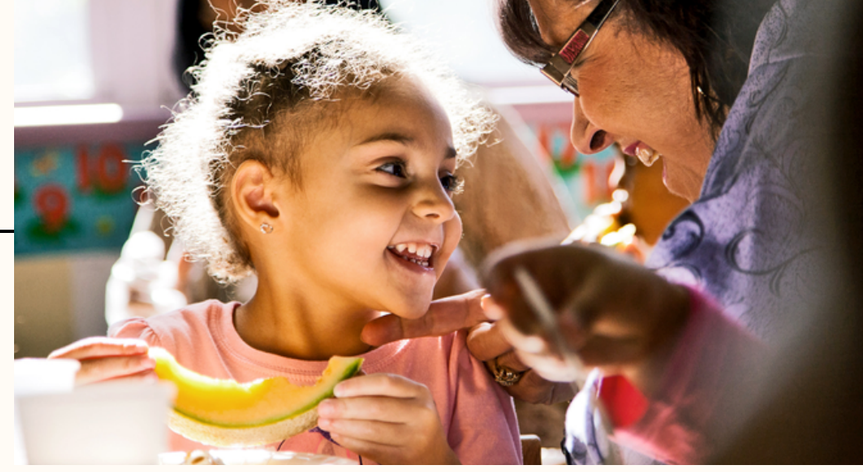
RESEARCH BRIEF



Evaluating the effectiveness of an Infant Mental Health training programme on Early Years practitioners' skills and practice

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KEY FINDINGS

- Early Years Practitioners' understanding of social and emotional development and the importance of relationships in child development was broadened.
- IMH training was found to facilitate the integration and implementation of new IMH skills and knowledge into Early Years Practitioners' daily practice.
- IMH training was found to build the IMH skills and capacities of Early Years Practitioners to further support and enhance the quality of practitioner-child relationships and interactions in EY settings.
- Findings underscore the value of developing an IMH early years training model to provide quality improvement across a range of areas in the EY sector.

IMPORTANCE OF EARLY RELATIONSHIPS

The early years of life lay the foundations for future outcomes. From conception to age six years, children experience rapid neurological development (Zero to Three, 2001). During this time, responsive and nurturing child-caregiver relationships foster the development of secure attachments and serve as a template for subsequent relationships throughout the course of the lifespan (Shonkoff & Phillips, 2000). How an infant or child is cared for in the early years of life shapes the course of early development (Weatherston, 2012). Early experiences including early relationships influence the development of neural pathways and facilitate the acquisition of adaptive skills such as emotional and behavioural regulation (Tayler, 2015). Conversely, adverse childhood experiences negatively impact on neurological development, resulting in long-term effects in areas such as self-regulation and social emotional functioning (Anda et al., 2012; Weatherston, 2012).

Children who grow up experiencing socio-economic disadvantage in their early years are at much greater risk than their peers of lower social, educational, and economic achievement, and poor lifelong outcomes in both physical and mental health (Buckley & Curtin, 2018). Prevention and early intervention programmes are vital for young children who experience prolonged stress to build effective coping skills (Shonkoff & Fischer, 2013). Heckman (2004) states that actions aimed at breaking the cycle of social exclusion are most effective if they start before children reach school-age.

THE ROLE OF EARLY YEARS PRACTITIONERS

High quality early childhood education and care (ECEC) has been found to positively impact educational achievement throughout the school years and yield longer-term social and economic gains (OECD, 2018). International studies into ECEC programmes implemented in disadvantaged communities for children under 3 years found that high quality childcare results in benefits for cognitive, language, and social development. Early Years (EY) practitioners therefore play a highly significant caregiving and educational role in the lives of children, supporting overall child development (Riblatt et al., 2017). They are uniquely placed to provide children with responsive and supportive relationships that can facilitate adaptive coping responses, providing a buffer against the harmful effects of negative experiences, as well as recognising and responding to signs of emerging social and emotional problems in children who may require higher levels of care (Riblatt et al., 2017).

