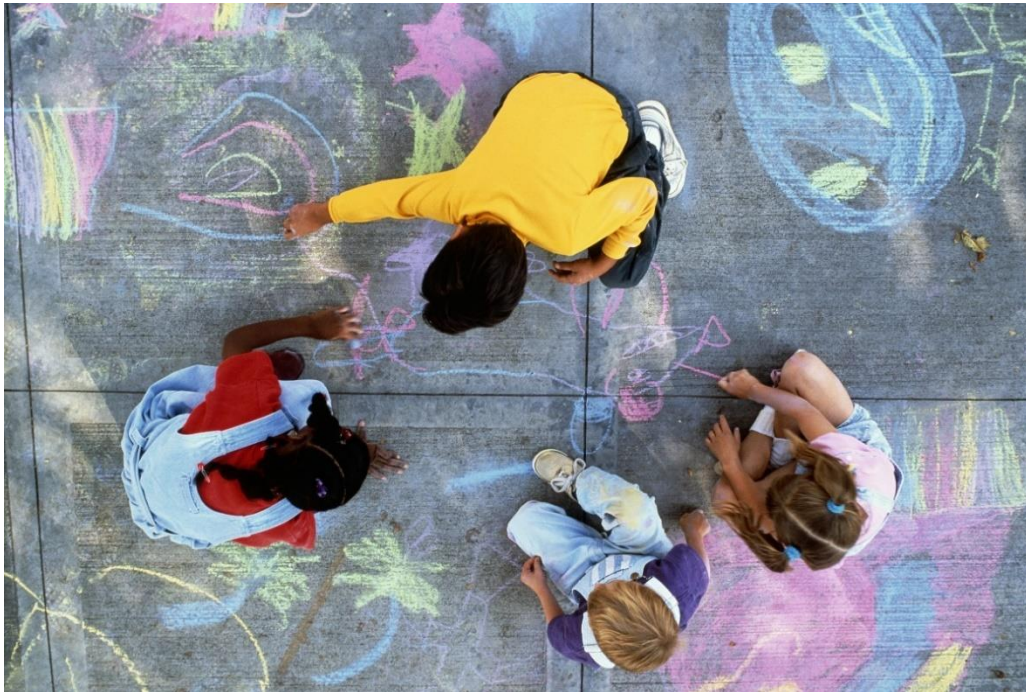# Evaluating the effectiveness of an Infant & Early Childhood Mental Health training programme on Early Years Practitioners' skills and practice.

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Contents

Introduction

This report presents evaluation findings on the impact of Infant and Early Childhood Mental Health (IECMH) Training for Early Years Professional (EYPs) in Let's Grow Together! Infant & Childhood Partnerships CLG (hereafter called Let's Grow Together). The Let's Grow Together IECMH training programme for Early Years Practitioners aims to make accessible the science of IECMH and build capacity in the everyday practice of EYPs. Let's Grow Together is a community-based prevention and early intervention programme operating in an area of intergenerational disadvantage. It is a member of the of the national programme of Area Based Childhood Programmes (ABC) which are area-based prevention and early intervention initiatives targeting investment in evidence-informed interventions to improve outcomes for children and families in Ireland. Adopting a whole community approach, the Let's Grow Together programme aims to measurably improve the lives of children by respectfully enhancing the skills and early childhood development knowledge of all parents, practitioners and services in the area; strengthening and enhancing all relationships and environments that are important to every child's early development; and embedding systems and community change to support early childhood development and address childhood poverty.

As part of Let's Grow Together's Infant Mental Health and Wellbeing strategy, an interdisciplinary IECMH training model was developed and is delivered to practitioners from a range of disciplines in the Cork city northwest area of Ireland. Infant and Early Childhood Mental Health (IECMH) is defined as 'the capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage and express a full range of emotions; and explore the environment and learn – all in the context of family, community, and culture' (Zero to three, 2017). IECMH 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). Let's Grow Together's two-day IECMH masterclass training aims to support the development of emerging competencies and capacities of practitioners by enhancing their understanding of infant development, social and emotional wellbeing, and introduce practical skills to support these processes through strong and healthy relationships, and attentive and responsive care. Evaluation of the programme reported an

increase in practitioner's perceived ability to understand and interpret social and emotional developmental stages in young children, an increase in practitioners' ability to identify red flags in parent-child relationships and in their daily practice, and an increase in IECMH knowledge and concepts (Buckley, & Curtain, 2018). Following the success of the IECMH training programme and completion of a training needs analysis in which Let's Grow Together identified training gaps within childcare provision in the catchment area, a customised IECMH training programme for EYPs was developed in 2019 and implemented in three roll outs: a pilot programme in November to February 020-2021, round one in September to December 2021 and round two in November to March 2023-2024. Evaluation of the pilot programme yielded important initial results regarding the value of the IECMH training in terms of building the capacity of EYPs working in an area of high socio-economic deprivation (Martin et al., 2022). This paper will combine and report on results from the second and third rounds of the EYP IECMH training programme. The next section will present recent literature on IECMH and the importance of IECMH knowledge within early years practice.

Literature review

The importance of caregiver relationships for infants and young children

Babies are born with an intrinsic motivation to form relationships, and the period from birth to six years is a particularly critical stage for their development. During the period from birth to three, a baby's brain is developing exponentially, forming new neural connections at a rate of one million connections per second (French, 2021; Gerhardt, 2005). Evidence indicates that the quality of the relationships between babies and their caregivers during this sensitive period has significant implications not only for brain development and emerging social-emotional skills but may also be a predictor of later life outcomes such as physical and emotional health and educational attainment (Zero to Three, 2024). Just as high-quality caregiver relationships can positively impact development, poor quality relationships or adverse experiences in this sensitive period can negatively impact development and lead to negative outcomes. Moreover, babies who experience adversity or grow up in areas of socio-economic deprivation are at an even greater risk of poor life outcomes (Buckley et al., 2018). Actively supporting and promoting babies' social and emotional development increases a baby's likelihood of forming a secure and nurturing relationship with their caregiver and sets them up for positive relationships over a lifetime. Moreover, research suggests that secure infant-caregiver attachment relationships can act as a protective factor or 'buffer' against the negative impacts of social, emotional and behavioural issues on a child's life, in addition to adverse experiences or childhood trauma (Irish Association for Infant Mental Health IAIMH, 2024). It is therefore of utmost importance that parents and caregivers are supported to develop secure, warm and nurturing attachments with the children in their care.

Infant and Early Childhood Mental Health (IECMH)

Infant and Early Childhood Mental Health is a collective term encompassing interdisciplinary theory, research and practice. IECMH refers not only to infants' state of well-being, but to the relationships that infants and young children have with their primary caregivers (Brocklesby and Scales, 2022; Simpson et al., 2016). IECMH is an evidence-based relational approach to responsive caregiving based on principles of attachment, trauma-informed care and well-being (Brocklesby and Scales, 2022). In Ireland, increasing

attention has been paid to the field of IECMH in recent years, and an acknowledgement that high-quality Early Childhood Education and Care (ECEC) provision should incorporate IECMH principles. IECMH is explicitly referenced in a recent paper commissioned by the National Council for Curriculum and Assessment (NCCA) outlining elements of best practice for supporting the learning of children from birth to three years in ECEC settings (French, 2019), as well as a recent literature review to support the updating of *Aistear, the Early Childhood Curriculum Framework* (French and McKenna, 2022). Similarly, The Area Based Childhood (ABC) Programme has developed a Framework for IECMH principles (Brocklesby and Scales, 2022), and highlight the importance of building the IECMH capacity in parents, caregivers and early childhood environments to support children's holistic development and empower them to reach their full potential (Area Based Childhood Programme, 2022).

