Frameworks for Foundation Level Infant & Early Childhood Mental Health Professional Development

An Infant Mental Health Network Working Group Initiative

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Area Based Childhood Programme
TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency
Irish Association for Infant Mental Health
Young Ballymun Pioneering Prevention & Early Intervention
Let's Grow Together! Infant & Childhood Partnerships CLG
HSE

Foreword

The National Infant Mental Health Network (IMH) Working Group is pleased to publish *Infant & Early Childhood Mental Health Training & Network Groups: Standardised Frameworks to Support Workforce Development.*

The commissioned researchers Debbie Scales and Susan Brocklesby, in close collaboration with the National Infant Mental Health Network Working Group, were tasked with standardising current practice in Infant Mental Health Network Groups (IMH-NGs) and 2-day Infant Mental Health (IMH) Master Class Training (detail is outlined within this document). The researchers were also tasked to explore a national approach to build workforce capacity and map other Infant and Early Childhood Mental Health training available in Ireland.

The resulting research has yielded significant insights, equipping the Working Group to explore feasible next steps that could enhance Infant and Early Childhood Mental Health (IECMH) in Ireland.

The researchers highlighted the challenges of delivering IECMH training at scale and recommended a training infrastructure model. The *First 5 Implementation Plan 2023-2025* (DCEDIY, 2023) recognises the need for such a structure and commits to advance an Infant and Early Child Mental Health Workforce Development Plan and a train-the-trainer programme.

The research has provided invaluable insights into what works well in implementing and sustaining IMH-NGs. The feedback from survey participants shows how important this reflective opportunity is for participants. Given the many work pressures on key sectors, IMH-NGs are challenged to ensure that those who benefit the most from this reflective opportunity are represented. Additionally, many IMH-NGs strongly rely on a single entity to sustain momentum. The proposed frameworks provide a helpful starting point for any new or existing IMH-NGs and advocate for these groups to become self-sustaining.

Furthermore, it explored options to deliver a 2-day training model comparable to that currently delivered as an IMH Master Class. An expert interagency group came together to advise and share their expertise on a proposed framework, which included the standardisation of learning outcomes, content and format. It also identified the recruitment and training of facilitators of such training along with essential delivery considerations which marry the essence of IECMH practice with best practice in adult learning.

The next step for such a training model to be realised and scaled is to develop a train-the-trainer approach. Implementing this in the absence of a training infrastructure is not presently feasible. Informed by the research, the Working Group looked at options to fast-track access to comparable aligned training and have agreed to implement the manualised and aligned Solihull Approach Foundation-Level Training and using the research to align this to IMH Competency Frameworks and an Irish context.

The research also highlighted an already developed HSE online training that provides a starting point for anyone interested in commencing their learning journey in IECMH. This online series of three modules will now be adapted, made more accessible, and promoted to all sectors. This online starting point is included in a proposed IECMH Training and Learning Pathway, which maps out other aligned IECMH training currently delivered in Ireland.

Most importantly, the research has highlighted the current reach of IECMH across the country and the significant scale required to reach what First 5 has termed '*an Early Childhood Workforce*'. In this complex space with multiple sectors and disciplines, the complexity of how knowledge and practice of IECMH can reach all who have a central role in supporting expectant and new parents, their infants and young children is highlighted. The crucial role played by the Early Learning and Care (ELC) sector and it's significant scale is considered. This has resulted in incorporating the critical early childhood stage into existing terminology, hence the term Infant and Early Childhood Mental Health (IECMH).

Given the complex interdisciplinary landscape, this research supports our work in developing a long-term strategic approach to advance IECMH and consider how we can bring together relevant cross-disciplinary stakeholders to advance IECMH across Ireland collaboratively. This is a priority action for us as we move into the next phase of our work and commence rolling out Solihull Approach Foundation-Level training to an Irish Early Childhood Workforce.

Finally, we would like to thank all those who participated in surveys and phone calls, gave their time to consultative meetings, and provided considerable feedback. We welcome the strong commitment to IECMH in '*First 5 - Implementation Plan 2023 -2025"* (DCEDIY, 2023), and we look forward to working collectively to advance and support the necessary infrastructures and training to realise IECMH across a multidisciplinary Early Childhood Workforce.

Bernie Laverty

Chairperson of the National Infant Mental Health Network Groups Working Group

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Background

In December 2022, an interagency collective, the National Infant Mental Health Network Working Group, commissioned a piece of work which set out to develop frameworks which would:

- ensure a consistent approach to Infant Mental Health Network Groups (IMH-NGs)
- outline a standardised 2-day Infant Mental Health (IMH) Master Class Training, including the standardisation of learning outcomes, content and format
- explore a national approach to building workforce capacity
- establish what other Infant and Early Childhood Mental Health (IECMH) training is available and reaches a comparable standard to the IMH Master Class.

It was anticipated that the resulting frameworks would include the standardisation of learning outcomes, content overview and training process but not extend to a manualised train-the-trainer content.

This resulted in a review and mapping research initiative, *"Infant & Early Childhood Mental Health Training & Network Groups - Proposed Standardised Frameworks to Support Workforce Development"* (Executive Summary/Full Report Document - Source Document). Susan Brocklesby and Debbie Scales were commissioned to complete this work with support from a wide range of essential stakeholders, including members and facilitators of IMH-NGs, international stakeholders and a project-specific Advisory Group that engaged with the authors over three months. The many stakeholders who engaged with this process shared their experience, expertise and time as outlined in the source document.

This initiative has a policy origin in Tusla's *National Parenting Support Strategy Implementation Plan* (Tusla, 2022), which outlined an initiative to scale IMH-NGs within 2023. Infant Mental Health is a core component of the HSE's *National Healthy Childhood Programme,* and advancing professional development in IECMH is identified in *Stronger Together, HSE Mental Health Promotion Plan 2022 – 2027* (HSE, 2022). This builds upon the strategic objectives outlined in *First 5: A Whole -Of-Government Strategy for Babies, Young Children and their Families* (DCYA, 2018).

This document will outline the following.

1. Who needs to be aware of IECMH?
2. What is Infant and Early Childhood Mental Health?
3. Benefits of Investing in an Infant and Early Childhood Mental Health Workforce.
4. Frameworks: Building on Infant and Early Childhood Mental Health Training and Networks in Ireland

Who needs to be aware of IECMH?

Infant and Early Childhood Mental Health (IECMH) is a unique interdisciplinary field of practice that supports parents and their infants and young children from pregnancy to age 5- 6. As outlined in Figure 1, this field includes a considerable number of different sectors and disciplines.

The source document explores a potential IECMH workforce in Ireland, which is estimated to be over 69,000 when adult services are also included. This overstretched workforce combines statutory services (HSE and Tusla) and a range of Community and Voluntary sector organisations.

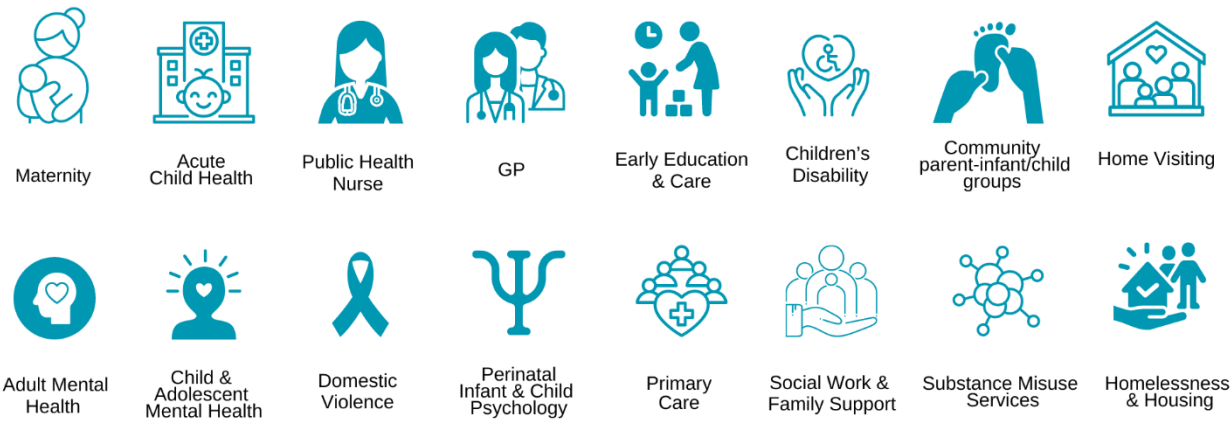

Figure 1 Example of an IECMH Workforce in Ireland[1]

Many within this workforce have their own professional registration bodies and are required to demonstrate ongoing professional development. It is a cross-sectoral workforce with policies and strategies overseeing workforce development from different government departments and sections within departments - Child Health, Mental Health, Children, Education, Housing, Social Inclusion, Equality and Disability.

