

Title	Child protection social workers' (CPSW) experiences of the Bessborough Parent and Baby Unit (BPBU): the interface between infant mental health and child protection
Authors	Veale, Kevin
Publication date	2014-09
Original Citation	Veale, K. (2014) Child protection social workers' (CPSW) experiences of the Bessborough Parent and Baby Unit (BPBU): the interface between infant mental health and child protection. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	<a href="https://www.ucc.ie/en/scishop/rr/">https://www.ucc.ie/en/scishop/rr/</a>
Rights	©2014, Kevin Veale.
Download date	2025-07-04 06:08:50
Item downloaded from	<a href="https://hdl.handle.net/10468/8735">https://hdl.handle.net/10468/8735</a>



# UCC

**University College Cork, Ireland**  
 Coláiste na hOllscoile Corcaigh

# Child Protection Social Workers' (CPSW) Experiences of the Bessborough Parent and Baby Unit (BPBU): The interface between infant mental health and child protection

Kevin Veale

**CARL Research Project**



<b>Name of student(s):</b>	Kevin Veale
<b>Name of civil society organization/community group:</b>	Bessborough Parent and Baby Unit
<b>Supervisor(s):</b>	Dr Fiachra O'Suilleabhain and Dr Kenneth Burns
<b>Name and year of course:</b>	Master of Social Work
<b>Date completed:</b>	September 2014



## **What is Community-Academic Research Links?**

Community Academic Research Links (CARL) is a service provided by research institutes for the Civil Society Organisations (CSOs) in their region which can be grass roots groups, single issue temporary groups, but also well structured organisations. Research for the CSOs is carried out free of financial cost as much as possible.

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](http://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 web?**

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public. We are committed to the public and free dissemination of research results.



## **How do I reference this report?**

Author (year) Project Title, [online], School of Applied Social Studies, Community-Academic Research Links/University College Cork, 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 the Community-Academic Research Links at University College Cork, Ireland.  
<http://carl.ucc.ie>

CARL is part of an international network of Science Shops. You can read more about this vibrant community and its activities on this website:  
<http://www.scienceshops.org>

## **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 Gro



“What we remember from childhood  
we remember forever — permanent  
ghosts, stamped, inked, imprinted,  
eternally seen” ~Cynthia Ozick<sup>1</sup>

---

<sup>1</sup> Ozick, C. (2004) *The Bear Boy*. Pheonix Publications, New York.



# Acknowledgements

---

I would like to express my deepest appreciation to those social workers who gave their valuable time to participate in this research project and for sharing their expert experiences which have contributed greatly to this research.

A special thanks to the Bessborough Parent and Baby Unit in Mahon, Cork and especially Ms. Nicola O'Sullivan, whose guidance and knowledge demonstrated to me the importance of early intervention to prevent family breakdown and also how important infant mental health is within child protection social work.

In addition, a thank you to Dr. Kenneth Burns and Dr. Fiachra O'Sulleabhain who supported me with their credible knowledge of the social work profession and social research. I thank University College Cork for allowing me to develop my career in social work and enabling me to conduct this research project as part of the CARL project, which provided me with guidance and support when needed.

Finally a special thanks to my parents and family for their constant support during my time at UCC and especially during the last few months for their moral support. I would like to dedicate this phrase to my parents:

*“A father's goodness is higher than the mountain, a mother's goodness deeper than the sea”,  
(Japanese proverb).<sup>2</sup>*

---

<sup>2</sup> Available at: <http://inspirelifeq.blogspot.ie/2011/03/parent-quotes.html>



# Abstract

---

This research project examines the experiences of child protection social workers who have collaborated with the Bessborough Parent and Baby Unit and also the use of early intervention methods in child protection social work practice. It also serves the purpose of exploring the term infant mental health and how the child protection social worker understands this relatively new concept.

The research was proposed by the Bessborough Parent and Baby Unit, through the CARL initiative, with the purpose of exploring the experiences of child protection social workers who have collaborated with this service and to identify if this collaboration could be adapted in any form to aid the inter-agency work between the Bessborough Parent and Baby Unit and child protection agencies. This research is conducted by research methods in the form of a literature review and qualitative research in the form of interviews of child protection social workers.

The findings of this research show that child protection social workers view the Bessborough Parent and Baby Unit as being a vital service in preventing family breakdown. However, the study recommends that early intervention services need to be established so that child protection social workers can provide adequate support in order to prevent children being placed into out of home care. While all participants' reported that, in their opinion, the services provided by the Bessborough Parent and Baby Unit were of an excellent standard but that early intervention services on a broad scale were in need of resourcing and establishment. This lack of service provision was noted as being a consequence of a lack of guidelines and policy in the area of early intervention.



# Table of Contents

---

Abstract	2
Acknowledgements	3
Chapter One: Introduction	8
1.1 Introduction	8
1.2 Title	8
1.3 Background to Research	8
1.4 Rationale	10
1.5 Aims of Research	11
1.6 Research Questions	12
1.7 Definitions	12
1.8 My Reflexive Positioning of the Researcher	13
1.9 Conclusion	13
1.10 Overview of Chapter	13
Chapter Two: Methodology	15
2.1 Introduction	15
2.2 Philosophical and Theoretical Underpinnings	15
2.2.1 Ontology	15
2.2.2 Epistemology	16
2.3 Methodology	16
2.3.1 Qualitative Research	17
2.3.2 Interpretivism	17
2.3.3 Community-Based Participatory Research	17
2.4 Research Methods	18
2.5 Sampling	19



2.6 Data Analysis	20
2.7 Ethical Considerations	20
2.8 Challenges and Limitations to eh Study	21
2.9 Conclusion	21
Chapter Three: Literature Review	22
3.1 Introduction	22
3.2 Infant Mental Health	24
3.2.1 Why Infant Mental Health is Important	24
3.2.2 Early Infant Mental Health Theorists	26
3.2.3 Development of Early Intervention Services	26
3.3 Does maltreatment in the Early Years effect the Child’s Development?	27
3.3.1 The Intergenerational Hypothesis	27
3.3.1.1 The Psychoanalytic Model	27
3.3.1.2 Social Learning Theory	28
3.3.1.3 Attachment Theory	28
3.3.2 Where is the Unborn Child Protected?	29
3.4 The Parent-Infant Relationship	31
3.4.1 Why intervene in the Parent-Infant Relationship	31
3.4.2 The Intergenerational Transmission	31
3.4.3 The Model of Infant Mental Health	32
3.4.4 Benefits of Positive Parenting on a Child’s Development	32
3.4.5 Consequences of Negative Parenting on a Child’s Development	33
3.5 The Role of the Child Protection Social Worker	34
3.5.1 Family Involvement in the Child Protection Process	34
3.5.2 The Family-Centred Approach	35
3.5.3 The use of Supervision in providing quality of service	35



3.6 Conclusion	36
Chapter Four: Findings and Analysis	37
4.1 Introduction	37
4.2 Theme One: Benefits of the Residential Treatment Program	38
4.2.1 Social Networks and Supports	38
4.2.2 Availability of Specialist Services	39
4.2.3 Key-working	40
4.3 Theme Two: Collaboration between the CPSW and the BPBU	40
4.4 Theme Three: The Comprehensive Assessment	41
4.4.1 The Intergenerational Transmission	41
4.4.2 The Parent-Baby Bond	42
4.4.3 The Infant Mental Health Specialist	42
4.5 Theme Four: The Journey back Home	43
4.6 Theme Five: Proactive rather than Reactive	44
4.7 Theme Six: The need for Services	45
Chapter Five: Discussion and Recommendations	46
5.1 Introduction	46
5.2 Discussion	46
5.3 Recommendations	48
Chapter Six: Conclusion and Reflective Piece	50
6.1 Introduction	50
6.2 Reflective Piece	50
6.3 Conclusion	51



Bibliography	53
Appendices	58
Appendix One	58
Appendix Two	61
Appendix Three	62
Appendix Four	63
Appendix Five	65
Appendix Six	68



# Chapter One: Introduction

---

## **1.1 Introduction**

This chapter will look at the research study and begin by introducing the research title, background to the project and the rationale of the research as part of the Community Academic Research Links (CARL). This will move onto the explanation of the aims and objectives of the study and lead onto the research questions that formed this study. It will then be concluded by means of a reflexive statement looking at my positioning as a researcher followed by a brief outline of individual chapters.

## **1.2 Title**

Child Protection Social Workers (CPSW) experience of the Bessborough Parent and Baby Unit: The interface between infant mental health and child protection.

## **1.3 Background to Research**

In 2011, the number of children aged 0-6 in Ireland was 486,242 which represented 11% of the total population. This is a dramatic increase from 2006; as it marks a 16% increase on 2011 figures (Department of Children and Youth Affairs (DCYA), 2013).

In 2013 there were 6,486 children in state care (HSE Monthly Performance Report, 2013). This is an increase on the figures of 2011 when 6,160 children resided in state care. Of these 6,160 children, 37% of them were aged between 0-8 (HSE Review of Adequacy of Child and Family Services, 2012).

The reasons for these children being admitted into care vary widely from emotional, physical and sexual abuse to familial problems such as domestic violence and addiction. Children experiencing these forms of abuses during infancy are more likely to experience delays in their cognitive, social and emotional development (Fonagy, 2002). This highlights the importance of early intervention when working with vulnerable children and their families.



The development of the “Right from the Start” document comes at a crucial time for early childhood services. This document paves the future for early childhood services and it is these services that will support families in providing a secure and safe environment for their children. It will also aid child protection social workers and early childcare agencies in providing adequate family and community supports to care for their children (DCYA, 2013).

Early intervention is the ability to respond to situations to prevent them from reaching crisis point and effectively addressing the issues, so that significant harm or abuse is less likely to occur. The National Standards for the Protection and Welfare of Children promotes early intervention in recognising child protection and welfare concerns and providing adequate services to address these concerns (Health Information and Quality Authority, 2012). Infancy is defined as the period of a child’s life between the ages of 0-3 which is a time of significant social, emotional and physical development of the child (Guralnik, 1997). The Centre on the Developing Child (2012) has conducted comprehensive studies around child development and has found that early experiences in infancy affect the brains formation. It is this early formation that is vital to a child’s development and, early experiences can interrupt this development either in a positive or negative way. Children who experience abuse and/or neglect are more likely to develop mental health difficulties in adolescence and/or adulthood (Fonagy *et al.*, 1994, Glaser, 2000: Lyons-Ruth and Blok, 1996). These mental health difficulties stem from the interactions and experiences between the infant and their parent, thus highlighting the importance of the parent-child relationship (Joyce, 2006).

There is vast research within the area of infant mental health and early intervention and it is now recognised that early intervention is the best method of addressing child protection and welfare concerns (TULSA, 2014). However, to date, there is no early intervention programme for social workers, within Irish policy, when working with vulnerable families. This is largely due to resource constraints where limited specialised places within parent and baby assessment units are available at the social workers disposal. Out of home care such as residential and foster care is a more accessible intervention for social workers as there is a lack of family support, community support and assessment units. This is in contrast with the spirit of the Child Care Act 1991, where it declares that the best place for a child is within the family home (Hamilton, 2012). Within in the Irish Constitution Article 41, it also declares the rights of the family unit and how the family home is seen as the best place for the child to be cared for. This research aims to conclude through evidence



based research that there is a need for early childhood and early intervention services to be established.

#### **1.4 Rationale**

The rationale for choosing this research topic involves the researcher's interest in infant mental health (IMH) and it allowed the researcher to conduct a study that is part of the Community Academic Research Links Initiative (CARL). CARL is an "initiative in University College Cork (UCC) to assist Civil Society Organisations in the region with research they would like to carry out" (UCC, 2013, p. 1).

The researchers interest in IMH stemmed from research conducted while on placement in a mental health service. The researcher was part of a study group which explored IMH from the experiences of professionals from social work, nursing, primary care and psychology backgrounds. It examined the importance of the early years of a baby's life and the significant role the parent plays in the baby's development. A significant article which was studied for this group was "The Infant Mental Health Specialist" (Weatherston, 2000) where the author explored issues the social work profession experiences when conducting assessments on a parent's parenting capacity. The dilemma for the social worker was finding the balance between giving the parent adequate time to learn the skills to parent their child which stimulates their development while adhering to child protection regulations.

