Title: Infant Mental Health Training for Early Years Practitioners

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Abstract: This article will outline the development and evaluation of a pilot Infant Mental Health (IMH) training programme for Early Years Practitioners in Ireland. The project aimed to translate and make accessible the science of Infant Mental Health and early childhood development and apply this to a format which built capacity in the everyday practice of Early Years Practitioners working with young children in an area of high socio-economic deprivation. We are concerned with the practitioner child relationship and how this can be supported using the science of IMH. The training model was underpinned using the principles of infant mental health and tailored and guided by the Irish Association for Infant Mental Health (I-AIMH) Competency Framework ® (2018). The training programme was implemented in one early years' centre by IMH Practitioners. To evaluate the pilot programme a mixed-methods research study was designed and implemented. The research methods in the study included online focus groups, practice journals and questionnaires which were administered pre and post training to assess the impact of this programme.

Introduction

Amid growing international awareness about the importance of building the competency of those working with young children and their families, a particular concern focuses on increasing understanding of infant mental health. This article outlines the development and evaluation of a pilot infant mental health (IMH) training program for early years practitioners in Ireland. The program was developed by the Lets Grow Together! Infant and Childhood Partnerships in Cork, Ireland. The project translates and make accessible the compelling science of Infant Mental Health and early childhood development and apply this to a format which will build capacity in the everyday practice of early years practitioners working with young children in an area of high socio-economic deprivation. The training model was underpinned using the principles of infant mental and will be tailored and guided by the Irish Association for Infant Mental Health (I-AIMH) Competency Framework ® (2018).

Infant Mental Health Training for Early Years Practitioners

IMH is defined as:
"the capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore

the environment and learn – all in the context of family, community, and culture."[i]

IMH practice refers to a commitment by services working with young children and their caregivers to promote healthy emotional development, prevent emotional disturbance, and treat mental health problems. Through their interactions with caregivers, children gradually learn how to communicate and cooperate with others and these interactions promote the development of emotion regulation skills[ii]. A core tenet of IMH practice is the belief that how an infant or child is cared for in the early years of life shapes the course of development. Positive experiences will most likely result in a positive developmental trajectory, and conversely, neglect or abuse may compromise early development as the infant's social and emotional needs are at risk. While much of the focus of IMH is on parent and child relations, early years practitioners also play an important caregiving role and are uniquely placed to provide children with responsive and supportive relationships that can facilitate adaptive coping responses.

The development of this specific IMH training was the result of a stakeholder collaboration to identify training gaps that existed within childcare provision. A process document was developed to map out and explore how the training would fit within existing skills and competencies requirements and how it linked to the national curriculum and quality frameworks in Ireland: Aistear and Síolta. As a starting point to develop IMH training specifically for the early years workforce, we reviewed the IMH competencies developed by the Michigan Association for Infant Mental Health.

The aim of the IMH training program was to build the capacity of early years practitioners by increasing their knowledge of IMH and its application into early years settings, and in doing so enhance their ability to support the social and emotional development of infants and young children. A key aspect of the training was a whole-center approach to ensure all personnel were experiencing the training at the same time and engaging in reflective practice. A bank of resources was distributed to provide additional information that would further support participants' learning and development. A dual approach of training sessions and onsite mentoring supported implementation of the training into everyday practice. The mentoring aimed to support the further development of reflective practice and gave the practitioners the skills to meaningfully engage with the children, exploring how these relationships could be built and nurtured to support the children's learning and development. The training also provided insight into children's behaviors and representations to help practitioners tailor their responses.

Programme Evaluation Methodology

To evaluate the IMH training programme a mixed-methods research study was designed and implemented. The research methods included questionnaires which were administered pre- and post- training, an Online Practice Journal (which aimed to assess the experience of practitioners on a weekly basis, and a post training focus group was conducted to assess the impact of the training programme. The study also involved piloting methods suitable for on-going monitoring and evaluation once the pilot phase ends.