First 5's Commitment to an Early Childhood Workforce

'The Early Childhood Workforce Initiative will include the health and social care workforce and the early learning workforce, including ELC staff and primary school teachers, among others' (DCEDIY, 2018).

The whole-of-Government commitment of First-5 is realised through an aspiration to integrate all those working with infants, young children and their families in what has been termed an Early Childhood Workforce. This aligns with the IECMH Workforce proposed

[1] Figure 1 outlines a possible range of sectors, services, and professionals who may come into contact with expectant parents, infants, young children, and their parents or families. It also includes those who work directly with adults at risk or in vulnerable circumstances but may also be expectant parents or parents of an infant or young child.

above. While ambitious in its intention, it aims to *'develop opportunities for all professionals working with babies, young children and their families to learn together and develop collaborative working approaches*'.

First 5 sets out a vision for an Early Childhood Workforce as a collaborative inter-disciplinary approach which aims to avoid traditional siloed working and is *'unified by the common ambition of providing optimum services and supports for babies and young children to realise their full potential*'.

A Spotlight on the Early Learning and Care Sector

The Early Learning and Care[2] (ELC) sector is a crucial element of the Early Childhood Workforce. The ELC sector has seen significant and rapid change in the Irish context. Key developments from pay agreements to professional development infrastructures and frameworks to support practice continue to advance, including the recently published *'Nurturing Skills: The Workforce Plan for Early Learning and Care (ELC) and School-Age Childcare (SAC), 2022-2028' (DCEDIY, 2022)* and *'Literature Review to Support the Updating of Aistear, the Early Childhood Curriculum Framework'* (French & Mc Kenna, 2022).

Like many professions, the ELC sector has established state-funded national and regional infrastructures to support practice and professional development in addition to membership-based professional bodies which also support practice,

The ELC Practitioner has a unique dual role. They are caregivers for a portion of an infant/young child's day but also support parents and the parent-infant relationship. The research raised the need for sector-specific training in IECMH. While all training delivered needs to reflect the participant's work context, the ELC Practitioner's unique context indicates the need for dedicated and context-based IECMH training.

In recognition of the role played by this essential sector, it is recommended that the terminology of Infant and Early Childhood Mental Health is adopted and it aligns with the ZERO TO THREE definition.

[2] Early Learning and Care (ELC) is the term currently used in Irish policy to describe the Early Childhood Education and Care sector (ECEC). Another term also used within this sector is the Early Childhood Care and Education Scheme or ECCE which describes in Ireland two years of free access to 15 hours of preschool from 2 years and 8 months up to 5 years 6 months.

What is Infant & Early Childhood Mental Health?

Infant and Early Childhood Mental Health (IECMH) is defined as a young child's developing capacity (from birth to 6[3]years) to:

1. experience, regulate, and express emotions,
2. form close and secure interpersonal relationships,
3. explore the environment and learn within the context of family and cultural expectations. These capacities are best accomplished within a caregiving environment encompassing family, community, and cultural expectations, and they are the cornerstone of healthy social and emotional development[4].

IECMH is critical to the child's well-being at each stage of development. It lays the foundation for healthy relationships, positive self-esteem, and the ability to cope with life's challenges. Infants who experience positive early experiences with their caregivers are more likely to develop strong social skills, emotional resilience, and cognitive abilities.

Benefits of Investing in an Infant & Early Childhood Mental Health Workforce

Training and ongoing professional development in IECMH will equip all those who meet and work with expectant parents, infants, young children and parents to provide information, understanding, emotional and practical support, parenting, child development support, advocacy and pathways for families to access specialist or advanced services. Centrally, IECMH practitioners will support the infant/young child-parent relationship as a solid foundation for both generations to grow and thrive. It impacts the here and now for children and their caregivers but, crucially, future health and well-being.

Significant evidence exists across disciplines and is summarised in the World Health Organisation's *Improving Early Childhood Development: WHO guideline* ' (WHO, 2020), which outlines the importance and effectiveness of the following:

- Responsive Caregiving
- Promote Early Learning
- Integrate Caregiving and Nutrition Interventions
- Support Maternal Mental Health

Reducing sources of stress for parents, infants and young children is central to promoting the best outcomes for both the parent and child. The fundamental bio-physiological

[3] In Ireland, the age range of the original definition will be extended from 5 to 6 as this better reflects the national ELC Policy, Curriculum and Quality Framework.
[4] ZERO TO THREE, 2001

response of the immune system to exposure to early and chronic physiological stress is significant. Toxic stress refers to prolonged or frequent exposure to adverse experiences, such as abuse, neglect, or household dysfunction.

Studies have shown that exposure to toxic stress can cause inflammation in the body, impacting an individual's immune system. This can make infants more susceptible to infections and illnesses and can also increase the risk of developing chronic illness and disease later in life. In addition, toxic stress can also affect the development of the brain, which can further impact the immune system.

Preventing exposure to stress is crucial for an infant's and their family's healthy development. This can be achieved by ensuring a safe and stable home environment, reducing exposure to adverse traumatic experiences and stress, and supporting positive, responsive infant-caregiver relationships, as documented by Jack Shonkoff and the Center on the Developing Child and others in the field.

Early intervention and support for infants and their families can prevent future physical and mental health problems and reduce healthcare costs. By preventing mental and physical health problems before they arise, the need for costly treatments and hospitalisations in adolescence and in later life can be reduced.

The source document outlines how, in the current service delivery climate, IECMH can play a significant role in mitigating the most extreme impacts of childhood adversity and poor IECMH, thereby reducing the impact on services such as Primary Care Psychology, Child and Adolescent Mental Health and Child Protection Services.

For policymakers, politicians and citizens, this benefits society at large. Investing in IECMH can have significant cost benefits in the long run. The social impacts of early childhood adversity can extend to other areas, such as unemployment, criminality, substance misuse and homelessness. Infants and young children who receive early intervention and support are more likely to succeed academically and achieve their potential across wider spheres of society.

Adverse Childhood Experiences (ACEs) in Ireland

The cost attributed to ACEs in Ireland was $7.7 billion (approx. €7 billion) or 2% of GDP (Hughes et al., 2021).

Frameworks for Infant & Early Childhood Mental Health Training & Networks in Ireland

Developed from a grassroots approach, the origins of IECMH training in Ireland were led by the HSE Primary Care Child & Family Senior Clinical Psychology Service in North Cork, supported by the Michigan Association of Infant Mental Health (MI-AIMH). The first training experience in 2006 laid the foundations for a unique integrated training model and group reflective practice called an IMH Master Class and IMH Network Group (IMH-NG)[5]. Since then, significant national progress has been made in rolling out this training model through the Irish Association for Infant Mental Health (I-AIMH) and two Area Based Childhood (ABC) Programmes, Let's Grow Together! and Youngballymun.

Developments within the HSE include IEMCH training and professional development, which have been led by the National Healthy Childhood Programme, particularly the development of 3 eLearning IMH Units accessible through HSeLanD, the HSE Learning and Development Portal.

The ABC Programmes have introduced or facilitated a range of aligned IECMH training to professionals in Ireland, including Circle of Security, Solihull Approach Foundation, Newborn Behaviour Observation System, the Growing Brain: A Training Curriculum for Early Childhood Professionals, Northamptonshire Baby Room Project and many more.