The role of Early Childhood Education and Care in children's emotional, social and cognitive development

Given the amount of time EYPs spend with children during their most critical period of brain development, EYPs are uniquely placed to provide emotionally responsive and nurturing relationships with the children in their care and support their early social and emotional learning. In the context of ECEC, IEMCH refers to the relationships between children, their primary caregivers, EYPs and the wider community. Although attachment theory research (Ainsworth and Bowlby, 1991) generally refers to children and their primary caregivers, *Aistear* (NCCA, 2009) recommends that EYPs should aim to have similarly secure attachment relationships with the children in their care to ensure optimal social and emotional development (French and McKenna, 2022). High quality ECEC can address inequality gaps for children experiencing socioeconomic disadvantage by creating more equitable learning environments (Davis Schoch et al., 2024), as is evidenced in several longitudinal studies including the HighScope Perry Preschool Project (Schweinhart, 1985) and the Caroline Abecedarian Project (Muennig et al., 2011). Moreover, experts in the field of ECEC have highlighted EYP-child interactions as the single most vital component in determining quality in ECEC in terms of children's social and emotional learning (Blewitt et al., 2018). Evidence indicates that higher levels of EYP education and continuing professional development (CPD) are also strong predictors of quality in ECEC (Buckley et al., 2018; Slot et al., 2015), therefore it is crucial that EYPs are provided with opportunities for meaningful capacity building in the area IECMH to support children's social and emotional development. Despite the recognised importance of incorporating IECMH principles, there is currently minimal training for EYPs during third level education, and limited opportunities to engage with CPD opportunities in IECMH.

ECEC is also uniquely primed to support children and families in the important transition from preschool to primary school. School readiness is an important predictor for later academic achievement and life outcomes (Gregory et al., 2021). A recent study conducted by Gregory et al. (2021) exploring the association between school readiness and later student well-being found that higher social and emotional competence upon entry to school is associated with positive well-being after six years. Young children's readiness for the transition from ECEC to primary school is impacted by social and demographic factors, including the quality of a child's experience in ECEC and their social and emotional development, and evidence indicates that children from socioeconomically disadvantaged backgrounds are more likely to experience difficult transitions (O'Kane, 2016). ECEC is therefore an important site for supporting children's social and emotional development to provide them with the necessary tools for a successful transition to primary school and beyond.

Evidence supporting the impact of IECMH training for EYPs

There is a growing evidence base to support the effectiveness of IECMH training for EYPs in supporting children's social-emotional well-being and development, particularly through IECMH consultation (IECMHC). IECMHC seeks to build the knowledge and capacity of EYPs to indirectly improve children's learning environments (Spielberger et al., 2024). EYPs are partnered with IECMH professionals, and the consultation is based on an ongoing collaborative and respectful relationship between both parties (Spielberger et al., 2022). A key component of IECMHC is reflective practice. Research demonstrates that EYPs with greater reflective capacity perceive children's emotionally dysregulated behaviour more positively, therefore improving the quality of EYP-child relationships (Newland et al., 2024; Spielberger, 2022). A systematic review of the evidence base for IECMHC in ECEC settings on outcomes for EYPs (Brennan et al., 2008) found significant positive outcomes. EYP engagement with IECMHC was associated with increased EYP self-efficacy and competence in managing children's emotionally dysregulated behaviour, improved sensitivity and responsiveness in interactions with children, and improved quality in the ECEC setting measured using the Early Childhood Environment Rating Scale (ECERS) (Harms et al., 2015). A more recent systematic review of IECMHC research conducted by Silver et al. (2022) found similarly positive results for children. EYPs who engaged in IECMHC reported reductions in what they perceived as children's aggressive, hyperactive or otherwise 'challenging' behaviours, in addition to reporting improvements in children's social and emotional competency, and the quality of their attachment relationships with the children in their care.

Let's Grow Together IECMH Programme

The overall objective of the training was to make the science of IECMH and early childhood development accessible and applicable in a format that would build the capacity of EYPs working with young children. The training program was underpinned by the principles of Infant Mental Health (IMH) and guided by the Irish Association for Infant Mental Health (I-AIMH) Competency Framework® (2018). The initial stages of programme development involved mapping and exploring how the training would align with the skills and competencies required by EYP in Ireland, and how it linked to the curriculum and quality frameworks *Aistear* and *Síolta.* Additionally, considerations were made regarding how the training fit within broader policy objectives as outlined in *First Five, A Whole-of-Government Strategy for Babies, Young Children and their Families*, and *Better Outcomes, Brighter Futures*. The IMH Competencies developed by the Michigan Association for Infant Mental Health were reviewed, revealing connections between these competencies and the competence requirements in ECEC as outlined in the CORE report (2011).

The current training program is structured into four sessions, each scheduled one month apart. Mentoring sessions were conducted by the Early Years Mentor following Session 2 and Session 4. Each center received a comprehensive resource pack with relevant resources aligned to the training. Throughout the training, the trainers emphasized reflective practice and incorporated reflective breakout discussions in each session. Mentoring, provided by Let's Grow Together's Early Years Mentor, aimed to encourage participants to meaningfully engage with and explore their relationships with the children to understand how these relationships could be nurtured to support children's learning and

development. Video analysis further encouraged participants to reflect on their daily interactions to support children's development. Table 1 details the topics covered in each of the four sessions.

Table 1: Overview of IECMH Sessions

Session 1	Session 2	Session 3	Session 4
Meaning of IECMH including attunement, serve and return, rupture and repair Effect of early relationships on brain development Brain Architecture Game Introduction to reflective practice	"Being" and "doing" with toddlers, preschoolers and their families How attachment develops Attachment systems and behaviours Attachment in the EY setting (key person approach) What impacts on caregiver (parents and EYPs) availability (ACEs, stressors, mental and physical health etc.)	Development of emotional regulation Reflective functioning, reflective capacity and mentalisation Co-regulation Marked Mirroring Hotspots for caregivers (parents and EYPs) Resolving conflict with children	Recap and review of previous topics Exploration of what promotes attachment relationships in EY settings Discussion of realistic scenarios/vignettes which bring theory to practice Reflecting after/during an event/moment

Evaluation Methods

The overall aim of this evaluation is to explore the impact of an IECMH training programme for Early Years Practitioner (EYPs) in conjunction with Let's Grow Together. As previously mentioned, an evaluation of a pilot of this programme was conducted in 2021 and yielded important initial results regarding the value of the IECMH training in terms of building the capacity of EYPs working in an area of high socio-economic deprivation (Martin et al., 2022). This paper will combine and report on results from the second and third rounds of the EYP IECMH training programme. A multimethod approach was used incorporating pre and post training questionnaires and quantitative pre and post training observations of child and practitioner interactions.

Timepoints: Round one took place between September and December 2021. Round two took place between November and March 2023-2024.

Sample: 22 participants were included in the study - 15 participants from round one, and 7 participants from round two.

