CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	An evaluation of the Cork City Parent-Infant Network Group: supporting and promoting practitioner engagement in parent-infant mental health
Authors	Reaney, Gemma
Publication date	2017-04-20
Original Citation	Reaney, G. (2017) An evaluation of the Cork City Parent-Infant Network Group: supporting and promoting practitioner engagement in parent-infant mental health. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	https://www.ucc.ie/en/scishop/rr/
Rights	©2017, Gemma Reaney.
Download date	2024-04-24 09:44:24
Item downloaded from	https://hdl.handle.net/10468/9000

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

An Evaluation of the Cork City Parent Infant Network Group: Supporting and promoting practitioner engagement in Parent- Infant Mental Health

Gemma Reaney

CARL Research Project
in collaboration with

Cork City Parent-Infant Network Group

Name of student(s):	Gemma Reaney
Name of civil society organisation/community group:	Cork City Parent-Infant Network Group
Name of community group liaison person:	Claire Reardon
Academic supervisor(s):	Fiona O' Gorman
Name and year of course:	Master of Social Work
Date completed:	20th April 2017

What is Community-Academic Research Links?

Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?

We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the UCC website?

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public through the publication of the final research report on the CARL (UCC) website. CARL is committed to open access, and the free and public dissemination of research results.

How do I reference this report?

Author (year) *Dissertation/Project Title*, [online], Community-Academic Research Links/University College Cork, Ireland, Available from: http://www.ucc.ie/en/scishop/completed/ [Accessed on: date].

How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?

The UCC CARL website has further information on the background and operation of Community-Academic Research Links at University College Cork, Ireland. http://carl.ucc.ie. You can follow CARL on

Twitter at @UCC_CARL. All of our research reports are accessible free online here: http://www.ucc.ie/en/scishop/rr/.

CARL is part of an international network of Science Shops called the Living Knowledge Network. You can read more about this vibrant community and its activities on this website: http://www.scienceshops.org and on Twitter @ScienceShops. CARL is also a contributor to Campus Engage, which is the Irish Universities Association engagement initiative to promote community-based research, community-based learning and volunteering amongst Higher Education students and staff.

Are you a member of a community project and have an idea for a research project?
We would love to hear from you! Read the background information here http://www.ucc.ie/en/scishop/ap/c&vo/ and contact us by email at carl@ucc.ie.

Disclaimer
Notwithstanding the contributions by the University and its staff, the University gives no warranty as to the accuracy of the project report or the suitability of any material contained in it for either general or specific purposes. It will be for the Client Group, or users, to ensure that any outcome from the project meets safety and other requirements. The Client Group agrees not to hold the University responsible in respect of any use of the project results. Notwithstanding this disclaimer, it is a matter of record that many student projects have been completed to a very high standard and to the satisfaction of the Client Group.

‘In my end is my beginning’

T.S. Elliot (1943)

Statement of Originality

Please note that the researcher has reviewed the originality report of this dissertation provided for on 'TurnItIn' and subsequently edited it accordingly to address citation issues highlighted by 'TurnItIn'. All work is my own. All data and findings in the dissertation have not been embellished or falsified. Any content that is the work of others, has been referenced accordingly. I have clearly referenced in accordance with departmental requirements, in both the text and the bibliography.

Acknowledgements

To my current tutor Fiona, previous tutor Rachel and all MSW staff, thank you for the help and guidance throughout the course of the MSW.

To my practice teachers: Siobhann, Marie, Rob and all of the staff in CUH and Smithfield for the invaluable learning provided to me throughout my placements. A special thank you to Marie for sparking my initial interest in infant mental health during my first placement.

To all the staff at Springboard, for providing me with experiences that aided my learning and led to commencing the MSW.

To my parents, Patrick and Lorraine, I would not be where I am today without your help and support. Also, thank you to my cousin Bríd, who has been a continuous source of help and guidance throughout my journey to social work.

Finally, a special thank you to all the members of the Cork City Parent- Infant Network Group, especially Claire, for working with me throughout the research process. Your support and direction was greatly appreciated.

Abstract

This dissertation examines the experiences of members of the Cork City Parent-Infant Network Group (CCPING). This research was first proposed to the researcher by the coordinator of the CCPING. The research was subsequently formulated into a UCC Community Academic Research Links (CARL) project, given the community-based element of the research. The proposed research was to evaluate the group to see the impact of how the forum infiltrates practice for those attending.

The research was carried out to evaluate the group in terms of its ability to support members in implementing infant mental health into their work with children and families. The research also explores the term Infant Mental Health (IMH) and the importance of early year experiences for children in terms of their development and wellbeing. Secondary research was carried out in the form of a literature review and primary research was carried out qualitatively, in the form of interviews of CCPING group members.

The findings of the research show that group members derive a variety of benefits from being part of the CCPING. The group has resulted in members increasing their knowledge and understanding of IMH practice and has allowed them to develop the way they work with children and families. The group is seen as a vital resource to member's personal and professional development. The research also found there is a distinct lack of service provision for IMH services in Ireland, along with a lack of training opportunities for all professionals working with children and families to develop their knowledge and skills.

Table of Contents

Chapter One: Introduction 12

1.1 Introduction 12

1.2 Research Title 12

1.3 Background 12

1.3.1 Introduction to the Cork City Parent-infant Network Group 13

1.4 Rationale 14

1.5 Aims of Research 15

1.6 Research Questions 15

1.7 Reflexive Positioning 15

1.9 Conclusion 16

Chapter Two: Methodology 17

2.1 Introduction 17

2.2.1 Ontology 19

2.2.2 Epistemology 19

2.3 Community-Based Participatory Research 20

2.4 Methodology 20

2.5 Research Methods 21

2.5.1 Sampling 21

2.5.2 Semi-Structured Interviews 21

2.5.3 Data Collection and Analysis 22

2.6 Ethical Considerations 22

2.7 Conclusion 23

Chapter Three: Literature Review 24

3.1 Introduction 24

3.2 Infant Mental Health 25

3.2.1 Early Years Matter 25

3.2.2 Parent-Infant Relationship 26
3.3 Historical Context and Theoretical Underpinnings of Infant Mental Health 27
3.3.1 Attachment Theory 27
3.3.2 Lifespan Perspective 28
3.3.3 Adverse Childhood Experiences 29
3.4 Best Practice Principles 29
3.5 Policy Provision and Service Delivery 31
3.5.1 Irish Context 32
3.5.2 North Cork Infant Mental Health Network Group 33
3.5.3 Young Ballymun, Young Knocknaheeny 34
3.6 Professionals working in Early Years Professions 35
3.7 Infant Mental Health Professional Groups 35

Chapter Four: Findings and Analysis 37
4.1 Introduction 37
4.2 Theme One: Group Members Understandings of Infant Mental Health 38
4.2.1 The Parent-Child relationship 38
4.2.2 Supporting Parents 39
4.2.3 Transgenerational Parenting 40
4.3 Theme 2: Elements of the CCPING that Facilitate Infant Mental Health Promotion 41
4.3.2 Peer Support 42
4.3.3 Multi-discipline Group 43
4.3.4 Closed Group 44
4.3.5 Group Coordinator 44
4.3.6 Case Discussions 45
4.3.7 Reflection 45
4.4 Theme Three: Impact of Group Membership on Individuals 48
4.4.1 Linking group with Professional Work 49
4.4.3 Improvements 51
4.5 Conclusion 52

Chapter Five: Conclusions and Reflection 53
5.1 Introduction 53
5.2 Conclusions 54
5.3 Recommendations 55
5.4 Research Limitations 57
5.5 Implications for Social Work Practice 57

Bibliography 59

Appendices 65
Appendix 1: Confirmation of Ethical Approval 65
Appendix 2: Information Sheet 66
Appendix 3: Consent Form 68
Appendix 4: Interview Schedule 69

Table of Figures

Figure 1: Theoretical and Methodological Underpinnings of the research 18
Figure 2: Weatherston's (2012) model of IMH delivery 30
Figure 3: Framework for effective IMH delivery (Ahlers et al, 2006) 32
Figure 4: Overview of Research Findings 38

List of Abbreviations Used

Infant Mental Health	IMH
Parent-Infant Mental Health	PIMH
Cork City Parent-Infant Network Group	CCPING

Overview of Chapters

Chapter One: Introduction

The first chapter provides an overview of the research project, including research background and rationale, as well as providing the research aims, objectives and questions that inform the research.

Chapter Two: Methodology

The second chapter will outline the theoretical influences of the research design and explain the methods undertaken to complete the research. The challenges faced by the researcher and the limitations to the study will be discussed.

Chapter Three: Literature Review

The third chapter reviews the literature relevant to PIMH. The chapter discusses the historical influences as well as the policy and service provision of PIMH services. Literature relating to IMH peer groups will also be discussed in this chapter.

Chapter Four: Findings and Analysis

Chapter four identifies and discusses the main themes that arose from the research process. These themes are discussed in relation to the literature reviewed in chapter three.

Chapter Six: Recommendations and Conclusion

The final chapter concludes the research in relation to the research questions and provides the researcher's recommendations based on the findings of the research. This chapter concludes by providing a reflective piece on the researcher's experience of the research process.

Chapter One: Introduction

1.1 Introduction

The purpose of this chapter is to introduce the reader to the research topic by discussing the background and rationale of the research. It also states the aims and objectives of the research as part of the CARL initiative. The research questions that have framed the research will be stated. The researcher's reflexivity will also be discussed. Finally, some of the definitions and terms used throughout the research will be explained.

1.2 Research Title

An Evaluation of the Cork City Parent Infant Network Group: Supporting and promoting practitioner engagement in parent-infant mental health.

1.3 Background

Research has consistently demonstrated the impact of early childhood experiences on mental health across the lifespan; what happens during the infant stage of development, lays the foundation for the social and emotional functioning later on in life (Mares *et al*, 2011). IMH principles represent a shift in focus from attention of mental health services for adults and children, to the social and emotional wellbeing of infants and their caregivers, with a focus on promotion and prevention. Although there is a growing impetus on IMH practice, there are still considerable gaps in the provision of policy and service models in Ireland (Hayes *et al*, 2015).

IMH is a multi-discipline approach to work with children and families that incorporates preventative, developmental and clinical practices (Hayes *et al*, 2015). There is a growing impetus on PIMH practices to guide work with children and families, as a way of promoting positive relationships and positive social and emotional development of the child (Weatherston *et al*, 2014). The concept of support groups for professionals wishing to work from an IMH perspective is relatively new also. Young

Ballymun and North Cork Infant Network Group are examples of similar groups to the CCPING. However these groups are part of a wider HSE funded service. The CCPING differs in that it is a voluntary group and entirely without funding. It has been driven by a dedicated group of professionals and supported by the Bessborough Centre in terms of facilitating a space for the group to meet.

This research will be undertaken on behalf of the Cork City Parent-Infant Network Group (CCPING), as part of the University College Cork CARL project initiative. The research is concerned with the experiences of members of the CCPING. All members of the group are professionals working with children and families in the Cork city area. The experiences of a number group members will be gathered through qualitative research so an evaluation of the group can be provided. The CCPING will be evaluated in terms of its ability to support practitioners in promoting parent and IMH practices within their work with children and families. To fully understand the concept of PIMH, secondary research will also be carried in the form of a literature review.

1.3.1 Introduction to the Cork City Parent-infant Network Group

The CCPING was formed in 2009 by a multi-disciplinary group with the aim of supporting those working with young children and families. Since its inception, the group developed into a large group of interested professionals working with children under the age of three in the Cork city area, who shared an interest and passion for parent and IMH. There are currently sixteen members in the CCPING. Members of the group, work in a variety of professional backgrounds including: public health nursing, psychotherapy, social work, psychology, speech and language therapy, adult mental health and working in community and social care settings. Members meet on a monthly basis in the Bessborough Centre.

The formation of the group was established with the following purpose and aims:

- To develop relationship-based practice in services allocated for children under the age of three, by building the competence of group members in IMH, through increased awareness and understanding.