Consequently, a motivating factor for the researcher in choosing this research project was that it involved collaborating with the Bessborough Parent and Baby Unit (BMBU) located in Mahon, Co. Cork. The BPBU expectation of the study is that it will appraise the CPSW's experience of the services provided for pregnant women in crisis. The BPBU provides a safe environment for pregnant women and mothers with infants who are in crisis and offers services such as supported accommodation, counselling, psychotherapy, addiction counselling, education and parenting skills all of which are infant mental health focused (Bessborough Parent and baby Unit, 2014). This study will examine the CPSW's expectations of these services for purpose of assessment.



Another factor which acted as a motivator was the researcher's experience of working with youths who experienced traumatic childhoods and consequently developed ill mental health in adolescence. This study will enable the researcher to examine the role of the social worker in early intervention services and further their knowledge in child development in the early year's (0-3). The link between early childhood traumatic experiences and adolescent mental health was very significant for the researcher. The reason the researcher will focus on infant mental health and early intervention is the belief that early traumatic experiences in childhood can have detrimental consequences for a person's mental health in adolescence and/or adulthood. The collaboration between the researcher and BPBU allows the researcher to acknowledge the role of social work in detecting the need for intervention during the early years of a child's life. As early as 1953 the significance of the "quality of care which a child receives in its earliest years is of vital importance for their future mental health" (Bowlby, p. 158).

This research will be carried out as part of the academic requirements of the MSW. This research has significant relevance for social work practice as the BPBU is a service which social workers refer pregnant women and mothers in crisis to receive specialist care in the form of education, counselling and parenting skills. In carrying out this study from the CPSW's perspective, the research will inform the BPBU of why CPSW's make referrals and what they expect from the services. This evidence based study, will inform the BPBU of the experience of the CPSW in collaborating the BMBU.

### **1.5 Aims of Research**

The aims of this research are as follows:

- (i) To acknowledge strengths and/or gaps that the CPSW experienced while collaborating with the BPBU;
- (ii) To investigate whether the services should continue as they are or if there is need for development or expansion and;
- (iii) To explore the area of infant mental health and its understanding in child protection social work practice.



## **1.6 Research Questions**

1. What are the key areas of support that the CPSW find effective and how is BPBU utilised in assessing a parent's parenting capacity?
2. Explore the difference between the CPSW assessment and the BPBU assessment in an attempt to acknowledge gaps in a social work assessment and why CPSW's feel the BPBU assessment is needed?
3. Gain insight into a CPSW's understanding of IMH and where it stands in Irish policy and how or if early intervention is promoted within this.

## **1.7 Definitions**

**Infant Mental Health** can be defined as the promotion of social and emotional well-being of infants and acknowledges that a preventive-intervention approach is significant where risks to the child, the parent and their relationship are present (WAIMH, 2012).

**Early Intervention** is where a support and educational system is offered to young children and their families who have experienced or are deemed to be at high risk of neglect and/or abuse (McWilliam, 2010).

**Infancy** is the period of a child's life from birth to 3 years (Berger, 2006).

**Child Development** is the science which studies the biological, psychological and emotional changes that occur from birth through to adolescence and how this change has been affected by the environmental and social circumstances of the child (Berger, 2006).

## **1.8 My Reflexive Positioning as the Researcher**

I feel it is important as the researcher of this project to explain my reflexive positioning and in addition any influence I may have over the collection and interpretation of data throughout the research. From my studies throughout the Masters of Social Work, I have gained valuable experience in mental health and child protection services and from my previous experience of working with



young children and their families, I have acknowledged the value I place on children and their relationships with their families. From working with children in care I place a high value on the fact that each child deserves the best start in life and that this should be offered within the child's own family. I believe this comes from seeing the damaging effects that are associated with a child coming into care. My reflexive positioning stems from the belief that if a child's circumstances warrants them to be admitted into care and is necessary to safe guard the child it should be a last resort measure where all other options have been exhausted and that this should be respected by the professionals involved.

### **1.9 Conclusion**

This chapter served its purpose in introducing the reader to the research study by outlining the background to the project with relation to early intervention policy in Ireland that acts as guidelines for social workers when working with vulnerable children. The rationale gives the reader an understanding of why this research is being conducted and also the thinking behind the CARL initiative. Also outlined were the aims of this project and the research questions that grounded the research and focused in on the issue that will be addressed throughout this dissertation. Finally my reflexive positioning was detailed with the aim of making any influence I may have on this research transparent.

### **1.10 Overview of Chapters**

#### **Chapter One: Introduction**

This chapter has informed the reader of the research project.

#### **Chapter Two: Methodology**

Chapter two will outline the design of this research project. Sections include: philosophical and theoretical underpinnings, sampling process, analysis of data, challenges faced and the limitations of the research.



### **Chapter Three: Review of Literature.**

Chapter three reviews relevant literature in relation to infant mental health and early intervention. It compares national policy with that of international literature and focuses on the research aims and questions which have been outlined above.

### **Chapter Four: Findings and Analysis**

Chapter Four depicts the core themes which arose from the interviewing of the participants and data collection. These themes are analysed with reference to key literature and gives a discussion by exploring the meaning behind the participant's experiences of collaborating with the BPBU.

### **Chapter Five: Discussion of Findings**

Chapter five presents a detailed discussion of core findings from this project which aims to answer the research questions.

### **Chapter Six: Conclusion and Recommendations**

Chapter six concludes this project by presenting recommendations for practice based on the research findings, the implications of the study for BPBU and social work practice and a reflective piece on my experience of this research process.

---



# Chapter Two: Methodology

---

## **2.1 Introduction**

Infants are seen as the most vulnerable population within society as they are completely dependent of their caregivers for their physical and emotional needs (Hart, 2010), as a result the aim of this project is to look at how infants are protected within Irish policy and how this affects child protection social work practice. This project will explore the CPSW's experience of their collaboration with the BPBU, this will be examined by exploring the views of the CPSW who have made referrals to the BPBU. The overall aim of this chapter is to give an account of how this study is designed to meet the above mentioned aims. This will begin with an account of the theoretical and philosophical foundations and move onto chosen data collection and analysis methods. This chapter will conclude with an exploration of ethical considerations and limitations which this project posed.

## **2.2 Philosophical and Theoretical Underpinnings**

Qualitative research studies are organised around the researchers theoretical and philosophical positioning and categorised under four main proportions which include: ontology, epistemology, methodology and research methods. Four dimensions of the methodological approach form the structure of this project and they each influence and interconnect with each other creating the research process (Bryman, 2012). Qualitative research was chosen for this project as it allows the researcher to “explore in great detail the themes such as attitudes, behaviour and experiences of specific social groups”, the group being the CPSW (Carey, 2009, p. 36). The four main research dimensions are discussed in more detail below;

### **2.2.1 Ontology**

Ontology is the research process that explores the realities of social entities, in this case the CPSW (Carey, 2009). The ontological approach that applies to this project is one based on constructionism, as it assumes that “social phenomena and their meanings are continually being accomplished by social actors” (Bryman, 2012, p. 33). From a constructionist stance I therefore approached the study from a perception that individual attitudes and experiences would impact and add to the research



by shaping how the CPSW view the collaboration with BPBU and how IMH is perceived within child protection practice. Opposite to constructionism is the approach of objectivism which assumes that social actors have no influence over social phenomena (Carey, 2009; Bryman, 2012). The researcher here feels the social phenomenon exists within the CPSW's experiences of their collaboration with BPBU and their understanding of IMH within a child protection agency. It is these experiences that the BPBU aim to use to adapt their service, if necessary, to aid the collaboration between the CPSW and the BPBU.

### **2.2.2 Epistemology**

Moving on from the ontological stance, the way in which we create and form knowledge is central to epistemology (Bryman, 2012). In exploring the epistemological perspectives I acknowledged interpretivism as being most applicable to this project as it “attempts to uncover meaning and reality of people’s experiences in the social world” (Carey, 2009, p. 53). I endeavour to understand the opinions and attitudes of the participants and analyse these to explore the collaboration between the participants and the BPBU and the how IMH is perceived in child protection practice. Interpretivist epistemology assumes that we cannot separate ourselves from what we know as this knowledge is obtained by subjective experiences which influence and shape our insights (Silverman, 2010; Finlay, 2006).

### **2.3 Methodology**

Methodology represents the bringing together of ideas that frame, support and direct the research methods involved in composing a dissertation. It also depicts the researchers set of values and beliefs of the social world and gives the reader an insight into the researchers philosophical position (Carey, 2009; Flick, 2006). It is simply the theoretical and systematic analysis behind the intended methods of a research study (Howell, 2013). For this project I have decided upon a qualitative stance which bears influence to interpretivism and involves a participatory research approach. By choosing this methodology I relay to the reader my methods of compiling the participant’s experience of collaborating with the BPBU and their understanding of IMH within child protection practice. This research also takes an evaluation stance as it attempts to assess and evaluate “the worth, value and effectiveness” of the support services provided by the BPBU (Carey, 2009, p. 96).

#### **2.3.1 Qualitative Research**



A qualitative methodology was chosen for this project as its chief aim is to explore the participant's experience of the collaboration between them and the BPBU and to explore their understanding of IMH as it stands in child protection practice. Qualitative research allows the researcher to investigate participants experience, attitude and understanding of specific issues which is central to this project (Flick, 2006). This form of research has been criticised as it does not "measure and quantify social phenomenon" like quantitative research does and as this project aims to understand the social world through personal experience a quantitative research method would not be suitable (Flick, 2006, p. 12).

### **2.3.2 Interpretivism**

Interpretivism assumes that a deep understanding of the social world comes from gaining knowledge of those who experience it (Schwadt, 1994). The researchers aim is to apply meaning to the social world i.e. the experiences of the CPSW of collaborating with the BPBU (Creswell, 2009). It is acknowledged that the researchers own background and experience will shape how I interpret the information gathered but it is the experiences of the CPSW that validates the understanding of this research (Carey, 2009).

### **2.3.3 Community-Based Participatory Research**

Another core concept of this research study is the community-based participatory research (CBR) as it is central to the CARL initiative. CBR forms the partnership between UCC, BPBU and I, as the researcher. It involves all partners in the research process and each partner contributes and shares decision making and ownership. The researcher was drawn to CBR as it allowed for a high-level of participation and interaction between the researcher and the participants' thus engaging in a research process that explored the knowledge and perceptions of the participant' (Cornwall and Jewkes, 1995). The aim of CBR is to increase knowledge and understanding of a particular issue and explore this issue by means of knowledge, attitudes and experience to promote change of a community member (Israel *et al.*, 1998). This dissertation is being conducted in collaboration with the BPBU as part of the CARL initiative. The BPBU highlighted that they would like research to be conducted that will explore the collaboration of CPSW with the BPBU and it is the researchers endeavour to explore this on behalf of the BPBU. The second objective of this research is to explore the CPSW's understanding of IMH within child protection services. This will be done in collaboration with the CPSW and the researcher.



Collaborative practice within CBR is recognised as the working together of separate agencies that design and initiate a research question, but that the project is managed by the researcher (Cornwall and Jewes, 1995). This collaborative process started initially when the researcher approached the CARL initiative. From this a consultative meeting was arranged between a CARL representative, the researcher and a representative from the BPBU. This consultation involved the researcher and the BPBU representative setting the aims and objectives of the research, the research questions, the sampling conditions and the forms of data collection and analysis. The purpose of the consultation was to ensure the research would tackle the issues that the BPBU sought to address while also allowing the researcher to address the topics that formed the researcher's rationale. This collaborative approach had many advantages the main being the expertise that the BPBU could offer the researcher and this aided the researcher in addressing the research aims and the appropriate ways of doing so. The sample was another area that the BPBU could offer assistance and this was largely due to their positive collaboration with the child protection services. Consultation with the BPBU throughout the research process was of imperative importance as it allowed the researcher to be flexible and adaptable to responses of the participant's needs and wishes. This was done with the support and advice of the BPBU (Cornwall and Jewkes, 1996; Branom, 2012). The collaboration between the researcher and the BPBU was an overall positive experience and this was largely due to the shared values which underpin both social work and CPR, such values are partnership, social change and shared power (Branom, 2012, p. 262).