Settings: Seven early years settings participated in the training and evaluation, two in the first round and an additional five in the second round of the training. One service participated in both the second and third rounds of the training. Round one was delivered to EYPs in an Early Start setting, and one additional preschool. Round two was delivered to EYPs in an additional Early Start, two services delivering the ECCE programme, two services offering ECCE and part-time daycare, and one part-time day-care service for toddlers.

Evaluation tools

Pre and post training questionnaires: Pre and post training questionnaires were developed by Let's Grow Together's IECMH team in conjunction with the research team to measure changes in knowledge and practice. The pre-training questionnaire contained 40 questions; 32 closed-ended questions and 8 open-ended questions. The post-training questionnaire also contained 40 questions; 30 closed-ended and 10 open-ended questions. Pre-training questionnaires captured pre-existing knowledge of IECMH concepts, work experience, academic qualifications, and details of levels of engagement with children and parents. Post-training questionnaires captured perceived IECMH knowledge acquisition and details regarding implementing new IECMH skills and learning into practice. The pre-questionnaires were distributed to participants before they commenced the training programme to assess practitioners' current knowledge of IECMH. The post-questionnaires were completed after the final mentoring session.

Child Caregiver Interaction Scale: Independent observations of child and practitioner interactions were conducted in round one by an EY mentor, and in the second round by a member of the UCC research team who is an EYP. Interactions were measured using the Child Caregiver Interaction Scale (CCIS) Revised Edition (Carl, 2010). This is a validated non-invasive observational measure which assesses the quality of caregiver interactions with children in their care from birth to five years. It consists of 14 items based upon the National Association for the Education of Young Children's (NAEYC) Developmentally Appropriate Practice position statements. It consists of 14 items across three domains: (1) emotional domain (tone of voice/sensitivity, acceptance/respect for children, enjoys and appreciates children, and expectations for children); (2) cognitive/physical domain (health and safety, routines/time spent, physical attention, discipline, language development, learning opportunities, and involvement with children's activities); and (3) social domain (arrival, promotion of prosocial behaviour/ social emotional learning, and relationships with families). Each item is presented as a 7-point scale with detailed criteria at four anchor points: 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent). The author provides specific notes for clarification for many indicators, which are notated with an asterisk (*) on the measure, along with general guidelines to keep in mind when administering the measure. The CCIS can be scored manually using the scoring sheet that is provided with the measure.

EYPs were directly observed using CCIS over a 3-hour period. Utilising CCIS provided an independent assessment of the EYP practice that was used as a pre and post measure to evaluate the programme impact. Scores at pre and post timepoints were compared.

Data analysis: Microsoft Excel was used to collate pre- and post-questionnaire responses and observation scores from the CCIS scale. Quantitative data from pre and post questionnaires were analysed using SPSS. Qualitative questionnaire responses were thematically analysed using the Braun & Clarke Framework (2006, 2021).

Ethical issues: Prior to each round of the training, practitioners indicated their willingness to participate in the research. Participation was voluntary and this was clearly communicated. Practitioner consent forms and parental consent forms were used/developed. While the children are not involved in the research and no data was collected on the children, they were present during the observations and therefore parental consent was collected. Those who agreed to participate in the research signed a consent sheet. A key ethical issue was ensuring that specific people, settings, and families were not identifiable, and all sensitive information gathered were anonymised. Strict confidentiality and anonymity protocols were adhered to throughout the research process. The research received ethical approval from the UCC Social Research Ethics Committee in 2020 with an updated amendment in 2023.

Combined Results of Round 1 and Round 2
Results

Profile of the Early Years Practitioner Participants
The initial pre-training questionnaire was completed by twenty-two early years practitioners (EYPs). All twenty-two also completed the post-training questionnaire. Respondent characteristics listed below were collected from the pre-training questionnaire.

Table 2 Time Working in Early Years Education

Time working in Early Years Education (EYE) (n = 22)	N	%
Less than 1 year	3	13.7
1-3 years	4	18.2
4-6 years	0	0
7-10 years	4	18.2
More than 10 years	11	50

Table 3: Educational Qualifications

Educational background (n = 22)	N	%
NFQ Level 9	2	9.1
NFQ Level 8	7	31.8
NFQ Level 7	3	13.7

NFQ Level 6	5	22.7
NFQ Level 5	2	9.1
NFQ Level 5 (not yet complete)	0	0
Other	3	13.7

Table 4: Working directly with parents as part of current role

Work Directly with Parents (n = 20)	N	%
Yes	16	72.7
No	4	18.2
Missing data	2	9.1

Table 5: Frequency of working directly with parents

How Often Work Directly with Parents (n = 21)	N	%
Daily	15	68.2
Weekly	2	9.1
N/A (does not work directly with parents)	4	18.2
Missing data	1	4.5

Table 6: Experience to prior infant mental health training

Prior Infant Mental Health Training (n = 22)	N	%
Yes	1	4.5
No	21	95.5

Of the EYPs who participated in the IECMH training, years of experience working in the Early Childhood Education and Care (ECEC) sector ranged from less than one year to over ten years. 50% of respondents had worked in the ECEC sector for more than ten years and in total 70% had over 7 years' experience. This is higher than average for the sector – the most recent available Pobal Annual Early Years Sector Profile (2022, p.105) reported that just 34% of ECEC staff working directly with children have been employed in the sector for more than ten years.

The educational backgrounds of EYPs who participated in the IECMH training were varied. Upon commencement of the IECMH training, two of the participants (9.1%) had achieved an NFQ Level 9; seven (31.8%) had a Level 8; three (13.7%) had a Level 7; five (22.6%) had a Level 6; and two (9.1%) had a Level 5. Three of the respondents (13.7%) said that they had a qualification other than those listed. 40% of

participants have a degree or a above (level 8 and level 9) which is higher than the national level which is 17% (Pobal, 2022). Three of the participants, two from the first round and one from the second round of the research, were primary school teachers working in Early Start settings with preschool aged children. This may contribute to the higher-than-average education levels among participants of this study.

Most of the participants surveyed reported working directly with parents/caregivers as part of their role within the ECEC setting. Sixteen of the participants (72.7%) said that they work directly with parents; four of the participants (18.2%) said that they do not work directly with parents; and two participants (9.1%) did not respond to this question. When asked how often they work directly with parents, most participants said that they work directly with parents/caregivers on a daily or weekly basis. Fifteen of the participants (68.2%) reported working with parents/caregivers daily; two of the participants (9.1%) reported working with parents/caregivers weekly; and the remaining respondents either did not work directly with parents/caregivers or did not respond to this question.

When asked about previous training in IECMH, only one of the participants who participated in the research (4.5%) reported having received training in IECMH prior to this training course, while all other participants (95.5%) reported no other training.

Impact of IECMH training on knowledge of child development and early years care and practice

Observing children's emotional regulation in practice

Prior to attending the IECMH training, all the EYPs surveyed reported observing children's emotionally dysregulated behaviour in their practice. Before attending the training, 36.4% (n = 8) reported observing children's emotionally dysregulated behaviour "*extremely often*". None of the participants said that they observed this behaviour "*not often*".

After completing the IECMH training, the proportion of participants who reported observing children's emotionally dysregulated behaviour "*extremely often*" reduced to 27.3% (n = 6). Again, none of the participants reported that they observe this behaviour "*not often*".