- To provide a forum whereby group members can discuss, learn and reflect on IMH including a provision of a forum for peer support and professional networking.
- Identify training needs and provide information on training opportunities.
- Seek to promote policy and practice development by linking with similar IMH based initiatives nationwide.

1.4 Rationale

The rationale for this research project was first sparked during the researcher's first practice placement on the Master of Social Work programme, in a medical setting. The researcher's practice teacher had a keen interest in attachment and IMH and this sparked much conversation between the two throughout the placement. While on placement, an agency visit to Bessborough Parent and Baby Unit inspired further interest for the researcher regarding IMH in social work practice.

The initial interest in the area of IMH led the researcher to considering IMH as a topic to research for the dissertation. This research project was initiated when the researcher contacted the Bessborough Centre Cork, in the aim of identifying a gap in research in relation to IMH. This resulted in the researcher being placed in contact with the co-ordinator of the CCPING, who advised that the group was interested in having the CCPING evaluated. With the help of the MSW team and the UCC CARL co-ordinators, a research project was designed in order to carry out research on the group as part of the CARL initiative.

A motivational factor in doing the research on behalf of the CCPING, was the opportunity it provided to carry out research on professionals from a variety of backgrounds working with children and families, who all had a keen interest in the area of PIMH. The researcher could see the excellent opportunity that had arisen to broaden their own knowledge of PIMH, while working in conjunction with a community based group. Another motivating factor for carrying out the research is, the CCPING are currently supporting the establishment of a similar group in another area of Munster. This research is both timely and relevant and will hopefully assist and inform the new group upon its establishment.

1.5 Aims of Research

The aim of the research is to evaluate the CCPING and the impact participation in the group has on its members when working with children and families.

The research objectives are:

- To explore the area of PIMH and early years experiences for children in the form of a literature review
- To explore the lived experience of practitioners working with children and families in relation to promoting PIMH
- To examine if and how the CCPING supports practitioners in their work with parents and infants
- To examine the benefits professionals derive from participating in the group
- To provide an analysis of the findings and identify connections and disparities to the literature reviewed
- To present the findings to the CCPING, the CARL Project members and the Kerry Children's Service Committee

1.6 Research Questions

- What are the CCPING group members' perceptions of PIMH, in terms of policy provision, service delivery and training opportunities for professionals working with children and families?
- Does the CCPING build the capacity of professionals to promote PIMH in their professional work?
- What aspects of the group are beneficial to group members?
- What aspects of the group could be improved or developed?

1.7 Reflexive Positioning

Reflexivity in research is built on the 'reflection about our own interpretive practices' and is necessary for ethically and methodically sound research. (Reissman, 1994, p.153). The researcher admits that through their own personal experiences and professional learning, they place great emphasis on the value of positive and loving relationships between children and their caregivers. The researcher's

experiences carrying out voluntary work in a family support setting, experience in a child protection and a medical setting and throughout the learning on the Master of Social Work Course, has led to a firm belief that all children deserve the best start in life. The researcher's experiences have shaped how they view families and the important role that community based services have in supporting families. The researcher is aware of the impact a researcher's reflexive positioning can shape the research process. However, the researcher has been transparent in this statement and has reflected on their reflexive positioning throughout the research process. The reflective process has allowed the researcher to be open to participant's views and opinions and be transparent throughout the data collection and analysis process.

1.8 Definitions

Infant Mental Health

The developing ability for infants to encounter, regulate and express emotions, to form relationships with those who care for them, and to discover their surroundings and learn, all in the context of family, community and cultural expectation of the young child (Zero to Three, Centre for Infants, Toddlers and Families, 2001)

Infant Mental Health Practice

An interdisciplinary field that embraces the value of promoting positive mental health development, within a relational framework with the child's caregiver (Hayes et al, 2015)

Infant

A period of a child's life from birth to three years (Frailberg, 1977, Zero to Three, 2001, Weatherston, 2012)

Parent

Throughout this research, the term parent is used to describe a child's primary caregiver. However, this can be used interchangeably with other forms of caregiver, for example, adoptive and foster parents, grandparents, etc.

1.9 Conclusion

This chapter introduced the reader to the research project, providing a background and rationale to the research. The rational aimed to demonstrate the community based aspect of the research and the reasons behind doing so. The aims, objectives and research questions provided an overview from

which the research is based on. The chapter also included the researcher's reflexivity, in order to state their own personal value base and beliefs and allow for transparency throughout the research. Finally, some brief definitions were provided of terms used through the research.

Chapter Two: Methodology

2.1 Introduction

The aim of this chapter is to provide an overview of the theoretical underpinnings which informed the research process and to discuss the methods used to carry out the research. This chapter will begin by giving an overview of the research paradigm as well as the ontological and epistemological position that informed the research methods and data analysis. There will be a discussion about researcher's involvement in a community based participatory research project and the process of undertaking the project as part of the UCC Carl initiative. The chapter will then move onto the research design and methods of qualitative research, data collection and analysis carried out. This chapter will conclude by discussing the ethical considerations that were deliberated for the research.

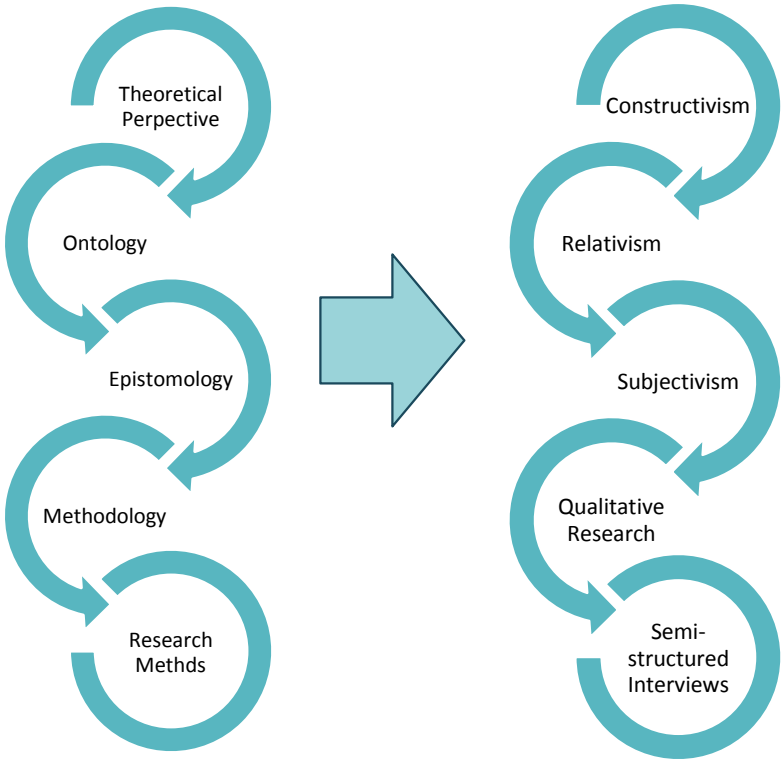

Figure 1: Theoretical and Methodological Underpinnings of the research

2.2 Research Paradigm

The theories that researchers utilise to attempt to understand the social world guides what research the researcher undertakes and how the findings of the research are interpreted (Bryman 2012). For the purpose of this research, the theoretical position the researcher will employ is constructivism. Constructivism suggests that social phenomena are shaped by social interaction and are always in a state of continuous change and revision (Bryman, 2012). According to a constructivist approach to research, there are no universal laws or experiences, as the world is always being developed and redeveloped by reflective thinking. Constructivist theory embraces the concept that individuals hold different interpretations and lived experiences of the social world. Therefore, focus is usually on meaning and perceived realities, rather than facts (Carey, 2009).

Constructivism, according to Bryman (2012) is in contrast to objectivism. Objectivism is an ontological view that implies that social phenomena presents to us as external facts that are beyond our grasp or influence. In terms of the research, the researcher believes a constructivist stance would be more

beneficial to the research process. The research will be based on the opinions and views of CCPING group members, which is in line with the view of constructivism that precedence is placed on the involvement of people in their construction of reality (Carey, 2009). It is through a constructivist approach that the researcher aims to gain a better understanding of research participant's lived experiences, opinions and perspectives and to gain a better understanding of the research topic.

2.2.1 Ontology

The ontological position of a researcher relates to the 'fundamental nature of existence' and for there is no correct or incorrect answer. This is because people see social phenomena differently and their 'role, values and background' determine this (Dilts and Delozier, 2000, p.16). For the purpose of this research, the ontological position adopted is relativism. In keeping with the constructivist paradigm, a relativist approach to research accepts there are multiple realities (Denzin and Lincon, 2005). Relativism is the ontological view that knowledge and understanding originates from 'an evolved perspective or point of view' (Raskin, 2008; p. 13). Relativist ontology describes the social world as the diverse interpretations that people draw from it (Peile and McCouat, 1997, Willig, 2013). The researcher wants to encourage the research participants to share their interpretations of their experiences working with children and families in relation to IMH practice, in the hope of producing a variety of subjective truths.

2.2.2 Epistemology

Epistemology is about the information that counts as acceptable knowledge and how it should be acquired and interpreted (Creswell, 2007). According to Creswell (2007, p.20), when researchers undertake qualitative research, 'they are embracing the idea of multiple realities'. Researchers as well as research participants embrace different realities and this must be reflected by the researcher in the research (Creswell, 2007). This includes evidencing different perspectives and including multiple forms of evidence in the research findings. Subjectivism is an epistemological approach that is closely associated with relativism and therefore sees an important role the individual's construction of reality has in research. Subjectivism deems that knowledge cannot exist without individuals to create it (Denzin and Lincon, 2005). Subjectivism is considered the necessary epistemological stance for this research as it is based on the assumption that knowledge is constructed from the perceptions of

research participants and it is the perceptions of the CCPING group members that will form the evaluation of the group.

2.3 Community-Based Participatory Research

As the research is being carried out as part of the CARL initiative, an important aspect of this research is community-based participatory research (CBR). CBR is the systemic creation of knowledge that is with and for the community, for the purpose of addressing a community identified need or research question (Cutforth *et al*, 2006). CBR is a collaborative process, with academic students and community members working together at every stage of the research, from identifying a research issue, constructing research questions to implementing recommendations. This research is being carried out in conjunction with the CCPING, as part of the CARL initiative and so it was imperative that a collaborative approach to the research was adopted. CBR is an important aspect of this project as it allows the researcher to interact with group members in an attempt to evaluate the group in terms of IMH promotion among group members.

2.4 Methodology

Methodology represents the research strategy which translates the ontological and epistemological principles and assumptions of the researcher (Sarantakos, 2012).Research will be conducted qualitatively for this research, in keeping with the aforementioned theoretical approaches to the research. Qualitative research is associated with producing findings arrived from the 'lived experiences, behaviours, emotions, as well as organisational functioning, social movements and cultural phenomena of people' (Strauss and Corbin, 1998, p.10). Qualitative research also strives to collect data rich in meaning and aims to understand people's perception of the world and their actions in the world (McLaughlin, 2007, Draper, 2004).

This research is interested in the experiences of CCPING group members. For this reason, a qualitative methodology with be utilised in the research. As this research is an evaluation research study, qualitative research was deemed most suitable. According to Padgett (2008, p.21), qualitative research methods have a secure place in evaluation research, for example, 'qualitative methods are useful in identifying unforeseen effects of a programme or service that may hinder its implementation as well as

shedding light on why a programme or service succeeds or fails. Researchers use qualitative research when they wish to capture the lived experience from the perspectives of those who live it and create meaning from it; 'when researchers seek deep understanding, they pursue studies from an insider's point of view, rather than an outsider's perspective' (Padgett, 2008, p.16).

2.5 Research Methods

Methods of research are techniques utilised in order to gather data related to the topic being investigated (Carey, 2013). By applying the researcher's theoretical stance and qualitative research methodology, purposive sampling, semi-structured interviewing and thematic data analysis were considered most suitable methods for this research project.

