortium Member Incredible Years Strategy Co-ordinator
- Lucy Connelly Independent Early Years Quality Improvement Mentor
- A Plus Education The Early Childhood Environment Rating Scale & The Infant/Toddler Environment Rating Scale
- Archways Incredible Years training and mentoring

Additional Consultation provided by

- Dr. Debbie Wetherstone (c) Michigan Association of Infant Mental Health, USA.
- Kathryn O' Riordan Cork City Childcare Company
- Dr. Shirley Martin UCC
- Dr. Siobhan O' Sullivan UCC, CCC.
- Dr Maria Dempsey UCC

(c) Contractor

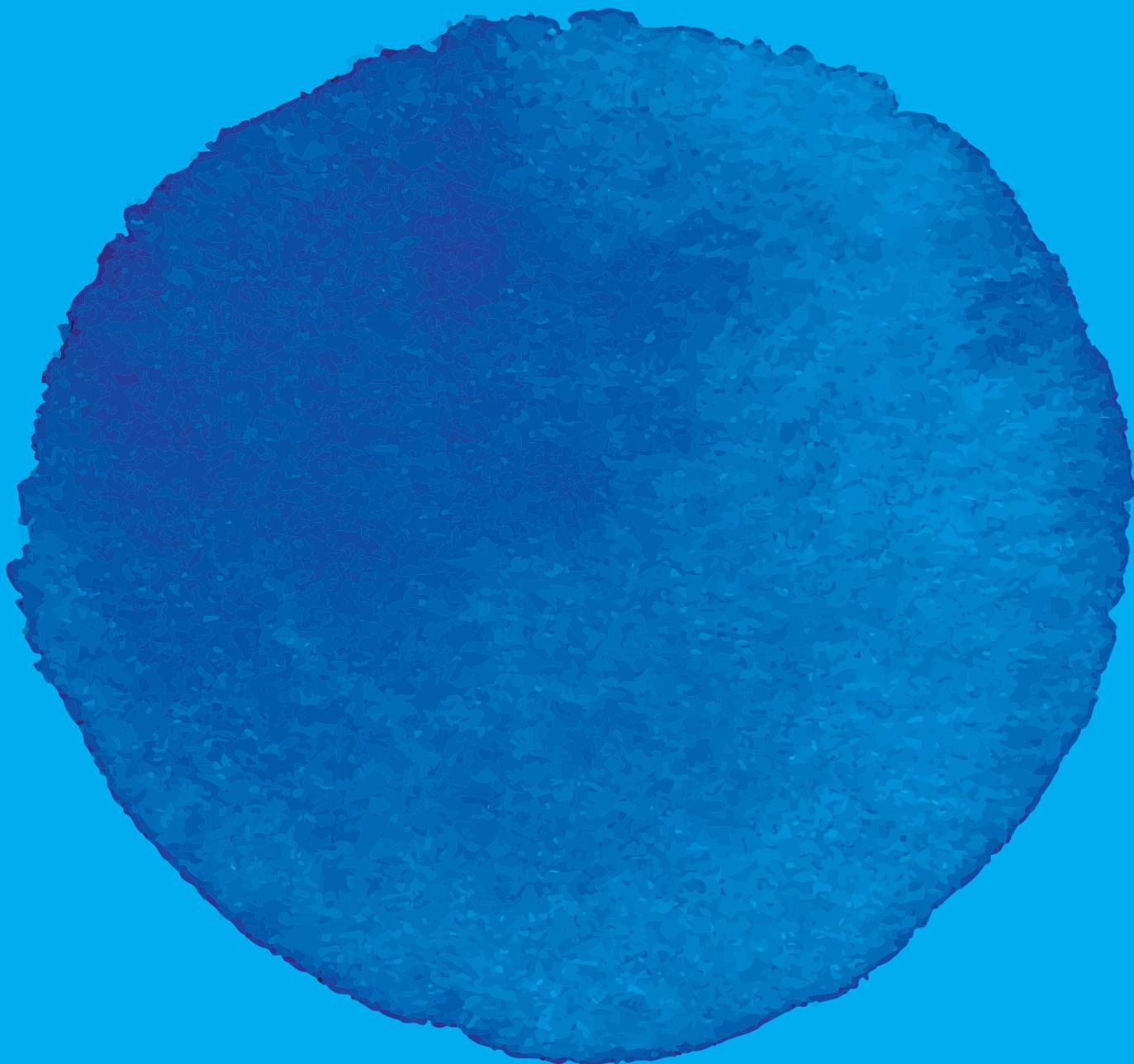
Service Delivery Partners

NICHE Tusla/ Springboard	HSE Cork North Speech and Language Dept	HSE Sector 4 Public Health Nursing
ABC Programme	ABC Managers	ABC Evaluation
Tusla/ North Lee Social Work Department	Tusla /School Completion Programme	HSE Cork North Community Work Dept
Northside GP's	Cork City Council /City Northwest Regeneration	Kidscope
Hollyhill Library	A Plus Education	Archways
Foroige Youthlinks	HSE Cork University Maternity Hospital	UCC Department of Epidemiology and Public Health
UCC Department of Applied Social Studies	UCC Department of Medicine and Child Health	UCC Department of Psychology
UCC Department of Nursing and Midwifery	Barnardos; Brighter Futures Centre	Before 5 Family Centre
Padre Pio Early Start	Hollyhill Knocknaheeny Family Centre	St Marys on the Hill Playlands Crèche
Paisti @ no. 3 Preschool and Crèche	Cork City Childcare Company	Sundays Well Girls National School
St Mary on the Hill National School	Sundays Well Boys National School	Scoil Padre Pio
North Cork Infant Mental Health Network	HSE Primary Care, Child Adolescent and Family Psychology.	

Northside Community Health Initiative (Ltd) - NICHE - is the lead agency for Young Knocknaheeny.

Young Knocknaheeny is currently part of the Area Based Childhood Programme funded by the Department of Children and Youth Affairs and Atlantic Philanthropies. Pobal and Centre for Effective Services are the Programme Managers for the Area Based Childhood Programme.





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