When asked about the factors that may contribute to their reaction to a child's emotional dysregulation in the pre-training questionnaire, several EYPs identified their own emotional state at the time as a key factor. *"Your own state of regulation, your knowledge of the child"* [Participant A1]. *"My background, my current state of emotions, other children in the room"* [Participant A2]. Participants also mentioned how the behaviour of the child could influence their reaction. *"Their mood that day, why they are getting upset, if they are hungry, tired etc."* [Participant B1]. *"Screaming & stomping"* [Participant B11].

When practitioners answered the same questioning after attending the IECMH training, responses also included references to taking their own feelings and state of mind into account. *"How I'm feeling myself on the day. My previous experiences, pre-conceptions..."* [Participant B1]. *"An adults own mental health & wellbeing contribute to their reaction to a child when they are experiencing strong emotions"* [Participant B8]. They also discussed the importance of the non-verbal cues they are sending the child. *"My body language or facial expressions if I am feeling stressed."* [Participant B5]. Practitioners also mentioned aspects of the Infant Mental Health approach, referring to the developmental stage of the child impacting their ability to regulate and the importance of taking the child's emotional state into account. *"Your awareness of children's mental health and where they are at developmentally"* [Participant

A1]. "Your awareness of child development. The effect of ruptures into later life, which need repairs the cause of the child's tantrum etc" [Participant A4] "Your own emotional state - are you tired, stressed, under pressure, hormonal, etc." [Participant A1]. Participants also mentioned the impact of not being able to give adequate time or attention to a child on their reaction to a child's emotional dysregulation. *"Personal stress, tired, time available in the room" [Participant A2].* Participants also identified specific examples of a child's emotionally dysregulated behaviour that would prompt a reaction. *"Extreme anger, hitting, fighting, and not stop crying" [Participant D1].*

Knowledge of physical developmental stages from infancy up to pre-school
Pre-training questionnaires found that just one participant (4.5%) rated themselves as "*extremely knowledgeable*" in children's physical developmental stages from infancy to pre-school and 41% (n = 9) rated themselves as "*very knowledgeable*".

There was an increase in practitioner knowledge of children's physical development after completing the training. The proportion of EYPs who rated themselves as "*extremely knowledgeable*" in children's physical development from infancy to preschool increased to 18.2% (n = 4) and the proportion of EYPs who rated themselves as "very knowledgeable" increased to 59% (n = 13).

Knowledge of communication developmental stages from infancy up to pre-school
Regarding their knowledge of children's communication developmental stages from infancy to pre-school, 13.6% (n = 3) of participants rated themselves as "*extremely knowledgeable*" and 40.9% (n = 9) of participants rated themselves as "*very knowledgeable*" before receiving the training.

There was a slight increase in practitioner knowledge of children's communication developmental stages from infancy to pre-school. The proportion of EYPs who described themselves as "extremely knowledgeable" increased by one person to 18.2 % (n = 4), while the proportion of EYPs who rated themselves as "*very knowledgeable*" remained the same (n = 9).

Knowledge of social and emotional developmental stages from infancy up to pre-school
When asked about the social and emotional developmental stages from infancy to pre-school before receiving the training, only 9.1% (n = 2) of participants reported that they were "*extremely knowledgeable*" and 31.8% (n = 7) reported that they were "*very knowledgeable*".

Post-training questionnaires revealed a significant increase in practitioners' ratings of their knowledge of children's social and emotional developmental stages from infancy to pre-school. After completing the training, the proportion of practitioners who described themselves as "extremely knowledgeable" increased to 27.3% (n = 6) and the proportion of participants who described themselves as "very knowledgeable" increased to 40.9% (n = 9).

Identifying social and emotional development milestones and risks
Participants were asked questions related to their perceived ability to identify social and emotional milestones and risks for the children in their care.

Table 7: Ability to identify when a child is not meeting social and emotional milestones

Ability to identify when a child is not meeting social and emotional milestones (n = 22)	Pre N	%	Post N	%
Extremely able	4	18.2	8	36.4
Very able	7	31.8	9	40.9
Able	6	27.3	3	27.3
Somewhat able	5	22.7	2	22.7
Not able	0	0	0	0

Following completion of the training, the proportion of participants who described themselves as "*extremely able*" to identify when a child is not meeting their social and emotional developmental milestones increased by 100% from 18.2% (n = 4) pre-training to 36.4% (n = 8) post-training. The proportion of participants who described themselves as "very able" increased from 31.8% (n = 7) to 40.9% (n = 9). (See Table 7).

Table 8: Ability to respond when a child is not meeting social and emotional milestones

Ability to respond when a child is not meeting social and emotional milestones (n = 22)	Pre N	%	Post N	%
Extremely able	5	22.7%	5	22.7%
Very able	5	22.7%	13	59.1%
Able	8	36.4%	1	4.5%
Somewhat able	4	18.2	3	13.6%
Not able	0	0	0	0%

After completing the training, the number of participants who reported feeling "*extremely able*" to respond to a situation where a child is not meeting their social and emotional developmental milestones remained the same at 22.7% (n = 5), however the number of participants who reported feeling "*very able*" increased exponentially from 22.7% (n = 5) to 59.1% (n = 13). **(See Table 8)**

Participants were asked about their confidence in responding to the emotional well-being of the children they worked with. The proportion of participants who reported feeling "*extremely confident*" increased from 22.7% (n = 5) in the pre-training questionnaire to half (n = 11) in the post-training questionnaire. The proportion of participants who reported feeling "*very confident*" was the same in both the pre- and post-training questionnaires.

Participants were asked about their ability to identify risks to the emotional well-being of the children that they work with and were given a list of potential risks such as poverty, homelessness, caregiver incarceration, domestic violence, grief etc. The proportion of participants who reported feeling "*extremely*

able" to identify risks to the emotional well-being of the children they work with more than doubled from 18.1% (n = 4) in the pre-training questionnaire to 40.9% (n = 9) in the post-training questionnaire.

Supporting children's relationship with others

Participants were asked about their ability to be able to identify when a child is finding it difficult to develop relationships with others. Post-training questionnaires revealed a significant increase in practitioners rating of confidence in their ability to identify difficulties children are having in developing relationships with others. Prior to receiving the training, only 18.2% (n = 4) of participants reported feeling "*extremely able*" to identify when a child is finding it difficult to develop a relationship with others, and this more than doubled to 40.1% (n = 9) in the post-training questionnaire.

Once a child was identified as having difficulties developing relationships with others, prior to attending the training, only 22.7% (n = 5) of practitioners felt "*extremely able*" to respond to the situation. 27.3% (n = 6) of practitioners reported feeling "*very able*" in their ability to respond, 18.2% (n = 4) reported feeling "*able*" to respond, and 27.8% (n = 6) reported feeling "*somewhat able*" to respond. After completing the training, the number of EYPs who reported feeling "*extremely able*" to respond to a situation where a child was having difficulties developing relationships with others increased to 27.8% (n = 6), and the proportion of EYPs who reported feeling "*very able*" increased to 54.5% (n = 12).

Impact on working in partnership with parents and caregivers

Participants were asked about their levels of confidence in their ability to establish a relationship with parents/caregivers. Pre-training questionnaires found that 31.8% (n = 7) of participants felt "*extremely confident*" in their ability to establish a relationship with a parent or caregiver. An additional 40.9% (n = 9) reported feeling "*very confident*", and two participants did not respond to the question. After completing the training, the proportion of participants who reported feeling "*extremely confident*" increased to 45.5% (n = 10), and the proportion of participants who reported feeling "very confident" was 36.4% (n = 8). Two participants again did not answer this item.