2.5.1 Sampling

The sample for this research comprised of group members of the CCPING. It was agreed that from the group members who provided consent to be part of the research, six would be chosen to be interviewed. As this research project is small in scale, it was not possible to interview all consenting members. The researcher believed it was more suitable to apply research to a small sample size to hopefully gain comprehensive thoughts, opinions and beliefs of group members to inform the research. The researcher chose purposive sampling to recruit interview participants. Purposive sampling was considered most suitable as it allows for a more comprehensive way of exploring and understanding the questions that the researcher wishes to highlight (Bryman, 2012). The CCPING group members differ from each other in terms of key characteristics, for example, the professional background and length of time they have been part of the group. This researcher sought to sample members from a variety of professional backgrounds and years of experience in the group, to allow for variety.

2.5.2 Semi-Structured Interviews

In considering the most effective method of data collection, it was decided that semi-structured interviews would be most suitable to allow research participants to communicate their subjective meanings and experiences in relation to being part of the CCPING. The research design was carefully

considered by both the researcher and the CCPING. Although focus groups were initially contemplated, it was decided that individual interviews would be more appropriate to provide in-depth, quality data. As the research is an evaluation of the CCPING, interview questions were formulated from the aims and purposes of the group (section 1.3), in order to evaluate if they comply with the opinions and beliefs of the group members. The literature reviewed in chapter three was also used to inform the interview questions. As the research was carried out as part of the CARL initiative, it was important that the interview questions were in line with what the community organisation wanted researched. Interview questions were reviewed by the liaison person and feedback was provided.

The interview included direct questions in order to identify certain information from participants. The interview then followed with semi-structured, open ended questions to allow research participants the flexibility to communicate freely. Each interview lasted approximately 45 minutes. Audio recording was utilised and the interviews were subsequently transcribed by the researcher into a written format to aid in the data analysis.

2.5.3 Data Collection and Analysis

Data collection from the interviews were identified thematically. Thematic analysis involves excavating data from the research methods to identify thematic similarities and meanings that help answer the initial research questions (Carey, 2009). The thematic analysis process involves acquiring, interpreting and reporting clusters and patters of meaning in the data collected (Spencer *et al*, 2014). The themes that were subsequently drawn from the interview process were carefully considered and examined in relation to the finding that emerged from the literature review and used to debate certain findings and draw conclusions.

2.6 Ethical Considerations

It is imperative, as a researcher, that you consider the possible ethical implications of your interactions with research participants (Bryman, 2012). An ethical review form was completed and submitted to the UCC School of Applied Social Studies Ethics Review Board for approval to advance with the research. In the form, an outline of the research process and information about the requirements of participants

was outlined to ensure that all research carried out is ethically sound, thus, 'safeguarding the dignity, rights, safety and wellbeing of all actual and potential research participants' (World Health Organisation, 2002, cited in Department of Health and Children, 2010, p. 3).

Information sheets and an outline of the interview process were provided to research participants in advance of their research participation. Also, written consent was sought by research participants prior to the interview. These forms of ethical approval are in place to ensure that research participants fully comprehend what it means to partake in the research process so they can consciously decide whether they wish to proceed in participating in the research or not (Mack *et al*, 2005). The informed consent and information sheets included the purpose of the research, what is expected of the research participant, the fact that participation is entirely voluntary and one is free to withdraw from the research up until the 1st April 2017. The research participants were ensured that their confidentiality would be protected throughout the research process. This information was again reiterated to the research participants after the interviews.

2.7 Conclusion

An overview of the research design and processes carried out to conduct the research was provided in this chapter. Careful consideration was taken on the appropriate research design and research process to get the most from the research. The researcher also carefully considered any possible ethical implications or negative outcomes to the research which were reflected on throughout the research process.

Chapter Three: Literature Review

3.1 Introduction

The field of IMH has cultivated an increase in scientific and clinical research over the past twenty-five years (Mares *et al*, 2007). The importance of an infant's first years in terms of their development and future life outcomes has gained prominence due to the advancement in research and knowledge regarding infant development and early childhood relationships. This growing recognition of IMH has also led to the development of theories and frameworks for those working with children and families.

Section 1 of the literature review chapter gives an overview of the key terms and definitions relevant to parent and IMH. Section 2 presents an historical summary of the development of IMH practice and provides a review of the theoretical underpinnings of IMH practice. Section 3 will review the provision of IMH services in Ireland as well as the role of professionals working with children and families in promoting IMH. This section also aims to identify the gaps in service provision of IMH services, while attempting to establish best practice principles of IMH service delivery. The final section will also focus

on literature surrounding professional groups that aim to promote IMH practices among those working with children and families.

3.2 Infant Mental Health

> 'The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid out in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing.'
>
> Michael Marmot (2010, p.1)

The field of IMH encompasses a multi-discipline approach to the development of the social and emotional capabilities of infants, in their biological, relationship and cultural context (Zeanah and Zeanah, 2001). The World Association of IMH (2011) define IMH as the ability for children to develop physically, cognitively and socially, in order to master primary emotional tasks for early childhood, without serious disruption caused by harmful life events. Zero to Three (2012), the National Centre for Infants, Toddlers and Families in Washington defines IMH in terms of the capacity of an infant to experience, regulate and express emotions; to form close relationships with their main caregivers; and to explore their environment and learn, all in the context of their family, community and cultural expectations.

3.2.1 Early Years Matter

The importance of a child's first three years of life is acknowledged throughout professional disciplines such as medicine, psychology and social work as being a vital period in developing protective factors in children and in forming strong foundations for their development and future life outcomes (Maguire and Matacz, 2012). The importance of being aware of impact early years can have on a child's future wellbeing and development has come to the fore. This is due to an increased awareness of the importance of early years experiences for children, 'no longer are pregnancy and early childhood envisaged as a custodial phase before learning begins and before harm from impoverished caregiving occurs' (Brandt *et al*, 2014, p.16). How a toddler experiences their caregiving, including the stressors in both their own and their parents lives, shapes early development for children and 'sets either a strong

or fragile state for what follows' (Shonkoff and Philips, 2000, p.5). The child's main caregiver is the vital component in ensuring a child is cared for in a way which promotes their physical and emotional development (Frailberg, 1980, Weatherston, 2012).

3.2.2 Parent-Infant Relationship

The relationship between the infant and its main caregiver is vital to the foundation of an infant's mental health. An infant requires a secure and responsive caregiving context in the first three years of their life to ensure health social and emotional development occurs and continues to flourish throughout their childhood and later life (Carter *et al*, 2001); 'The relationship between the infant and parent is the fundamental unit in which development takes place' (Seligman and Harrison, 2012, p.339). In IMH practice, emphasis is focused on the dyadic (parent and child) functioning, as the primal foundation of a child's development (Brandt *et al*, 2014). The way in which children experience interactions with their primary care givers is essential to their early development (Nugent, 2015, Shonkoff *et al*, 2005, Perry, 2009). During a child's first years, a parent's ability to respond in an effective way to their child is seen as a major projector of optimal brain development and social-emotional functioning (Shonkoff *et al*, 2005). Parent's vital role in providing children with their first experiences of healthy, positive relationships cannot be underestimated (Department of Children and Youth Affairs, 2013). Parents have the capacity to promote the skills and abilities children require to express emotions, communicate and develop complex social behaviours that are necessary to fully participate in society.

For professionals working in early years professions, the infant-caregiver relationship is the primary emphasis of assessment and intervention efforts, namely because young children are so reliant on their caregiving contexts (Zeanah and Zeanah, 2001). Sroufe (1989, cited in Zeanah and Zeanah, 2001, p.9) states, 'most problems in the early years of a child's life, while often manifested poignantly in behaviour, are best conceptualised as relationship problems'. The importance of the caregiving relationship is its potential to capitalise on the healthy development of a child through, 'responsive and attuned relationships' (Stellenberg, 2012, p.12). Parental ability can be supported and developed by the provision of professionals across a range of sectors in the community. This can be accomplished by

providing caregivers with skills and the competency to encourage and develop positive relationships with their child (Stellenberg, 2012).

Also, a Parent's own parenting experiences tend to be repeated (Maguire, 2009), a concept that is referred to as 'transgenerational parenting'. A parent's level of resilience, the quality of relationships they have and the awareness that they hold regarding their own childhood experiences, all contribute to the attachment relationship that a parent has with their own child. According to Mares *et al* (2007), for everyone who becomes a parent, it is necessary for the parent to revisit and reengage with how they experienced growing up in their own family. Previous negative memories of being parented can have ongoing implications of parental trauma on the parent's capacity to care for their child and the child's development.

3.3 Historical Context and Theoretical Underpinnings of Infant Mental Health

The first use of the term IMH was developed by Frailberg in the 1970's, when she developed a working model to help children ranging from birth to three years old, and their caregivers, with relationship problems being experienced. Freiberg's work promoted the important role the parent-child relationship had during an infant's first years of life, in relation to a child's social and emotional wellbeing. Freiberg's pioneering work for over forty years with professionals working with children and families, guided the expansion of a field whereby professionals from various disciplines acquire how to work with and on behalf of children, with parents and the relationships that bind children and parents together to promote IMH (Weatherston, 2012). Frailberg (1977) placed the early attachment relationship among the new-born and the main caregiver as the central aspect of IMH (Weatherston, 2012).

3.3.1 Attachment Theory

Attachment theory, as developed by Freud (1965) and later Bowlby (1969) and Ainsworth (1979), is referred to as the development of primary attachment relationships and the role of secure attachments in optimal development. A secure attachment is essential to establishing a child's sense of safety and security and influences his fundamental modes of regulating thoughts and feelings

(Baradon, 2005). Early attachment relationships and experiences either promote positive emotional health and well-being or set a negative trajectory that persists throughout the life span (Graham, 2015). The theory of attachment was central to Frailberg's (1977) original development of IMH practice.

Bowlby (1969) and Ainsworth's (1979) research first documented the importance of the relationship that developed between the mother and her child. Bowlby's (1982, p.378) later work focused on the importance of the child's relationship with their mother in terms of their social, emotional and cognitive development;

> 'A young child's experience of an encouraging, supportive and cooperative mother… gives him a sense of worth, and a favourable model on which to build future relationships… by enabling him to explore his environment with confidence and to deal with it effectively, such experiences also promote this sense of competence'.
>
> Bowlby (1982, p.378)

Similar to Frailberg's (1977) initial concept of IMH, attachment theory also acknowledges there is a hopefulness for change and that early negative experiences can be addressed and children and families can be supported in improving outcomes for children (Hayes *et al*, 2015) Bowlby (1988, p.136), stated 'the course of subsequent development is not fixed, and changes in the way a child is treated can shift his pathway in either a more favourable or less favourable one… it is this persisting potential for change that gives that opportunity for effective therapy'. Like the theory of 'transgenerational parenting', attachment theory also recognises that early developing attachment relationships may be disturbed or interrupted by parental histories of unresolved trauma or loss (Hayes *et al*, 2015).

3.3.2 Lifespan Perspective

Multiple disciplines contribute to an understanding of the lifelong impacts of the first three years of a child's life and the effects they can have later on in life (Brandt *et al*, 2014, p.8). A study undertaken by Blane (1999), cited in Cattan and Tilford (2006), highlights the need to consider the lifespan perspective when working with children and families. The lifespan approach understands that health in adult life is

affected by health in early life, childhood socio-economic status influences adult life and pre-birth and infant living conditions can programme adult outcomes (Blane, 1999). Blane (1999, .p. 19) argues that these 'biological and social processes interact in complex ways that can only be appreciated by taking a life span perspective'. The growth in IMH understanding provides a window of unparalleled opportunity to take a lifespan approach to ensuring that the mental health and wellbeing of infants and toddlers within the context of their caregiving relationship are provided with the best possible opportunity to prosper (Mares *et al*, 2007).