## **2.4 Research Methods**

Research methods are the technique involved in collecting and investigating data (Bryman, 2012). The selected research method deemed most appropriate to answer the research questions is semi-structured interviews (Carey, 2009). Semi-structured interviews allow for exploration of a certain topic from the perspective of the participant and as this project seeks the participants experience of this topic, the flexibility of semi-structured interviews was most appropriate in gathering the data (Bryman, 2012). Initially the researcher suggested that a questionnaire would be more suitable due to confidentiality and it was thought that the participants may feel uncomfortable delivering negative feedback but it was negotiated that the researcher would state to the participants during the interviews that the project is separate to the BPBU and that any feedback whether negative or positive would be welcomed by the BPBU and also that participants confidentiality would be



anonymised to the researchers best ability. It was the flexible nature that semi-structured interviews offer that was seen as most advantageous to this research as it allowed for “latitude to ask further questions in response to what are seen as significant replies” during the interview process (Carey, 2009; Bryman, 2012, p. 212).

For the interview process the researcher compiled a series of research questions which provided the participant with an “explicit statement of what it is the researcher wants to know about” (Bryman, 2012, p. 9). The research questions were developed by the researcher in consultation with the BPBU and also from a study group which involved social workers, psychologists and public health nurses who work with vulnerable infants and their families. This approach is in line with the participatory research approach which this project is based on. From the research questions the researcher drafted a set of interview questions and these were asked in accordance with the replies received from the participants (Kvale, 1996). (see Appendix 5).

### **2.5 Sampling**

The sample for this research had to meet criteria which included having worked (previously or currently) in a child protection agency and have made referrals to the BPBU. This form of sampling is called purposive sampling, as it involves selecting participants who have certain experience that enable the researcher to investigate relevant information that is drafted from the research questions (Bryman, 2012). As the researcher aimed to maintain confidentiality, it was agreed that the researcher would compile a document detailing the research question, intent and process along with an information sheet and consent form and the BPBU would send these to the participants department and from this the participants were asked to with their contact details directly to the researcher. This was the best way of keeping the participant confidential and was agreed by the researcher and the BPBU and in line with the CARL guidelines. The researcher then contacted five participants that expressed interest in being interviewed. It was originally agreed with between the researcher and the BPBU that eight participants would be interviewed however as this study was a small-scale project this was revised and all parties agreed that 5 participants would suffice.

### **2.6 Data Analysis**



The analysis of the data collected during the interviews with the participants was done on a thematic basis. This is an approach that looks at certain themes identified and these are used to debate certain findings and draw conclusion (Carey, 2009, Silverman, 2010). The data will then be categorised into relevant themes and interpreted and examined using a theoretical framework from a child development perspective (Bryman, 2012; Carey, 2009). The theoretical framework of this research is based on child development with relation to intergenerational hypothesis, attachment theory and the infant mental health model. This provides the reader with an understanding of the implications that CPSW face in practice and the importance of specialised early intervention services that the BPBU provide in safe-guarding vulnerable children.

### **2.7 Ethical Considerations**

As this research involves interviewing professionals in relation to their experience of collaborating with an agency and does not involve direct or indirect contact with service users ethical approval from the researchers tutor was sufficient to precede with this project. The successful approval of this research allowed the researcher time to compile the information packs and consent forms to send to the participants and it was these that explained the aims of the project to the participants so that they were fully informed of the outcomes of the project. Informed consent is a key component of ensuring the research being carried out is of an appropriate ethical standard (Bryman, 2012)). This was again reiterated to the participants at the interview stage. This process was important as it explained confidentiality and how the researcher aims to ensure full confidentiality and also how the researcher plans on sharing the findings of the research; these are all important elements of ethical consideration in research (Carey, 2009). This also allowed the participant to give informed consent to the use of the data during the analysing phase. (For viewing of the consent form and information pack, please see appendix 2.)

### **2.8 Challenges and Limitations of the Study**

As the researcher I was eager to organise the participants in advance so that I would have enough time for the interviewing and analysing process. This led me to sending out the information packs well in advance pending ethical approval. This I believe was beneficial to the research as it gave me sufficient time to arrange the interview and allowed for flexibility in re-arranging interviews if participants needed to cancel due to the unpredictable role of the CPSW. Through the research process I have gained valuable skills and knowledge that will benefit me both as a practitioner and



academic in the future. This is due to the continued support UCC has offered and it has helped me avoid major challenges during the research process.

One limitation of this research was that the service user perspective of the BPBU service could not be explored given the small scale of this research project. The service user perspective has a potential to inform the BPBU of how their services are perceived and is something that could be explored in future projects.

## **2.9 Conclusion**

In this chapter the research design of this study was explained to the reader with the aim of giving an understanding of the way in which the researcher intends to conduct the research. This starts with the theoretical and philosophical underpinnings which led onto the research design. As this research is dependent on the experiences of the participants a qualitative research approach was chosen. Finally the practicalities of the research methods were then outlined and concluded with ethical considerations and a brief on the challenges faced during the research process.



# Chapter Three: Literature Review

---

## **3.1 Introduction**

Infant Mental Health is regarded as the assessment of an infant's social and emotional development in the first three years of life (Rosenblum, 2004; World Association of Infant Mental Health, 2011). The parent – child relationship is accepted as being the most influential aspect in a child's early years for understanding their emotional and cognitive development (Keating, O'Donnell and Koechlin, 2009).

With the shift in recent years in mental health services from a medical model to a social model (World Health Organisation, 2001); this has promoted a growing recognition for the need of early intervention services within Ireland. Early intervention services are aimed at children from the ages of birth to three years of age and its fundamental premise is that social-emotional or developmental problems can be acknowledged and/or prevented (Guralnik, 1997). This is done through specialised services and activities which take a family-centred approach (Moore and Larkin, 2005).

There is vast research within the area of infant mental health and early intervention. It is now recognised that early identification with appropriate intervention decreases a person's chances of developing mental health difficulties in childhood, adolescence and adulthood (Easton and Gee, 2012). This piece of research will examine the area of infant mental health and early intervention with the aim of bringing together the findings of significant research that has been conducted to aid child protection social work when working with young children and in promoting the well-being and protection of this vulnerable population.

Section 1 will summarise the main attributes of infant mental health and its relevance within child protection social work practice. In addition it will examine the development of early intervention services within Ireland. Section 2 reviews the literature regarding children and how they are a vulnerable population; it examines child development, how children are protected within the Irish legal system and concludes with implications for child protection social work practice. Section Three



explores relevant literature regarding the parent – baby relationship. This will be analysed to gain an insight into how each experience affects a child’s development and also what assessment tools the child protection social worker uses. Section Four reviews what the child protection social work services role is in early intervention and how early intervention services aid child protection social work practice.

## 3.2 Infant Mental Health

---

### **3.2.1 Why Infant Mental Health is Important.**

Infant mental health (IMH) is categorised in terms of behavioural and health problems and developmental delays in children who experience episodes of maltreatment and/or abuse during their early life (Blatt *et al.*, 1997). According to Belsky (2001) “early care has a lifelong influence on how children learn, form relationships, experience and regulate their emotions and their behaviours”. The majority of children experience warm, loving and caring parental care (Winnicott, 1949) and develop in a way that stimulates their ability to form secure attachments. For these children the chances of them developing mental health difficulties in adolescence and/or adulthood is slimmer than children who experience hostile and neglectful environments where they “fail to thrive and their normal development is severely compromised” (Joyce, 2006, p. 153). It is for this reason that interest in IMH has seen a vast advancement in the areas of early childhood intervention, understanding child development and the parent-baby relationship. Below is an account of the early theorists who, through their studies of child development, paved the practices and principles in which social work practitioners follow in their assessment today.

### **3.2.2 Early Infant Mental Health Theorists.**

Early theorists such as Freud (1965) believed that a child’s early relationships in which the infant experiences shapes the way they form and sustain relationships throughout their lifespan (Weatherston, 2001). Through his work it is clear the importance he places on the mother-baby relationship. The infant depends on the mother to satisfy its physical needs such as feeding and cleaning and also its emotional needs through the mother’s gentle, loving care and meeting their immediate needs. This recognition led Freud to believe in the concept of emotional attachment



which is developed during the early years and has lasting effects throughout the child's lifespan (Weatherston, 2001). If a child's physical and emotional needs are not met, Freud believed that this would lead to conflict. Mitchell (1983) describes this as Freud's drive/structure model where a child develops expectations of relationships whether they are positive or negative. It is these expectations that form the development of a child's personality.

Freud introduced the idea of attachment in his early work and it was later developed by John Bowlby who believed that an infant's survival was dependant on being in close proximity to a caring and nurturing caregiver. Bowlby's (1969) study of behaviour inherent in caregivers developed into his theory on attachment. Joyce (2006) defines attachment as the "unique and powerful relationship that develops between an infant and caregiver during the child's first year of life". The quality of this relationship influences all aspects of development. Bowlby (1969) developed the idea of secure and insecure attachments which was later studied and developed by Ainsworth (1979). She studied the behaviours associated with providing social and emotional growth to infants (Weatherston, 2001). This will be looked at in more detail in Section 3.3 of this review.

Another influential theorist in the study of child development and parent – baby relationships was Erik Erikson who was a student of Anna Freud. His work is vastly influenced from his studies of Freud's work on psychoanalysis which noted the importance of psychosocial and emotional development in early childhood (Weatherston, 2001). Erikson's studies took into account the child's external and internal worlds and how these influence development in infancy, early childhood, adolescence and adulthood. He believed that healthy relationships between infants, caregiver and their families results in healthy development of the child (Erikson, 1950). Erikson's work will be more closely looked at in Section 3.3 of this review.

In the absence of formal early intervention assessment guides within the Irish health services, the theorists mentioned above and their studies have paved the way for social work practice in their role of assessment of parents parenting capacity and of children's development. In 2009, the Health Service Executive (HSE) published the document 'Best Health for Children' and within it stated that a child should be offered a developmental examination within the first year of life. This document supported evidence of the parent's involvement during assessment in detecting developmental and/or behavioural problems. This supports the use of a family-centred approach that is considered



an invaluable method during assessment (Dishion & Kavanagh, 2003). This family-centred approach will be referenced throughout this review with relevance to social work assessment.

### **3.2.3 Development of Early Intervention Services.**

In 2013, the Department of Children and Youth Affairs (DCYA) developed the “Early Years Strategy” named “Right from the Start”. The focus of this was to develop a strategy that would focus on children aged birth – six years of age and how their lives could be improved through early intervention and the provision of specialised services (DCYA, 2013). Within this report it was acknowledge that limited services were established to target children aged birth – two years of age and that of the services available the majority were found to be in urban areas. The document “On Target: An audit of services targeting disadvantage and special needs among children from birth to 6 years in Ireland, 2004” recommended that Government departments needed to form a national strategy to rectify this issue (Centre for Early Childhood Development and Education, 2004). With the new Early Years Strategy developed by the Minister for the DCYA noted that it is this document that is vital in ensuring the investment and support of quality interventions for the early years. However these programmes and resources will not be available over night but rather a strategic plan will be implemented over a five year period (Fitzgerald, 2013).

The establishment of the new Child and Family Agency in January 2014 was seen as the first step towards implementing this policy. As this policy is a very recent development within the provision of early intervention services this study is unable to evaluate its implementation but it will be looked at from the experience of the social workers interviewed for this study who work in child protection services in chapter five and six.



## 3.3 Does Maltreatment in Early years effect the Child's Development?

---

### **3.3.1 The Intergenerational Hypothesis.**

This review will now focus on child development and how child maltreatment has adverse effects on a child's development. This will be looked at with regard to the intergenerational hypothesis. This is where patterns of parenting are passed from generation to generation and where parent's respond to their child's needs in the same style of their own parent's (Buchanan, 1996). The question here is; if intervention occurred sooner in cases where child protection services were involved, would the child's chances of normal development increase? This question will be examined by reviewing three main models that have relevance to the intergenerational phenomenon:

#### *3.3.1.1 The Psychoanalytic Model.*

This model contends that the characteristics of parents who abused their children had experienced similar abuse in their own childhood (Kempe & Kempe, 1978). It is important to look at a parent's past histories which would indicate pathological influences (Buchanan, 1996). It is these influences that according to the intergenerational hypothesis would suggest the patterns of parenting a child will experience. When working with parents it is important to focus on how their past experiences influence their present situation in an attempt to develop a positive relationship with their child (Parton, 1985).