Participants were asked about their level of confidence in working in partnership with parents/caregivers to support their relationship with their child.

Table 9: Confidence working in partnership with parents/caregivers to support relationship with child

Confidence working in partnership with parents/caregivers to support relationship with child (n = 22)	Pre N	%	Post N	%
Extremely confident	4	18.2	6	27.3
Very confident	8	36.4	12	54.5
Confident	3	13.6	0	0
Somewhat confident	3	13.6	0	0
Not confident	1	4.5	1	4.5

Missing data	3	13.6	3	13.6

There were significant increases in practitioners' reported confidence in working in partnership with parents/caregivers to support their relationship with their child after completing the training. The proportion of practitioners who reported feeling "*extremely confident*" increased from 18.2% (n = 4) to 27.3% (n = 6) in the post-training questionnaire, and the proportion of practitioners who reported feeling "*very confident*" increased from 36.4% (n = 8) to 53.5% (n = 12). (see Table 9).

Prior to taking part in the training, only 9.1% (n = 2) of participants felt "*extremely confident*" in their ability to help parents and caregivers comfort their children when they are struggling to do so, while 50% (n = 11) of participants reported feeling "*very confident*". Post-training questionnaires revealed an increase in practitioners reported who reported feeling *"extremely confidence".* The proportion of practitioners who reported feeling "*extremely confident*" in the post-training questionnaire increased to 18.2% (n = 4), while the number of participants who reported feeling "*very confident*" increased to 45.5% (n = 10).

Participants' views on the importance of attachment for the child and primary caregiver were similar pre and post training. When asked about the importance of attachment for a baby to their parent/caregiver in the pre-training questionnaires, 90.9% (n = 20) of participants rated it as "*very important*". One participant rated attachment as "*somewhat important*" and one participant did not answer this item. Similar responses were recorded after the training, with all participants (n = 22) rating a baby's attachment to their caregiver as "*very important*".

When asked why they believed an attachment is important for a baby to their parent/caregiver in the pre-training questionnaire, responses were varied. In the pre-training questionnaire, many practitioners responded with reference to feeling safe and secure. "*Attachment provides a secure base for children which aids in their overall well-being and how they engage in other relationships.*" [Participant A4]. Participants also explored the role attachment has in allowing a child to learn and socially, emotionally and cognitively. "*Gives children a secure base to explore, learn and develop a sense of self and overall wellbeing*" [Participant B1]. Several participants identified the importance of an attachment relationship and its impact on future relationships "*It is important that relationships are formed and nurtured from birth as it supports emotional development and also supports them throughout their life in having happy healthy relationships with others*" [Participant B2].

Post training responses to this question were broadly similar to those pre-training responses, reflecting the importance that practitioners already placed on attachment prior to the training. However, practitioners were able to further develop their pre-training thoughts and provide a more nuanced description of the importance of attachment to child development. "*They get the tools they need to develop through their different stages with confidence to interact with their peers in other environments. Helps their social, emotional, language skills.*" [Participant B4]. "*It is important for health brain development. Strong relationships that are formed in the early years have a great impact on their sense of self, development, and in forming future relationships with others*" [Participant B2].

Before receiving the training, when asked if they sometimes find it difficult to respond to the needs of parents/caregivers, responses were varied. 40.9% (n = 9) of participants "*disagreed*" with this statement, 18.2% (n = 4) "*agreed*", 27.3% (n = 6) "neither agreed nor disagreed", and three participants did not respond to this item. Responses to the post-training questionnaire were also varied. 31.8% (n = 7) of participants "*disagreed*" that they find it difficult to respond to the needs of parents/caregivers, and the same number of participants "*agreed*". 18.4% (n = 4) of participants in the post-training questionnaire "*neither agreed nor disagreed*", and four participants did not respond to this item.

Practitioner confidence in their ability to establish a relationship with a child in their care

When practitioners were asked to rate their level of confidence in their ability to establish a relationship with a child in the pre-training questionnaire, there were mixed responses. 63.6% (n = 14) of participants felt "*extremely confident*", 22.7% (n = 5) felt "*very confident*", 9.1% (n = 2) felt "confident" and 4.5% (n = 1) felt "*somewhat confident*".

Results in the post-training questionnaire were broadly similar. The proportion of practitioners who felt "extremely confident" remained the same at 63.6% (n = 14), while the proportion of practitioners who felt "very confident" increased slightly to 27.3% (n = 6).

When asked about the attributes they believe a young child can develop as a result of a strong relationship with their EYP, participants mentioned a wide variety of attributes such as *"Confidence, self-assurance, independence" [Participant C1]*, *"Good self-esteem, a feeling of belonging" [Participant C2]. "confidence, empathy, a sense of belonging" [Participant A1]*, *"trust, calmness, security, independence, express feelings, problem solving" [Participant B3].*

Following the training EYPs expanded further on the attributes they believe a child can develop, *"resilience, regulation abilities, trust, a sense of security and belonging in the world" [Participant A3].* They also discussed how they believe these positive attributes can be developed. *"They will explore and have a positive outlook on learning. A strong relationship can enhance children's development as they feel safe & secure in their environment." [Participant B5]. "Child is safe, secure and happy so willing to join in on activities/play which in turn is helping them learn. Good self-esteem, problem solving skills, social skills, willingness to share and communicate." [Participant B7].* EYPs highlighted the importance of strong relationships between themselves and the children in their care to support the children and provide them with a positive example of relationships. *"I feel with a strong, consistent supportive relationship the children I work with will hopefully be empathetic, kind to their peers and family. I hope they will be able to communicate well and become good problem solving. I hope they will develop confidence in life and be great achievers." [Participant B9]. "I believe if a child sees and is involved in a positive relationship with plenty of serve and return interactions and where ruptures are repaired, they have this model of relationship to draw from in other interactions and will feel valued" [Participant A1]. "good mental health, be able to express feeling and feel they belong and have a place in the group" [Participant C2].* They also discussed how they think these positive attributes can be developed. *"Listen to child. Understand signs, interact with them in playing" [Participant D1].*

Practitioner's awareness of their own feelings during interactions with others

Participants were asked several questions concerning how they felt their feelings influenced their interactions with children and parents/caregivers. Firstly, they were asked to consider during interactions with children how their personal feelings influence the interaction. As seen in Table 10 there was an increase in the number of participants who felt that they always considered their own feelings during their interactions with children after completing the training and a decrease in the number who rarely considered their feelings.

Table 10: How often practitioners consider how their own feelings are influencing the interaction

How often practitioners consider how their own feelings are influencing the interaction (n = 22)	Pre N	%	Post N	%
Always	6	27.3	12	54.5
Often	6	27.3	6	27.3
Sometimes	5	22.7	3	13.6
Rarely	4	18.2	1	4.5
Never	0	0	0	0
Missing data	1	4.5	0	0

Participants were asked to consider during interactions with children if the child's feelings influenced the interaction (See Table 11). There was a slight increase in the number of participants who reported that they always considered how the children's feelings are influencing the interactions indicating that participants already considered the children's feelings this during their interactions with children.