Additionally, the Perinatal and Infant Mental Health Special Interest Group of the Psychological Society of Ireland have been at the forefront of learning and training opportunities in this field. Finally, many other organisations have explored and adopted aligned programmes such as Mellow Bumps and more specialist psychotherapeutic approaches.

The research outlines a range of considerations to advance a comprehensive national approach to building an IECMH workforce that combines online learning with direct delivery facilitated training, locally accessible reflective practice and ongoing professional development. Many of the research recommendations have been reflected in the 'First 5: Implementation Plan 2023-2025' (DCEDIY, 2023). For example, the need for:

- infrastructure has been identified as a 2025 action: *'National and Regional support structure to support embedding IECMH into all services serving babies and young children'*
- an Infant and Early Child Mental Health Workforce Development Plan, including a foundation-level train-the-trainer programme: '*An Infant and Early Child Mental Health Workforce Development Plan will be developed and rolled out*'.

[5] Maguire, et al., 2016

First 5 identifies the importance of the Mental Health Promotion Plan in driving implementation along with partners in HSE, Department of Health, Tusla, Irish Association of Infant Mental Health, and Area-Based Childhood Programmes.

Without such a comprehensive national and regional infrastructure with associated guiding workforce development plans, the following outline of guiding frameworks for training and reflective practice has been proposed in the context of an overall IECMH learning pathway framework. Some of these guidelines can be used for existing or emerging IECMH-NGs, for those seeking to access online learning to commence their professional development in IECMH and to signpost interested practitioners to the future rollout of the Solihull Approach (foundation level) as a train-the-trainer model.

1. Adapted and accessible National Healthy Childhood Programme 3 eLearning Units
2. Guidance for local implementation of reflective practice groups called IECMH Network Groups (IECMH-NGs) which build on the current IMH-NGs infrastructure.
3. Foundation Level Training – The Solihull Approach Foundation Level
4. Ongoing Learning & Development Pathways

While there is a sequential element to this framework, steps 2 and 3 are proposed to be interchangeable, and while not co-dependent, they are reciprocally supportive.

1. E-Learning - National Healthy Childhood Programme

E-Learning: National Healthy Childhood Programme - Online IMH Modules

Originally developed for use by those implementing the National Healthy Childhood Programme, with a particular focus on the role of the Public Health Nurse, these units can be adapted with minor changes to ensure they accommodate the needs of an interdisciplinary workforce. They are available to all through HSeLanD. However, registering for HSeLanD and then accessing the materials can be cumbersome. These logistics are currently being addressed.

- IMH Unit 1 – Promoting Infant Mental Health
- IMH Unit 2 – Observing Infant Social and Emotional Development
- IMH Unit 3 – Using an Infant Mental Health Informed Approach in Practice.

2. IECMH Network Groups

Infant and Early Childhood Network Groups (IECMH-NGs)

Currently, 17 IECMH-NGs are operating in Ireland, with a further 8-9 in development or with a level of interest in development, as outlined in Figure 2. The estimated total membership of these Network Groups is 290 (0.4% of the estimated workforce), with the majority facilitated by two facilitators.

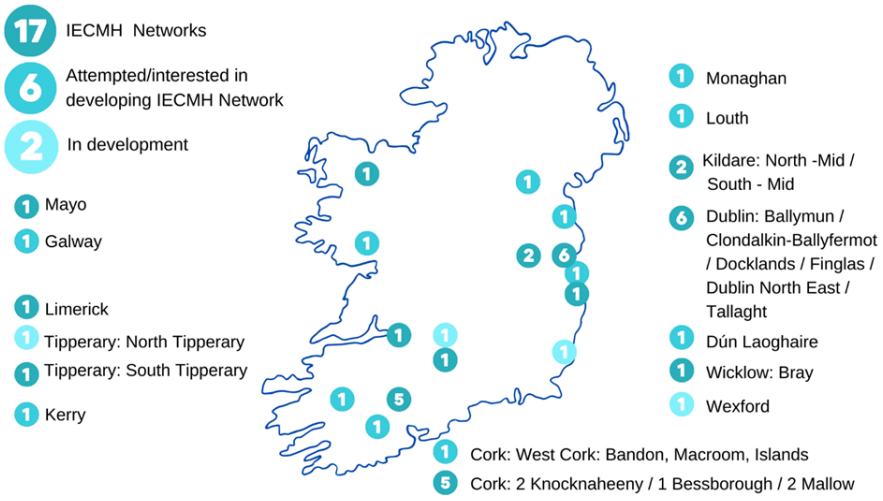

Figure 2 IMH-NGs in Ireland today - note since publication, an IMH-NG is also in development in Waterford

It is clear from the research that IECMH-NGs are extremely popular and highly valued by members. However, they can be challenging to sustain. They are limited to a small pool of practitioners and reliant on at least one organisation or identified individuals to facilitate and sustain the group's momentum. The research demonstrated that the Facilitator's role is essential to this model's success and sustainability. While I-AIMH, Let's Grow Together! and Youngballymun provide resources, guide those commencing an IECMH-NG and provide a level of reflective support and practice for those facilitating IECMH-NGs, there are no nationally available easily accessible resources to enable other areas to replicate this or similar models across the country. While there are pockets of coverage in 7 counties of Ireland, these cannot support all those working in this area. Furthermore, 19 counties do not have a structure to support this reflective practice model.

Other challenges to this model were raised, such as securing management support for attending this professional development space and protecting the time required given highly pressurised workloads and growing waiting lists for services. Some sectors have been identified as having considerable logistical challenges in accessing such an interagency space, e.g. the ELC sector, Midwives, Social Workers or others working in highly pressurised or hospital-based settings. The following guide is proposed to address these challenges.

Purpose of IEMCH Network Groups (IEMCH-NGs)	1. To create a reflective practice space to support knowledge and practice in IECMH. Where possible, this should be an interdisciplinary structure. 2. To equip participants with the skills to facilitate knowledge and practice gain in their own agencies and work teams. 3. To establish self-sustaining reflective practice and facilitation and ensure reflective practice spaces are accessible to a wide range of practitioners.
Who can attend	IECMH-NGs are an open forum for those committed to advancing their knowledge and practice of IECMH and their reflective practice and facilitation skills, as well as those who wish to increase awareness and knowledge of IECMH within the workplace. Those who can commit to consistent participation with an interest in IECMH, prioritising those who work with expectant parents, infants, young children and their families and those who work with adults in a vulnerable context - the IECMH workforce as outlined in Figure 1. Those who work with older children and families in general and would like to understand the impact of early childhood, relationships, and attachment on individuals and families can also attend.
What is required to participate?	**1. Training or experience:** Early or introductory level knowledge of IECMH would be sufficient for all new participants such as: • An Introductory IECMH workshop (2.5 hrs) • HSE eLearning Units (2.5 hrs self-directed) • IECMH Master Class • The Solihull Approach - Foundation-level training • Aligned relational or attachment programme training – Circle of Security, Mellow Bumps, etc. • Aligned professional background 2. **Completed Expression of Interest Form:** The primary function of this form is to be explicit about the expectations for both the participant and their manager/management structure to support participation.

How does it work ?	Nationally agreed materials will be developed to support local implementation of an IECMH-NG. Drafts of these are available in the Appendix and include Samples of the following: • Operational Guide: IECMH-NGs • Expression of Interest Form • Terms of Reference • Monthly Reflection Sheet • Annual Review Questionnaire • Curriculum of material to support reflection and discussion. The aim is for all groups to be self-sustaining with an explicit expectation that all members support planning, review, and participation and, when appropriate, take lead roles in facilitating the group. If an IECMH-NG is not presently in place in an area, those with the required training and experience (outlined above) can commence one using the guidance documents above.
What supports are available for IECMH-NGs?	Currently, no funded or dedicated functions support the overall implementation of IECMH-NGs across Ireland. There is an aspiration to have local support for all IECMH-NGs within a nationally agreed support structure. Such a structure could: 1. Provide support at the start of a group, including initial facilitation to model the approach 2. Provide access to a range of supportive materials 3. Support awareness raising and recruitment of participants 4. Provide ongoing support to self-sustain peer reflective groups.