In a research study conducted by Oliver and Buchanan (1979) it showed that an "intergenerational pattern of chronic and very severe child maltreatment over many generations" (*ibid*) was present in many families. This study challenged the researcher to ask if assessment took place during pregnancy and appropriate intervention implemented if intergenerational patterns existed, would this decrease intergenerational patterns of abusive parenting? Qualtieri and Robinson (2013) note that early intervention programs that involve therapeutic and psychoanalytic component allow



“families to develop new skills while focussing on meeting the children’s basic needs”, (p. 34) and outcomes for these children are shown to be beneficial for the child’s self-belief and aid better family relationships (Mallet et al., 2005).

### *3.3.1.2 Social Learning Theory.*

This theory follows the belief that children are born into the world with a clean sheet and are shaped by the treatment they receive from their parents (Buchanan, 1996). This theory was developed into the idea of cognitive behavioural approach. This is where the parent views the child in a negative way and unrealistic parenting expectations are placed on them which leads to abusive situations (Azar and Siegal, 1990). These negative cognitions are related to a parent’s lack of knowledge on the stages of a child’s development and lacking skills to cope with the behaviours associated with each stage (*ibid*).

Another aspect of social learning theory is the Exchange/Control Theory which states that “people hit and abuse other family members because they can” (Gelles, 1983, p. 157). Here the consequences of abusing the child are limited. This has relevance within children’s rights movement where it recognises children as a vulnerable population. The United Nation Convention of the Rights of the Child states that children need special care and protection because of their vulnerability. It recognises that the responsibility of protection and care of children lies with the family (UNCRC, 1989). Ekelaar and Newell (1992) suggest that if children were seen as independent beings and not the property of their parent’s that abuse which falls under the Exchange/Control Theory, for example, would decrease significantly.

### *3.3.1.3 Attachment Theory.*

The idea of attachment was introduced earlier within this review so for the purpose of this section attachment will be examined to explain the cycle of abuse. Erikson (1988) explains that infants have a need to make secure attachments to their primary caregivers. It is these attachments that form the working models that a child develops in order to predict expectations of future relationships. These working models “compel individuals to recreate their relationships in their adult lives”, (Zeanah and Anders, 1987, p. 25). thus the abusive relationships they experienced in childhood follow them into adult life and affects their ability to form healthy and emotionally stable relationships (*ibid*). Egeland



and Sroufe (1981) also acknowledge this form of maltreatment has long-lasting and detrimental effects on a child's development process.

### *3.2.2 How is the Vulnerable Child Protected?*

This has been a topical issue within Irish legal systems recently. This review will aim to depict where the unborn child is protected within the legal framework of the Irish Constitution. Also when is the right time to intervene if the unborn child's mental, bodily and/or emotional development is known to be at risk through the actions of the parent during pregnancy?

Article 40.3.3 of the Constitution notes that "the state acknowledges the right of life of the unborn child, with due regard to the equal right to life of the mother, guarantees in its law to respect, and, as far as practicable, by its law to defend and vindicate that right" (Casey, 2002, p. 76). In 1992 this Article was contested by the Supreme Court ruling of the Case X, where a 14 year old girl became pregnant as a consequence of rape. The courts ruled that abortion may be conducted on the grounds that the pregnancy posed a real threat to the girl's life by means of suicide (Shweppe, 2008). Recently this ruling was voted into legislation with the passing of the Protection of Life during Pregnancy Bill 2013. This Bill permits abortion under two circumstances:

1. Where medical practitioners review the pregnancy as posing serious risk to the life of the women, not by self-destruction, and, where a pregnancy could result in the death of the mother due to medical conditions (O'Loan, 2013).
2. Where assessment of the pregnant women, carried out by one obstetrician/gynaecologist and two psychiatrists, concludes that the pregnancy poses serious risk to the women's life by means of suicide and this can be averted by abortion of the foetus (ibid).

This Bill is under constant criticism by Pro-Life campaigners as they note that all human beings have equal worth and that termination of life should not depend on certain qualifications. O'Loan (2013) argues that unborn children whose lives have been ended by means of abortion have been accorded no rights and that the rights of the mother have outweighed those of the unborn child. It now seems that the unborn child is protected against abortion if the mother does not fall into the criteria listed



above. Does this suggest that the mother's life holds more value than that of their unborn child? According to Casey 2002 this question is open to speculation.

From a social work perspective the question is, in cases where child protection notifications are raised during pregnancy, why there is no pre-birth assessment to measure the effects of maltreatment on the foetus's mental, bodily and emotional development? Casey (2002) goes onto say that the "legal position of the unborn child in Ireland would appear to be constitutionally established" (p. 178), but that this 'legal position' is open to interpretation of the courts. If it is considered that the expectant mother's lifestyle is deemed to endanger the unborn child she may be incarcerated or forced treatment in order to safeguard the child. This may be argued that this form of treatment is in breach of the women's human rights. This is a contradiction to the statement above where the rights of the unborn child outweigh the rights of the mother (Casey, 2002).



## 3.4 The Parent-Infant Relationship

---

### **3.4.1 Why intervene in the parent-baby relationships?**

It is accepted that mental health disturbances can resonate from the parent-baby relationship and in turn affects the infants development process (Joyce, 2006). As early as 1940 Freud placed emphasis on the importance of the parent-baby relationship and the child's experience of parenting can have lasting effects on their developmental process. Evidence based studies have found that distressed early relationships and cases of abuse and neglect have lasting effects an individual throughout their life (Fonagy et al., 1994, Glaser, 2000; Lyons-Ruth and Block, 1996). Evidence of such states that children who experience extreme violence in their early relationship with the primary caregiver tend to experience severe distress and as a consequence become anxious. This emotional distress becomes characteristic overtime and causes chronic anxiety and depressive states throughout the child's lifespan (Perry et al., 1995).

This review aims to explore the factors within the parent-baby relationship where parents find it difficult to provide adequate care for their children to stimulate well rounded development. Also where intervention plays a part in promoting the parent-baby relationship

### **3.4.2 The Intergenerational Transmission.**

In 1975 Selma Fraiberg introduced the idea of 'ghosts in the nursery', a metaphor used to explain the process of the parent reliving their own experience of parenting and acknowledging their anxieties and expectations of caring for their own child. The idea of this is that the parent learns to provide loving and secure care for their child by means of understanding their child's needs and dealing with the anxieties from their own experience of childhood that have followed them into the journey of parenthood (Lieberman, Padron, Van Horn and Harris, 2005). The idea behind this form of psychoanalysis was to break the intergenerational pattern of maltreatment by working with the parent and baby in a family centred approach. The parent was helped acknowledge their own trauma's experienced in their childhood and from this relate them to what their child is experiencing. With the parent acknowledging these 'ghosts' it is important to also explore strengths within the parent's caregiving and build on these (Weatherston, 1989). Exploring these strengths



and past experiences with a parent is a form of psychoanalysis in which the practitioner and parent engage in and Fraiberg (1975) and her colleagues set out a model which was referred to as the practice of infant mental health. This model is explored below (Weatherston, 1996).

### **3.4.3 The Model of Infant Mental Health.**

This model is regarded as an approach that embraces the early development of relationships where the parent and infant coexist and practitioner observes their interactions, listens to the parent stories and responds with empathy (Fraiberg, Shapiro and Adelson, 1976). As infants are dependent on their caregivers relationship-focused intervention is one of the core components of infant mental health. This form of relationship-focused intervention offers many strategies for the practitioner to follow, these are listed below;

- (i) Emotional Support,
- (ii) Service Support,
- (iii) Developmental Guidance,
- (iv) Advocacy,
- (v) Infant Parent Psychotherapy. (Weatherston and Tableman, 1989).

Researchers such as Watherston have comprehensively written about the benefits of early intervention and it is important to acknowledge what these benefits are in contrast, what the consequences are for children who experience maltreatment and no intervention is present (Joyce, 2006).

### **3.4.4 Benefits of Positive Parenting on a Child's Development.**

According to Fonagy et al. (2002), parents who offer secure attachment provide their children with positive social, cognitive and emotional development. Children who experience this form of parenting are provided with a sense of safety and security that their needs are being recognised, they display creativity during play and have a positive reaction to separation. In addition parents who provide stimulation and positive emotional regard, enable their child to develop a good sense



of self. Fonagy also examined a child's reaction to frustration and it was founded that parents who provide their children with graduated frustrations entailed a sense of hope that connections can be re-established when broken. Joyce (2006) stresses the importance of positive parenting in stating that parents who provide safety and loving care to their children allow them to develop a good sense of empathy by the child developing a sense of awareness and care for their caregivers.

#### **3.4.5 Consequences of Negative Parenting on a Child's Development.**

Parents who provide insecure attachment leads to poor developmental outcomes (Goldberg, 1997). Children who experience this form of parenting display characteristics that disenable them to develop a sense of self as the parent is not consistent in providing the child with safety and comfort when attending to their needs. Warning signs of this form of parenting are where the child finds difficulty in regulating emotions when soothed, they are unable to explore and play and show signs of anxiety and withdrawal (Goldberg, 2002; Lyons-Ruth, 1996).



## 3.5 The Role of Child Protection Social Workers

---

### **3.5.1 Family Involvement in the Child protection Process.**

The Child Care Act 1991 states that the rights and welfare of the child is of paramount importance in family proceedings but also states that the best place of care for the child is within the family. It is for this that highlights the importance of professionals working in partnership with the family (Thoburn, Lewis and Shemmings, 1995). This is in line with the family-centred approach in which researchers such as Weatherston and Fraiberg listed as the main component in working with parents and their children with the infant mental health model. Morrison (1990) however argues that parent's involvement could jeopardise practice requirements and in turn affect their duty to protect the child. Although Morrison expressed concerns about parental involvement in case conferences, it was concluded that they should be involved in the initial case conference and the reviews that follow.

Grounded evidence has found that parental involvement is more beneficial to the child and in implementing and sustaining care plans (Morrison, 1990). Philips and Evans (1986) attempted to report on the pros and cons of involving parents in initial assessments right through to the case conferences and reviews and failed to find cons. The arguments that they presented concluded that parents have the right to be involved and contribute; decisions made without their consent were unfair and unjust; decisions made without their involvement could be challenged and ultimately affect the child; sustainment of a care plan would be more successful and it was an opportunity to build a working relationship between parents and social service practitioners.

Although this approach is known to be best practice, there is another area that needs consideration which is when parents are resistant to partnership with social work services especially in abuse cases where parents want to keep the abuse hidden (Littlechild, 2005). In a study completed by Ferguson and O'Reilly (2004) it was found that resistant clients in which social services were involved with made up 34 per cent of all cases.



### **3.5.2 The Family-Centred Approach.**

The role of the services in working with a family-centred approach is to “support, encourage and enhance the competence of parents in their role as caregiver” (Viscaris, 1998, p. 44). Within this the social work role is to provide children and parents with the help they need to be fully functioning participants in society (Van Nijnatten, 2006). While this is an ideal approach when working with parents and families it is often not realistic in social work practice. According to a recent poll conducted by the Department of Health and Children in August 2013 found that only 65% of social work posts were filled which created a backlog of 900 children awaiting assessment and 150 with potential child protection issues (O’Doherty, 2013). Ferguson (2012) also found that systemic failings exist within social, political and organisational processes of social work services. Another factor associated with social workers being able to provide quality work with children and families is time constraints. This is largely due to the introduction of organisational changes which have increased paper work to improve decision making processes and limit the potential for mistakes (Ferguson, 2012 cited in Lynch and Burns, 2012).

## **3.6 Conclusion**

---

Starting the research into the area of infant mental health posed some very interesting topics with relation to child protection practice. The main focus of this research was to find grounded evidence that supports the idea infant mental health; this evidence was found through theoretical frameworks such as attachment theory, social learning theory, the intergenerational hypothesis and psychoanalysis. It is these theories that guide child protection social work in the absence of any formal assessment criteria. Another avenue that is important in child protection work is where the child is protected within the legal systems of Ireland. From research conducted it is valid to say that protecting the child and the family is a balancing act between the rights of the child and the rights of the family. Within legal frameworks the unborn child is another aspect that has significance to child protection work and again the absence of a pre-birth assessment implicates social work practice in safeguarding the child. Here the connection between the intergenerational hypothesis and the pregnant mother is another balancing act between when is the right time to intervene so that the child’s development and growth is not impeded and what warrants intervention when there is no assessment protocol in place.