Table 11: How often practitioners consider how children's feelings are influencing the interaction

How often practitioners consider how children's feelings are influencing the interaction (n = 22)	Pre N	%	Post N	%
Always	13	59.1	15	68.2
Often	6	27.3	6	27.3
Sometimes	2	9.1	1	4.5
Rarely	0	0	0	0
Never	1	4.5	0	0
Missing data	0	0	0	0

Participants were asked to comment on the benefits of considering their own feelings when interacting with parents/caregivers. Prior to attending the training, when asked about the benefits of considering

their own feelings when interacting with parents and caregivers, practitioners mentioned the importance of remaining professional, boundaries, and not letting their own feelings influence their reaction. *"It is important to remain professional in interactions with parents/caregivers to remain non-judgemental and not be emotional as your own emotions might influence or change how you interact but at all times be empathetic & caring"* [Participant B6]. *"A balance needs to be struck between professionality and care. Boundaries need to be held while expressing concerns."* [Participant B8]. Practitioners also talked about the importance of allowing themselves to be empathetic towards families, giving people time and connecting. *"I feel by considering my own feelings and being in a good place, I can better connect with parents and support them to help the children and themselves. This helps develop trust and a good relationship (professionally)."* [Participant B9]. *"I can take a minute to manage my own feelings"* [Participant A2]. *"To put myself in their position and think about how they feel"* [Participant C2]. *"It could make you more empathetic"* [Participant A1].

Following the training, practitioners mentioned many key aspects of reflective practice and its importance for positive interactions with parents and caregiver. *"Identify own biases. Identify emotions before they influence your reaction. Calming interactions work best with families."* [Participant B8]. Many practitioners mentioned recognising how their feelings may be influencing interactions, as opposed to putting their feelings aside. *"It helps me to not have a non-judgemental attitude and allows me to acknowledge how I am feeling before interacting with parents & caregivers."* [Participant B6]. *"I may be aware of any prejudices or biases that I have myself"* [Participant A1]. Several EYPs again highlighted how having and conveying empathy for parents/caregivers can improve the quality of interactions. *"It can help with letting a parent know that we understand where they are coming from, and we care"* [Participant A2]. "That I'm not comfortable with all feelings and they might feel the same and I need to remember that" [Participant C2]. Additionally, one EYP mentioned the impact of considering their own feelings on their overall emotional well-being. "This is very important to be able to keep my self-esteem and worth" [Participant C2].

Experience of Reflective Practice
Participants were asked about their prior experience of reflective practice, i.e. reflective journalling, reflective practice supervision. When EYPs were asked about their prior experience of reflective practice before receiving the training, a majority of participants said that they had no prior experience of reflective practice. 63.6% (n = 14) of participants said "*no*", they had no prior experience, 27.3% (n = 6) said "*yes*" they did have prior experience of reflective practice, and two participants did not respond to this item. Of the EYPs who had prior experience with reflective practice, when asked to expand on their answer, both mentioned observations as a tool for reflection. *"Reflect on learning through observations and supervision"* [Participant B2]. *"We do observations and often chat pre-service about certain aspects"* [Participant C1].

When asked the same question after receiving the training, several participants mentioned engaging in reflective practice as a result of interacting with their Early Years Mentor, a member of the Let's Grow Together team. *"We have been exposed to reflective practice through our early years support worker and we do so ourselves"* [Participant A1]. *"We had [Early Years Mentor] an early year's support worker to supervise and later to reflect. We use self-reflection on a daily basis"* [Participant A2]. Many of the respondents also highlighted how they implement both formal and informal meetings with colleagues to share information, reflect and plan. *"Reflective discussions with staff on what is working well in the room and what can be changed"* [Participant B2]. *"We keep journals and have room meeting every week to reflect and plan"* [Participant C2]. One participant also highlighted the benefits of engaging in reflective

practice as a tool to support infants and young children's mental health and well-being. *"It helps us to understand to improve the child mental health"* [Participant D1].

When asked if they consider a learning or reflective journal a useful tool in their everyday practice, 18.2% (n = 4) said it was "*extremely useful*", 22.7% (n = 5) said it was "*very useful*". A significant number of respondents did not respond to this question. As can be seen from the previous item, a significant number of participants did not use a journal in their practice and as a result they may not have found the question relevant to them.

When asked the same question after completing the training, participants expanded on their answers, and all expressed positive feelings about engaging in reflective practice. *"Definitely it is a useful tool and leads to a deeper understanding of the intricacies of relationships"* [Participant A1]. Respondents also referenced the value of supervision when engaging in reflective practice. *"Yes, I feel like it is a huge support having reflective practice supervision"* [Participant B2]. One EYP outlined how engaging in reflective practice enables EYPs to better meet the needs of the children in their care. *"Yes, reflective journalling is imperative in childcare to be able to meet children's needs"* [Participant C1].

Experience of sharing observations with stakeholders

Participants were asked a number of questions related to reflective practice and sharing their observations on the children with key stakeholders; other EYPs, parents/caregivers and the children. They were asked how regularly they share what observations on their interactions with children with your colleagues (See Table 12). Prior to the training the majority of participants were already sharing these observations with colleagues and post training there was a slight increase in this sharing of observations.

Table 12: How regularly practitioners share observations with colleagues

How regularly practitioners share observations with colleagues *(n = 22)*	Pre N	%	Post N	%
Always	10	45.5	14	63.6
Often	9	40.9	6	27.3
Sometimes	3	13.6	2	89.1
Rarely	0	0	0	0
Never	0	0	0	0
Missing data	0	0	0	0

Participants were asked how regularly they shared observations on their interactions with children with parents/caregivers. Prior to the training the majority of participants were sharing these observations with caregivers and there was a slight increase in this activity post-training (see table X).

Table 13: How regularly practitioners share observations with parents or caregivers

How regularly practitioners share observations with parents/caregivers *(n = 22)*	Pre N	%	Post N	%
Always	4	18.2	7	31.8
Often	9	40.9	8	36.4
Sometimes	8	36.4	7	31.8
Rarely	1	4.5	0	0
Never	0	0	0	0
Missing data	0	0	0	0

Finally, the participants were asked about how regularly they shared their observations on their interactions with children with the children themselves. All the participants were sharing their observations with children prior to participating in the training but post training there was an increase, particularly in the number of participants who 'often' shared these observations (see Table 14).

Table 14: How regularly practitioners share observations with children themselves

How regularly practitioners share observations with children themselves *(n = 22)*	Pre N	%	Post N	%
Always	4	18.2	5	22.7
Often	7	31.8	13	59.1
Sometimes	11	50	4	18.2
Rarely	0	0	0	0
Never	0	0	0	0
Missing data	0	0	0	0

Before completing the training, when EYPs were asked to rate the importance of sharing observations with others, 54.5% (n = 18) said it was "*very important*" or "*extremely important*", one participant said it was "*important*" and 13.6% (n = 3) said it was "*somewhat important*". After completing the training, the proportion of participants who said sharing observations was "extremely important" or "very important" increased to 95.5% (n = 21), and the remaining participant said it was "*important*".