3.3.3 Adverse Childhood Experiences

Similar to attachment theory and the lifespan perspective, the first three years of life is considered the most pivotal time for human development in terms of lifelong health and wellbeing (Brandt *et al*, 2014). The Adverse Childhood Experiences Study (Felitti *et al*, 1998) has produced publications demonstrating the range and nature of lifelong impacts that 'adverse childhood experiences' can have on children later on in adult life (Brandt *et al*, 2014). The study was one of the most comprehensive investigations between childhood maltreatment and later-life health and wellbeing undertaken (Hosking, 2011). The study found that 'adverse childhood experiences' correlated with the following long-term outcomes in adult life; health risk behaviours, such as drug and alcohol abuse, serious health conditions, such as lung and heart disease, behavioural issues and psychiatric disorders. 'Adverse childhood experiences' such as sexual, physical and emotional abuse, neglect and alcoholism, drug use and domestic violence in the household were found to have the ability to negatively affect a child's physical and mental health and wellbeing later on in adult life (Felitti *et al*, 1998).

3.4 Best Practice Principles

Frailberg (1980) designed an initial framework of 'service components' which continue to provide a cornerstone for IMH practice today (Weatherston, 2012). Fraiberg's (1980) work included a focus on emotional support towards parents which including, compassion and emotional reinforcement to allow parents to engage with how they are thinking and in turn parenting. Frailberg (1980) also identified the need for professionals to inform parents about an infant's developmental and care needs. According to Frailberg (1980), this was best done by observing the infant and using plain language to try to reflect on

the child's development through their behaviour and actions. Frailberg (1980) also emphasised the importance of not just working with the infant, but also working with the parent to explore their own childhood experiences and parenting experiences and reflect on how that may affect their parenting capabilities towards their own child.

Shrilla and Weatherston (2002), as derived from Frailberg's original framework for IMH, developed a working model that acknowledged that IMH is not a working model just for children. It is a parent-infant concept and neither are treated in isolation to one another. Shrilla and Weatherston (2002) stated that service delivery in IMH services should work with the parents/ caregivers on the following levels:

- Emotional support
- Resource assistance, helping parents in securing food, clothing, adequate housing, health care
- Development guidance, about their child's development needs and care requirements, and;
- Infant- parent psychotherapies, offering the parent the opportunity to explore past experiences, past relationships, fears and disappointments that have been awakened during the pregnancy and parenting process.

Weatherston (2012, p.3) describes IMH practice as being best understood along a continuum of 'promotion, prevention, intervention and treatment'.

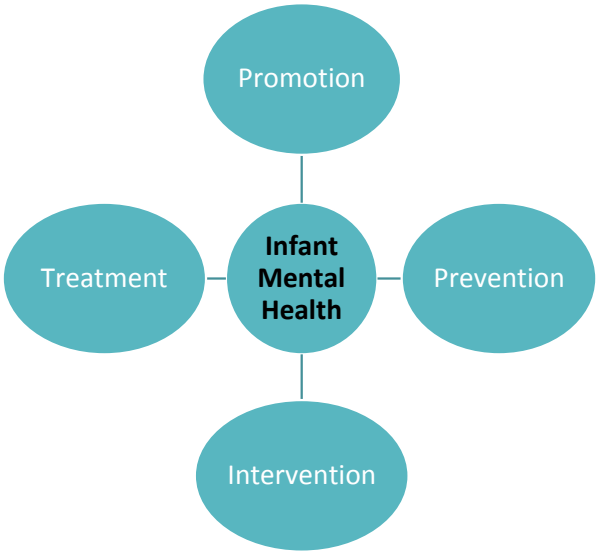

Figure 2: Weatherston's (2012) model of IMH delivery

In promoting IMH, parents are provided with information and education on parenting skills and infant development. An important part of promotion, is to identify strengths with parents, to empower them and promote resiliency in early childhood and early parenthood (Weatherston, 2012).

Prevention in IMH services include screening and assessment by professionals where concerns lie

in relation to behavioural, relational and developmental aspects of a child. The prevention process may include referring children and parents to programmes that reduce PIMH risks.

The intervention stage of IMH practice includes a more direct approach to working with children and parents by using a strengths-based, therapeutic approach to addressing problems being experienced, in the form of developmental, educational, relational and /or psychotherapeutic services. Finally, the treatment aspect of IMH practice occurs when disorders are clearly identified in an infant or toddler or in a parent, resulting in a more intensive service delivery for the child and parent and a multi-discipline approach.

Most recently, the North Cork Parent Infant Network Group developed skills and strategies that inform an interdisciplinary IMH approach to working with children and families (Hayes *et al,* 2015*)*. They include:

- Working with the infant and parent together, in an office, in the community or within the family home.
- Observing the infant and parent together, offering opportunities for the parent to reflect on the infant's development, behaviour and social and emotional needs.
- Creating opportunities for warm and playful interaction between the parent and infant to encourage the development of secure and stable attachment
- Inviting the parent to talk about the infant or their parenting experiences, allow the parent to express difficulties, past or present that may be affecting the parent's ability to care for the child.

3.5 Policy Provision and Service Delivery

The provision of quality IMH provision requires expertise and conceptualisation from a variety of professional disciplines and perspectives including research, clinical practice and public policy (Osofsky and Thomas, 2012). While there is growing acceptance of the importance of early year's experiences of children, there has been little momentum to establish extensive parent and IMH, early intervention services both internationally and in Ireland (Menton, 2015).To fully implement IMH into practice with children and families, the extensive science and research supporting IMH needs to be acknowledged and integrated into policy and service delivery (Hayes *et al*, 2015).

Ahlers *et al* (2006) developed a tiered approach to working with children and families from an IMH framework; the model focuses on the need for a policy focus on the importance of PIMH that can encourage and assist in establishing IMH practice in communities, 'integrating prevention and early intervention thinking into policy planning, public sector reform, and budgeting is critical for enabling practice to be changed' (Stellenberg, 2012, p. 16). The model also acknowledged the importance of building the capacity of practitioners working in the field through increased training to develop their competency and capacity to work with children and families. It is through this framework that IMH could be delivered in an effective way to families, increasing parent's capacity to care for their child in a way that can promote both their own and their child's mental health.

Figure 3: Framework for effective IMH delivery (Ahlers et al, 2006)

3.5.1 Irish Context

Like many other countries throughout the developed world, Ireland currently does not have a dedicated IMH service. The delivery of IMH services for children and their care givers are provided in an ad-hoc and fragmented manner in Ireland (Menton, 2015). Parents and infants often present with issues regarding mental health within a variety of settings and by a range of professionals (Menton, 2015). There is no specific and focused policy or legislation in Ireland that specifically addresses the delivery of IMH services to children and families. Integrating prevention and early intervention thinking into policy and budgeting is critical for improving practice in the area of IMH (Stellenberg, 2012). Furthermore, Stellenberg (2012) believes that a policy making culture that values evidence and is serious about tackling poor life outcomes has to invest in the early years.

A Vision for Change (2006) acknowledges the importance of early intervention and the concept of prevention in relation to mental health, however, fail to specifically address how this is to be

incorporated into service delivery with children and families. Mental Health Reform (2015) argues that appropriate early intervention approaches should incorporate not only a focus on an infant's physical needs but also their social and emotional health and well-being. Mental Health Reform (2015) also highlighted that specific service gaps in the area of IMH including the absence of Psychologists in maternity hospitals; a lack of staff training on IMH among those working in maternity hospitals; under-staffed primary care psychology services and the absence of child specific Public Health Nursing posts.

In 2013, the Department of Children and Youth Affairs published an early year's strategy paper entitled 'Right from the Start'. According to the Department of Children and Youth Affairs (2013) the focus of the paper was on children from birth to six years of age and how early intervention and the provision of specialised service delivery could improve the lives of young children in Ireland. The report acknowledged the current lack of services and interventions available to infants in Ireland, with limited services provided in urban areas. Having acknowledged the lack of adequate services, the Minister of Children and Youth Affairs stated that programmes and resources will not be made available over night, but rather be implemented through a strategic plan over a five year period.

Also, Menton (2015) argues that the majority of training opportunities are post-professional by those who are already practicing in fields such as social work, psychology, psychiatry, nursing, early childhood education, special education, or other disciplines. However, Weston (2005) argues that training opportunities in the area of IMH are growing and demand amongst professionals is increasing alongside the heightened awareness of IMH practice with children and families. In terms of training of professionals working with children and families, Maguire and Matacz (2012) argues that IMH modules should be integrated key component into all practitioners/professionals training to work with infants and toddlers in all early year's childcare.

3.5.2 North Cork Infant Mental Health Network Group

Although IMH services are not comprehensively available throughout Ireland, there has been recent developments in individual services incorporating parent and IMH practice into their services in Ireland, as well as IMH specific service delivery within services being introduced.

Professionals working with children and families in the Mallow Primary Care Centre had recorded increased numbers of young children presenting to the centre with difficulties such as emotional regulation, attachment and separation anxiety and relationship problems, since its establishment in 2000 (Hayes *et al*, 2015). Professionals working in the centre, identified a gap in service delivery for young children experiencing such problems. They also identified an absence of a model for appropriate service delivery for infants and their families (Hayes *et al*, 2015). As a result, the North Cork IMH Model was established in conjunction with the Health Service Executive in 2006. The group was set up in the aim of 'integrating IMH principles into everyday clinical practice and service in the community' (Hayes *et al,* 2015, p.1). Based on 'best practice guidelines, professional consultation and empirical evidence', the group members developed a framework model of early assessment and intervention services. The group also organised IMH training for early year's professionals in primary, secondary and tertiary services in the locality. Hayes *et al* (2015) evaluation of the model found that the professionals were 'far better equipped to respond to the needs of children and families they work with' as a result of the training and support provided by the model. The evaluation also found that the service was effective enough to be rolled out in other primary care centres to establish a more comprehensive level of IMH service delivery in Ireland (Hayes *et al*, 2015)

3.5.3 Young Ballymun, Young Knocknaheeny

In recent years, there has also been an emergence of community-based initiatives to promote positive early year's experiences for children and families. For example, Young Ballymun and subsequently, Young Knocknaheeny have been established as community-based services aiming to improve outcomes for community members. Both initiatives encompass a firm focus on the promotion of parental and IMH within their service delivery. For example, Young Ballymun is an area based initiative of IMH service delivery supporting the developmental needs of infants and toddlers with a specific focus on the parent infant relationship and social and emotional development of the child. Young Ballymun also highlights the importance of the parent-child relationship by focusing their work on providing service provision to 0-3 year olds with essential supports for healthy development means equipping parents, care-givers and those in key relationships with very young children with the

awareness, knowledge and understanding of how their relationship encourages and fosters healthy growth and development (UCD Geary Institute and UCD School of Psychology, 2013).

3.6 Professionals working in Early Years Professions

There is a significant gap in the provision of IMH training in Ireland. This includes the continued training opportunities for health professionals in the identification and assessment of prenatal and postnatal mental health difficulties and clearly defined pathways to care for those who are experiencing problems (Menton, 2015). Research carried out by Hayes *et al* (2015), found that many clinicians have struggled to connect the current gaps in policy with the evidence base that exists in relation to the benefits of implementing IMH practice and principles. The research also stated that there is a lack of designated training opportunities for professionals who want to build their skills and competencies in infant and parent mental health. The research also highlights the lack of inclusion of IMH assessment and intervention in university curricula.

3.7 Infant Mental Health Professional Groups

In conjunction with a new model of IMH service delivery, the North Cork IMH Model also established a network group for professionals working in the community to promote the sustainability of IMH for professionals by providing learning opportunities through, reflection, evidence-based literature, presentations, discussions and critical thinking among members (Hayes *et al*, 2015). The group is facilitated by two local IMH specialists. The group was evaluated in 2013. The evaluation found the group created a forum for reflection, skill development and self-exploration for members. Overall Walsh (2013) found the interdisciplinary set-up of the group was most effective in facilitating learning. Young Ballymun similarly set up a peer support group for professionals working in the community to promote IMH practices.