Foundation Level Professional Development Programme - The Solihull Approach

Since 2006, the primary vehicle for training in IECMH in Ireland has been the IMH Master Class (see source document for additional background information). It is estimated that 1,636, or approximately 2% of the estimated workforce, have completed an IMH Master Class. It must be noted, however, that this workforce is constantly shifting, so the percentage reach is likely to be much less. There is no national funding mechanism for the delivery of training presently, and as such, there is a cost for providing training outside of an Area Based Childhood Programme area.

The research indicated the importance of facilitating training to advance and embed the theory into practice beyond the eLearning starting point. It indicated that this model of training needed to be:

- inclusive
- accessible
- wide-reaching
- competency-based
- multidisciplinary - respecting and honouring multiple practitioner practice contexts
- experiential and facilitated rather than didactic
- pluralistic and open, leading to future pathways where specialisation could be advanced rather than seeing this training as specialist and exclusive.

In short, there was a sense of urgency that the core of this work, while complex, should be accessible and shared as widely as possible so all practitioners have a strong understanding of the importance of IECMH. For most practitioners who will not specialise or advance their IECMH practice, it was important that training equipped them to feel confident to work sensitively and relationally with families in promoting the importance of infant and early childhood relationships. Fundamentally, the research recognised a need for radical, comprehensive, cross-sectoral organisational commitment to this way of working to ensure visibility to infants and young children. An IECMH approach should be viewed in line with aligned approaches such as Trauma Informed Practice, Co-production and Participation, all of which operate at the individual and the organisational level and require leadership to ensure a widespread organisational culture of practice.

Finally, the framework must address the limited number of available trainers in Ireland. Presently, there are 12 recognised Master Class trainers in Ireland, all delivering training in

addition to their primary employment. This highlighted the need for a train-the-trainer cascading approach. The first step of such an approach is to equip and support a wider range of practitioners with the necessary materials, knowledge, and experience to facilitate foundation-level training. The research also stressed the necessity to engage cross-disciplinary so that training could be co-facilitated by a range of practitioners with different sectoral expertise. Such an approach is strongly recommended for the ELC sector, representing 37% of a potential IECMH workforce (60% if Childminders are included).

The work of an interagency advisory group supporting the researchers developed a framework for standardising learning outcomes, content and format. It also identified the recruitment and training of facilitators of such training along with essential delivery considerations which marry the essence of IECMH practice with best practice in adult learning. Entitled *'Being and Becoming: A Foundation Level Professional Development Programme in IECMH*', this Irish proposed alternative to the Master Class was outlined, and a detailed training template, plan, and process were included in the Appendix of the source document. It was proposed to bring this training to scale through a national train-the-trainer cascade model drawing on the learning from a similar process devised within the ELC sector to roll Child Protection Training out at scale to the 26,000 ELC practitioners in centre-based settings, which had previously been delivered only by specialists in the field of Child Protection. However, bringing such a training proposal and framework to fruition without a national training or workforce development infrastructure would take considerable time. Implementing a train-the-trainer programme without a training development structure with national and regional structures to support implementation is not currently viable, but First 5 Implementation Plan commitments seek to address this in the future.

Background to the Solihull Approach

Without an existing and established infrastructure to finalise and bring to scale an Irish-developed interagency IECMH Foundational Level Training, the Working Group looked to more established and manualised training, which is ready to scale through a train-the-trainer model. The findings from the research identified the Solihull Approach 2-day Foundational Training as an option. It outlined that Solihull is the primary approach to IMH implemented by the National Health Service (NHS) in Scotland and Northern Ireland. Following initial connections made by the researchers, a preliminary meeting was held between those championing IECMH in Northern Ireland and representatives from the Working Group to share learning and approaches.

Furthermore, the research identified 36 potential individuals in Ireland who have completed the necessary Train-the-Trainer training to deliver the Solihull Approach 2-day foundational training.

In addition, the Solihull Approach is supported by a well-established UK-based organisation that can provide additional training pathways and continuously support and update the programme. The Solihull Approach is a practice-based approach informed by *'research evidence in early brain development and the significance of early relationships and experience*'. The three cornerstones of the Solihull Approach are containment, reciprocity, and behaviour management, with an '*emphasis on close, connected, attuned relationships*'.

Solihull offers various training programmes that ensure continuous professional development, including specific parenting programmes. The Early Intervention Foundation recognises the Solihull Parenting Programme as having an evidence base at level 2 of the EIF Guidebook. However, this framework proposes the evidence-informed and more general practice approach of the Solihull Approach – Foundation Level, which provides practitioners with core relational working skills rather than training them to deliver a specific manualised parenting programme.

In line with the recommendation that all training should be competency-based, the research analysed a wide range of IECMH competencies, including the I-AIMH competency framework and other international frameworks, as well as international evidence for 'what works' in early childhood development. This has been used to assess the alignment of Solihull to IECMH competencies and is reflected in the components section below. Building on the I-AIMH Competency Framework an endorsement process will be launched by I-AIMH in 2024 for those wishing to have their IECMH practice recognised.

Proposed training	The Solihull Approach - 2-Day Foundational Training
Duration	12 hours training (excluding breaks) - two days or four 3-hour sessions

Structure	Solihull does not prescribe pre-post training supports however, findings from the research would recommend that the core training is delivered with the following considerations: 1. Pre-training engagement with participants, including completion of pre-training evaluation form 2. Delivery 3. Post-training evaluation evaluation form - 6 months post-training
Pre-training	• Essential in Irish context: Participants complete an agreed pre-training evaluation form and are available to be contacted by Facilitators. • Desirable - Participants complete the 2.5 hr. NHCP eLearning ECMH units to provide a broader IECMH context.
Post-training	• Essential - completion of post-training evaluation form • Desirable - participation in an IECMH-NG for at least 6 months or secure ongoing Reflective Practice Support within own organisation or seek to secure Reflective Supervision pending level of IECMH work.
Training overview	The Solihull Approach theoretical model is grounded in practice and facilitates an understanding of emotional health, well-being, and mental health. It can be applied to working with infants, young children, families, individuals, groups, a community, or a large population from a public health perspective. The three concepts of containment, reciprocity, and behaviour management underpin an understanding of relationships and support the application of this approach in different contexts. It includes: • Introduction to infant, early childhood and adolescent brain development • Understanding behaviour as a communication • The Solihull Approach (psychoanalytic theory): Containment, Reciprocity, Behaviour Management

Training overview – continued.	• Development milestones • Emotional well-being • Trauma and Adverse Childhood Experiences (ACEs) • Parent-infant/child relationships • Practitioner support for parent-infant/child relationships
Training aims	1. Increase awareness of IECMH and brain development amongst an Early Childhood Workforce, as outlined in Figure 1. 2. Ensure the Early Childhood Workforce have a foundational level of evidence-informed theory, knowledge and practice skills in using a relational approach to support attuned relationships when working with families with infants and young children. 3. To develop practitioners' skills to reflect 'in' and 'on' practice. While not specific to Solihull, Irish delivery will also ensure that trainees will be provided with information and links to existing resources so they are: 4. Aware of national and regional support infrastructures and resources for ongoing professional development. 5. Equipped to disseminate information to parents, families, and those caring for children and their interagency partners.
Training principles[6]	1. Inclusivity 2. Accessibility 3. Empowering - supported, trained, prepared and confident 4. Relationship-focused 5. Adult learning principles 6. Reflection & Reflective practice (RP) 7. Diversity, equity, and inclusion considerations 8. Use of multiple lenses 9. Integrated working and no wrong door for families 10. Dissemination of IECMH-aligned principles of Solihull.