Prior to attending the training, when asked about the benefits of sharing observations with others, many practitioners focused on tangible benefits to the children from sharing knowledge with those they work

with. *"Sharing children's preference or things that they may have aversion to help provide an environment that is conducive to their environment."* [Participant A4]. *"You might observe something that a colleague may not have noticed (both positive & negative behaviours or practices). A child can be encouraged & praised. Any concerns not noted already can be shared."* [Participant B4] Most practitioners mentioned the importance of sharing observations to help support the children in their care and helps them as EYPs to better understand and gain insights into the needs of the children. *"I feel it vital to share observations with the team I work with, my line manager and parents whom we connect with regularly. These observations help me support the children develop the necessary skills to develop and help me understand their needs."* [Participant B9]. Some EYPs mentioned that sharing observations can help them to see things from a different perspective, learn from others, and try different approaches. *"We can learn from one another they might look at a situation differently and be able to give feedback that you were struggling with or come up with new ideas/approaches."* [Participant B6] *"With parents it allows them to get an idea of how the child is in the creche setting, it allows us to discuss different needs or areas that need support. It allows parents and early years practitioners work together for the child"* [Participant B1]. *"It can make others watch out for it. It can highlight a need"* [Participant A1]. *"Others can also concern about a child behaviour which may be helpful to child developmental skills"* [Participant D1].

When asked again following the training, many EYPs offered responses that mentioned the value of reflective practice. *"Reflection - both peer and self-awareness. Striving for improvement from e.g. scaffolding and support"* [Participant A4]. Scaffolding and supporting learning are key elements of both Infant Mental Health and reflective practice. The EYPs also placed significant importance on sharing observations for their own learning. *"Learning experience - to see certain things in action colleagues may not have picked up or seen what you have"* [Participant B7]. They also pointed out the benefits for 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."* [Participant B6]. Finally, they once again placed importance on sharing observations in order to support the children in the most appropriate way for each child. *"Shared experiences will prompt child led plans. Shared observations will identify if children have needs. Shared observations will identify of needs are being met"* [Participant B8]. *"Practitioners are on the same level with any concerns or general information that is needed to know. Planning curriculum and meeting individual needs"* [Participant B2]. *"Everyone gain an understanding of each child and everybody shares idea on what we can do to help the child and one another"* [Participant D1]. *"You may highlight something they have not noticed. It also means both practitioners in the room will have similar responses thus creating stability"* [Participant A1].

Changes to practice and additional feedback on the IECMH training programme

In round 2 of the research, an additional section was added to the questionnaire that asked EYPs questions about any changes to their practice because of their participation in the training. Seven participants responded to this section.

In the post- training questionnaire, the EYPs who participated in the research were asked about any changes in the frequency of their interactions with parents/caregivers. 57.2% (n = 4) of participants said that the frequency of their interactions with parents/caregivers "stayed the same", and the remaining 42.9% (n = 3) said that the frequency of their interactions with parents/caregivers "increased".

In the post-training questionnaire, participants were asked about any changes in the quality of their interactions with parents/caregivers after completing the training. 57.2% (n = 4) of participants said that

the quality of their interactions with parents/caregivers "stayed the same", and the remaining 42.9% (n = 3) said that the quality of their interactions "improved" following completion of the training.

After completing the training, participants were asked if they thought the training was relevant to their role as an EYP. All the participants expressed that the training was beneficial and relevant to their role. One of the participants highlighted the importance of strong attachments and relationships for young children. *"Yes, working with the age groups 6 months - 3 years I feel it is very important to know the benefits of strong caring relationships in the early years and how the breakdown of these attachments can have a bad impact on a child" [Participant B2].*

In the post-training questionnaire, when participants were asked about any changes in their practice since participating in the training, several participants cited increased understanding of children's needs. *"More aware of everyone's feelings and needs" [Participant C2]. "I understand children more" [Participant D1].* Several EYPs also mentioned changes to how they respond to children's dysregulated behaviour. *"We have made a concerted effort to mirror the child's feelings more as opposed to disguising it with chirpiness" [Participant A1]. "Yes, I am more aware of my own feelings and mirroring the children's expressions when they are talking to me or interacting with me" [Participant A2].*

In the post- training questionnaire, when participants were asked how they felt having an Early Years Mentor benefited their practice, responses were all positive and participants expressed that they have strong relationships with their mentor. *"Yes, we have a positive relationship with our early years mentor. We value each other's work, and [Early Years Mentor] has been very helpful and supportive to use in [Early Years Service]" [Participant A2].* Several participants mentioned the benefits of feedback from their mentor. *"The mentor helped me to understand which areas I can improve" [Participant D1].* One of the EYPs also mentioned the value of having a mentor who understands the challenges associated with the role of the EYP. *"Good feedback, interaction and believe you're doing a good job and they understand it isn't an easy job" [Participant C2].*

Child Caregiver Interaction Scale

Pre-training observations
Prior to the commencement of the IECMH training, seven EYPs were observed in practice using the Child Caregiver Interaction Scale (CCIS), Revised Edition 2010 (Carl, 2010). The EYPs were observed by the Let's Grow Together Early Years Mentor in round 1 of the research, and by a member of the UCC research team, who is also an EYP, in round 2 of the research. Following the completion of IECMH training, the same seven EYPs were observed in practice again by the same researcher using CCIS.

Four of the participants worked in centre-based programmes, and three worked in a school-based programme. Four participants worked with preschool-aged children, and three worked with toddlers aged between 1 and 2 years. One of the participants had over 20 years of experience working with children, one had 15 years of experience, three had over 10 years of experience, one had 9 years of experience, and one participant had less than one year of experience. One EYP had a QQI Level 9 qualification, three of the participants had a QQI Level 6 qualification in childcare and two had a QQI Level 5 qualification. One had completed a National Diploma in Childcare. At the time of the observations, the number of children present in the room with the EYP ranged from 8 to 19, with between 2 and 5 members of staff present.

The CCIS measures caregiver behaviours and interactions with children from birth to 5 years. It consists of 14 items across three domains. Each item is scored on a 7-point scale ranging from 1 (inadequate) to 7 (excellent). Each item comprises numerous indicators, and each of these indicators operationally defines specific actions that comprise the score.

Table 15: Child Caregiver Interaction Scale Results (N=7)

ID	Time	Emotional				Sum Total	Mean	Cognitive/Physical							Sum Total	Mean	Connections with a Wider World			Sum Total	Mean	Total Sum Total	Mean
		1	2	3	4			5	6	7	8	9	10	11			12	13	14				
FS	Pre	6	6	4	4	20	5	5	1	4	1	7	4	1	23	3.2	4	2	0	6	2	49	3.4
	Post	6	6	6	7	25	6.25	7	6	7	5	6	5	7	43	6.14	6	5	0	11	3.66	79	5.35
JC	Pre	1	1	5	1	8	2	6	1	7	5	3	4	5	31	4.43	2	1	0	3	1	42	2.48
	Post	7	7	6	6	26	6.5	6	6	6	4	7	6	6	41	5.85	6	7	5	18	6	85	6.11
SC	Pre	7	7	7	7	28	7	6	5	7	5	7	6	4	40	5.71	7	6	5	18	6	86	6.24
	Post	7	7	7	7	28	7	6	6	7	6	7	7	6	45	6.43	7	6	5	18	6	91	6.48
CC	Pre	7	6	6	6	25	6.25	5	5	7	3	7	6	4	37	5.29	7	4	5	16	5.33	78	5.62
	Post	6	6	6	6	24	6	6	5	4	4	5	6	4	34	4.86	6	2	4	12	4	70	4.95
AA	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
BA	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
BB	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					124	4.43								191	3.89				62	2.95	377	3.78
	Post					181	6.46								286	5.84				96	4.57	563	5.70

Emotional Domain
The Emotional Domain consists of four items; "tone of voice", "acceptance/respect for children", "enjoys and appreciates children", and "expectations for children". Prior to attending the training, the average score for the seven participants was 4.43. The average scores of all seven participants ranged from 1.25 to 7. Scores from the observation session following the training showed that the average score across all seven participants increased to 6.46. The range was smaller than pre-training, with average scores from 6 to 7.