Thomasgard *et al* (2004) also undertook a review of a collaborative peer support group for professionals working in the field of IMH in the United States of America. The group was established as a collaborative case-based continuing learning group that focused on the relationship-based perspective of IMH and the important role it plays across the lifespan. One of the fundamental aspects

of the effectiveness of this particular group was the peer support element of it. The evaluation of the group found that one of the main benefits for the group members was the opportunity to learn other viewpoints of fellow members, 'it facilitates a more open exchange of ideas between individuals of different cultures, disciplines and levels of training' (Thomasgard *et* al, 2004, p.199) and the increase in awareness of community and educational resources as a result of peer support within the group. The research found that the group also placed great importance on the need for trust among group members in enhancing the opportunity for individuals to reflect on personal experiences. The learning opportunities in the group were also related to the case presentations that each member took turns in presenting. In this particular group, each individual participating in the presentation process recognised that everyone contributes to the group and helps ensure that no one individual or discipline is 'the expert' in the group (Thomasgard *et al*, 2004, p.197).

3.8 Conclusion

This chapter set out to explore literature regarding IMH practice and to understand the concept in relation to its historical development and the theories and knowledge that inform the practice. This chapter has evidenced the increased awareness and acknowledgment of IMH practice when working with children and families. The early years of a child's life is a crucial factor in a child's wellbeing and development and has far reaching effects on their life outcome and developmental progression. It is proven throughout the literature that early experiences for children matter and can either positively or negatively impact their future life outcomes. The environment and relationships a child experiences in their first years is proven to be fundamental to the future health and wellbeing. The literature has highlighted the importance of the parent or caregiver in the IMH model and the significance of considering both the parent and child in IMH practice.

There is a significant lack of policy provision for services to promote and protect IMH. Furthermore, for those professionals who work with young children and families, it is clear that there is a lack of training and evidence of best practice when working in the field. However, along with the growing focus on early intervention services, there has been recent improvements to the provision of IMH services in Ireland, namely Young Ballymun and North Cork Parent Infant Group. Although this is seen as a positive

advancement, it highlights the disparity of services depending on location and highlights the lack of policy or legislation specifically relating to IMH in Ireland.

Chapter Four: Findings and Analysis

4.1 Introduction

The primary themes that emerged through the research process will be presented and analysed in this chapter, along with the findings from the literature review chapter. The findings from both will be compared and contrasted with one another. All names and identifying information of research participants have been omitted from the findings to protect their identity and confidentiality. The following pseudonyms will be used throughout; Participant (P) 1, 2, 3, 4, 5, 6.

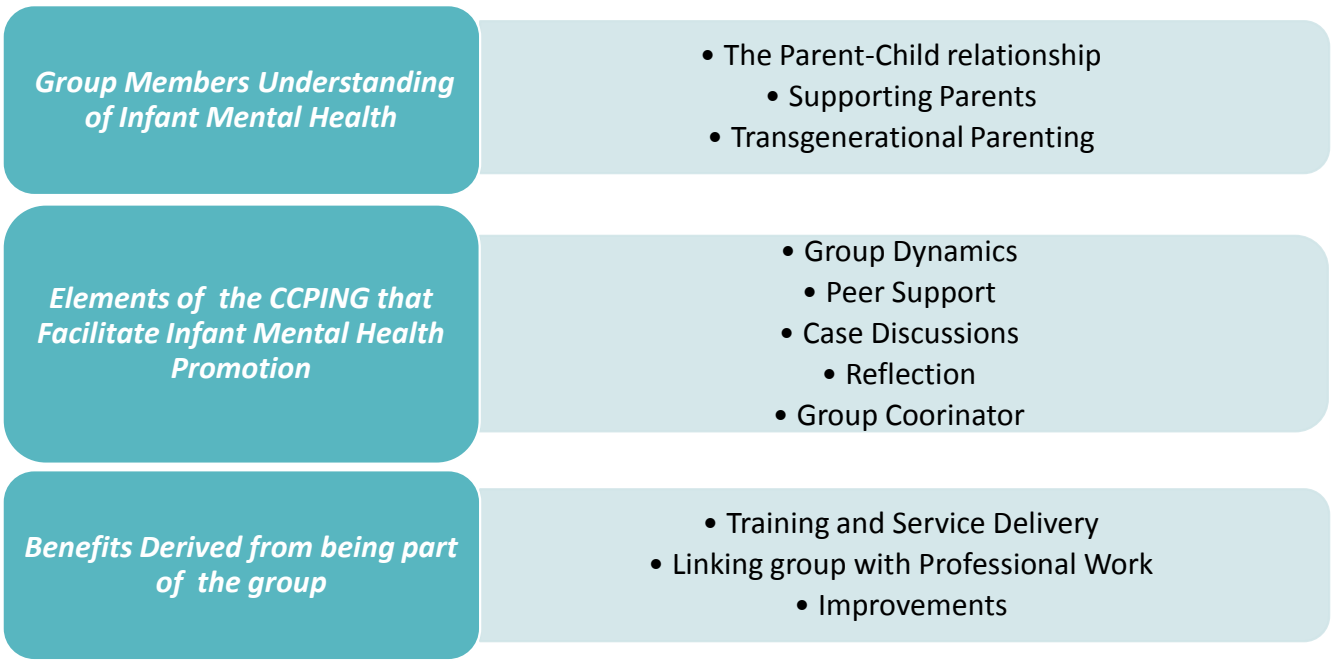

Figure 4: Overview of Research Findings

4.2 Theme One: Group Members Understandings of Infant Mental Health

Research participants were asked about their perceptions of IMH stemming from their experiences of working with children and families. Although five out of the six research participants did not work from an IMH framework, they all mentioned their ability to link principles of IMH to their own work with children and families. When participants were asked about their perceptions of IMH the following themes emerged;

4.2.1 The Parent-Child relationship

A reoccurring theme in relation to participant's perceptions of IMH is the importance of the parent-child relationship when working from an IMH perspective. All six participants referred to the importance in recognising early relationships in a child's life as a central aspect of IMH informed practice.

> *"You can see the principles of IMH at play within the parent-child relationship. It is the foundation from which all development happens".*

P3 elaborates on the importance of the parent-child relationship, saying,

> 'My *understanding of IMH is the importance of the primary caregiver to the child's development and mental health" (P3).*

P6, states IMH is about;

> *"Promoting early social and emotional relationships and being aware of the impact that the early infant relationships can have on the rest of the child's life".*

Again, the importance of the parent-infant relationship, was something P5 said was important to IMH practice;

> "*My understanding is the importance of and the development of a child's social emotional and mental health and how their relationship with primary caregiver is key to this".*

4.2.2 Supporting Parents

Another emerging theme from the research was an awareness among participants that in order to help the infant, you must support and guide the parent in the process. P5 explained their understanding of IMH;

> *"It is about supporting the primary caregiver and to be aware of the vulnerabilities of the parent like mental health issues, drug and alcohol abuse and how you can support the parent around this to ensure there are no consequences to the child's development". (P5)*

P6 stated their understanding of IMH practice as the encouragement and supporting of parents to increase their own knowledge of about IMH and supporting them in developing that in their babies. Similar to this, P1 believes IMH is about educating parents on the importance of early year's experiences on children's emotional development. P6 described how promoting the early experiences is vital to working with children and parents, and it can sometimes be hard for parents to understand and appreciate. Likewise, P1 said, *"It's very much about putting it in clear language for parents to understand"*.

4.2.3 Transgenerational Parenting

The issue of 'transgenerational parenting' emerged from the research. There was an awareness among professionals, that parent's own childhood experiences should be included in the process of working with children and families from an IMH perspective. For example, P4 could see from their work with families, that ways in which parents were parented, is being replicated in their own parenting, without them realising. P4 explained it was a "vicious cycle" that needed to be addressed with parents for them to realise its occurrence.

P1 stated;

> "*It's important to look at the parent's relationships, by allowing them to tell their story… First of all by listening to their life story, and then working it back to how this might be effecting their own parenting towards their child"*.

P1 continued by explaining the difficulties that can arise from doing this, stating that parents can often feel guilty, *"but it is not about feeling guilty, it is about recognising and coming to terms with [parents] own needs not being met and own difficulties as children".* P1 elaborated by saying*, "when the mother can come to terms with that, she is able to then tune into her own child".*

Discussion

The research found that research participants had an understanding and awareness of the theoretical foundations of IMH. Mayers *et al* (2007) research found that it is imperative to IMH practice for professionals to have a knowledge base of important theoretical foundations such as attachments, relationship-based practice, pregnancy an early parenthood and family systems. This was evident in the research participant's responses to the researcher's questions relating to their perceptions of IMH. All participants discussed in detail the parent-child relationship, two mentioned stressors in a parent's life, one mentioned attachment and one mentioned 'adverse childhood experiences', all of which were discussed in the literature review chapter.

All research participants placed emphasis on the importance of early childhood relationships, the fundamental aspect of IMH (Frielberg, 1977, Zeanah and Zeanah, 2001, Weatherston, 2012). Similar to

the opinions of the research participants, Maguire (2016) describes a core principle of IMH practice includes an acknowledgement that early attachment relationships may be disrupted or interrupted by parental histories of unresolved trauma or loss. Research participants also had an awareness of the influence that stressors in a parent's life can have on an infant's relationship with their parent (Shonkoff and Philips, 2000). Research participant's collectively had an awareness that early care-giver relationships are the primary focus of assessment and intervention with children and families (Zeanah and Zeanah, 2001). Similar to findings in the literature regarding the 'dyadic experience of working with both the parent and the child together' (Brandt *et al*, 2014), research participants could see the benefits of working with both the infant and the caregiver together. The education of parents concerning their child's mental health and development is seen as an important way of working with children and families, by participants. The participant's views resonated with the findings of the literature. Similar to Mayers' *(*2007) research, participants found that sometimes it can be beneficial to parents to explain to them basic developmental information about their child, as it can give them a better understanding of their children's developmental needs and stages. Participant's had a clear understanding of the important role they play in supporting parents. Similar to the research, there was an awareness among participants of 'transgenerational parenting' (Maguire, 2009, Mares *et al*, 2007), the importance of understanding this in relation to IMH practice.

4.3 Theme 2: Elements of the CCPING that Facilitate Infant Mental Health Promotion

4.3.1 Group Dynamics

Five out of the six research participants said a factor that aided the provision of effective group dynamics in the CCPING was the importance of the relationship between group members. All members spoke fondly about fellow group members, with a sense of respect and regard for each member. P6 said that the rapport between group members was seen as a positive feature of the group, "*The group is set up is a relaxed environment and you feel that you can express yourself within the group. It's very welcoming and there's encouragement within the group"* (P5).

P5 stated;

"*There's something deeper that brings us back, it's the quality that you get from it, and everyone is so engaged. You have a sense of warmth and caring for one another, it's natural. There is no criticism of group members, you are safe and secure. There's a real respect amongst members".*

P5 explained further,

"*There's a dynamic to the group, we are doing it in our own time, if we weren't getting something from it we wouldn't be coming back".*

P5 elaborated on the positive relationship between group members;

"Some people in the group have so much experience and are qualified with years and you feel you can learn from those people but it does not feel off putting or you don't feel inferior to them. The way the group is run, no matter where you are in your career, there is room for you in the group" (P5).

Being part of the group was seen as a positive way of developing relationships both within the group and outside of the group;

"*I suppose the group allows for professional connections made in the group and how they help outside of the group, it leads to better working relationships in the community."* (P6)

4.3.2 Peer Support

Collectively, all research participants disclosed that peer support within the group was an important influence on the group's effectiveness. For P1, the importance of having a source of peer support is a vital part to the group's success, *"I don't get this kind of peer support anywhere else, in an area that's hugely under resourced it is so important".* P1 elaborated by saying, *"If you are going to practice in IMH, and you have to be part of a group like this".*

Similarly, P2 explained they felt the need for support in the area of IMH, and that the group facilitated this;

"*I think it takes courage to implement a service (IMH) that is not extensively provided for and I think when people begin to develop their practice around this, they're doing it in the context of systems that don't understand it and that's lonely and that's where the support element of the group comes in"*. (P2)

This view was shared by P2, who explained being part of the group,

"…fills a gap in terms of support, especially for people in this area of work, it's a very under resourced area, it's emotive, psychologically and emotionally, it's a tough territory to work in, and that by itself creates a need for support".