Another influential aspect to consider in working with infants and parents is the parent-baby relationship as this is the driving force behind assessing what intervention is needed. Again here it was found that there is vast research into what the benefits of early intervention are but little research into what interventions work with families experiencing difficulty in parenting for their children in an adequate manner.

Another limitation of this research was finding out what the role of the social worker actually was when intervening in the life of an infant child. It was found that no guidelines are established for social workers working with infants and parents to prevent development and mental difficulties in the infants. It is here again that social workers depend on the theories and models set out by the early theorists who were the driving force behind infant mental health practice.



# Chapter Four: Findings and Analysis

---

## 4.1 Introduction

In this chapter the main findings from the research conducted will be analysed and categorised into 6 main themes as follows:

1. Benefits of the Residential Treatment Programme;
2. Collaboration between the CPSW and the BPBU;
3. The Comprehensive Assessment;
4. The Journey Back Home;
5. Proactive rather than Reactive; and
6. The Need for Services.

These will be examined with reference to relevant literature in tune with the research topic. The first three themes will deal with the collaboration between BPBU and the themes four to six will look at child protection social work practice with reference to early intervention work and the new “term” infant mental health with child protection social work practice. All names and identifying material have being anonymised to protect participant’s identity. The table below gives a brief introduction into the participants profile and experience:

Participants	Role	Length of Experience	No. of referrals to BPBU
Social Worker 1 (SW1)	Duty Team	9 years	4
Social Worker 2 (SW2)	Duty Team	11 years	2
Social Worker 3 (SW3)	Duty Team	5 years	1
Social Worker 4 (SW4)	Long Term Team	8 years	7
Social Worker 5 (SW 5)	Intake and Assessment	6 years	4



## **4.2 Themes One: Benefits of the Residential Treatment Programme.**

From the interviews with the participant's a common theme that all participants highlighted was the benefits of the 24/7 assessment that a residential placement can provide. Residential programs are safe, secure and structured environments where the clients are supported through dealing with stressors, such as addiction, domestic violence, family conflict etc. that have impacted on their ability to parent their child in an appropriate manner (Gifford, 2011). SW 4 agrees with this when they state *"it is the residential component, the 24 hour monitoring and assessment of parenting and their availability to assess the parents responsiveness to the child's needs"* and the BPBU ability *"to undergo a comprehensive assessment of the parents additional needs from their own perspective in terms of mental health or addiction or learning disability, you know it's multifaceted"*. (SW 3)

This form of assessment offers parents who have struggled in their parenting within the community and is beneficial for those parents who have showed motivation and who have engaged in social work intervention but who need a more intense level of support (Gifford, 2012). SW 4 and SW 2 agree with this when they acknowledge that a parent's suitability to a placement in the BPBU is determined by *"someone's willingness and commitment, you know their ability to engage in community supports"* (SW 4). Also it was noted *"I think what's key for any parent admitted or provided a place in the BPBU is that they have shown a willingness to engage in appointments in the community"* (SW 4).

For all participants the client's motivation and engagement was an important aspect for the parent to display as it showed they had an understanding of how their parenting is effecting their child's development. It was also important for determining the parent's willingness to engage in the BPBU program so that it would be a successful placement.

All participants' felt that the aim of the BPBU intervention and assessment was to "empower rather than police" (Buckley, 2002, p. 7) parent's interactions with their child and build on and introduce protective factors. The protective factors that participants highlighted as areas of the BPBU services that were of particular advantage are looked at in more detail under the following headings:

### **4.2.1 Social Networks and Supports:**

For children and families at risk social support networks play a vital role in allowing the family to overcome adversity in a positive way (UNESCO, 2011). SW2, SW 3 and SW 5 noted that it was the needs based approach that the BPBU use that allowed them to acknowledge the social support networks in which their client had and from this implement an after care plan that led to a successful transition of the parent and child into the community. This is very much so in line with the ecological



approach that the social work assessment is based on, for example the “Framework for Assessment of Vulnerable Children and their Families” (Buckley *et al.*, 2006). This looks at the individual, their family, their community and wider society and how they interact with each other (UNESCO, 2011). The benefit of this approach is that it takes into account all the aspects that influence a child’s development but places the child at the centre (Owens, 2010). SW 5 notes this approach was particularly evident within the BPBU for their client as from the BPBU assessment it was identified *“that mum wasn’t in a position to care independently for the child.....but I suppose with family support.....she could do that”*.

**4.2.2 Availability of Specialist Services:** the majority of participant’s, namely SW 1, SW2, SW4 and SW5 agreed that having a specialist service such as the BPBU was of huge benefit to them and their client as it offered parent’s a chance to care for their child in a supportive environment and also learn the skills to provide adequate care for their child. SW 4 notes that *“I think they are very skilled over there, I think each discipline or each professional has a clear focus about what they are trying to achieve”*. Having these services meant that parents are being afforded the opportunity to prove their ability to provide adequate care for their child when the only alternative would be the child being placed in an out of home care setting due to the risk factors associated with the parents capacity to parent. This suggests that not enough resources are at social workers disposal and more specialised settings similar to the BPBU would certainly benefit child protection social work practice and in providing vulnerable parents the chance to parent their own children.

SW 5 also acknowledges the basic parenting skills that the BPBU offers support around: *“I suppose they carried out a full assessment, right down to the basics that were making bottles, bathing the baby, putting the baby to bed, changing.....everything like you know”*. SW 1 then acknowledges the more specialised services they provide, benefited their client. These included the flexibility of placements for parent and baby as they *“don’t put a timeframe on parent’s placements”* (SW 1). The other specialised services that participant’s found greatly beneficial were the infant mental health therapist, psychotherapist and the addiction counsellor.

**4.2.3 Key-working:** Another important aspect of the residential programme was the assignment of a key-worker to each parent undergoing assessment in the BPBU. Three out of the five participants felt this was an important component of the care that BPBU provide as it allowed the key-worker to develop a detailed knowledge of the child’s and parent’s needs. From this knowledge, the keyworker



plays a vital role in decision-making and care planning and they are seen as an important component of the client's network and support (Mallinson, 1995; Mattinson and Pitrang, 2000). SW 1 noted that the use of key-workers meant that the overall care package provided by the BPBU offered a consistent approach and allowed the client to build relationships and feel safe and secure in their environment (Gibbs, Sinclair, 1998; Whittaker, Archer and Hicks, 1998). SW 3 comments on the overall collaboration saying that the provision of *"excellent parenting support, psychotherapy and therapeutic intervention led to an informed key working agenda"*. SW 2 also made the point that the key-worker approach is *"very tailored to each parent and child and what they need"* and *this approach allows the parent to build a "trusting relationship with the key-worker"* (SW 1).

#### **4.3 Theme Two: Collaboration between the CPSW and the BPBU**

There were several strengths acknowledged during the research conducted that suggested the collaboration between the CPSW and the BPBU is an effective and established one. It is this value that both parties place on partnership that has allowed for effective and transparent practice (Thompson, 2000; Buckley, *et al.*, 2006). Traditional approaches to partnership have been criticised for being provider-led which can promote *"institutionalisation, paternalism and inadequate safeguards"* however; from research conducted this is not the case. Participants had a universal agreement that the partnership was not just between the CPSW and the BPBU but also included the child's best interests, the parent's voice and those who will be involved in the client's life post placement. SW 3 noted that support is *"formed around individual plans for parent and baby and this involves ourselves, public health nurses, general practitioners and other professionals and I think the involvement of dad and extended family members is also very important and this is something that in my experience the BPBU advocate"*. Croft and Beresford, 1994 agrees with this form of inter-agency work stating that medical professionals, extended family members and support workers are all crucial professionals to a successful placement plan and intervention. In practice the CPSW witnessed this partnership in many forms where the parent was involved in all aspects of the referral process and was corresponded with on all issues that emerged during the placement. This aided the relationship between the parent, the CPSW and the BPBU and ensured the relationship was based on honesty and transparency. SW 2 noted that this effective collaboration is due to the fact that relationships were formed with the parent through *"honest and transparent communication"*.



This collaboration was further aided by the communication between the CPSW and the BPBU. This communication occurred in a variety of ways. Semi-formal communications took place through telephone calls, email and semi-formal meetings within the BPBU, while more formal types of communication took place in case conferences, child protection conferences, care plan reviews, pre-birth conferences and assessment and progress reports. Two participant's, SW 2 and SW3 stated that the willingness of the BPBU to engage in these forms of communication really made the process of referring a client smooth and it benefited the client as all parties knew the reason, aims and objectives of the placement. This form of collaboration is in line with the Children's First: National Guidelines for the Protection and Welfare of Children 2011 where it states that *"it is essential that all professionals and organisations involved with a child and his or her parents/carers deliver a coordinated response"* to the needs of the child and parent.

#### **4.4 Theme Three: The Comprehensive Assessment**

This finding explores the experiences of the child protection social workers of the assessment carried out in the BPBU. As already stated in Section 4.2 above, all of the participants in this research found the 24/7 support and supervision offered in the BPBU as the main benefit of the placement. In addition to this, the participant's noted that it was the BPBU support services and understanding of relevant theory that all added to the comprehensive assessment. These findings are reflected upon below:

##### *4.4.1 The Intergenerational Transmission.*

Three of the participant's spoke about the effect of intergenerational transmission has on the CPSW assessment. They acknowledged that the parent's own experience of being parented influence their ability to parent. These participants spoke about the psychotherapy service which is available to these parents while they are completing a placement within the BPBU. It is this psychotherapy that allows the parent acknowledge how they experienced parenting with the hope of creating intergenerational change and the parent achieving a level of mentalisation that allows them to see the impact of their parenting is having on their ability to provide adequate care for their own child (Fonagy, 2006; Brotherton, *et al.*, 2010).



#### 4.4.2 The Parent-Baby Bond

The participants' were asked what the significant differences of the BPBU unit assessment compared to the social work assessment were. Four of the five participants stated in their interviews that the BPBU allowed for the assessment of the parent-baby bond and attachment and to observe, evaluate and supervise this attachment over an extended period of time. Four out of the 5 participant's used for this study acknowledged that their clients had or presently have children within the care system due to their lack of ability to form attachments with their children and provide safe guards to protect them. The participant's placed a high value on the assessment of attachments for these parents as it looked at the parent's ability to comfort and soothe their vulnerable child in areas of feeding, cleaning, feeding and play (Norwood and Page, 2007; Bowlby, 1988). SW 5 notes that the social work assessment would be focused on attachment to assess the bond between parent and baby: *"The most obvious thing I would be looking at is....parenting and being emotionally available to the child.....I'd associate a child having a secure attachment to their parent or positive attachment and having I suppose all their physical needs being met and you know.....just being secure and happy and feeling loved I suppose, would all contribute to positive mental health for an infant"*.

#### 4.4.3 The Infant Mental Health Specialist

When participants were asked about what they felt were the main aspects of the BPBU service, all agreed that it was their knowledge and expertise in the area of infant mental health and neurobiology. SW 4 states, when they speak about infant mental health within child protection practice, *"I think it's a relatively newly spoken about concept even though it has always been part of people's practice but certainly the neurological side of it in terms of brain development"*. They felt that it was this advanced knowledge of infant mental health that highlighted the lack of training and policy in social work practice in the area of infant mental health. When asked what they felt would benefit their knowledge of infant mental health four of the participant's felt that the training that is provided by the BPBU is a crucial part of the overall organisation and three noted that if more training was available it would be of real benefit to their practice. SW 3 notes *"yeah and I mean they do offer excellent training but I suppose it is very expensive"* and SW 1 notes that *"Bessborough training is very useful and very focused and really clear in terms of practice, the breakdown in terms of what it means in reality on the ground"*. The issue for SW2, SW3, SW4 and SW5 was that the resources in the area of infant mental health training were that *"there is no training out there and the fact that they (BPBU) provide this training is crucial and beneficial for child protection social*



workers". (SW 2) Nelson and Mann (2011) agree with this point when they state that *"the field of childhood mental health has a limited number of training programs and qualified practitioners, making it difficult for parent's and child-serving programs to access experienced professionals"* (p. 129).