Cognitive/Physical Domain
The Cognitive/Physical domain consists of seven items; "health and safety", "routines/time spent", "physical attention", "discipline", "language development", "learning opportunities", and "involvement with children's activities". In the pre-training observation, the average score for all seven participants was

3.89, and individual participant average scores ranged from 1.57 to 5.71. Following the training, average scores from the observation session had increased to 5.84 across all seven participants with a range from 4.71 to 6.57.

Connections with a Wider World

Connections with a Wider World consists of 3 items: "arrival", "promotion of prosocial behaviour/social emotional learning (SEL)", and "relationship with families". The average score for all seven participants in the pre-training observations was 2.95 and individual average scores ranged from 1 to 6. Scores from the observation session following the training showed that the average score across all seven participants increased to 4.57, with a range of 3.67 to 6.

Total Scale

Scores from the observations carried out before the practitioners took part in the training ranged from 1.50 to 6.29, with an average for the seven participants of 3.78. In the post-training observation, scores for the seven participants across all domains had increased to an average of 5.70, with a range of 4.79 to 6.48. These findings suggest that the participants benefited from their participation in the programme. While there were increases in knowledge of concepts for all participants, it is of note that the greatest improvements in practice were observed among two specific cohorts of EYPs; EYPs who had not previously been exposed to Let's Grow Together capacity building programmes such as mentoring, and EYPs who were newly qualified and working in the sector for less than one year. Total scores for EYPs in these categories increased from 2.48 to 6.11, and 3.4 to 5.35 respectively.

Discussion of Key Findings

Building the capacity of EYPs provides an enhanced level of care which can result in better outcomes for young, vulnerable children (Shonkoff and Fischer, 2013). The findings from this evaluation support this assertation that enhancing capacity building of skills for EYPs can have positive effects on children, EYP staff and families and the next section will highlight key findings emerging from the evaluation.

Practitioner' IECMH knowledge – Importance of Relationships
Many of the participants had extensive experience working in early years and nearly half had worked in the sector for more than 10 years and this experience was reflected in their base-line knowledge of concepts related to child development and relationships.   While only one of the EYPs had prior IECMH training they demonstrated knowledge of theories which underpin IECMH such as centrality of the caregiver child relationship, importance of attachment and attunement. This may reflect the support and training for child development and attachment already in place in these services and the wider community. Even prior to attending the IECMH training, EYPs showed a knowledge of the importance of attachment for children to feel safe and secure, and as a support for all future learning and development and they highly valued the important of the parent and child attachment. Post training responses to this question were broadly similar to the pre-training responses, reflecting the importance that practitioners already placed on attachment prior to the training. However, EYPs were able to further develop their pre-training thoughts and provide a more nuanced description of the importance of attachment to child development.

Improvements in practice – CCIS Emotional Domain

CCIS results demonstrate improvements in practice across all domains, however scores in the Emotional Domain had the largest overall increases. Average scores across the Connections with a Wider World Domain increased by 1.62 from 2.95 pre-training to 4.57 post-training. Average scores across the Physical/Cognitive Domain increased by 1.95 from 3.89 pre-training to 5.84 post-training. Average pre-training scores in the Emotional Domain were the highest of the three domains and demonstrated the most significant increases. Scores across the emotional domain increased by 2.03 from 4.43 pre-training to 6.46 post-training. The high pre-training scores and large increase post-training demonstrates both the participants' extensive experience and baseline understanding of children's social and emotional development, in addition to the benefits of the IECMH training and its potential for improving EYP practice in this area.

Impact on children's emotional regulation

After completing the training, the proportion of participants who reported observing children's emotionally dysregulated behavior decreased indicating that participation in the training may have had an impact on the levels of emotionally dysregulated behavior in the settings, or on EYPs' perceptions of children's emotionally dysregulated behaviour. It is possible that increased EYP knowledge of children's social and emotional development led to better understanding of children's behaviour, particularly emotionally dysregulated behaviour. This may indicate a shift in EYP perception of what constitutes emotionally dysregulated behaviour, what causes it and how it should be responded to. Post training the participants also had an increased awareness of how their own emotional state influenced children's emotional regulation and the role of their verbal and non-verbal cues.

Relationship with the Early Years Mentor

EYPs were very positive about the role of the Let's Grow Together Early Years Mentor in supporting their practice, and the capacity building offered through this programme and the knowledge of practice which the mentor had was highly valued. The participants particularly valued the opportunity the mentor provided them to reflect on their practice and identity areas of improvement for their practice.

Existing knowledge of communication developmental stages from infancy up to pre-school

Practitioners in the evaluation expressed high levels of confidence in their existing knowledge of children's communication developmental stages from infancy to pre-school with slight increases in this post training. Speech, Language and Literacy is one of the core strategies of the Let's Grow Together Programme and the majority of the settings included in the study have received training such as Learning Language and Loving It™ - The Hanen Program® for Early Childhood Educators from the Let's Grow Together's team. While this evaluation did not include an evaluation of the Hanen Program, approximately 50% of the study participants has previously received the Hanen LLLI training in 2021 and exposure to this training may have positively influenced the EYPs knowledge of communication development stages.

Improvements for staff with less exposure to Let's Grow Together capacity building

CCIS results demonstrated improvements for all participants, however the most significant gains were made by EYPs with less exposure to Let's Grow Together capacity building. The training had the most positive impact on recent graduates who were employed in the sector for less than a year, and EYPs in

centres that had not previously received mentoring and/or capacity building from Let's Grow Together prior to the commencement of the IECMH training. The EYP who experienced the most significant increase in CCIS scores across all domains had more than ten years of experience working in the sector but had not previously engaged with Let's Grow Together's mentoring or other capacity building.

Conclusion

Overall findings demonstrate successful building of EYP's competencies and confidence in IECMH concepts and their application to practice. There are gains in EYPs perceived ability to understand and interpret social and emotional developmental stages in young children and their confidence and competence in supporting parents, such as reducing parental stress around dealing with fussy moments and separation anxiety. The IECMH training provided practitioners with a common language through which to share observations, build cohesion among teams, and to further support the relational health of children. The role of the Early Years Mentor was central to the implementation and success of the programme and this relationship is highly valued by the EYPs. The CCIS results demonstrated the largest impact on staff who haven't had exposure to this type of training and capacity building which shows the value of these programmes. Overall, the evaluation found successful building of EYPs existing competencies and confidence in IECMH concepts and their application to practice which meetings the overall objectives of the training programme.

Recommendations for next phase of the evaluation

- Review and update the pre and post training questionnaires to ensure language is consistent in the pre and post. For example, review the language regarding questions on emotional regulation.
- Introduce child and parent measure to explore the wider impact of the training programme.
- Review the CCIS measure to ensure cultural relevance for the Irish early year's settings.

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