INFANT MENTAL HEALTH CAPACITY BUILDING TRAINING

Stemming from the success of Let's Grow Together's existing inter-disciplinary IMH practitioner training programme, a specially customised IMH training programme for EY practitioners was developed in 2019 and implemented in two roll outs: November to February 2021 (pilot programme) and September to December 2021 (round 2). Evaluation of the pilot programme yielded important initial results regarding the value of EY IMH training in terms of building the capacities of EY practitioners working in an area of high socio-economic deprivation (Martin et al., 2022).

To add to the body of evidence, this study has compiled results from two rounds of the training in order to obtain more accurate and in-depth findings on the impact of IMH capacity building training on EY practitioners' skills and practice.

Infant Mental Health (IMH) is defined as 'The capacity of the child from birth to 5 years to form close and secure adult and peer relationships; experience, manage and express a full range of emotions; and explore the environment and learn all in the context of family, community, and culture' (Zero to Three, 2017).

IMH practice refers to a commitment by services working with young children and their caregivers to promote healthy emotional development, prevent emotional disturbance and treat mental health problems (Zero to Three, 2017).

Early Years
Infant Mental Health Training

Training was underpinned by the principles of IMH and guided by the Irish Association for Infant Mental Health (I-AIMH) Competency Framework ® (2018). Initial stages of development included mapping and exploring how the training would fit with skills and competencies required of EY professionals in Ireland and how it linked to curriculum and quality frameworks, Aistear and Síolta. Training was also developed with broader policy objectives in mind - First Five, A Whole-of-Government Strategy for Babies, Young Children and their Families and Better Outcomes, Brighter Futures. Links between these competencies and the competence requirements in Early Childhood Education and Care as outlined in the CORE report (2011) began to emerge. Consultation with stakeholders further identified the areas of competence that this IMH training would benefit.

Training consisted of four 2.5 hour sessions over a 4-week period. Reflective practice was a core element. Session frequency was planned to allow participants to absorb and assimilate information in-between sessions. A dual approach of sessions and onsite mentoring was implemented. Video analysis encouraged participants to reflect on their daily interactions to support children's development. Training was offered to all staff in each centre including administration staff, management, and support staff.

Objectives

To develop an early year's training model to provide quality improvement across a range of areas in the ELC sector.

To adapt Let's Grow Together's existing inter-disciplinary IMH training programme to make it accessible and applicable to EY practitioners.

To enhance EY practitioners' understanding of social & emotional development and the important role of relationships in child development.

To develop EY practitioners' reflective practice knowledge and skills.

To support EY practitioners to integrate and implement new IMH skills and knowledge into daily practice.

To support and enhance the quality of EY practitioner-child relationships and interactions in EY settings through application of I-AIMH Competency Guidelines and incorporating IMH principles.

Session 1
Introduction to IMH
Brain development
Relationships
Trauma informed

Session 2
Interactions
Attachment
Co-regulation
Separation
Expression of emotions
Care routines

Session 3
Emotional regulation
Peer relations
Naming behaviour
Fussy behaviour
Sensory processing
Observing, listening, & speaking

Session 4
Reflective practice
Family practices
Parent interactions
Summary

Focus on self-awareness & reflection

Focus on practice

Research design
Iterative mixed-methods evaluation

Timeframe
Pilot study: Nov 2020-Feb 2021
Round 2: Sept 2021-Dec 2021

Research question
Does implementing an Early Years Infant Mental Health training programme improve Early Years practitioners' skills and practice?

METHODS

QUESTIONNAIRES

Pre and post training questionnaires were developed to measure changes in knowledge and practice. Pre questionnaires collected prior to commencement of training captured existing knowledge of IMH concepts, work experience, qualifications, and levels of engagement with children and parents. Post questionnaires collected after the last training session captured IMH knowledge acquisition and information on implementing new IMH skills and learning into practice. Based on learning from the pilot study, round 2 pre and post questionnaires were adapted to include additional questions. For the purpose of the research, responses to questions asked at both pilot study and round 2 timepoints were compared.

Microsoft Excel was used to collate pre and post questionnaire responses and CCIS scale observation scores. Qualitative questionnaire responses were thematically analysed using the Braun & Clarke Framework (2006, 2021).

