

**Evaluation of Infant Matters, a
Pilot Infant and Parent
Attachment Project**

**Dun Laoghaire Rathdown Local Drugs
Taskforce
Dun Laoghaire VEC**

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1. Introduction

Infant Matters was developed in partnership between Dun Laoghaire Rathdown Local Drugs Taskforce, (DR LDTF) Dun Laoghaire VEC, Dun Laoghaire Rathdown County Childcare Committee and Barnados Dun Laoghaire. It was funded by the DR LDTF, following the DR LDTF's recognition in its 2008 strategic plan of the importance of providing appropriate support to the 0-3 year old age group and their young parents in order to prevent future mental health problems and as an early drug prevention initiative. The project was jointly developed, promoted and co-ordinated by the project leader at Barnados Dun Laoghaire, a Dun Laoghaire VEC psychologist with a background in youth work and attachment and a DR LDTF youth work/drug education officer. It was delivered on a week-to-week basis by the Dun Laoghaire Rathdown County Childcare Committee, which seconded an experienced trainer who also had a background in infant attachment. Other professionals delivered specialized inputs on key aspects of attachment, baby massage and parent care/managing stress. Barnados provided specialised support in the form of key working for parents and infants and care of the babies during training sessions. Barnados also provided the project venue.

Infant Matters aims to support young parents to develop a healthy attachment relationship with their babies during the critical 0-1 year developmental period. The objectives of this early prevention initiative were to raise awareness of and encourage sensitive, loving and secure early infant attachment and by doing so enhance participants' parenting capacity and the bio-psycho-social development of their babies. Objectives also included a reduction in participant stress levels and an increase in their parental confidence in recognition that the positive development of their child is dependent on their own health and well-being.

2. Methodology

The evaluator conducted one to one interviews with project participants at project onset and again at project completion. A focus group with participants was held at the mid point. The purpose of these interviews and the focus group was to gain an insight into participants experiences of the project, how well their needs were being met, what changes if any needed to be made and what impacts arose in terms of their capacity to form strong attachments with their babies. A number of comparative measures were taken at the initial evaluation interview and these were followed up at project completion.

On a technical matter, it should be noted that the number in the group was too small for meaningful percentages to be calculated. Means were calculated instead. The small number of participants overall, made some data points unreliable and hence they were not utilized. More generally, the small numbers in the original group (12) and level of dropout in the follow up group, leaving 5/6 completers suggests that some caution in interpreting quantitative results should be applied. It is possible, for example that those who were in a better position to benefit were those that remained.

Evaluation interviews were also held with the project co-ordinators, the facilitator, the childcare team and the DR LDTF.

The evaluator also attended briefing meetings between all the project staff at the end of each training session.

3. Theoretical Background

Infant Matters is grounded in attachment theory as originally formulated by John Bowlby and more recently elaborated and deepened by Allan Schore, Daniel Siegal, Daniel Sterns and others. Key themes within attachment theory and applied to Infant Matters included emotional regulation, contingent responsiveness and attunement.

Bowlby used the term "attachment" to describe the affective bond that develops between an infant and a primary caregiver. The quality of attachment evolves over time as the infant interacts with his/her caregivers. The form of attachment (secure, anxiously attached,

avoidantly attached, and disorganizedly attached) of the infant toward the caregiver is partly determined by the interaction between the two and partly by the state-of-mind of attachment (vis a vis their own attachment figures) of the caregiver. In his seminal three volumes on attachment and loss (Bowlby, 1969, 1973, 1980), Bowlby defined attachment behaviour as proximity-seeking behaviour by a dependent organism (infant or child), when he or she senses discomfort of any sort, including pain, fear, cold, or hunger. The child seeks to get closer to the attachment figure (parent or primary carer) on the assumption that the parent will be able to reduce the discomfort and restore the child's equanimity.

Bowlby's development of attachment theory integrated psychoanalysis, ethology and systems theory. Bowlby, like Freud saw the mother (or main caregiver) as a regulator of distressed states. His focus was strongly on the mother-baby relationship, especially the phase between 6 months and 3 years. Bowlby believed that to grow up mentally healthy, "the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute/carer) in which both find satisfaction and enjoyment" (Bowlby, 1951, p. 13).

Sroufe, 1995 (cited in Sonkin D. Attachment Theory and Psychotherapy, *The Therapist* Jan/Feb 2005), conceptualizes attachment as a form of dyadic emotional regulation. Infants are not capable of regulating their own emotions and arousal and therefore require the help of their caregiver in this process. Ultimately, how the infant learns to regulate his/her emotions depends strongly on how the caregiver(s) regulates his/her own emotions. Research shows that there is a very high correlation between the caregiver's attachment status and the attachment status of the infant with that particular caregiver. As children become better at expressing their needs and emotions, they learn self-regulation skills. However, the need for dyadic regulation never entirely disappears. There is a time for both types of regulation (self and dyadic) throughout a person's life.