4.3.3 Multi-discipline Group

The contrast in professional backgrounds of group members was seen as a positive aspect of the group for five research participants. The variety of professional experiences and different approaches to working with children and families was seen as an effective resource for learning and gaining different perspectives within the group.

"*I think working with other professionals, we have a solid team here, we work together, from a team perspective, were multidisciplinary and we all bring our own perspectives…it's really informative to get that other perspective"* (P2).

P2 also remarked that the learning opportunities they get from the different professionals is important;

"I think it's really interesting just to see the different angles [different members] come at and the amount that you learn and take away from that is massive" (P2)

Furthermore, P4 noted that the multi-discipline approach to the group reflects the multi-discipline approach to IMH service delivery;

"*The group enables us to be able to look at things from another discipline's perspective and it shows how it's a connected thing about promoting early childhood relationships and that*

all of us are part of it, from doctors to nurses to community mental health nurses and speech and language therapists".

4.3.4 Closed Group

All research participants stated the current format of the group being closed, with a restricted number of members, was one of the most important features of the group. P4 explicitly states that they believe it would be a negative, should the group become a bigger, open group. P3 stated that the closed aspect of the group, helps to develop the group, "*the group is relaxed and open and the more you embed yourself into it the more comfortable you feel".* P6 also highlighted the importance of the closed group format;

"The closed nature [of the group] definitely works. If there was an influx of different people coming in every month, it would be a different type of group. You feel the safety of a closed group".

4.3.5 Group Coordinator

There was no reference made to the group coordinator by the researcher during the interviews. However, the role of one named person in the group was raised by five participants in terms of their importance to the group's effectiveness.

P6 described,

"*The quality of the coordinator is excellent,* [name] *is a minefield of information and the sharing of* [name]*'s knowledge, having that resource, is phenomenal"*

P4 described the coordinator's knowledge and experience as *"amazing"*. Similarly, P3 spoke about the coordinator as *"a fountain of knowledge".* P4 also described the coordinators role of *"binding"* the group together;

"It's the sharing of the information from everyone, and having that person there who can join us together and build on our ideas and challenge us" (P4)

P6 added;

> *"Also, there's the going deeper, and [the coordinator] does that in an excellent, subtle way."*

4.3.6 Case Discussions

Case discussions were seen by four group members as one of the most beneficial resources for learning in the group.

P3 stated;

> "*Definitely the case discussions among us all from different backgrounds, different professions, with lots of different experiences. That has definitely furthered my knowledge".*

P6 discussed how important the case discussions they were to them,

> "*You can read so much, but the case examples bring IMH to life. It feels personal and intimate, it feels like you are in the shadows of the case".*

Again, the multi-discipline aspect of the group, is an important factor in the effectiveness of case discussions. For example, P3 stated;

> "*I think it's really interesting just to see the different angles we come at, people working with adults, parents with substance misuse difficulties, mental health problems, and intellectual disabilities. People view cases differently. It's really rich information to interoperate"*. (P3)

4.3.7 Reflection

Group members also felt that the group provided a reflective space for participants to think and feel about both their work with families as well as and their own personal experiences. Three research participant's revealed the reflective element of the group was beneficial to their development and

understanding of IMH. For example, P2 stated the group provides "*a space to reflect, from an IMH lens"*. Participants acknowledged at times, the group can bring up personal memories from childhood, their own children and their own parenting; "*we all bring our own histories to the group and that can be troublesome" (P2).* The facilitation of reflection within the group, was mentioned as a positive to discussing both past professional and personal experiences relating to PIMH in a *"safe and trusting environment"* (P4).

According to P6;

> "*The group triggers so much in all of us, our own childhood, our own children, have we done it right or wrong? It can be a scary place to be at times, but [the group] allows for the vulnerability to reflect on our own past"* (P6).

P3 also explained how the reflective element of the group has helped them;

> *"I think were big on reflection. It's not only the readings and discussions, and personal and professional experiences we discuss, it's the reflection of all of that. I think that has really helped me transfer all of what I have gained from the group to my own practice" (P3)*

P5 explained the role of the coordinator in facilitating the reflective process in the group was important;

> *"The reflective approach of the group is really good from the coordinator" (*P5)

Discussion

This research has clearly identified a number of factors that contributes to the success of the CCPING. One of the primary findings was the existence of positive, trusting relationships the group encourages. It was seen as crucial to the group's success by research participants. There was a sense among participants that the relationships within the group cemented the group and enhanced the group to another level other than learning. Research participants placed significant value on positive relationships in the group to both the groups' success but also to the development of positive working relationships in the community. There was a sense that the relationships developed as a result of the group not only enhanced the group dynamics, but also relationships developed outside of the group and in participants professional interactions with one another.

The sense of trust between group members was found to be an empirical part of the group. This is especially important given the confidential nature of case discussions utilised in the group to aid learning. The trust among group members allows for the vulnerabilities of group members and openness in the group, which participants said would not be apparent if there was not a trust among members, again, cementing the need for trusting relationships within such a group. Like the research participants, Prendeville (2008, p.15) relays the importance of confidentiality to a group where sensitive information is being shared, 'to participate fully, people must be confident that everything of relevance can be discussed freely without inappropriate reporting outside the group'.

There is an extensive variety of practitioners in the health and community sector who have significant capacity to foster positive IMH practice in their work with children and families (Stellenberg, 2012). The multi-discipline cohort of group members reflect this. The positive opinions derived from the multi-discipline demographic of the group is supported by Stellenberg's (2012, p.32) view that bringing practitioners together at a local level can 'generate new ways of thinking about how to think about IMH and share skills, knowledge and understanding'. The findings from this research correlate with the evaluation of the North Cork Infant Network Group, who found that the multidisciplinary makeup of the group was vital to the learning environment of the group (Hayes *et al,* 2015).

The role of the coordinator was a considerable finding of the research. As mentioned previously, the role of the facilitator was not specifically asked during the interview, but during data analysis a common theme that occurred was the role a specific named member of the group has to the success of the group. The research has revealed that there is an ambiguity among the group as to the role of the coordinator. The researcher recognises that the coordinator is not generally recognised as the coordinator, but believes that this person occupies the role of the 'informal coordinator'. Four out of six research participant's named one member as being an important part of the groups functioning and one participant said they were not sure if the named person was the coordinator, but they thought they occupied the role of one. The researcher views the fact that there is an ambiguity regarding the coordinator in the group as both a positive and a negative. Similar to Thomasgard et al (2004) research, the fact that the group does not see any one person as the 'expert' can be viewed as a positive in

relation to group dynamics and learning. However, not having a distinct understanding about who the coordinator is, or their exact role, could possible lead to uncertainty and confusion among the group. Also, in terms of the coordinator, because there is an ambiguity, the coordinator could possibly feel isolated, unappreciated, over-worked or pressured to continue the role (Burke, 2011, Freeman and Greenacre, 2011).It is important to note that this is not a research finding, but rather a reflective thought on the findings.

An additional finding of the research was the reflection process participants went through in relation to their own personal childhood and family experiences. Mayers (2007, p.15) argues that it is essential for IMH practitioners to engage in 'contemplation, curiosity and self-awareness in order to process the emotional content of the work'. The group facilitates member's ability to be self-aware and the importance of self-exploration, in relation to one's own professional and personal thoughts and feelings in response to their work with children and families (Hayes *et al,* 2015). The research findings also correspond with Thomasgard *et al (2004)* research relating to the important function that reflection holds within the group. The coordinator was seen as the force that encouraged reflection in the group. Prendeville (2008, p.14), explains the 'cathartic' style of facilitation, which encourages and models the expression of feelings and emotions as they emerge by utilising probing questions and delving deeper. This research has shown that this is effectively incorporated into the group by the coordinator and research participants find the process very effective.

4.4 Theme Three: Impact of Group Membership on Individuals

There was a unanimous feeling among research participants that being part of the CCPING derived positive feelings from both a personal and professional perspective.

"I had found exactly what I was looking for…I just got it, it made sense, I was searching for something and I didn't even know what it was. I didn't even know it was out there" (P1)

"I can't underestimate what it is like to be part of a group like this". (P1)

"…I think for those who want to work in a more meaningful way, a more relational way, if you're passionate about [IMH], the group offers a holding for that, to validate that idea". (P2)

"It's a grassroots idea. It's a case of something being done because we want to do it, not because it's part of our job. And I suppose that is pretty radical". (P2)

"It's only when I reflect on it I realise how special it is" (P2)

"I feel privileged to be part of the group" (P5)

4.4.1 Linking group with Professional Work

All six participants said that being part of the CCPING has increased their knowledge and awareness of IMH and that in turn has allowed them to implement it into their work with children and families, to varying degrees. One of the main aims of the CCPING is to support group members in infiltrating what they learn from the group into their work. All research participants reported that the group provides them with the ability to take the knowledge and experiences they get from the group into their everyday work with children and families. Collectively, participants said that the group had a positive impact on their professional development.

"What you learn from the group, you can bring another level to your work" (P4).

Participant 5 explained her reasons for joining the group was to develop their existing knowledge on IMH and introduce their knowledge into their practice with other professionals,

"…I wanted to bring the aspects of the child's social and emotional development to the fore of our work in [the setting]. To increase the awareness of IMH among my colleagues and in day to day assessments of children and families. The group has helped me in having the confidence to do this".

Similarly, P6 said that the group gives them the confidence to integrate what they have learned from the group to their work,

"*My concept of PIMH has changed, it has become more real for me, I'm a lot more confidant in applying it to my work and it provides you with another framework to apply by which to look at a situation"* (P6).

P5 found,

"The group certainly helped me to understand the assessment of the relationship; like the infant parent relationship that is the essence of it and it's the quality of that relationship that is what you're looking at and assessing. Becoming more aware of that is what really helped me in my work".

In terms of recognising the role that professionals working with children and families play, P5 was able to recognise that within their work setting, as a result of being part of the group,

'"The concept has changed, *I'm much more aware in the crucial role we play in the [work setting] in promoting early social and emotional relationships and I suppose I am much more aware of the impact of that early infant care relationship can have on the rest of the child's life. Children can be [in the setting] for a long time and the promotion of IMH and the relationship during that time is important"* (P5)

In contrast, two research participants found their ability to fully implement what they have learned into their work can be challenging. P3 explained that they could see the principles of IMH through their interaction with children and families, but were unable to fully implement IMH practices due to the organisation they were working in. P3 explained the difficulty lies in the organisation not working from an IMH model. As a result, P3 felt that they struggled to have what IMH knowledge they acquired from the group recognised by the organisation; "from an organisational perspective, it's more challenging" This is also noted by P2, who explained the learning from the group being replicated into individual's professional work can be difficult; "we are workings in the context of systems that don't understand [IMH]".

4.4.2 Training Opportunities

Research participants differed in their opinions on training opportunities for professionals wanting to expand their knowledge of IMH within the group. Four of the six research participants stated that having to source the training themselves and the often high cost of it, were barriers to accessing training. For example, P2 stated, training opportunities were like *"a pick and mix"* and *"people get to what they can".* However, an important aspect of the group that was shared by all participants was the sharing of information from training that individuals attended. P6 stated that the sharing of training "compensates" for the lack of training opportunities. P1 said that the sharing of learning from different training events is an important part of the learning in the group,

> "*We support each other, we pass on if we heard about training opportunities and people give feedback from training they attend and we talk about it and learn that way".*

4.4.3 Improvements

The researcher was unable to thematically identify findings in the research regarding the research participant's opinions on how the group could possibly be developed or improved. All research participants different in their opinions. P1 said they would like to see more case discussions or more presentations. However, acknowledged the limited time the group has every month restricts that. P2 stated the only negative they could think of was the group is attended by members in their own time, and acknowledged that people are busy and it takes a lot of commitment to be part of the group. P6 also believed this matter was a disadvantage to being part of the group, stating, *"it takes personal commitment to be part of the group"*. P3 could not think of any ways in which the group could be improved. P4 and P5 stated they would like a more diverse range of people from professional backgrounds to join to the group, however, both participants said that the current variety of professionals was *"very good"* (P4) and *"diverse" (P5).*

Discussion

All participants were exceptionally enthusiastic when describing the importance of the group to them. All participants spoke about the CCPING in a positive light. The research participant's enthusiasm for the group reflects the important role of the group. The group derives both benefits from a personal and professional point of view for participants. The research resonates with the literature discussing

the importance of peer groups in IMH promotion. Like Hayes *et al* (2015) and Thomasgard *et al* (2004) research, the views of the research participants prove there is an important place for groups such as the CCPING in the development of IMH practices. Furthermore, participants struggled to identify parts of the group that could be improved or developed, again highlighting the positive impact the group has on members.