#### **4.5 Theme Four: The Journey back Home**

Another theme that came about from the research conducted with the participants was the transition from the residential care setting to the community care setting and how this process is acknowledged as a risk factor to the success of the placement. Four out of the five participants recognised this transition as a period of high risk as the client is moving from an intensive support network to a community setting i.e. their own home, where support networks are less intensive. Exploring this area two participants commented the transition period that the BPBU provide is excellent because they feel this period takes into account all risk factors and protective factors that the client presents with and works with them to limit the risk and builds on their strengths. The issue for the CPSW here is that the client may find it difficult when they have less support at their disposal. SW 3 states that the BPBU *"were realistic in the fact that they require to be involved for a much longer period and they attempted to offer this"*. In contrast though SW 4 notes that *"the service hasn't yet developed an aftercare package and that the aftercare package is really part of the onsite team rather than their being an aftercare team"* and SW 1 proposes that *"if they (BPBU) were looking at developing the service even more that's what (an aftercare team) I would be looking at"*. This suggestion is in line with the National Early Years Strategy (2013) where it notes that *"intervention services should be delivered in a variety of community-based settings including schools, medical centres and in the family home"*. This is due to the key findings from literature that early intervention has both short and long term benefits on children's lives (Dept. of Children and Youth Affairs, 2013).

#### **4.6 Theme Five: Proactive rather than Reactive**

This finding came from research conducted with the participant's in relation to early intervention service provision. One particular finding that emerged from the participant interviews was the crisis driven nature of child protection services. For three of the participant's this was due to a lack of resources at their disposal. SW 5 speaks about social workers *"are so used to being crisis driven.....it*



*will take a while to shift away from that and you know, develop everything that we need to develop in order to provide that preventative service you know”.*

Two participants stated it was due to lack of policy and guidelines within the area of early intervention. SW 4 notes that *“definitely we need frameworks and everything like that you know to provide that preventative service you know”.*

When asked about the early intervention model in use in the United Kingdom all but two participants were aware of this and those who had knowledge of this model agreed it would benefit their practice if adequately resourced. SW 3 who had experience of working within a child protection team in the UK noted that *“it’s very much a prevention team made up of lots of professionals who work with the family having that wraparound service while mom and children are in the community and I think if we had more teams like that, you know, for the welfare cases before they get to child protection”.*

It is these early intervention programmes that focus on “parental behaviour and environmental factors to reduce the risk of child abuse and neglect” (Qualtieri and Robinson, 2013). As for policy and guidelines in early intervention work recently the Department of Children and Youth Affairs launched the National Early Years Strategy which addresses issues of early intervention and prevention of current and future crises (National Early Years Strategy (NEYS), 2013). With this introduction it is hoped that investment and support will be enhanced into early intervention and prevention work (Fitzgerald, 2013). Two of the participants of this research noted the introduction of the Child and Family Agency which is a recommendation of the Toward Recovery: Programme for a National Government 2011-2016, shows the government’s commitment to advancing early intervention and prevention practices but both were hesitant as to what this will look like in practice stating that *“we will hope but I won’t hold my breathe”* (SW 2).

#### **4.7 Theme Six: The Need for Services**

When asked about what they would change about the BPBU services all participants responded by stating that more services of the BPBU would without doubt benefit their practice. SW 4 states that *“if anything they (BPBU) have gone beyond what they should be doing”.* These specialised early intervention services have several benefits for vulnerable children and families which aiding the reduction of child abuse, neglect and maltreatment of infants and children and aiding to reduce the number of children being placed into out of home care which has a substantial economic cost (Taylor *et al.*, 2008). SW 3 adds that *“we intervene early but it doesn’t necessarily mean we have the*



*supports or services once we intervene*". SW 4 acknowledged the positive effects that early intervention would have on reducing the risk of infants developing mental health issues later in life when they state that *"the impact on children if there isn't any early intervention, the outcomes are dreadful but it doesn't necessarily mean we have the supports then to do that"*. This is reinforced by Daro (2000) who suggests that early intervention programs "can substantially lower the need for specialised supports and services later in life" (p. 33).

In a "Every Child Matters" report conducted in the United Kingdom it shows that in a ten year period from 1991-2001 cases of child neglect, abuse and maltreatment tripled and that out of these it is reported that several of these people suffered negative consequences due to their maltreatment in childhood, such consequences include criminal activity, drug or alcohol abuse and mental illness (NSPCC, 2011).

#### **4.8 Conclusion**

This chapter served its purpose in providing the reader with an account of what the CPCW views as the most beneficial service which the BPBU provide. These have being categorised into headings which came from the findings of the research. It has being found that the CPSW views the services of the BPBU as being of high value to their practice. It founded that a aftercare service would be a valued addition that the BPBU can expand on. Overall the research found that the CPSW acknowledged a lack of early intervention policy and frameworks hindered their practice. A formal assessment frameworks focussing specifically on early intervention would benefit their practice. Also for this early intervention model to work early intervention services would need to be established so that vulnerable families could access supports when needed.



# Chapter Five: Discussion and Recommendations

---

## **5.1 Introduction**

Even though this project entailed some limitations, which were outlined in chapter two, it did produce a number of key themes and issues that were acknowledged during the analysis stage of the research. This chapter will discuss these themes and subsequently depict key recommendations generated by this study.

## **5.2 Discussion**

Within this section I will return to the initial research questions outlined in chapter one and discuss the findings with these in mind. The overall aim of this research was to gain a greater understanding of the experience of the CPSW's who have collaborated with the BPBU, with a view of gaining an increased awareness of their understanding of the services provided by the BPBU with a focus on early intervention and infant mental health. Through the use of an extensive literature review it has been established that infant mental health models and early intervention programs have weighty benefits in maintaining the parent-child bond and ensuring healthy development across the child's lifespan and into adult hood. It also highlights the significance of the infant mental health and how the social work professional can promote this in their assessment and intervention but that early intervention programs are lacking within Irish social work child protection practices. Secondly through primary research it has been established that the CPSW viewed the BPBU as an essential resource and that their specialist services are essential in maintaining the parent-child bond and increasing a parent's awareness of their child's world thus potentially limiting the probabilities of the child being placed into out of home care.

The most evident themes emerging from these findings include that all participant's expressed a great appreciation for the services and supports provided by the BPBU. The BPBU openness to engage with an inter-disciplinary approach was highly respected by the majority of the participant's.



It was the specialised services such as psychotherapy, key-working, infant mental health specialist and the residential setting as being most substantial to the overall care package.

However, the findings also revealed that participant's acknowledge the need for a more intensive aftercare program for the clients who have made the transition from the residential support setting to a community support setting. From the research it is clear that the participant's viewed the existing aftercare program with high regard but they saw this transition approach as a high risk period for relapse for their client's. They suggest that a more intensive aftercare package may limit this risk of relapse. Participants noted that the BPBU have a transition process that is very person-centred and takes into account all aspects of the client's life with the purpose of ensuring the client is comfortable and capable to care for their child within their own home and community without the need for the residential support.

Another theme that arose from the findings was the difference between that social work assessment and the BPBU assessment. All participant's felt that the main advantage of the BPBU assessment was that it allowed for 24/7 assessment and also involved an infant mental health specialist. In chapter three the main theories used in a social work assessment are shown which allow the social worker to assess the parent-child bond and the parent's capacity to respond to their child's needs but it is limited to the traditional nine to five working hours of social worker. It is for this reason the 24/7 assessment that the BPBU can provide is highly regarded.

In addition, another theme that came about from the research was the need for early intervention programs in social work practice. The lack of any early intervention program within child protection practice was particularly concerning. Resource constraints and a lack of policy were the main reason for this. Each participant acknowledged the importance of early intervention in preventing crisis and decreasing incidences of child abuse, neglect and maltreatment. It is hoped that the "Right from the Start" document, if adequately resourced, will aid social work practice in providing appropriate services and interventions to vulnerable families and children but to do this services similar to the BPBU need to be established.

It is clear from the research that the collaboration between the CPSW and the BPBU is of an excellent standard and their service is highly regarded within the child protection agencies in which the participant's work within. It is the lack of these specialised services that is of concern for the participant's. This along with the concern surrounding the lack of early intervention policy and services form the recommendations of this research. These recommendations will also include



insight into what the social worker identifies as being of particular support and how these may be further advanced with the services of the BPBU.

### **5.3 Recommendations**

Based on the findings from research conducted the following are the recommendations:

#### **1. Recommendation 1: After Care Service Development**

In the words of SW 4 *“I suppose the service hasn’t yet developed to include a comprehensive outreach package, the aftercare package is really part of the onsite team rather than there being an aftercare team. If they were looking at developing the service even more, that’s what I would look at”.*

The benefits of aftercare home support are widely acknowledged as being a source of support to a family and aid them in forming a social network. In addition it gives the practitioner an insight into the parents and children’s needs and helps in the early detection of signs of abuse/neglect and/or parental distress. (Wasik & Roberts, 1994; Mc Keown *et al.*, 2000).

#### **2. Recommendation 2: Continued Training**

The provision of training was highlighted as a beneficial aspect of the services provided for by the BPBU. This is an area that participant’s highlighted as an area that could be advanced so that their practice would benefit. This study recommends that the BPBU continues to provide quality training to practitioners and continue to advance their knowledge and expertise of infant mental health.

#### **3. Recommendation 3: National Framework for Early Intervention**

This recommendation comes from secondary research conducted around early intervention policy on a national scale and it highlights the need for a national framework in providing early intervention services and assessing a family’s needs. It also highlights the lack of services within the community and services such as the BPBU at the CPSW’s disposal. It recommends that the area of early intervention should be promoted and this is done through the work that the BPBU is completing when intervening to maintain the parent-baby relationship.



**4. Recommendation 4: Study of Service User Perspective**

This study has demonstrated the importance of early intervention in preventing family breakdown and the benefits a service like the BPBU can have for a family. Looking to the future, a study that looks at the outcomes of what is considered a successful placement from the BPBU could highlight further the benefits of maintaining the parent-baby bond and the positive long-term effects early intervention can have for children.



# Chapter Six: Conclusion and Reflective Piece.

---

## **6.1 Introduction**

This final chapter of this dissertation will serve the purpose of concluding this research project. This conclusion will include implications for social work practice which this study has highlighted. This study will conclude with a reflective piece detailing my research journey and how it has benefited me both personally and professionally.

## **6.2 Reflective Piece**

Completing this research project has offered me the opportunity to develop my skills in the area of social research. Social research was not a concept I have had much exposure to and something I did not have a lot of interest in. This project highlighted to me the importance of social research as it informs social work practice. I hope to continue and develop this as I begin my career as a social work practitioner. I feel the support I received from the BPBU highlighted for me the importance of inter-agency work and how collaborating with each other can have huge benefits and it is this value that I will carry into my practice.

In addition this project allowed me to gain knowledge in the area of child development and the importance of early experiences of childhood. This is a value I would have had before conducting this project but as my knowledge of child development has increased I now have a heightened sense of the importance of infancy and how infants experience being parented. From hearing the participant's experiences of working with vulnerable and at risk children I appreciate the difficult task they have in practice in providing adequate protection for the children. It highlighted for me their dedication to the social work profession and this is something that I will use to guide my own practice.



The research process itself I found to be a positive experience for me. I believe this is due to me being organised. Listening to the presentations of the 2013 MSW's I realised that organisation was essential in conducting a dissertation. Knowing this I prepared well in advance in finding participants and keeping a research journal with topic and literature that would aid my final write up. This project became real for me when I conducted my first interview. I was anxious before this interview but it gave me a clear focus. Hearing the participant's experiences allowed me to see the research come to life and from this I was able to adapt my interview questions so that research collection was applicable to my research questions.

From previous reflections during my time on the MSW I was able to acknowledge my value of partnership and I feel this is something that made this project real for me. It allowed me to partner with the BPBU and the CPSW to conduct a piece of research that will benefit the community agency that is the BPBU. It is this partnership and collaboration that I will carry and continue in my practice as a social worker.