Stage 1 Pre-intervention measures: To create a pre-intervention baseline and measure changes in knowledge and practice, a pre-IMH training questionnaire was completed by the Early Years Practitioners participating in the training.

Stage 2 Programme Implementation (4 weeks): The training programme was implemented in an early years' centre and consisted of four 2-hour sessions delivered between November and February IMH Practitioners. Participants were invited to contribute to an online practice journal between training sessions to assess their experience of the training.

Stage 3 Post-implementation measures: Following the final training session the participants completed a post-IMH training questionnaire. Due to Covid-19 the post-IMH training questionnaire was distributed online via Google forms. A focus group was held with participants following the final training session which aimed to gather information of the early years practitioner's knowledge of IMH post-training and their experiences of the training programme. Quantitative data from the pre- and post-IMH training questionnaires was analysed using SPSS. The qualitative data generated from the online practice journals and the focus groups was subjected to thematic analysis (Braun & Clarke, 2006).

Research sample and recruitment: The research setting was a Family Centre in an area of high socio-economic need in an Urban setting in Ireland. Twelve early years practitioners who participated in the IMH training programme were recruited for the study. Participation in the research was not essential for all the practitioners who availed of the training and participants were invited to volunteer for participation in the research. Length of service varied from 58% with greater than 7 years' service to 33% with one to three years. The research received ethical approval from UCC Social Research Ethics Committee.

Impact of COVID-19 on the Pilot Programme and Evaluation

COVID-19 restrictions had a major impact on the implementation and assessment of the programme. The early years setting was closed for periods of time and so there were large gaps between each training session, and periods when the practitioners were not in the childcare centre and so had limited opportunity to put the skill and training into practice. Due to the impact of COVID-19 the early years practitioners had limited interaction with each other, due to the centre being split into 'pods', and limited interaction with parents due to restricted drop offs and collections. The training was delivered online via MS Teams and Zoom. Focus groups were also affected, due the roll out of the vaccination programme, leading to cancellation of one focus group and a limited number of participants in another.

Positive Outcomes of the Training

Evaluation of the IMH training program identified a number of areas of improvement in practice:

- Knowledge of IMH
- Confidence in ability to support development of parent-infant attachment
- Awareness of children's social and emotional development

- Awareness of children's emotions
- Collaborative working and peer support
- Regulation of practitioners' own emotions
- Child-led activities.

Knowledge of IMH

While none of the practitioners had prior IMH training they demonstrated knowledge of theories which underpin IMH such as centrality of the caregiver child relationship, importance of attachment and attunement. Following the training, the practitioners reported an increase in their knowledge of social and emotional developmental stages from infancy up to the third year. Pre-training questionnaire responses revealed 63% of practitioners rated themselves as 'knowledgeable' which rose to 88% in the post-training questionnaire.

The early years practitioners demonstrated an increase in frequency in the use of IMH language and terminology across the qualitative responses in the post-IMH training questionnaire, online practice journal and focus group. In the pre-IMH training questionnaire, when asked to describe the primary function of attachment one practitioner initially wrote '*bonding*'; following the training the same practitioner described the primary function of attachment as being '*to reduce distress and regulate emotion* [and] *to promote exploration'*. Phrases such as '*serve and return'*, '*the wheel'*, as well as '*regulation of emotion'* and '*acknowledging feelings'* were used extensively.

Confidence in Ability to Support Development of Parent-Infant Attachment

Prior to the training, in the pre-training questionnaire, only 13% of practitioners reported feeling 'fairly' or 'completely confident' in their ability to help parents to comfort their young child when they are struggling to do so. Post-training questionnaire results revealed a significant increase to 75%. One participant commented that, '*with parents I think we will be able to reassure them a lot more. We will be able to say to them, you know you are anxious the child knows that you are anxious, the child can feel that you are anxious but go the child will be fine you know. I think we have the tools now as well to be able to do that.*' However, while there were clear gains in this area there are still need for ongoing focus on supporting the parent-practitioner relationship. Pre-training questionnaire responses revealed that only 13% of practitioners felt 'completely confident' in their ability to establish a working alliance with child and family. Post-training questionnaire results revealed a rise to 33% of practitioners rating themselves as 'completely confident'.