All participants felt that there was a distinct lack of services available for children and families in relation to PIMH. This correlates with the literature reviewed in chapter three (Mares *et al* (2007), Stellenberg (2012), Hayes *et al* (2015)). Three research participants acknowledged that awareness of IMH is growing and services are beginning to be developed, similar to the findings of the literature review relating to the recent emergence of community-based services in Ireland. Also, as discussed in chapter three, the lack of training opportunities for professionals in relation to IMH is also reflected in the research participant's views. This was something research participants found was a barrier to them developing their knowledge and skills in IMH. However, like Weston's (2005) research, two research participants believed that training opportunities are evolving for professionals and demand is growing. The disparities in research participant's views on training availability was noted by the researcher. This highlights the lack of provision of training for all professionals working with children and families as standard practice.

4.5 Conclusion

This chapter analysed and interpreted the research participant's views in relation to their perceptions of IMH, their experiences of being part of the CCPING and ways in which the group can be developed and improved. A discussion was offered under each theme based on the findings of the research in relation to the literature reviewed in Chapter 3. This chapter has provided an overview of research participant's perceptions of IMH, highlighting the awareness and knowledge they have of PIMH. There are many aspects of the group that aid learning and the supportive nature of the group, which result in participants gaining a range of benefits as a result of being part of the group.

Chapter Five: Conclusions and Reflection

5.1 Introduction

Using the data acquired through primary and secondary research, this chapter draws on the research questions set out in the introduction chapter. This chapter will briefly outline a number of recommendations relating to PIMH practice and recommendations on the CCPING. This chapter concludes with a reflective piece, detailing my reflections on the research process.

5.2 Conclusions

The main aims of this research was to evaluate the CCPING in terms of its ability to support participants in utilising IMH principles and practices into their work with children and families. In doing so, the researcher also wanted to provide the reader with an overview of IMH. This was done by carrying out secondary research on the relevant literature relating in IMH. The research will be concluded under the initial research questions.

5.2.1 What are the CCPING group members' perceptions of PIMH, in terms of policy provisions, service delivery and training opportunities for professionals working with children and families?

This study revealed that CCPING group members recognise the vital importance of the first three years of a child's life has on their future life outcomes. Research participants placed significance on the role of the caregiver on the child's welfare and development and had an awareness on the important role professionals play in working with parent's in order to promote children's development and mental health.

5.2.2 Does the CCPING build the capacity of professionals to promote PIMH in their professional work?

All research participants derived positive feelings regarding being part of the CCPING. The group resulted in members applying what they learned in the group to their work with children and families, as well as promoting the concept of IMH within their workplace. Reasons for this was the confidence the group gave them as a result of an increase in knowledge and awareness of IMH. Although the group was seen as a valuable resource for practitioners to increase their knowledge and awareness of IMH, all research participants acknowledged the current lack of policy provision and service delivery in IMH services as a barrier to them implementing IMH services into the services they are working in and it being recognized within the organisation they are working from.

5.2.3 What aspects of the group are beneficial to group members?

The relationship of group members were seen by research participants as positive influences to their personal and professional development. The closed format of the group facilitated this and allowed for trust between members. Close, trusting, and meaningful relationships between members of both professions acts as a stimulus to enhancing patterns of communication and information sharing.The

multi-disciplinary nature of the group was seen as a major positive to the group and was seen as an aid to learning. The coordinator of the group was viewed by participants as an essential part of the group's effectiveness in terms of providing structure, learning materials and advice and support. Presentations and case discussions were seen as the most effective element to the group and huge learning was derived from this.

5.2.4 What aspects of the group could be improved or developed?

The research highlighted the satisfaction group members gained from being part of the group. This was also highlighted in the fact that research participants struggled to identify elements of the group that could be improved upon or changed. Research participants acknowledged the resource limitations and time limitations of the group. Participants attend the group in their free time, outside of working hours. This in itself can be seen as a reflection of the important role the group has on supporting practitioners in the field. Participants are invested in the group and this is reflected in their opinion of the group.

5.3 Recommendations

5.3.1 Infant Mental Health Services

Although the research has previously noted the recent emergence of IMH services emerging in Ireland, such as Young Ballymun and Young Knocknaheeny, it has also been noted that these services are provided in an ad-hoc basis and not provided universally to all infants and their caregivers. A more standardised mode of service delivery needs to be delivered throughout the country. Policy makers need to recognise the vast amount of research underpinning the need for preventative, early intervention services in relation to children's development and mental health, that could have the ability to address problems being experienced by families before they manifest later on in the child's life.

5.3.2 Training Opportunities

It was acknowledged by research participants and in the literature review chapter that there is a distinct lack of training available to professionals wanting to develop their knowledge and skills in

PIMH. There is also a lack of training in undergraduate and post-gradated college courses also. In order to expand the delivery of IMH services in Ireland, professionals need to be adequately trained. An expansion in the availability of training for all professionals working with children needs to be achieved.

Cork City Parent Infant Network Group Recommendations

5.3.3 Promote the Infant Mental Health Agenda

The research has proved the effectiveness of the group in supporting practitioners to implement IMH practices into their work. The researcher is aware that the group is assisting in the establishment of a similar group. If this can be replicated in other areas, it will only promote IMH among more practitioners, and that can only be a good thing. Also group members can continue to share what they learn from their involvement in the group to their work colleagues and higher management to further promote the importance of IMH to their work with children and families.

5.3.4 Closed Group

Research participants were resolute in their belief that the dynamics of the group would change if more members were to join. All group members specially stated that the dynamics within the group would change, negatively, should the group expand to a much larger group, or as an open group. In order for the group to develop, the format of the group would have to stay the same. This is also important to note for the emergence of similar groups and the impact having an open or closed group may have on learning opportunities, group dynamics and relationships within the group.

5.3.5 Group Facilitator

This research as shown the admiration group members have for the person they see as the coordinator of the group. The experience and knowledge the coordinator brings to the group was seen as imperative to the groups functioning. However, one of the positive parts of the group was the group members seen the facilitator as a group member as well. This is not an easy task to achieve. As P2 states, the group needs a 'champion'. This is evident in the important role the coordinator plays in the success of the group. The CCPING could possibly further consider the role of the coordinator in the

group. One solution could be to have a discussion about each member's roles and responsibilities within the group to allow for better clarity and understanding.

5.4 Research Limitations

This study was small in nature, however it does give a comprehensive insight into the knowledge and perceptions of a core group of professionals working with children and families in the Cory city area, in terms of IMH practice. One limitation of the research project was the omission of professionals directly employed by Tusla Child and Family Agency from the research process, due to ethical considerations. I believe their participation in the research could have possibly impacted on the overall findings of the research. It needs to be acknowledged that group members come from a range of different professional backgrounds. Due to being aware of protecting the anonymity of group members, this identifying information was omitted from the research. However, it has to be acknowledged that different professions have more scope to implement IMH practices than others and some participants have been part of the group for varying lengths of time, influencing their experiences of being part of the CCPING.

5.5 Implications for Social Work Practice

This research serves as a source of information on IMH, as well as an overview of PIMH service delivery in Ireland. This research is significant to social work practice as it provides an overview of PIMH, as well as identifying gaps in the service delivery for social workers and other professionals who work on behalf of children and families. The gaps identified in the literature were reinforced by the research participants in the study. Although only a small sample of professionals were involved in the research, it represents a cohort of professionals who are eager to expand their knowledge of PIMH, but do not have the resources or supports in place to fulfill this. Finally, this research exemplified the positive outcomes of peer support within the social work profession, the importance of reflection and of continuous learning, all of which are of fundamental importance to professional development in social work practice.

5.6 Reflective Piece

This research process begun with me wanting to broaden my understanding of IMH practice in social work. However, I have gained so much more than this as a result of the research. The experience of undertaking the research has vastly fortified my personal and professional understanding of IMH and the importance of the parent-child relationship in relation to a child's development and wellbeing. This is something I will take with me as I enter the social work profession and throughout my personal life experiences.

Having initially experienced unease and apprehension towards undertaking a research dissertation, I now feel an enormous sense of achievement upon completion of this research project. This research was an enlightening experience for me; I have gained invaluable experience in the process of primary and secondary research. In particular, my skills in interviewing, active listening and my ability to probe research participants improved during the research process. The research did come with its challenges. I am extremely grateful to undertake my research with a community organization, however, that led to feelings of pressure to undertake research in a way that the CCPING would be happy with. However, with continued awareness of this and communication with the CCPING coordinator, I hope that this was achieved. Having the opportunity to interview people from different professions allowed me to experiencing an insight into how each different profession approaches and delivers with work with children and families. I learned a lot about the different interventions that each profession provides in the community.

Having carried out the research as part of the CARL initiative, I was given the opportunity to carry out social research on a group of professionals in the field of working with children and families. My work with the CCPING has highlighted the importance of multi-discipline and inter-agency work when working with children and families. What struck me about the group was their aspirations to improve on their knowledge and understanding of PIMH, to ultimately deliver the best service they can to families they work with. This is something I can aspire to be, as I progress into social work practice. The research has also taught me the importance of peer support in social work practice, having witnessed the important role it played within the CCPING. I hope that the research carried out is an informative read for the group, and can assist them in continuing to expand and develop their group.

Bibliography

Ahlers, T., Gilerson, L., and Omunaku, N. (2006) 'Building a Comprehensive Mental Health System for Young Children', *Zero to Three,* 26 (6), pp. 34-40.

Ainsworth, M. D. S. (1979) 'Infant Mother Attachment', *American Psychologist*, 34, pp. 934-937.

Baradon, T. (2005) *The Practice of Psychoanalytic Parent-Infant Psychotherapy: Claiming the Baby*, New York, Routledge.

Bowlby, J. (1969) *Attachment and Loss: Vol. 1. Attachment*. New York, Basic Books.

Bowlby, J. (1982) 'Attachment and Loss: Retrospect and prospect'. *American Journal of Orthopsychiatry*, 52 (4), pp.664-678.

Brandt, K., Perry, B., Seligman, S. and Tronick, E. (2014) *Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice*, Washington, American Psychiatric Publishing.

Bryman, A. (2012) *Social Research Methods,* 4th ed, Oxford, Oxford University Press.

Burke, A. (2011) 'Group Work: How To Use Groups Effectively'. *The Journal of Effective Teaching* 11 (2), pp. 87-95.

Carey, M. (2009) *The Social Work Dissertation: Using small scale qualitative methodology*, Berkshire, McGraw-Hill.

Carey, M. (2013), The Social Work Dissertation using Small-Scale Qualitative Methodology (2nd Edition), Berkshire, Open University Press

Carter, A., Garrity-Rokous, F., Chazan, R., Little, C. and Briggs-Gowan, M. (2001) 'Maternal Depression and Comorbidity: Predicting early parenting, attachment security and toddler social-

emotional problems and competencies'. *Journal of the American Academy of Child and Adolescent* Psychiatry, 40 (1), pp.18-26.

Cattan, M. and Tilford, S. (2006) *Mental Health Promotion: A lifespan approach*, New York, Open University Press.

Creswell, J. (2007) *Qualitative Inquiry and Research Design*, Thousand Oaks, Sage Publications.

Cutforth, N., Stoecker, R., Marullo, S. and Donohue, P. (2006) *Community-Based Research and Higher Education*, San Francisco, Wiley.

Denzin, N. and Lincoln, Y. (2005) *The Sage handbook of qualitative research*, 4th ed., London, Sage.