### **6.3 Conclusion**

This project provided the BPBU with an insight into how the CPSW view their service. The CPSW's view of the BPBU was an overall positive experience so it can be concluded that the BPBU is a vital service for providing assessment and early intervention services for vulnerable children and families. It also highlighted the need for early intervention services within child protection social work practice and through this how the CPSW understand the concept of infant mental health has been understood. The CPSW's accounts provide an account of what they feel is needed in child protection practice so that they can limit the risk of family breakdown and it was acknowledged that services similar to the BPBU are needed. In addition to these specialised services the participant's also highlighted the need for community and aftercare services for at risk families. This project shows the recent developments in policy in relation to early childhood services and how the Department of Children and Youth Affairs aim to establish services that are aimed at the vulnerable and ever growing population of children aged 0-6.

Throughout this project the essential work of the BPBU has being highlighted and this is largely credited by the smooth collaboration between the BPBU and the CPSW. I believe this project has



provided the BPBU and clear insight into how their services are viewed within child protection social work. It also plays a small part in acknowledging the need for early intervention services within the community and how social work practice is in need of a framework that allows them to assess at risk families while they remain in the community. Agencies such as the BPBU are essential in giving parent's the chance to parent their own children so that out of home care is used in an effort to safeguard the child.

I would again like to thank the BPBU and CARL for allowing me the opportunity to conduct this research. It has been greatly appreciated.



# Bibliography

---

1. Ainsworth, M. D. S. (1979) Infant mother attachment, *American Psychologist*, 34, 934-937.
2. Anne, L. and Greer, J. (2009) Safeguarding and protecting children in maternity services: Implications for practice. *Child Care in Practice*, Vol. 15, No. 4, pp. 313-326
3. Azzi-Lessing, L. (2010) Growing together: Expanding roles for social work practice in early childhood settings. *National Association of Social Workers*. Vol. 55, No. 3, pp. 255-262.
4. Belsky, H. (2001) in Barrdon et al., *The practice of psychoanalytical parent-infant psychotherapy*, New York, Basic Books.
5. Berger, S. K. (2006) *The Developing Person: Through childhood and adolescence*. Worth Publishers, New York.
6. Blatt, Salesky, Meguid, Church, O'Hara & Haller-Peck. (1997)
7. Bowlby, J. (1969) *Attachment and Loss: Vol. 1. Attachment*. New York, Basic Books.
8. Branom, C. (2012) Community-Based Participatory Research as a Social Work Intervention Approach, *Journal of Community Practice*, 20;260-273.
9. Brotherton, G., Davies, H. and McGillivray, G. (2010) *Working with Children, Young People and Families*, SAGE Publications, London.
10. Bryman, A. (2012) *Social Research Methods (4<sup>th</sup> Edn)*, Oxford University Press, Oxford.
11. Buchanan, A. (1996) *Cycles of Child Maltreatment; Facts, Fallacies and Interventions*. England, John Wiley & Sons Ltd.
12. Buckley, H. (2002) *Child Protection and Welfare: Innovations and Interventions*. Institute of Public Administration, Dublin.
13. Buckley, H., Horwath, J. and Whelan, S. (2006) *Framework for Assessment of Vulnerable Children and their Families*, Trinity College Dublin, University of Sheffield, Dublin.
14. Carey, M. (2009) *The Social Work Dissertation: Using small scale and qualitative methodology*, Open Press University, Berkshire, England.
15. Casey, G. (2002) Pregnant women and the unborn child: Legal adversaries? *Medico-Legal Journal of Ireland*, Vol. 8, No. 1. 75-81.
16. Casey, G. (2008) in J. Schweppe. (2008) *The Unborn Child: Article 40.3.3 and Abortion in Ireland*. Dublin, The Liffey Press.

- 
17. Centre for Early Childhood Development and Education. (2004) "On Target? Audit of services targeting disadvantage and special needs among children aged birth to 6 years, Centre for Early Childhood Development and Education, Dublin.
  18. Cornwall, A. and Jewkes, R. (1995) 'What is Participatory Research?' *Social Science and Medicine* 41 (12) (1667-1676).
  19. Department of Children and Youth Affairs, 2011, *Children First: National Guidelines for the Protection and Welfare of Children*. Government Publications, Dublin.
  20. Department of Children and Youth Affairs. (2013) "Right from the Start: Report of the Expert Advisory Group on the Early Years Strategy" Government Publications, Dublin.
  21. Easton, C. and Gee, G. (2012). *Early intervention: informing local practice* (LGA Research Report). Slough: NFER.
  22. Egeland and Sroufe. (2008) in A. Buchanan, (1996) *Cycles of Child Maltreatment; Facts, Fallacies and Interventions*. England, John Wiley & Sons Ltd.
  23. Ekeloar and Newell. (1981) in A. Buchanan, (1996) *Cycles of Child Maltreatment; Facts, Fallacies and Interventions*. England, John Wiley & Sons Ltd.
  24. Erikson, E. (1950) *Childhood and society*. New York, The Guilford press.
  25. Erikson, E. (1988) *Identity and the life cycle*. New York, Norton & Co.
  26. Fitzgerald, F. (2013) *Expert Group Report on Early Years Strategy*, Press Release, Accessed On: 09/04/2014, Online at: <http://www.dcy.gov.ie/viewdoc.asp?Docid=2991&CatID=11&mn=&StartDate=1+January+2013>
  27. Flick, U. (2006) *An Introduction to Qualitative Research*, SAGE Publications, London.
  28. Fonagy, P. (2006) *Affect regulation, mentalization and the development of the self*. New York, Other Press.
  29. Fonagy, P., Steele, H. and Steele M. (2002) *Maternal representations of attachment during pregnancy predict the organisation of infant-mother attachment at one year of age*. *Child development*, Vol. 62, pp. 891-905
  30. Fraiberg, S. (1959) *The magic years*. New York, Charles Scribner's Sons.
  31. Freud, S. (1965) *Normality and pathology in childhood*. New York Press, Basic Books.
  32. Gifford, S. (2011). *Differences Between Outpatient and Inpatient Treatment Programs*. *Psych Central*. Accessed On: April 1, 2014, Online at: <http://psychcentral.com/lib/differences-between-outpatient-and-inpatient-treatment-programs/0007531>
  33. Guralnik, (1997) in Barrdon et al., *The practice of psychoanalytical parent-infant psychotherapy*, New York, Basic Books.

- 
34. Health Service Executive, (2007) Infant Mental health Conference. available at [www.hse.ie](http://www.hse.ie)
  35. Health Service Executive. (2009) Best Health for Children
  36. Howell, K. E. (2013) Introduction to the Philosophy of Methodology. London: Sage Publications
  37. Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-202.
  38. Joyce, A. (2006) The parent-infant relationship and infant mental health, in Barrdon et al., *The practice of psychoanalytical parent-infant psychotherapy*, New York, Basic Books.
  39. Keating, O'Donnell and Koechlin. (2005) in Barrdon et al., *The practice of psychoanalytical parent-infant psychotherapy*, New York, Basic Books.
  40. Lynch, D. and Burns, K. (2012) *Children's rights and child protection: Critical times, critical issues in Ireland*. Manchester, Manchester University Press.
  41. Mallett, S., Rosenthal, D., & Keys, D. (2005) Young people, drug use and family conflict: Pathways into homelessness. *Journal of Adolescence*, 28, 185-199.
  42. Mallinson, I. (1995) Key-working in Social Care: A structured approach to provision in McKellar, A. and Kendrick, A. (2013) "Key-working and the quality of relationships in secure accommodation", *Scottish Journal of Residential Care*. Vol: 12, No. 1.
  43. Mattinson, V. and Pistrang, N. (2000) Saying Goodbye: When keyworker relationships end in McKellar, A. and Kendrick, A. (2013) "Key-working and the quality of relationships in secure accommodation", *Scottish Journal of Residential Care*. Vol: 12, No. 1.
  44. McKeown, K., Haase, T., Pratschke, J., 2000, Does Family Support Make A Difference? Interim Evaluation of Springboard, January to May 2000, Dublin: Department of Health and Children, Childcare Section.
  45. Moore and Larkin. (2005) in Barrdon et al., *The practice of psychoanalytical parent-infant psychotherapy*, New York, Basic Books.
  46. Morrison, J. A. (1990) Emotional development and disorders in young children in the welfare system in J. A. Silver, *Young children and foster care: A guide for professionals* (pp. 33-64) Baltimore, Paul H. Brookes Publishing Co.
  47. O'Doherty, J. (2013) Quarter of Social Work Posts Unfilled. *Irish Examiner*. Available at [www.irishexaminer.ie](http://www.irishexaminer.ie)
  48. O'Loan, N. (2013) Does child protection only apply after the child is born? Ireland, *The Irish Catholic*.

- 
49. Oliver and Buchanan, A. (1979) in A. Buchanan, (1996) *Cycles of Child Maltreatment; Facts, Fallacies and Interventions*. England, John Wiley & Sons Ltd.
  50. Owens, S. (2010) *An Introductory Guide to the Key Terms and inter-agency initiative in use in Children's Service Committees in Ireland*. Centre for Effective Services, Dublin.
  51. Parton, E. (1985) in A. Buchanan, (1996) *Cycles of Child Maltreatment; Facts, Fallacies and Interventions*. England, John Wiley & Sons Ltd.
  52. Perry et al., (1995) in Barrdon et al., *The practice of psychoanalytical parent-infant psychotherapy*, New York, Basic Books.
  53. Qualtieri, S. and Robinson, S. (2013) "Social Investment in Children: Comparing benefits of Child Protection Intervention and Prevention Programs in Canada, the United Kingdom and Australia", *Journal of Canadian Social Work*, Canadian Association of Social Workers, Canada.
  54. Rosenblum, K. L. (2004) in Samerff, A. J., Mc Donough, S.C. and Rosenblum, K.L. (2004) *Treating Parent-Infant Relationship Problems: Strategies for Intervention*. The Guilford Press, New York.
  55. Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 118-137). Thousand Oaks, CA: Sage.
  56. Schweppe, J. (2008) *The Unborn Child: Article 40.3.3 and Abortion in Ireland*. Dublin, The Liffey Press.
  57. Shapiro, V. B., Fraiberg, S. & Adelson, E. (1976). Infant/Parent psychotherapy on behalf of a child in a critical nutritional state. *Psychoanalytic Study of the Child*, 31, 461-491.
  58. Silver, J. and Dicker, S. (2007) *Mental Health Assessment of Infants in Foster Care*. Department of Psychology, The Children's Hospital of Philadelphia. Vol. 86, No. 5, pp. 35-55
  59. Silverman, D. (2010) *Doing Qualitative Research (3<sup>rd</sup> Edn)*, SAGE Publications, London.
  60. Sinclair, I. and Gibbs, I. (1998) *Child Homes: A study in diversity* in McKellar, A. and Kendrick, A. (2013) "Key-working and the quality of relationships in secure accommodation", *Scottish Journal of Residential Care*. Vol: 12, No. 1.
  61. The Centre on the Developing Child. (2012) *In Brief: The Impact of Early Adversity in Children's Development*, Harvard University. Accessed On: 11/03/2014. Online At: [http://developingchild.harvard.edu/index.php/resources/briefs/inbrief\\_series/inbrief\\_the\\_impact\\_of\\_early\\_adversity/](http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_the_impact_of_early_adversity/)
  62. Thoburn, J., Lewis, A, and Shemmings, D. (1995) *Paternalism or Partnership? Family Involvement in the Child Protection Process*. London, HMSO.

- 
63. United Nations Educational, Scientific and Cultural Organisation (UNESCO) (2011) Family Support. Online at: <http://www.childandfamilyresearch.ie/family-support> Accessed on: 01/04/2014
  64. United Nations. (1989) in A. Buchanan, (1996) Cycles of Child Maltreatment; Facts, Fallacies and Interventions. England, John Wiley & Sons Ltd.
  65. Van Nijnatten, C. (2006) Finding the words: Social work from a developmental perspective. Journal of Social Work Practice, Vol. 20. No. 2, pp. 133-144
  66. Wasik, BH., and Roberts, RN., 1994, "Survey of Home Visiting Programmes for Abused and Neglected Children and their Families", Child Abuse and Neglect, Volume 18, pp.271-283.
  67. Weatherston, D. (1996) She Needed to talk I Needed to Listen: An infant mental health intervention. Wayne State University Press, Michigan.
  68. Weatherston, D. (2002) Introduction to the infant mental health program. In J. Shirilla & D. Weatherston (Eds), Case studies in infant mental health: Risk, resiliency and relationships. (pp. 1-14), Washington, D.C., Zero to Three.
  69. Whittaker, D., Arher. L, and Hicks, L. (1998) Working in Children Homes: Challenges and complexities in McKellar, A. and Kendrick, A. (2013) "Key-working and the quality of relationships in secure accommodation", Scottish Journal of Residential Care. Vol: 12, No. 1.
  70. Winnicott, D. W. (1965) The maturational processes and the facilitating environment: Studies in the theory of emotional development, Madison CT., International Universities Press.
  71. World Association of Infant Mental Health (2011) Accessed On: 8 April 2014, Online at: <http://www.waimh.org/i4a/pages/index.cfm?pageid=1>
  72. World health Organisation. (2001)
  73. Zeanah and Anders. (1987) in A. Buchanan, (1996) Cycles of Child Maltreatment; Facts, Fallacies and Interventions. England, John Wiley & Sons Ltd.
-



# Appendices

---

## **Appendix 1**



### **Information Sheet**

**Title:** Child Protection Social Workers' (CPSW) experience of the Bessborough Parent and Baby Unit: The interface between infant mental health and child protection.

