

Building Early Childhood Practitioners' capacity in Infant Mental Health

Grace Walsh, Lynn Buckley, Shirley Martin, Katherine Harford, Eibhlin Looney, Let's Grow Together Team



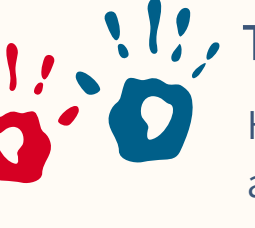
Background



IMPORTANCE OF EARLY RELATIONSHIPS

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 (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. Let's Grow Together is an area-based prevention and early intervention programme in the south of Ireland supporting early childhood development, relationships, and environments for the benefit of children, families, caregivers, and communities.



THE ROLE OF EARLY YEARS PRACTITIONERS

High quality early childhood education and care 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 ECCE 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 which 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 more intensive involvement in their 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 the IMH training in terms of building the capacity of EY practitioners working in an area of high socio-economic deprivation (Martin et al., 2022).



Early Years Infant Mental Health Training

Training 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.

STUDY DESIGN

Iterative mixed-methods evaluation

TIMEFRAME

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

RESEARCH QUESTION

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

TOOLS

Pre and post questionnaires: Captured existing knowledge of IMH concepts, experience, qualifications, and levels of engagement with children & parents. Post questionnaires captured IMH knowledge acquisition and implementing new IMH skills and learning into practice.

Observations: Child Caregiver Interaction Scale (CCIS) (Carl, 2010) measured caregiver behaviours and interactions with children from birth to five years, consisting of 14 items across 3 domains.

Reflections: Participants completed an online reflective practice journal. Based on learning from the pilot study, it was not mandatory for round 2 participants to complete an online journal, however participants were encouraged to maintain a focus on reflection and to keep reflective notes.

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 by EY professionals in Ireland and how it linked to Ireland's 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.



RESULTS

PARTICIPANT CHARACTERISTICS

- 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

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) qualification, 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	12	Sum Total	Mean	1	2	3	4	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	7	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

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 confidence working with families and to build parent-practitioner relationships.

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 developmental 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 relationship 14% (n=4) of participants felt 'extremely confident', this increased to prior to training 43.5% (n=10) post training.

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 '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].

LEARNING & RECOMMENDATIONS

1

PRACTICE

SOCIAL & EMOTIONAL DEVELOPMENT

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

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 reflection, documenting, and sharing their observations as an aid to embedding IMH skills and knowledge.

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.

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.

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.

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.

SCAN HERE



TO READ MORE ABOUT OUR IMH RESEARCH

REFERENCES

BOBF (2015). Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020. www.gov.ie

Braun, V. and Clarke, V. (2021) Thematic Analysis: A practical guide. London: SAGE Publications.

Buckley, L. & Curtin, M. (2018) Learning Together: Young Knocknaheeny Process Evaluation 2015-17. www.lets-grow-together.ie

Carl, B. (2010). Child Caregiver Interaction Scale (CCIS) Rev Ed. https://drifile.files.wordpress.com/2017/08/ccis-final-2-14-11.pdf

Heckman, J. (2004). Skill Formation and the Economics of Investing in Disadvantaged Children. Science, 312:5782.

Larkin et al. (2012). The Health and Social Consequences of ACEs Across the Lifespan. J Prev & Interv in the Community, 40:4.

Martin et al. (2022) Infant Mental Health Training for Early Years Practitioners, Childhood Education, 98:3, 34-41.

OECD. (2018). Early Learning Matters. www.oecd.org

Ribblatt et al. (2013). Early Care and Education Matters. Journal of Early Childhood Teacher Education, 34:1.

Shonkoff & Fischer (2013). Rethinking evidence-based practice and two-generation programs. Dev Psychopathology, 25(4 pt 2).

Shonkoff & Phillips (2000) From neurons to neighbourhoods: The science of early childhood development. National Library of Medicine.

Tayler, C. (2015). Learning in Early Childhood. European Journal of Education, 50:2.

Weatherston, D. (2012). Promoting early relationships in infancy and early parenthood. Springer Nature, Zero to Three (2011). Infant Mental Health Task Force Steering - Definition of infant mental health. Washington, DC: Zero to Three.

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.