[6] Adapted from Preparing Competency-Based Learning for Infant and Early Childhood Mental Health Endorsement®: Training Guide and Self-Assessment, Alliance for the Advancement of Infant Mental Health

Components [7]	1. Introduction to infant, early childhood, and adolescent brain development 2. Infant/early childhood family-centred practice 3. The Solihull Approach (psychoanalytic theory): Containment, Reciprocity, Behaviour Management 4. Development milestones in pregnancy, infancy, and early childhood in the context of relationships 5. Parent-infant/child relationships and practitioner support for parent-infant/child relationships 6. Understanding behaviour as a communication 7. Parenting and caregiving within different contexts 8. Impact of trauma and Adverse Childhood Experiences (ACEs) on infant/child development and caregiving relationships 9. Reflection and reflective practice 10. Ongoing practice development. 11. Facilitators/Trainers will be required to contextualise the Solihull Approach within existing Irish service delivery systems.
Training outcomes	1. Emerging skills in supporting relationships and relational working with infants, young children, parents, and interagency partners 2. Knowledge of infant/child development and multiple factors that impact development in the context of relationships 3. Knowledge of the importance of early brain development and how this is enabled through responsive relationships. 4. Knowledge of how to support responsive relationships when working with parents and interagency partners 5. Ability to identify red flags and risks : • In line with their role, provide parental support to address IECMH issues and support enhanced infant/child-parent relationships. • Access the appropriate services and supports for infants, young children, and parents when identified needs are beyond the practitioner's unique role. 6. Participants can translate the Solihull Approach knowledge and practice into their unique work setting. 7. Each participant will have knowledge of and emerging skills in reflective practice in their day-to-day work context.

[7] The outlined components align with a range of IECMH competency frameworks.

Training Process	Rather than a traditional didactic training experience, the Solihull Approach training process and core strategy facilitates an experiential learning opportunity. 1. The training will use a variety of methodologies: • Group discussions will be essential, and participants will be actively encouraged to share their expertise in their context. • Explicit pauses for reflection are embedded throughout the training, with participants encouraged to document their reflections. • Sharing videos of practitioners working with infants, young children and parents to demonstrate how to embed the theory into practice. • Case studies which invite participants to apply to their unique context. 2. Facilitators will be supported to enhance their awareness of their use of self in the sessions. 3. Facilitators will be supported to deliver standardised content while adapting to the group's specific learning and context needs. 4. Reflective practice is modelled throughout the training using the 'OLRR' approach Observe-Listen-Reflect-Respond (OLRR)[8] 5. Core IECMH principles align with the Solihull Approach and underpin the facilitation of these sessions and the learning experiences. These include: • Inter-group relationships will be supported and the importance of learning and development in the context of relationships will be encouraged • The Facilitator models the parallel process, specifically: ○ attunement, openness and 'holds' the group to support reflection ○ sensitivity to cultural issues/differences that emerge ○ serve and return interactions ○ how to manage times when there are misunderstandings or 'ruptures,' so the group can 'repair'.

[8] Introduced in HSE eLearning Units.

Trainer requirements

While the proposed training model, Solihull, is established and ready to deliver training with UK support, a structure for recruitment, selection, training and ongoing support and mentoring will be required to cascade training across an Irish Early Childhood Workforce. The following steps are proposed for roll-out in an Irish context in line with best practice, adhering to adult learning principles, research and Solihull guidance.

Trainer recruitment:

- Completed an expression of interest in becoming a trainer.
- Completed the 12-hour Solihull Approach Foundation-Level training.

Trainer qualification: Certification as an approved Solihull Approach Foundation-Level course trainer.

Trainer experience:

1. Two years of reflective practice peer facilitation – either facilitating an IMH-NG or within one's professional context or
2. Experience in supporting practice-based learning within one's professional context
3. Practice-based experience in IECMH is required and is defined broadly across contexts as one or more of the following:

- having practice-based experience in infant/early child development
- working in parent support contexts in a clinical, home or early learning environment, including facilitating parenting programmes
- using reflective facilitation skills with parents in a one-to-one or group context.

Trainer competencies:

1. Knowledge of best practice in adult learning
2. Reflective practice (RP) skills
3. Facilitation skills, including supporting the parallel process
4. Excellent communication skills
5. Coordination and ability to make theory and knowledge relevant to various practice-based contexts.
6. Knowledge of IECMH-aligned relational parent programmes or similar sectoral-specific approaches.[9]

[9] It will be necessary to balance recruiting trainers with pre-existing knowledge of IECMH and those who don't but are strategically placed to advance and translate IECMH within their sector. Such a model can be informed by the work of the National Child Safeguarding—Early Learning and Care Initiative. It sought to cascade training from specialists in Child Protection to a newly established network of regional Child Safeguarding trainers. This model included a rigorous process for recruiting, selecting, and supporting trainers.

4. IECMH Ongoing Learning & Development Pathways

IECMH Ongoing Learning & Professional Development Pathways[10]

A continuum of IECMH Learning and Reflective Practice is outlined on page 23, which aligns the proposed frameworks with other IECMH training.

Aligned IECMH Training

The research indicated the breadth of additional aligned training currently being delivered in Ireland, including an estimate of the number of professionals who received training. These trainings align with what is happening in Northern Ireland and the wider UK and include:

1. Circle of Security Training™
2. Newborn Behaviour Observation (NBO) System Training / Newborn Behaviour Assessment Scale Training / High-Risk Newborn Behavioural Observation Training
3. Mellow Bumps Training

Other training mentioned throughout the research period included the Lighthouse mentalisation-based treatment for parents (MBT-P) programme, Video Interaction Guidance (VIG), Child-Parent Psychotherapy (CPP) and a range of other courses offered through the Anna Freud Centre or the University of Warwick online.

These trainings have been outlined within a continuum of training ranging from awareness raising to more specialist level training.

[10] Adapted from NHS Education for Scotland 2023. NESD1781 IMH Training Plan Diagram.

IECMH Ongoing Learning & Professional Development Pathways[9]

	Awareness	Introduction	Foundation	Advanced	Specialist
IECMH Training	IECMH Awareness Session - management / practitioners	HSE NHCP (adapted) 3 eLearning IMH Units - 2.5 hrs	The Solihull Approach Foundation Level - 2 day training (flexible delivery)	Not within the scope of this phase of work	Not within the scope of this phase of work
IECMH Reflective Practice	Introduce RP Promotion of RP & secure mgt. support for RP. Online information	Join an IECMH-NG in local area	Developing experience in facilitating IECMH-NGs Access to reflective supervision if appropriate	Not within the scope of this phase of work	Not within the scope of this phase of work
Other Irish IECMH Training		IECMH Introductory Training Workshop 2.5 hrs	IMH Master Class 2-day		
Aligned or International IECMH Training		The Growing Brain: From Birth to 5 Years The Northamptonshire Baby Room Project Emerging Minds IECMH Online training - modules 2-2.5 hrs each	Solihull Approach Antenatal Peep antenatal programme Babies in Mind: Why the Parent's Mind Matters Warwick University online - 16 hours		
			Mellow Parenting Circle of Security Parenting Programme® Circle of security Classroom Approach® Newborn Behaviour Observation System		
				Solihull Approach Advanced Neonatal Behavioural Assessment Scale Video Interaction Guidance (VIG) Lighthouse mentalisation-based treatment for parents (MBT-P) Child-Parent Psychotherapy (CPP)	

[9] Adapted from NHS Education for Scotland 2023. NESD1781 IMH Training Plan Diagram.

Summary

The frameworks outlined represent the first time that the IEMCH community in Ireland has reviewed the considerable progress made since 2006. The frameworks aspire to develop a core foundation-level starting point for all those working in pregnancy, infancy and early childhood or, as First-5 refers to, an Early Childhood Workforce. Some practitioners will advance their learning, continue their professional development, and specialise in the field of IECMH. However, all practitioners require an essential foundation in IECMH to impact their day-to-day practice, building awareness of IECMH and disseminating knowledge.

A list of some organisations that have driven these developments to date is outlined in Appendix 2, along with details of the existing operating IECMH-NGs. The commissioning National Infant Mental Health Network Working Group share these frameworks against the positive policy commitments outlined in First-5.