REFLECTIONS

Pilot study participants were invited to complete an online reflective practice journal throughout the training. Based on learning from round 1, it was not mandatory for round 2 participants to complete an online reflective journal, however participants were encouraged to maintain a focus on reflection and to keep reflective notes.

OBSERVATIONS

Based on learnings from round 1, a scale to measure child-practitioner interactions was introduced in round 2. Independent observations of child and practitioner interactions were measured using the Child Caregiver Interaction Scale (CCIS) Revised Edition (Carl, 2010). The CCIS measures caregiver behaviours and interactions with children from birth to five years. It consists of 14 items across three domains: emotional, cognitive/physical, and social. Each item is scored on a 7-point scale (1 = inadequate, 7 = excellent). CCIS observations were conducted by an EY Mentor, not working directly in the EY settings, at pre and post-training timepoints. CCIS results were analysed manually. Scores at pre and post timepoints were compared.

RESULTS

PARTICIPANT DEMOGRAPHICS

27 Early Years Practitioners participated in the research (n=12 pilot programme, n=15 round 2)

Settings included: 1 Family Centre, 1 Early Start, and 1 Preschool

63% had more than seven years' experience in the Early Years sector, 4% had 4-6 years' experience, and 33% had less than 3 years' experience

52% worked directly with parents

97% had no prior IMH training

All 27 participants completed pre training questionnaires, 23 completed post questionnaires

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PRE & POST QUESTIONNAIRES

Knowledge of developmental stages & milestones

Participants' knowledge of social and emotional developmental stages and milestones from infancy to pre-school increased following participation. Those who reported to be ‘extremely knowledgeable’ increased from 7% (n=2) before training to 26% (n = 6) after training. Practitioners’ ability to identify when a child is not meeting their social and emotional development milestones increased with 11% (n = 3) reported being ‘extremely able’ at pre training, rising to 31% (n=7) at post training. Participants' ability to respond to a child not meeting developmental milestones remained similar across pre and post timepoints.

Qualitative feedback shows participants were better able to report on children's developmental stages and milestones post training, “resilience, regulation abilities, trust, a sense of security and belonging in the world” [A3]. Post training responses included information about nurturing child development, "a strong relationship can enhance children's development as they feel safe and secure in their environment” [B5].

Relationships

Confidence identifying when a child is finding it difficult to develop relationships increased. 14% (n=4) felt ‘extremely confident’ prior to training compared to 43.5% (n=10) post training. Slight increases were noted in participants' confidence working in partnership with parents and caregivers to support the relationship14% (n=4) of participants felt ‘extremely confident’, this increased to prior to training 43.5% (n=10) post training. Pre training, 33% (

Qualitative responses regarding attachment remained broadly similar in pre and post questionnaires. Post training responses show practitioners were able to further develop comments documented prior to training. Post training responses used an IMH-informed language when referencing the importance of attachment for child development, “through their developmental stages, they develop the tools they need to interact with peers in certain environments. This confidence helps their social, emotional, and language skills" [B4].

Reflections

Pre training, the majority of participant's (85%, n=23) 'frequently' shared observations with colleagues regarding their interactions with children. Slight increases were noted post training whereby all participants felt it was it 'important' to 'highly important' to share observations. Pre training, 25% (n=7) regarded use of a reflective journal 'very useful' and 'extremely useful' compared to 78% (n=18) post training.

Participant's understanding of the importance of reflection and sharing observations was broadened. Pre training, practitioners focused on tangible benefits of sharing and reflecting with colleagues, “We share information about children's preferences for certain things or if they have an aversion to something” [A4]. Post training, participants emphasised the benefits of observation sharing for professional development and team cohesion, “it allows for different points of views to be discussed, it also allows for meaningful discussion to take place between teams & plans put in place accordingly” [B6].