Department of Children and Youth Affairs (2013) *Right from the Start: Report on the expert advisory group on the early year's strategy*, Dublin, The Stationary Office.

Department of Health and Children (2006) *A Vision for Change: Report of the expert group on mental health policy,* Dublin, The Stationary Office.

Department of Health and Children, (2010). *Ethical Review and Children's Research in Ireland. The National Children's Research Series,* Dublin, The Stationary Office.

Dilts, R. and Delozier, J. (2000) *Encyclopaedia of NLP.* Santa Cruz, NLP University Press.

Draper, A. (2004) 'The Principles and Application of Qualitative Research'. The Nutrition Society Journal, 63 (4), pp. 641-646.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J. (1998) 'Relationship of childhood abuse and household dysfunction to many leading causes of death in adults: The Adverse Childhood Experiences (ACE) study'. *American Journal of Preventative Medicine,* 14 (4), pp.245-258.

Frailberg, S. (1977) *Every Child's Birthright: In defence of mothering*, Basic Books, New York.

Frailberg, S. (1980) *Clinical studies in IMH*, New York, Basic Books.

Freeman, L. and Greenacre, L. (2011) 'An Examination of Socially Destructive Behaviours in Group Work'. *Journal of Marketing Education*, 33(1) pp. 5-17.

Freud, S. (1965) *Normality and Pathology in Childhood.* New York Press, Basic Books.

Graham, M. (2015) *IMH and Child Welfare*, Florida, Centre for the Prevention and Early Intervention Policy.

Hayes, J., Maguire, C., Carolan, M., Dorney, R., Fitzgerald, H., Scahill, B. and Kelly, S. (2015) *Infant Mental Health Network Groups: evaluation of an interdisciplinary model for integrating IMH principles into everyday clinical practice and service in the community*, Cork, Health Service Executive.

Hosking, G. (2011) *Infant Mental Health: A National Policy Issue*, Presentation to Young Ballymun, Dublin.

Mack, N., Woodsong, C., McQueen, K., Guest, G. and Namey, E. (2005) *Qualitative Research Methods: A data collector's field guide*, North Carolina, Family Health International.

Maguire, C. (2009). *Infant Mental Health in Community & Primary Care Practice Contexts*. Presentation to Young Knocknaheeny, Cork.

Maguire, C. and Matacz, R. (2012) 'Bridging the Gap in Service Development in North Cork Primary and Continuing Care: The development and integration of an Infant Mental Health model into existing service delivery', *Child Links IMH: The Journal of Barnardos' Training and Resources Service*, 2, pp.29-33.

Mares, S., Newman, L. and Warren, B. (2011) *Clinical Skills in Infant Mental Health: The first three years*. 2nd ed., Victoria, ACER Press.

Marmot, M. (2010). *Fair Society, Health Lives: The Marmot Review. Strategic Review of Inequalities in England post-2010*, London, The Marmot Review.

McLaughlin, H. (2007) *Understanding Social Work Research*, London, Sage.

Mental Health Reform (2015) *Submission for Budget 2016*, Mental Health Reform, Ireland.

Menton, A. (2015*) Perinatal and IMH: Draft position paper and recommendations*, Dublin, The Psychological Society of Ireland.

Meyers, J. (2015). Developing the Workforce for an Infant and Early Childhood Mental Health System of Care. Farmington: Child Health and Development Institute of Connecticut.

Nugent, K. (2015). *Preventive Intervention Beginning in the Neonatal Period*, Presentation to the Psychological Association of Ireland, Dublin.

Osofsky, J. and Fitzgerald, H. (2000) *World Association of Infant Mental Health Handbook*, New York, Wiley.

Osofsky, J.D. and Thomas, K. (2012) 'What is IMH', *Zero to Three*, 33 (2) pp.6-17.

Padgett, D. (2008*) Qualitative Methods in Social Work Research*, 2nd ed., London, Sage.

Peile, C. and McCouat, T. (1997) 'The Rise of Relativism: The Future of Theory and Knowledge Development in Social Work'. *British Journal of Social Work*, 27 (3), pp.343-360.

Perinatal and IMH Special Interest Group (2016). *Perinatal and Infant Mental Health: Position paper and recommendations*, Dublin, The Psychological Society of Ireland.

Perry, B. (2009) 'Examining Child Maltreatment through a Neurodevelopmental Lens: Clinical applications of the neurosequential model of therapeutics', *Journal of Loss and Trauma*, 14 (4), pp.240-255.

Prendeville, P. (2008) *Developing Facilitation Skills – A Handbook For Group Facilitators*, Dublin, Combat Poverty Agency.

Raskin, J. (2008) 'The Evolution of Constructivism', *Journal of Constructivist Psychology*, 21 (1), pp.1-24.

Reason, P. and Bradbury, H. (2008) *Handbook of Action Research: Participative inquiry and practice*, 2nd ed., London, Sage.

Riessman, C. (1994) *Qualitative Studies in Social Work Research*, Newbury Park, Sage.

Sarandakos, S. (2012). *Social research*, 4th ed., Hampshire, Palgrave MacMillan.

Seligman, S. and Harrison, A. (2012) 'Infancy research, IMH, and adult psychotherapy: Mutual influences', *Infant Mental Health Journal*, 33(4), pp.339-349.

Shirilla, J. and Weatherston, D. (2002) *Case Studies in IMH: Risk, resiliency and relationships*, Washington, Zero to Three.

Shonkoff, J. and Phillips, D. (2000) *From Neurons to Neighbourhoods: The Science of Early Childhood Development*, Washington, National Academy Press.

Shonkoff, J., Phillips, D. and Keilty, B. (2005) *Early childhood intervention*, Washington, National Academy Press.

Spencer, L., Ormston, R., Barnard, M. and Snape, D. (2014) *The Foundations of Qualitative Research,* London: Sage Publications.

Stellenberg, A. (2012) 'Moving IMH from Theory to Reality: Reflections of Policy'. *Child Links Infant Mental Health: The Journal of Barnardos' Training and Resources Service*. 2 pp.12-15.

Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research,* 2nd ed, London, Sage.

Thomasgard, M., Warfield, J. and Williams, R. (2004) 'Improving communication between health and IMH professionals utilizing ongoing Collaborative Peer Supervision Groups'. *Infant Mental Health Journal*, 25 (3), pp.194-218.

UCD Geary Institute and UCD School of Psychology, (2013) *Evaluation and the overall success and impact of Ready, Steady, Grow: Summary report*, Dublin, Young Ballymun.

Walsh, C. (2013) *An Evaluation of an IMH Reflective Practice Group*. Submitted in partial fulfilment of requirements for Ph.D. in Clinical Psychology, University of Limerick, HSE South.

Weatherston, D. (2012) 'A Gift of Love: A birth right', *Child Links Infant Mental Health: The Journal of Barnardos' Training and Resources Service*. 2 pp.2-7.

Weatherston, D., Tableman, B., and Foulds, B. (2014) *Early Attachments: IMH Home Visiting*, Southgate, Michigan Association for Infant Mental Health.

Weston, D. (2005) 'Training in Infant Mental Health: Educating the reflective practitioner'. *Infants and Young Children,* 18 (4), pp.337-348.

Willig, C. (2013) *Introducing Qualitative Research in Psychology*, 3rd ed., Berkshire, Open University Press.

Zeanah, P.D., and Zeanah, C.H. (2001) 'Towards a Definition for IMH', *Zero to Three*, *22* (1), pp.13-20.

Zero to Three (2001) *What is Infant Mental Health?* Washington, Zero to Three.

Appendices

Appendix 1: Confirmation of Ethical Approval from School of Applied Social Studies Research Ethics Committee

School Research Ethics Committee Sign-off

Student details:

Student Name & Number	Gemma Reaney
Name and year of course	MSW 2 2017
Title of Research Project	Cork Parent Infant Mental Health Network Group

Signatures of School REC:

Chair of the School Research Ethics Committee	Elizabeth Kiely	Date	7/2/17
Member of School Research Ethics Committee	Oliver Hickey	Date	9/2/17

Approval Granted: Yes ☑√ (please take note of any comments in the comments box below)

No ☐ (please address comments in the box below and resubmit)

Appendix 2: Information Sheet

Purpose of the Study. As part of the requirements for the Master of Social Work degree at UCC, I am required to carry out a research study. The study is concerned with the evaluation of the Cork City Parent-Infant Network Group (CCPING) as part of the University College Cork CARL project initiative.

What will the study involve? The study will involve qualitative research of consenting group participants in the form of semi-structured interviews and focus groups. The research process is expected to run until April 2017. Your participation in the interview process is required. The interview will last a short period, under 1 hour. The focus group will take place during the times that the group usually meets in the Bessborough Centre.

Why have you been asked to take part? You have been asked to take part as you are a member of the Cork City PIMH Group, and I believe your thoughts and opinions on the group would be an effective way of evaluating the group.

Do you have to take part? No, participation is entirely voluntary. There will be an informed consent from provided to you. If you wish to partake in the research, informed consent will be sought from you. A copy of this information sheet and the informed consent from will be provided for you also. If you agree to participate, but change your mind and wish to withdraw from the research, you are entitled to do so. Before the research process has begun or discontinuing when the data collection process has begun or after the data has been collected. You are entitled to inform me you wish to withdraw before 10th April 2017. If you wish to withdraw after this date, I cannot guarantee the data collected from your participation will not be used in the research paper.

Will your participation in the study be kept confidential? Yes, your anonymity will be protected. No identifying information or information that could give clues to your identity will be included in the dissertation. All extracts of what you say that are quoted in the dissertation will be entirely anonymous

What will happen to the information which you give? The data collected will be kept confidential for the duration of the study, available only to me and my research supervisor. It will be securely stored on a secure storage device. On completion of the project, they will be retained for a further seven years and then destroyed.

What will happen to the results? The results will be presented in the dissertation. They will be seen by my supervisor, a second marker and the external examiner. The dissertation may be read by future students on the course. The study may be published in a research journal and may be provided as a guide to other similar groups to the CCPING.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part. It is possible that talking about your experience in this way may cause some distress.

What if there is a problem? At the end of the procedure, I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact the CCPING facilitator.

Who has reviewed this study? Approval to conduct this research *has* been granted by the Social Research Ethics Committee of UCC

Any further queries? If you need any further information, you can contact me; Gemma Reaney, 087-7592371, reaneygemma@gmail.com

If you agree to take part in the study, please sign the consent form

Appendix 3: Consent Form

I……agree to participate in Gemma Reaney's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Gemma Reaney to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Signed: ……. Date: ……..

PRINT NAME: …….

Appendix 4: Interview Schedule

Introduction

- Thank participant for their time
- Briefly outline the interview process – no more than 45mins
- Explain interview will be recorded
- Explain research – evaluation of Cork City Parent Infant Network Group, as part of the carl project initiative for my masters dissertation
- Confirm consent sheet is signed
- Remind participant of confidentiality
- Remind participant they can withdraw from research at any point during interview and after up until 1st April 2017

Interview Questions

Introduction: Can you start by telling me about your professional background?
Probing Questions:

- Have you been in this post long? Other experience of working with children and families?
- How long have you been a member of the group?
- What were the main reasons you joined the group?

PIMH: What is your understanding of parental and IMH?
Probing Questions:

- How has being part of the group impacted on your knowledge and awareness of parent and IMH?
- Is there a gap in the provision of IMH service delivery?
- Do you believe there is adequate training for professionals
- Does the group compensate for any gaps in services or policy or lack of training?
- Has the concept of PIMH changed for you since joining the group

Group membership: What is it like for you to be part of the group?
Probing Questions:

- Do you find being part of the group is beneficial to your practice?
- What way does it impact on your work with children and parents?
- What aspects of the group are the most beneficial for you?
- Does it impact on your professional development or your capacity to work with children and families
- Is there any way you believe the group could be improved?
- Is there any negatives or downfalls to being part of the group?
- Challenges faced by the group at present? Ways in which it can develop?
- Peer support, professional networking? Is it beneficial to you?

Concluding Question: Is there anything else you would like to add that you think would aid in the research I am carrying out?