There are many actions under First-5 and its subsequent Implementation Plans, including:

1. The Early Childhood Workforce Initiative. This action will now be addressed under *'Young Ireland: the National Policy Framework for Children and Young People 2023-2028*' - Action 19 (DCEDIY, 2023).
2. An Infant and Early Child Mental Health Workforce Development Plan will be developed and rolled out.
3. Increased awareness and understanding of Infant and Early Childhood Mental Health(IECMH) and enhanced access to IECMH services. This includes a proposed action to put the following in place by 2025:
    - National and Regional support structure to support to embed IECMH into all services serving babies and young children.
    - HSE, Healthy Ireland and Tusla to agree shared actions and work together to drive implementation of IECMH through the Mental Health Promotion Plan.

This policy commitment is greatly welcomed and will equip the National Infant Mental Health Network Working Group as they work collaboratively, informed by the research carried out, to advance IECMH in Ireland. At the core of their future work is the aspiration that an IECMH Workforce will be equipped to meet the needs of every expectant parent, infant, young child and their family as they thrive and grow in the context of responsive caregiving homes and services in Ireland.

Appendix 1. Sample IECMH Network Group Guidance Documents

1. Operational Guide: IECMH Network Groups (IECMH-NGs)
2. Expression of Interest Form
3. Terms of Reference
4. IECMH-NG monthly reflection sheet
5. Annual Review Questionnaire
6. Developing an IECMH-NG Curriculum: A Starting Point

Operational Guide: IECMH Network Groups (IECMH-NGs)

This document proposes an operating structure for IECMH-NGs. The proposed structure is based on feedback from interviews with current Facilitators and a survey with current IMH-NG members.

A research recommendation included within the First 5 Implementation Plan 2023-2025 is for an 'IECMH Workforce Development Plan' and a 'National and Regional Support Structure' to support embedding IECMH into all services serving babies and young children', both of which would guide and provide national and regional support to the roll-out of IECMH-NGs. The following Operational Guide is proposed to support the ongoing grassroots development and sustainability of IECMH-NGs, recognising that NGs would benefit from such national and regional support structures.

1. Promotion/advertising of groups
2. Initial recruitment of members
3. Pre-training requirements
4. Getting the group started
5. Facilitation
6. Coordination
7. Meeting structure
8. Content
9. Engagement and retention of members
10. Review mechanisms.

Promotion/advertising of groups

IECMH-NG Coordinators and member organisations will promote the existence of the group and its purpose with practitioners and management in the region. This can be achieved through engaging with stakeholders and through forums such as CYPSC, Child and Family Support Networks (CFSNS), etc.

Initial recruitment of members

Steps to the recruitment of members

1. Issue an Expression of Interest form (EOI) to practitioners interested in joining or to all organisations in the relevant area who work with infants and young children. This EOI will outline:
    - the purpose of the IECMH-NG

- its structure
- the commitment expected from participants to attend at least 8 meetings a year
- the importance of buy-in from management for staff to attend meetings. The applicant's manager must sign the EOI form.

2. The pre-training requirements of all members are outlined below. Potential members may come together to do joint IECMH training, which is not compulsory.
3. The nature of collective ownership for the sustainability of the IECMH-NG and the expectation that all members support planning, review, and participation and, when appropriate, take lead roles in facilitating the group.

Pre-training requirements

All training participants are encouraged to join an IECMH-NG within their area and any **ONE** of the following levels of training is sufficient to participate:

- IEMCH Introductory workshops - arranged locally
- HSE eLearning Units
- IMH Master Class
- Solihull Approach Foundation level training
- Aligned relational or attachment programme – Circle of Security, Mellow Bumps
- Aligned professional background with a track record of reflection or reflective supervision.

Getting the group started

First meeting

The first meeting of the IECMH-NG should focus on the following:

- members introducing themselves and getting to know each other
- developing a group contract
- reconfirming the purpose of the group
- agreeing on the curriculum for the first few meetings with curriculum guidance - guidance can come from other IECMH-NGs, or a group Coordinator (if available)
- each member is provided with or accesses their own folder, including all templates and potential materials for future IECMH-NG meetings, and this can also act as an IECMH CPD folder.

Facilitation

1. Two Co-Facilitators will take on the role of facilitating the group at each meeting. Other members will replace them after some time, as determined by the group The amount of time an individual holds the Facilitator role varies across settings.
2. This Facilitator role involves:
    - coordinating logistical matters, including notifying members of meeting dates and times, ensuring members have access to material in advance of meetings and preparing the meeting venue - however, a group may be able to share this function
    - facilitating group discussion around specific material and a theme
    - ensuring and creating a safe space for sharing and participation
    - watching and cueing into body language, tone, and broader group dynamics
    - supporting challenging discussions or setting boundaries for what is or is not 'IECMH reflection'. Supporting the group to keep the 'baby in mind constantly.'
    - initiating the meeting structure, leading, or presenting a paper/material
    - supporting other group members to present a case study-focused paper/material.
3. Groups may decide to share the facilitation role with members. While the 2 Facilitators continue to support group dynamics and the smooth running of the meeting, the function of leading and presenting the material being discussed is shared and rotated among members as agreed by the group. This enables members to take the lead and grow in confidence in their facilitation skills and reflective capacity in introducing material to the broader group.

It is recommended that Facilitators access Reflective Supervision using one of the models laid out in the Source Document.

Coordination

Coordination is core to the successive sustainability of groups and having well-planned meetings with clear boundaries, all of which promote group cohesion and momentum. The Network's Facilitators will be expected to take on this role and would be supported once there is a local and national support structure. However, the Facilitator's role should rotate so that no two individuals are left entirely responsible for the sustainability of the Network.

The Facilitator's role encompasses a range of different elements, including:

- planning dates/times and location/virtual
- booking rooms/venue
- notifying members of meeting times and dates
- ensuring members have papers/ videos two weeks before the next meeting.

Meeting structure

Each meeting runs for 90 minutes and a proposed schedule is recommended below.

1. Promote efficient or electronic mechanisms for keeping group records, e.g., Zoom attendance records or Google Meets.
2. Welcome and reflection/meditation minutes.
3. Check-in circle- checking in with each member individually.
4. Introduce a case-study-focused paper/video.
5. Small group discussion using reflective questions developed by Facilitators to support discussion.
6. Facilitated session: group feedback.
7. Closing reflection/Circle check out.

Content

This guide proposes a curriculum to support IECMH-NGs' operations for the first two years (Appendix 1.6). Each IECMH-NG can design its annual topic plan according to group interests and needs, building on the proposed starting point.

Engagement and retention of members

Engaging and supporting new members to join already established groups and preparing groups for new members is extremely important.

The same process for membership, as described earlier, needs to be in place when engaging new members, in particular, ensuring management buy-in and use of a clear EOI form. This form clearly outlines the expectation for members to attend consistently and for a duration to ensure that the group dynamics can provide a safe and secure space for reflection and practice growth.

Recommendations to support new members joining an established group.

1. Have a set entry point in the year.
2. Hold an introduction workshop for both existing and new members.
3. Revise some papers to support new members and allow existing members to reflect on them again.
4. Establish clear expectations with current and new members before people join.
5. Terms of reference are essential to support the setting of expectations. People must be very clear about how the group operates and what is expected of members.
6. Develop an induction pack for new members.

Review mechanisms

All IECMH-NGs need to reflect on the network's functioning and effectiveness. Facilitate an annual review process via a survey or group discussion with members. Feedback from this review will inform planning for the following year.

Expression of Interest Form

Background: A national approach to support Infant and Early Childhood Mental Health (IECMH) recognises the value of locally coordinated interagency peer reflective practice groups called IECMH Network Groups (IECMH-NGs). The IECMH-NG approach is based on the Infant Mental Health Network Group(IMH-NG) model[12] developed to consolidate skills and competencies after Ireland's first North Cork IMH Master Class training in 2006.

Since then, they have gathered momentum and continue as a mechanism to develop and enhance workforce capacity regarding IECMH from pregnancy into the early years of development. IECMH-NGs function as a peer learning and mentoring mechanism. They provide a reflective practice framework for developing competencies into frontline practice.

The aspiration is that IECMH-NGs support the early childhood workforce in advancing their knowledge and practice to support the social and emotional development of all infants and young children in the context of their relationships with their parents and the wider community.

What is Infant and Early Childhood Mental Health?