Clearly, attachment is not a one-way or parent produced process. As the caregiver affects the infant, so too the child affects the caregiver. Edward

Tronick (1989) refers to this process as "mutual regulation." Daniel Stern, author of the *Interpersonal World of the Infant*, (1985) refers to the "attunement" of the caregiver: where the parent is sensitive to the verbal and non-verbal cues of the child, and is able to put himself/herself into the mind of the child.

Attachment relationships evolve over the first two years of life and beyond, but most importantly these early attachment relationships overlap with a time of significant neurological development of the brain. The work of Daniel Siegal and Allan Schore highlights the profound interconnectedness between early attachment and brain development.

According to Siegal, early interpersonal communication patterns with attachment figures directly influence the growth of the brain structures that mediate self-regulation. In a process called "contingent communication," a parent perceives the signals of his or her child, processes them and responds to them in a timely fashion. This sensitive form of caregiving makes the child feel safe and understood, and secure that his needs will be met. Infants, become extremely attached to people who are collaborative, and are less attached to people who are not collaborative. According to Siegal, secure parent-child attachments result in a process called neural integration. In a person who has formed healthy attachments, the right hemisphere of the brain (which specializes in autobiographical information, the sending and perceiving of non-verbal signals, and the ability to feel empathy) works with the left hemisphere, which is responsible for logical thinking. Siegal argues that when these components come together, (i.e. integration of the brain) the most flexible, adaptable, energizing, stable mental state is achieved.

Of immense importance and instrumental to the design and piloting of Infant Matters is the fact that collaboration or contingent responsiveness can be taught to the parents of infants. This involves having them focus on the non-verbal sharing of signals: eye contact, facial expression, tone

¹ Stern, D. (2007) *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*. WW Norton, New York.

Stern, D. (1999) *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*. Guilford Press, New York.

of voice, gestures and timing and intensity of response. According to Seigal, adults can forget or fail to appreciate how crucial non-verbal communication is for contingent communication. Collaborative verbal communication also becomes important at a later stage. Seigal uses the term 'reflective dialogue' to express his ideas about the mind's ability to actually think about and visualize both others' minds and the mind of one's self. Seigal highlights the importance of the parent talking to the child about the nature of the mind and specifically, about eight factors, namely thoughts, feelings, perceptions, memories, sensations, attitudes, beliefs and intentions:

'These eight elements are what help kids develop compassion. It is the combination of just these two things, of contingent non-verbal communication and parents who promote the development of mind-sight (the ability to basically examine those 8 or more aspects of mental functioning in themselves and others), which really allows a child to develop a deeper understanding and empathic view of others. Kids who do well in school and in life have pretty well developed mindsight that allows them to develop an understanding of themselves and others'. (October 2000 interview with Cynthia Levin on publication of The Mindful Brain op. cit.)

Seigal also highlights the importance of a coherent parental narrative to the development of secure child attachment. Intriguingly, what seems to be important is the consistency of the parents account of their life rather than what actually happened to them. He believes that this may be because the parent's capacity to engage in the process of telling a coherent story about their life reflects the ability of that parent's brain to perform neural-integration, which in turn allows them to engage in the collaborative communication with the child, that is the essence of developing a secure attachment. (op. cit)

The hugely detailed, multi-disciplinary work of Allan Schore as presented in his ground breaking book *Affect Regulation and the Origin of the Self* (1999) provides empirical data from neurobiology, developmental neurochemistry, behavioral neurology, evolutionary biology, sociobiology, developmental psychology, developmental psychoanalysis, and infant psychiatry to construct a model for the attainment of optimum

integration of the emerging human infant as a neurobiological-social-emotional self.

Schore argues that the early social environment, mediated by the primary caregiver, influences the evolution of structures in the infant's brain. By integrating findings from neurobiology and psychology he shows how the maturation of the orbitofrontal cortex is influenced by two-way (dyadic) interactions of the attachment relationship. This is critical to the child's future capacity to self-regulate emotions, to appraise others' emotional state, and manage stress. (Schore 1997)

Schore, along with major theorists in developmental psychology sees regulation and self-regulation as an organizing principle of attachment i.e. that the capacity for attachment originates during early emotional regulation experiences. He suggests that the social or 'intimate pair' experience with the mother influences the development of *the regulatory systems* in the brain that regulate all forms of cognition, affect and behaviour.

Daniel Stern and others developed detailed models of how infants as young as a few weeks of age begin to develop and retain a representation of the mother-child interactions, which they are experiencing. Beebe and Lachmann (1988) suggest that beginning in early infancy, children construct and retain representations of social interactions as responsive or unresponsive to their needs and intentions, and as essentially positive or negative.

Beebe and Lachmann cited studies that show that the quality of mother-infant "face play" starting at about three months has a profound and durable effect on later measures of security and cognition. Measures of mutual gazing, mutual smiling, and social play in the first four months predict cognitive measures at one and two years, and that infants identified as securely attached at one year showed more looking, smiling, and excitement in social play at two to four months, whereas infants identified as anxiously attached at one year showed more looking away and unresponsiveness at four months. At even earlier ages, maternal sensitivity during feeding at four weeks (rhythmic holding and facilitation of infant activities) predicts secure attachment at one year.