RESULTS

Table 1: Developmental Stages & Milestones

Question	Response	Pre-training		Post-training	
		%	N=27	%	N=23
How would you rate your knowledge of social and emotional development stages and milestones?	Extremely knowledgeable	7%	2	26%	6
	Very knowledgeable	19%	5	26%	6
	Knowledgeable	52%	14	40%	9
	Somewhat knowledgeable	19%	5	4%	1
	No knowledge	4%	1	4%	1
How able are you to identify when a child is not meeting their social and emotional development milestones?	Extremely able	11%	3	31%	7
	Very able	37%	10	48%	11
	Able	37%	10	17%	4
	Somewhat able	15%	4	4%	1
	Not able	0%	0	0%	0
How able do you believe you are to respond to a child who is not meeting their developmental milestones?	Extremely able	22%	6	22%	5
	Very able	33%	9	48%	11
	Able	22%	6	26%	6
	Somewhat able	22%	6	0%	0
	Not able	0%	0	4%	1

Table 2: Supporting the relational health of children

Question	Response	Pre-training		Post-training	
		%	N=27	%	N=23
How confident do you feel in your ability to establish a relationship with a child?	Extremely confident	48%	13	57%	13
	Very confident	26%	7	13%	3
	Confident	0%	0	0%	0
	Somewhat confident	26%	7	30%	7
	Not confident	0%	0	0%	0
How confident do you feel in being able to identify when a child is finding it difficult to develop relationships with others?	Extremely confident	15%	4	43.5%	10
	Very confident	48%	13	43.5%	10
	Confident	26%	7	13%	3
	Somewhat confident	11%	3	0%	0
	Not confident	0%	0	0%	0
How confident do you feel in being able to respond when a child is finding it difficult to develop relationships with others?	Extremely confident	22%	6	35%	8
	Very confident	37%	10	43%	10
	Confident	7%	2	13%	3
	Somewhat confident	33%	9	9%	2
	Not confident	0%	0	0%	0
How confident do you feel working in partnership with parents and caregivers to support their relationship with their child?	Extremely confident	11%	3	22%	5
	Very confident	41%	11	48%	11
	Confident	0%	0	0%	0
	Somewhat confident	41%	11	26%	6
	Not confident	7%	2	4%	1
Do you find the pressure to meet the needs of the children and their parents can sometimes feel overwhelming?	Extremely often	0%	0	0%	0
	Very often	48%	13	17%	4
	Often	11%	3	48%	11
	Somewhat often	7%	2	4%	1
	Not often	33%	9	30%	7

Table 3: Observations and reflective practice

Question	Response	Pre-training		Post-training	
		%	N=27	%	N=23
How regularly do you share what you have observed in your interactions with children with your colleagues?	Extremely often	33%	9	48%	11
	Very often	15%	4	4%	1
	Often	37%	10	39%	9
	Somewhat often	7%	2	4%	1
	Not often	7%	2	4%	1
How important do you believe it is to share observations of your work with others?	Highly important	74%	20	83%	19
	Important	19%	5	17%	4
	Neutral	7%	2	0%	0
	Somewhat important	0%	0	0%	0
	Not important	0%	0	0%	0
Do you consider a learning or reflective practice journal a useful tool in your everyday practice?	Extremely useful	11%	3	13%	3
	Very useful	15%	4	65%	15
	Useful	37%	10	4%	1
	Somewhat useful	11%	3	0%	0
	Not useful	0%	0	17%	4
	Blank	26%	7		

OBSERVATIONS

CAREGIVER-CHILD INTERACTION SCALE

Three practitioners participated in pre and post training observation sessions. Two practitioners worked in centre-based programmes, and one worked in a school-based programme. Two practitioners worked with preschool age (2-5 years) children, the third worked with toddlers specifically. All 3 practitioners had 10+ years’ experience working in childcare. One practitioner had a Level 9 National Framework Qualification (NFQ), one had a Level 6, and one had completed a National Diploma in Childcare. During observations, the number of children in the setting with the practitioner ranged from 8 to 16, and between 2 and 5 staff and volunteers were present.