### **Purpose of the study**

This research study is a compulsory component of the Masters of Social Work in which I am enrolled at University College Cork. In choosing our research topic we have the opportunity to complete research for an organisation within the community. This is done under the supervision of the Community Academic Research Link partners and my chosen organisation is the Bessborough Parent and Baby Unit, located in Blackrock, Co. Cork. This research will look at infant mental health from a child protection social work perspective and will aim to explore the issues listed below:

1. What are the CPSW's expectations when referring a client to the BPBU?
2. The decision-making process in referring a parent and infant to BPBU.
3. Examining both the CPSW's and BPBU role in the assessment and care planning process.
4. The challenges faced by CPSW's in protecting vulnerable children in relation to current legislation and policies.
5. Exploring the parent-infant relationship, the assessment of a parent's parenting capacity and the impact of how a child experiences parenting on their mental health.

The research will also look at the involvement of the CPSW in supporting parents during the early intervention and assessment process involved. Finally the research will look at the how the CPSW experience of the BPBU intervention and services provided to parents and their infants.



### **What will the study involve?**

The research will be gathered by using semi-structured interviews of 6-8 social workers who have had experience of collaborating with the BPBU. These interviews will be conducted by me on an individual basis with the social workers. Interviews will last a maximum of one hour and I will ask you a series of questions relating to the research topic.

### **Why have you been asked to take part?**

As the research is specific to BPBU it was decided that social workers who have had experience of working with BPBU would be best candidates to interview. You also meet the research criteria of being over 18, working within a child protection social work agency and have had experience of working with vulnerable parents and their children.

### **Do you have to take part?**

No, your participation is completely voluntary. If after reading the information provided in this pack you feel you would like to participate you can **forward on the signed consent form in the stamped envelope provided and I will contact you to discuss possible dates and times for an interview.** If for any reason you decide you no longer want to be involved, you may withdraw your consent. If this occurs after the interview has taken place you can withdraw consent up to 3 weeks after the interview. In this case all your data will be deleted.

### **Will your participation in the study be kept confidential?**

Yes. I can ensure you that no identifying information will appear in any part of the research process and the final research project. To ensure this, all identifying components will be replaced with pseudonyms; this includes names, places of work, age, gender, address etc. All information shared with the organisation and my college tutor will include these pseudonyms and identifying information will be excluded. However, given the small possible sample you may be identified but all attempts will be taken for your identity to remain anonymous.



### **What will happen to the information which I give?**

All data will remain confidential. All information gathered in the interview process will be recorded on a dictaphone until transcribed by myself. After this all audios will be deleted from the dictaphone. These transcripts will then be stored on my UCC email secure server, which only I will have access to. BPBU will not have access to the RAW data (audio and transcripts) only the final report.

### **What will happen to the results?**

All results and information gathered will be included in my final research project and will be made available to the BPBU. All participants will get a copy of the final dissertation as well as my tutor, external examiner and a second marker. The project will be available on the CARL website (<http://carl.ucc.ie>) and may be used in presentations and publications in the future if the dissertation reaches the appropriate academic standard. A presentation of the project will also take place in UCC sometime in May 2014, and this presentation will also be made to the BPBU. Your presence at this presentation would be greatly welcomed. You will not be identified in any aspect of the written project, report or presentation.

### **What are the possible disadvantages of taking part?**

To finish off the interviews I will ask you to express how you found the experience of the interview and its content. If there was any aspect of the interview you found distressing this will be addressed appropriately.



## Appendix 2

### What if there is a problem?

I do not envisage any problems occurring but in the case of this happening I will correspond with my college tutor and the designated contact person from BPBU and the problem will be handled appropriately and confidentiality will be maintained.

Below are the details of my college tutor and designated contact from BPBU.

Dr. Kenneth Burns.

School of Applied Social Studies,

University College Cork,

Crossleigh House,

O'Donovan's Road,

Cork.

[k.burns@ucc.ie](mailto:k.burns@ucc.ie)

Ms. Nicola O'Sullivan.

Bessborough Centre,

Blackrock,

Cork.

[NOSullivan@bessborough.ie](mailto:NOSullivan@bessborough.ie)

### Who has approved this study?

This study has approval from the School of Applied Social Studies in addition to my college tutor, Dr. Kenneth Burns. This project does not need ethical approval from the UCC Social Research Ethics Committee as it does not involve service users. However I do acknowledge the sensitive nature of the topic and I will be mindful of this. I will end each interview by asking you to give feedback on how you felt while discussing the interview consent. If any issues arise during the interview that you are uncomfortable with you can decide not to answer.

### Final Note

If you have any further questions please do not hesitate to contact me by phone or email and I will be happy to answer any queries you may have.

I would like to thank you for your time in reading this information and hope to hear from you in the near future.

Kindest regards, Kevin Veale. Tel: 087-6407176 Email: killineen1@hotmail.com



**Appendix 3**



**Participant’s Consent Form.**

I ..... (BLOCK CAPITALS) agree to participate in the research study of Kevin Veale (MSW) entitled “Child protection Social Worker’s (CPSW) experience of the Bessborough Parent and Baby Unit (BPBU): The interface between infant mental health and child protection.

Please tick the box below:

1. I am participating in this study voluntarily.
2. I understand the purpose and function of this study.
3. I give permission for the interview to be audio recorded.
4. I understand I can withdraw from the study at any time, before or during the interview.
5. I understand that I can withdraw my permission to use the data three weeks after the interview as taken place, I this case all material will be destroyed.
6. I understand that confidentiality will be maintained in the final study write-up and my identity will be hidden.
7. I give permission for disguised extracts from interview to be used in the final dissertation, presentations and publications associated with this project.

I have read the above terms and understand my role as a participant in this study and I give my consent to participate in the study.

Participant’s Name: \_\_\_\_\_ . (BLOCK CAPITALS)

Participant’s Signature: \_\_\_\_\_ .

Researcher’s Signature: \_\_\_\_\_ .

## Appendix 4



Dear Sir/Madam,

My name is Kevin Veale and I am a student in the Masters of Social Work currently in second year of my studies in University College Cork. As part of my studies I am undertaking a research project investigating the area of Infant Mental Health and Early Intervention in Child Protection Social Work. This research will be conducted in partnership with the Bessborough Parent and Baby Unit. The title of this study is “Child Protection Social Workers (CPSE) experience of the Bessborough Parent and Baby Unit (BPBU): The interface between infant mental health and child protection”. This project is part of the Community Academic Research Links at UCC where students partner with community groups to explore research questions identified by the groups. It is intended that the final dissertation will be used by BPBU to improve the service they provide to their clients.

This project will be composed by participatory research where your knowledge and perspective will form the basis for research and planning.

The aim of this study is to explore the dilemma’s experienced by CPSW’s when protecting vulnerable children. Specifically, I would like to gain insight into the role of the CPSW in early intervention and the decision-making process when referring a client to the BPBU.

I am contacting social workers who have made referrals to the BPBU and they have sent this letter on my behalf, although I am an independent researcher. I am very interested in learning about your own unique experience of working with the BPBU and how you feel their services have aided you in protecting the infant while maintaining the bond between parent and infant.

This interview will require one hour maximum of your time and I will ask you a series of questions about your experience. Your participation would be very much appreciated and a valuable contribution to this research project as research in the area of infant mental health is limited in Ireland. This research will also benefit BPBU and aid them in assessing the services and supports they



offer to their clients. Further information on this study is provided in the information sheet accompanying this letter.

If you would like to participate in this study, I would be very grateful if you could complete the consent form attached and return it to me in the stamped addressed envelope provided **before Wednesday 10<sup>th</sup> January 2014**. I hope to conduct interviews during the last two weeks of February 2014. If you agree to participate, I will contact you before Christmas to arrange a time, date and venue that will suit you. If you have any further questions about the study or your involvement, please do not hesitate to contact me on 087-6407176 or by email at [killineen1@hotmail.com](mailto:killineen1@hotmail.com). Thank you and I look forward to hearing from you.

Kind Regards,

\_\_\_\_\_ .

Kevin Veale.



## Appendix 5

### Interview Question

**Title:** Child Protection Social Worker's (CPSW) (Munster) experience of the Bessborough Parent and Baby Unit: The interface between infant mental health and child protection.

Semi-structured interview with participant of a Child Protection Social Work Department

- Begin recording
- Thanks for participation
- Explanation of consent letter
- Ensure person is comfortable with participation
- Brief outline of number of questions
- Begin asking questions.
- Confidentiality and independent study.

**Topic 1: Background to Social Workers experience of collaborating with Bessborough Parent and Baby Unit.**

**Questions:** When and why, did you first use BPBU and have you used their services since?

**Probing Questions:**

- What do you feel were the reasons that led you to use BPBU?
- What is your understanding of the services and support provided by the BPBU?
- Were there any alternative services that you could have offered you client?
- At what point of your assessment did you acknowledge BPBU as a suitable placement for your client?
- In your opinion what kind of client's are suited to BPBU?
- What aspects of the service drew you to BPBU?
- Had your client used BPBU previously and why?

**Topic 2: The BPBU referral process.**

**Question:** How did you find the referral process?

**Probing Questions:**

- In your experience was this collaboration a smooth process?
- Do you feel this process gave Bessborough a good insight into the Social Worker's expectations?
- If the placement was not successful what factors do you think led to this?

- 
- Was their regular contact from BPBU during your client's placement?
  - Did you feel satisfied that the BPBU met your expectations and why?

### **Topic 3: Reasons for referring a client onto BPBU?**

**Question:** Can you describe for me the reasons why you felt BPBU was a suitable placement for your client?

#### **Probing Questions:**

- How does a CPS deem a client suitable for BPBU?
- Were there any alternative services that you could have offered to your client?
- At what point of your assessment did you acknowledge BPBU as a suitable placement?
- 

### **Topic 4: Child Protection Social Worker's view of the services provided by BPBU.**

**Question:** Do you feel that the services and supports of BPBU adequately addressed your client's needs?

#### **Probing Questions:**

- Did you find these services and supports helpful in any Social Work follow with this client and why?
- Do you feel there could be changes made to these services and supports which would benefit CPSW practice?
- If you could change anything about the service what would it be?
- In your opinion how do you feel the BPBU aided you assessment?
- As a CPSW what is your overall goal for your client when referring them to the BPBU?
- 

### **Topic 5: Importance of Early Intervention.**

**Question:** From your experience is early intervention promoted within child protection social work.

#### **Probing Questions:**

- What do you feel are the advantages of early intervention for a child?
- Taking into account that the UK has a specific early intervention framework, do you think Ireland would benefit from such a framework?

- 
- In your opinion how would such a framework benefit CPSW practice?
  - In your opinion how do you think the new Child and Family Welfare Agency will affect CPSW practice and does it promote early intervention?

**Topic 6: Infant Mental Health.**

**Question:** What is your understanding of Infant Mental Health?

**Probing Questions:**

- In your experience is infant mental health an area that is recognised in CPSW practice and why?
- In your opinion do negative experiences of parenting effect a child's development?
- What areas of a child's development do you think are most vulnerable when they experience negative experiences during infancy?
- Do you feel that the BPBU address these developmental issues and the reasons they have occurred?

Is there anything else you would like to add that you feel would aid this research?

Many Thanks.