Infant and Early Childhood Mental Health (IECMH) is defined as a young child's developing capacity (from birth to 6 years[13]) to:

1. experience, regulate, and express emotions,
2. form close and secure interpersonal relationships,
3. and explore the environment and learn within the context of family and cultural expectations. These capacities are best accomplished within a caregiving environment encompassing family, community, and cultural expectations, and they are the cornerstone of healthy social and emotional development.[14]

It is also an interdisciplinary field dedicated to understanding and promoting the social and emotional well-being of infants, young children, and families within secure and reflective relationships and supporting and building capacity in the practice of IECMH. While this

[12] Maguire et al., 2016

[13] In Ireland, we will extend the age range of the original definition from 5 to 6 as this better reflects our national Early Learning and Care Policy, Curriculum and Quality Framework.

[14] ZERO TO THREE, 2001

definition encompasses all of early childhood, it should be reiterated that IECMH focuses on the earliest stages of development. It was termed Infant Mental Health (IMH).

Guidelines for IECMH -NG Members:

To ensure a reflective practice space is created to benefit all members, the following guidelines are recommended to provide a positive and enriching learning environment.

1. Active participation and attendance (a min. of 8 meetings per year).
2. Agreement from management to attend.
3. Share the learning with team colleagues and interagency partners and support the development of reflective practice within the team/organisation.
4. Have completed a minimum of one of the following:
    - IECMH Introductory workshop
    - HSE IECMH eLearning Units
    - Solihull Approach Foundation level training
    - IECMH Master Class
    - aligned relational or attachment programme – Circle of Security, Mellow Bumps, etc.
5. Understand that the group is not an alternative to professional reflective supervision, management, or administrative supervision.
6. Learning is relational and members are responsible for supporting their own and fellow members' learning and reflection within the group.
7. All members advance their facilitation skills in this safe group context and support active reflection amongst all group members.
8. All members accept collective ownership for the sustainability of the IECMH-NG by actively supporting planning, review, and participation and, when appropriate, taking lead roles in facilitating the group.
9. Members are proactive in advancing their learning and professional development in IECMH through ongoing participation in learning, training, and other events in line with their working role and support from management.
10. Promote IECMH, IECMH activities, information, events, or training in my work context with parents and interagency partners.

[Requires a data protection statement to enable storage of details on the database, to share contact details with fellow group members to arrange meetings and take on the role of group facilitator and circulate evaluations with group members]

Contact Details & Agreement to IECMH -NG Guidelines and Expectations

Name	
Organisation	
Role in organisation	
Contact email	
Contact phone	
Contact address	
Signature	
Name of Manager	
Manager Signature	

Sample Terms of Reference

Background and Definition of IECMH

IECMH is defined as a young child's developing capacity (from birth to 5 years) to:

1. experience, regulate, and express emotions,
2. form close and secure interpersonal relationships,
3. explore the environment and learn within the context of family and cultural expectations. These capacities are best accomplished within a caregiving environment encompassing family, community, and cultural expectations, and they are the cornerstone of healthy social and emotional development.[15]

It is also an interdisciplinary field dedicated to understanding and promoting the social and emotional well-being of infants, young children, and families within secure and reflective relationships and supporting and building capacity in the practice of IECMH.

The IECMH Network Group (IECMH-NG) model is based on the IMH-NG model developed to consolidate skills and competencies after Ireland's first North Cork IMH Master Class training in 2006.[16]

Aim of the IECMH -NG

The IECMH-NG aims to enhance the capacity of the early childhood workforce to promote the social and emotional development of all children and provide preventative support and intervention when the mental health of infants and young children is at risk, using an IECMH approach.

How do IECMH-NGs do this?

IECMH-NGs provide reflective practice spaces for practitioners to:

1. enhance their knowledge of IECMH
2. develop their reflective and facilitation skills
3. and translate this knowledge and reflective competencies into everyday practice with infants, young children, parents, expectant parents, and interagency partners.

[15] ZERO TO THREE, 2001

[16] Maguire et al., 2016

IECMH-NGs are peer learning and reflective groups where IECMH knowledge, theory, science, evidence-based practice, and competencies are discussed through peer facilitation.

Objectives of the IECMH -NG are to:

1. build on and consolidate the learning attained in IECMH training undertaken by members and support translation into everyday practice in each member's unique work context
2. support the integration and embedding of theory and practice
3. provide a space to reflect on the material presented and explore values, attitudes, practice, and professional and personal reflections on translating this into each member's work with parents
4. provide a space to enhance the ability to observe, listen, wait, and wonder as a reflective tool for use within the IECMH-NG and in work with parents and interagency partners.
5. learn from peers and share observations, perspectives, experiences, knowledge, and information.
6. provide emotional support, advance learning in how all members relate to themselves, and use their reflections as a tool in relational work with parents.

Members will:

1. actively participate in the group and attend a min. of 8 meetings per year
2. have signed an agreement with management to attend
3. share the learning with team colleagues and interagency partners and support the development of reflective practice within the team/organisation
4. have completed a minimum of one of the following:
    - an IECMH Introductory workshop
    - HSE IECMH eLearning Units
    - Solihull Approach Foundation Level Training
    - IECMH Master Class
    - aligned relational or attachment programme – Circle of Security, Mellow Bumps, etc.
5. understand that the group is not an alternative to professional reflective supervision, management, or administrative supervision
6. understand that learning is relational, and members have a responsibility to support their own and their fellow members' learning and reflection within the group
7. advance their facilitation skills in this safe group context

8. accept collective ownership for the sustainability of the IECMH-NG by actively supporting planning, review, and participation and, when appropriate, taking lead roles in facilitating the group
9. be proactive in advancing their learning and professional development in IECMH through ongoing participation in learning, training, and other events in line with working role and support from management
10. actively promote IECMH, IECMH activities, information, events, or training in my work context with parents and interagency partners.

The IECMH-NG Facilitator will:

1. provide a clear structure to meetings
2. notify members of meeting times and dates
3. ensure members have material/paper for discussion 2 weeks in advance of meetings
4. prepare the meeting venue
5. ensure and create a safe space for sharing and participation
6. create a safe environment for members to support them in taking on a Facilitation role
7. watch and cue into body language, tone, and broader group dynamics
8. support challenging discussions or set boundaries for what is or is not '*IECMH reflection*'
9. retain a focus within the group discussions on the infant/young child i.e.' *keep the baby in mind*'
10. engage in group reflective supervision opportunities to support their facilitator role
11. support the group if it decides to share the facilitation role with members.

While the 2 Facilitators continue to support group dynamics and the smooth running of the meeting, the function of leading and presenting the material being discussed is shared and rotated among members as agreed by the group. This enables members to take the lead and grow in confidence in their reflective capacity in introducing material to the broader group.

Meetings

Meetings will take place monthly on the '__' day of each month (excluding July and August)

Meetings will occur using a hybrid model of in-person and online meetings to be agreed upon during the annual review and planning meeting.

Confidentiality

The IECMH-NG aims to be a space for sharing experiences, thoughts, and feelings about practice. Learning from meetings can be shared, but stories and cases shared by individual members can not - *'stories stay, but lessons are shared* '. There are limits to confidentiality in line with child and vulnerable persons' protection and welfare procedures.

Review

Terms of reference will be reviewed during an annual review meeting. A review of the year and planning for the coming year will be completed during this meeting.

IECMH-NG monthly reflection sheet

Focus on knowledge, skills, and personal reflections.

Name of paper/video/case study ref:
What key ideas/information stood out in this paper/video?
What skills are demonstrated in the case -study video/paper?
Do I use any of these in my work presently?
How can I integrate these into my work?

Are there obstacles that would make integrating the learning into my work difficult?
What is my emotional response to the case study paper/video?
How has this shaped my reflections on my personal and professional development?
What areas discussed have left me feeling curious?
Areas I would like to follow up on:
Other:

Annual Review Questionnaire

Have you enjoyed your experience taking part in the IECMH-NG in 20__?

Are there any elements of your membership experience that have been a highlight? If yes, please describe.

Has membership enhanced your knowledge and understanding of IECMH? Please elaborate.

Please indicate responses in the table and provide additional comments below.