ID	Time	Emotional						Cognitive/Physical										Connections with a wider world						Total	
		1	2	3	4	Sum Total	Mean	5	6	7	8	9	10	11	Sum Total	Mean		12	13	14	Sum Total	Mean		Sum Total	Mean
P1	Pre	5	5	6	6	22	5.50	5	1	5	5	3	5	5	29	4.14		2	5	2	9	3.00		60	4.29
	Post	7	7	7	7	28	7.00	6	6	7	6	6	6	7	44	6.29		2	7	2	11	3.67		83	5.93
P2	Pre	5	2	5	4	16	4.00	2	1	5	3	2	2	5	20	2.86		2	1	2	5	1.67		41	2.93
	Post	7	7	6	7	27	6.75	7	7	7	7	5	6	7	46	6.57		4	6	5	15	5.00		88	6.29
P3	Pre	2	1	1	1	5	1.25	2	1	3	1	1	2	1	11	1.57		2	1	2	5	1.67		21	1.50
	Post	6	6	5	6	23	5.75	7	1	7	5	3	5	5	33	4.71		2	7	2	11	3.67		67	4.79
Total	Pre					43	3.58								60	2.86					19	2.11		122	2.90
	Post					78	6.50								123	5.86					37	4.11		238	5.67

Emotional Domain

Consists of 4 items: 'tone of voice', 'acceptance/respect of children', 'enjoys and appreciates children', and 'expectations for children'. Prior to training, the average score for all three practitioners was 3.58. The range of the average scores across the three participants was very wide, from 1.25 to 5.50. Post training scores increased to 6.50. The range was smaller to pre-training, with average scores from 5.75 to 7.00.

Cognitive/Physical Domain

Consists of 7 items: 'health and safety', 'routines/time spent', 'physical attention', 'discipline', 'language development', 'learning opportunities', and 'involvement with children’s activities'. Pre training average scores across the seven items was 2.86. The average scores for the three participants ranged from 1.57 to 4.14. Post training average scores increased to 5.86 across all three participants with a range from 4.71 to 6.57.

Connections with a Wider World

Consists of 3 items: 'arrival', 'promotion of prosocial behaviour/social emotional learning', and 'relationship with families'. Pre training average scores for all participants was 2.11. Post training scores showed the all three participants increased to 4.11, with a range of 3.67 to 5.00.

Total Scale

Scores from the observations carried out before the practitioners took part in the IMH training ranged from 1.50 to 4.29, with an average of 2.90. In the post-training observation, scores across all domains had increased to an average of 5.67, with a range of 4.79 to 6.29.

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CONCLUSION

Findings demonstrate how EY IMH training has positively impacted EY practitioner's professional practice. Training provided participants with a range of competencies and tools to support their work with children and families and to further enhance the quality of practitioner-child relationships and interactions in EY settings. Participant's acquired a common IMH language through which they could share observations and discuss their interactions with children and families. Caregiver-child observations offered quantitative evidence of the training's contribution to practitioner interactions. Marked increases in average scores across all domains signified improvements in participant's interactions with young children.

Findings highlight the need to provide EY practitioners with further supports to develop their confidence when working with families and to build parent-practitioner relationships.

Overall, EY IMH training was successful in building the competencies and confidence of Early Years practitioners. Considering these findings, such professional development experiences are critical to strengthen the abilities of practitioners and promote positive outcomes for young children and their families.

LEARNING & RECOMMENDATIONS

1

PRACTICE
SOCIAL & EMOTIONAL DEVELOPMENT

IMH training increased EY Practitioners' knowledge of social and emotional developmental stages and milestones.

2

PRACTICE
RELATIONAL HEALTH OF CHILDREN

IMH training was found to build on existing knowledge and skills of EY Practitioners by increasing confidence in their ability to further support the relational health of children.

3

PRACTICE
COMMON LANGUAGE

IMH training provided EY Practitioners with a common language through which to share observations, build cohesion among teams, and to further support the relational health of children.

4

TRAINING

Reinstating completion of an online practice journal is recommended. The requirement to complete an online practice journal was removed in round 2 of IMH training. Findings highlight the value participants' placed on reflectivity, documenting, and sharing their observations as an aid to embedding IMH skills and knowledge.

5

RESEARCH

Areas requiring further research include: the mentoring component of EY IMH training, and the processes involved in training development.
The sample of child-practitioner interactions in this study was very small. Inclusion of a larger sample of observations is recommended in order to gain a more comprehensive understanding of the value of IMH training on child-practitioner interactions.

6

FUTURE PLANNING

Funding to invest in training delivery and research is essential in order to sustain, replicate, and scale-up training in the community.

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