Awareness of children's social and emotional development

The early years practitioners reported an increase in their ability to identify and respond to a lack of progress in a young child's social and emotional development. Pre-IMH training questionnaire responses indicated that only 25% of practitioners felt 'able' and 'very able' to identify a lack of progress. Post-training questionnaires saw this rise to 75%. Pre-training questionnaire responses indicated that 38% of practitioners reported feeling 'very' or 'extremely able' to respond once a lack of progress has been identified, which rose to 50% after the training.

Before the training 50% of early years practitioners felt 'fairly confident' or 'completely confident' in their ability to identify risks to the emotional health of the children they work

with. Post-questionnaire responses revealed an increase to 75% of early years practitioners rating themselves 'fairly' and 'completely confident'. Regarding their ability to respond once a risk to emotional health of the child is identified, 63% of practitioners reported feeling 'fairly' or 'completely confident' in both before and after the training .

Awareness of children's emotions

Overall the early years practitioners reported an increase in their awareness of children's emotions, feelings, and behaviour and in their capacity to respond sensitively. In the pre-IMH training questionnaire, 50% of early years practitioners reported that they 'often' or 'always' consider what it might be like to be the child that they are working with. Post-IMH training questionnaire results revealed an increase, with 88% of practitioners reporting that they 'often' or 'always' consider what it might be like to be the child that they are working with. In the focus group, one practitioner commented, "*…. sometimes you forget like that we know what's happening but they don't realise that's happening, they don't know what's happening so you have to be aware of them as well...*'.

Another practitioner commented, '*you would see an anxious child and you would be looking at them but now I am going around actually saying are you okay? Are you alright? I am like checking in, whereas before I wouldn't check in, I would just be looking but now I let them know that I see them and I am asking a question, are you alright? are you okay?*'. Practitioners also reported talking with the children and naming their emotions, "*…since the training I would say to the child, oh I know you are sad or I can see you are so happy that you did that and you know even if they are young you can talk about the emotion with them"*

The practitioners demonstrated an increased awareness of the reasons behind a child's distress, for example, in their Online Practice Journal, one practitioner noted that the concept of, "*Separation from parent causing distress in the child*" stood out for them in that week's training session. The focus group participants referred several times to separation being a cause of anxiety and distress for the children and their parents, particularly in relation to challenges that might face the new intake of children starting in September. One practitioner noted, 'separation anxiety it is normal', and another responded, "it's just how the child will cope with it and how we will cope with the child being able to cope with it".

Several practitioners commented on the importance of routine in reducing levels of anxiety. In the focus group one practitioner commented, '*It's just a matter of explaining it all to them, this is what happens just to take away the anxiety from them as well… because sometimes you forget like that we know what's happening but they don't realise that's happening, they don't know what's happening so you have to be aware of them as well…*'.

The early years practitioners regularly referenced tools and strategies from the training that they were incorporating in their practice. In the post-IMH training feedback questions, one practitioner noted, '*I learnt a strategy called blue box to aid me to help children to emotionally regulate.'*. In the online practice journal for week 3, one practitioner noted, *"this week behaviour was a challenge with one child and the wheel helped to identify reasons for his behaviour*'. In the online practice journal for week 4, one practitioner reported that using the *'serve and return technique I was able to respond to their needs appropriately, through eye contact and kind words, just to be present and give them comfort'.*