My participation in the IECMH-NG ……	Very much	Somewhat	Has not
supported me to embed IECMH within my organisation			
had an impact on the infants, young children and parents I work with			
ensured success in disseminating IECMH knowledge to families			
enhanced my reflective capacity			
enhanced my overall professional development			

Comments:

If you think participation has led to positive outcomes for the infants, young children, and families you work with, can you give an example?

Are there any elements of the IECMH-NG that have not been useful?

How have you shared the learning to date from the IECMH-NG with colleagues?

Have barriers prevented the integration or embedding of the learning in your work? Please describe:

Emotive as these topics are, do you feel supported to work on the feelings that may arise?

How can we further support you in reflecting on these affective responses during our groups?

Are there any topics you would like covered in 20___?

How would you link the meetings to be held: In person, online or a hybrid model?

Can you identify any further training needs you have about IECMH?

Developing an IECMH-NG Curriculum: A Starting Point

Papers/books and videos to support the development of an IECMH -NG curriculum.

The following is a list of some papers and videos used by existing IECMH-NG's. As an IECMH-NG develops, members can choose topics and source materials of interest. There is no set curriculum. The following papers provide a good starting point for groups.

These papers can be accessed through journals such as the **Infant Mental Health Journal** (Edited by: Holly Brophy-Herb, PhD © Michigan Association for Infant Mental Health).

The **Barnardos ' Library** provides access to a large selection of books and journals. The librarians can also provide excellent support in accessing materials. For information on how to join click HERE

Other websites providing resources are:

- ZERO TO THREE
- The Parent-Infant Foundation
- Emerging Minds Australia
- Infant and Early Mental Health Promotion -Sick Kids, Canada IEMHP Resource Library (imhpromotion.ca)

Papers/books

- ***Ghosts in the Nursery. A psychoanalytical approach to the problem of impaired infant-mother relationships*** by Fraiberg, S., Adelson, E., & Shaprio, V. (1975). *Journal of American Academy of Child Psychiatry 14(3)* , 387 – 421 Fraiberg_Ghosts.pdf (upenn.edu)
- ***Angels in the Nursery: The intergenerational transmission of benevolent parental influences*** by Lieberman, Alicia & Padrón, Elena & Horn, Patricia & Harris, William. (2005). Infant Mental Health Journal. 26. 504 - 520. 10.1002/imhj.20071. Angels-in-the-Nursery.pdf (ittakesanohana.org)
- ***Integrative Review of Factors and Interventions That Influence Early Father-Infant Bonding.***, by Scism AR, Cobb RL. J Obstet Gynecol Neonatal Nurs. 2017 Mar-Apr;46(2):163-170.
- ***Infancy and Early Childhood Mental Health: Core Concepts and Clinical Practice,*** edited by Kristy Brandt, Bruce D. Perry, Stephen Seligman, Ed. Tronick. Chapter 1. p1-20

- ***What Staff Development Activities Can Be Used to Build Reflective Capacity*****,** by Gerard Costa & Lorri Sullivan. Chapter 9. p149-158 https://acnj.org/downloads/2020_10_23_Costa_and_Sullivan_2009_Reflective_Chapter_ZTT.pdf
- ***The Psychology and Psychopathology of Pregnancy: Reorganisation and Transformation,*** *b*y Lisa J. Cohen Arieta Slade. Handbook of Infant Mental Health. Charles H. Zeanah, chapter 2. p20-36
- ***The Parent-Infant Relationship and Infant Mental Health****,* by Angela Joyce. Chapter 1 in The Practice of Psychoanalytic Parent-Infant Psychotherapy Edition 2nd Edition 2015 Routledge
- ***Keeping Baby in Mind: A Critical Factor in Perinatal Mental Health,*** by Slade, A. (2002) Zero to Three. (June/July 2002), pp. 10-16 Keeping-the-Baby-in-Mind_-A-critical-factor-in-perinatal-mental-health.pdf (zerotothree.org)
- ***The First Relationship, Chapters 2 and 3*** by Daniel Stern, Harvard University Press (2002)
- ***Why Love Matters: How affection shapes a baby's brain*** (*Chapter 3)*, by Gerhardt, S. (2004). Routledge/Taylor & Francis Group
- ***The significance of reflective supervision for infant mental health work*****,** by O'Rourke P. Infant Ment Health J. 2011 Mar;32(2):165-173.
- ***Case studies in Infant Mental Health: Risk, Resiliency, and Relationships*** by Joan J. Shirilla & Deborah J. Weatherston, Editor Perhaps start with "Learning to See Her Son: A Baby and His Mother". Gregory A. Proulx. P15-25

TED talks / YouTube – click on links below.

- TED Talk: Amy Huffer: Infant Mental Health. 6½ minutes. Introduction to what infant mental health means and why it is important.
- TED Talk: Sharon Oughton Seeing the baby: The wealth in early relationships. 8½ minutes. Psychotherapist introducing the importance of early relationships and impact on brain development.
- TED Talk: Terrie Rose: From the baby's point of view. 18 minutes. Introducing importance of 'going upriver' to prevent later difficulties through early intervention for vulnerable families.
- TED Talk: Annie Murphy Paul What we learn before we're born. 16½ minutes. Looking at the learning and development that takes place antenatally and what can impact on that development.

- TED Talk: Vonda Jump: Dear Bianca: Use your heart to build your baby's brain. 9½ minutes. Looking at what babies need to develop, the importance of being held, talked to, and observed.
- YouTube: Help Me Love My Baby: Zoe and Izzy, Channel 4

Podcasts

- Mind in Mind: Interviews, research, and in-depth content from leading mental health experts.
- Emerging Minds: Conversations on a range of topics about Infant and childhood mental health Episode Archive - Emerging Minds

Appendix 2

1. Contacts for IECMH training currently in Ireland
2. Organisations / Contacts for IMH-NGs currently in Ireland

Essential contacts for IECMH training currently in Ireland

Organisation	Training focus/ expertise
National IECMH Working Group Chair - Bernie Laverty, National ABC Manager, Tusla	• Overseeing the development of proposed frameworks for IECMH Training and Reflective Practice
Tusla	• Planning and implementation of the Solihull Approach (foundation level) train-the-trainer.
Irish Association of Infant Mental Health	• Delivery of IMH Master Class • Provision of I-AIMH Competency Framework • Wider professional learning supports
Youngballymun	• Delivery of IMH Master Class • Facilitation of Circle of Security training in Ireland
Let's Grow Together	• Delivery of IMH Master Class • Facilitation of NBO training in Ireland
National Healthy Childhood Programme	• 3 eLearning IMH Units available through HSeLanD
Perinatal & Infant Mental Health Special Interest Group (Psychological Society of Ireland)	• Range of professional development and training opportunities
Childhood Development Initiative Tallaght & Family Matters Ballyfermot ABC Programmes	• Facilitation of Solihull Foundation Training for Practitioners

Organisations / Contacts for IECMH-NGs currently in Ireland

County	Area	Lead organisation/contact
Cork	Knocknaheeny	Let's Grow Together
Cork	Knocknaheeny	Let's Grow Together
Cork	Mallow	Primary Care Psychology Services North Cork
Cork	North Cork	Primary Care Psychology Services North Cork
Cork	Cork City East	Bessborough
Dublin	Ballymun	Young Ballymun
Dublin	North East Inner City	Early Learning Initiative, National College of Ireland
Dublin	Darndale	Preparing for Life
Dublin	Ballyfermot / Clondalkin	Blue Skies, Archways Family Matters, Liffey Valley Partnership
Dublin	Tallaght	Childhood Development Initiative, Tallaght

Kildare	North - Mid Kildare	Insync, Kildare
Kildare	South - Mid Kildare	Insync, Kildare
Limerick	Limerick City	Start Right, Paul Partnership, Limerick
Mayo	Mayo	Mayo HSE Psychology services - 094 9042131.
Tipperary	Clonmel (North Tipperary in Development)	Details available HSE Primary Care Child, Adolescent, Family Psychology Services or Tipperary CYPSC
Wicklow	Bray	SPECs, Bray