Collaborative working and peer support

Peer support has been identified by the Michigan Associated of Infant Mental Health Competency guidelines as one of the eight areas of competence. Pre and post-IMH training questionnaire responses revealed that all of the practitioners consider sharing observations with others as 'important' or of 'high importance', however only 38% of practitioner's reported sharing observations of their interactions with children with colleagues 'very often' or 'often'. One participant commented that having an opportunity to '*share information and to work together to help suits that child's individual need*' and another noted that by sharing observations, '*you are getting support and someone else's opinion that might help you in your work'*. The focus group discussion revealed the training has impacted on collaborative working amongst the practitioners, "*we have a child who finds it hard to regulate their emotions and as a team we were more aware of this and give that child some one-on-one time*." Several practitioners commented on the difficulties of working of working collaboratively with the restrictions in the workplace due to the pandemic.

Regulation of Practitioner Own Emotions

Working in early years environments can be stressful; all of the early years practitioners "agreed" or "strongly agreed" that they sometimes feel the pressure to meet the children's needs to be overwhelming. They sometimes find interactions with children to be stressful and are sometimes unsure of how to handle their needs. Practitioners identified increased awareness about regulating their own emotions as a positive outcome of the training program. One practitioner noted being particularly impressed by the idea that it is important "to take a minute or two to regulate your feelings before dealing with a situation." Another practitioner noted one thing they would take from the training is the need "to slow down and think about my own emotions…. We all need emotion regulation." Another noted, "I found looking at my own emotions first and then dealing with the child's emotions a good learning tool."

Child-Led Activities

Several practitioners reported that following on from the training they took a step back in their interactions with the children to observe and respond by following the child's lead. In the online practice journal for week 1, one practitioner commented "*I took more time to listen and wait while the children were talking with me"* then responding, using tool such as the serve and return technique *"… waiting for the children to take the lead in the conversation and play".* In the online practice journal in week two, one practitioner noted*,* "*I found myself watching the children that found forming friendships hard they just stood out to me more*" then '*I tried my best to buddy children up that were finding friendships hard the staff were all on board with this… we gave them things to play with that we knew they would have to interact with each other*'.

The early years practitioners also indicated they are using positive praise with children, '*I gave more praise to the child. For example, you done that puzzle all by yourself instead of staying good girl. And acknowledging their feelings*'. As well as modelling positive responses, 'serve and return *I learnt that by having a positive attitude the child responded in a positive way.*'

Discussion

Evaluation of the IMH training program for early years practitioners demonstrated increased capabilities in practitioners' perceived ability to understand and interpret social and emotional developmental stages in young children. The findings also indicate an increase in practitioners' confidence and competence in supporting parents, such as reducing parental stress around dealing with temper tantrums and separation anxiety. Given the critically important role that parents play in influencing their children's development, assisting parents in their parenting not only helps the parents directly but also presents an opportunity to promote the most important factor influencing child development.

The practitioners demonstrated that the training had positive impacts on their practice. Practitioners reported adopting and incorporating a range of tools and strategies from the IMH training and illustrated the positive impact they observed when implementing the tools in their practice.

Areas for improvement

The findings highlighted the need for further supports to foster confidence in working with families. The practitioners also indicated that they experience stress and uncertainty in their roles. Such findings suggest the need for a space where the practitioners can reflect on thoughts and feelings about what they observe or experience in working with children, thereby decreasing professional stress and increasing the competence of the practitioners' to be able to respond effectively to the needs to the children (Shea et al, 2016).

Next stage for the programme

The positive results overall demonstrate that the IMH training was successful in building competencies and confidence. In light of these findings, such professional development experiences are critically important in strengthening the abilities of IMH practitioners and promoting positive outcomes for young children and their families.

Notes

[i] Zero to Three. (2017). Infant and early childhood mental health. Retrieved from https://www.zerotothree.org/espanol/infant-and-early-childhood-mental-health

[ii] Carr, A. (2006). The handbook of child and adolescent clinical psychology: A contextual approach (2nd ed.). Routledge.