Allan Schore's work moved the focus of attachment back from six months (as studied by Bowlby) to birth and prenatally to the brain growth spurt from the last trimester of pregnancy through the second year. He also replaced the idea of 'developmental stages' with the more precise concept of critical periods or sensitive periods. These are periods of intensified brain growth when the infant needs certain types of social and emotional experiences. At these points the quality of the attachment relationship and specifically the caregivers' receptiveness to the infant's cues is crucial. As a result of the most recent infant research, Schore has concluded that positive emotions are central to early development, not only to positive psychological states but physical health.

Schore is extremely interested in how abuse and neglect impact on the brain. His recent focus is on coping mechanisms, drawing out Bowlby's idea that the mother shapes the babies coping mechanisms. The earlier the mother infant dyad goes off track, the more problematic for later infant development

The implications of what is now known about attachment processes are profoundly important for parents, policy makers and practitioners interested in healthy child development.

Firstly, the literature makes it clear that prevention is more important than later intervention because the brain is developing the circuits responsible for social and emotional functioning very early in an infant's life. According to Schore, attachment to the mother not only minimizes negative states but *maximises positive states*. For example, play experiences, which start at the end of the second month – a period associated with an intense growth spurt in the brain -are central to development.

Secondly, early trauma can impact negatively on the structures that are needed to develop emotional and social skills. However, there is evidence that the brain is 'plastic', or open to development based on experience. According to Siegal, the brain continues to develop new connections among neurons in the brain and also there appears to be growth of new neurons. While prevention is preferable, early intervention and treatment

is worthwhile and can help reverse negative earlier experiences. Parents generally and most particularly those experiencing difficulty can be taught how to enhance the attachment process with their children. Given that a secure attachment base lowers the likelihood of future mental health difficulties, the importance of developing approaches, that identify vulnerable parents and infants with a view to supporting them develop strong early attachment relationships cannot be overestimated.

It is against this background that Infant Matters was designed and piloted. In the next section, a broad description of the project is provided.

4. Description of Project

In this section, participant selection, and project content and implementation are described

4.1 Project Funding and Budget

The allocation of funding for Infant Matters was €10,435 (including the evaluation piece). That the project was delivered for such a small sum and slightly under budget was due to huge good will from individuals and community organizations. Barnados co-ordinated the childcare team and facilitated the play workshops. The Barnados venue was provided free of charge for nine weeks as were four childcare workers and their supervision by Barnardos. The facilitator from the Dun Laoghaire Rathdown County Childcare Committee was involved in planning and delivery for the thirteen weeks of the project, providing some 50 hours of training and facilitation free of charge. Barnardos were also involved in making referrals to the project and in planning and reviewing the project from inception to completion. The Photographer also donated her session and the development of film free of charge. The cost of the co-ordinators' time (one year) for project planning and implementation was absorbed by the VEC and the DR LDTF as part of their role in drugs prevention and youthwork.

Without the goodwill of these individuals and organisations together with a strong partnership approach, the programme would not have taken place or if it had the cost would have been several multiples of what was

expended.

4.2 Participant Recruitment and Selection

The target group for the project was young parents (under 26 years of age) and their babies. This came about because of provision for the 0-3year group in the DR LDTF Strategic Plan, for the first time in 2008.

The project was promoted during April and May 2009 to local organizations involved with young people including Dun Laoghaire Rathdown Outreach Programme, Barnados, FAS, youth organizations, HSE and others. The co-ordinators aimed to select 12-15 participants. Referral meetings were held with professionals who indicated that they had a number of young parents of babies on their books and who they felt would benefit from this kind of programme. No direct contact with young parents was made at this stage.

In the event, recruitment of participants proved more difficult and time consuming than anticipated. It took until the week of project commencement to identify twelve participants.

Selection interviews with the project co-ordinators were held with all of those who applied to or were referred to Infant Matters.

At least four of the participants could be described as ‘very high need’ in terms of their personal circumstances and support requirements. More than half of the participants were teenagers, ranging in age from 16 to 19. A number are still attending school or intend to return. All bar one pregnant participant, had babies under 6 months of age. Most participants were living with their families of origin and two participants had recently moved with their babies into their own accommodation. Four couples were recruited to the project. Three of these relationships broke down over its timeframe leading to early project withdrawals despite the best efforts of those involved in co-ordinating and implementing the project.

4.3 Project Delivery and Content

Infant Matters was held on a weekly basis from 10 am to 12 pm over the course of thirteen weeks in Barnados purpose built childcare facility in Loughlinstown, South County Dublin. Breakfast and drinks were available from 9.30am. One facilitator was present during all sessions to ensure continuity and a number of visiting specialists gave complementary inputs. The Barnados project leader was present at all of the project sessions and available to the project team and parents as needs arose. One or both co-ordinators also attended all sessions, providing one to one support as necessary and following-up on issues as they arose.

Participants were provided with an outline for each session accompanied by session learning objectives. Written materials emphasized the significance of the first minutes, hours, days, months and early years to their child's future health and happiness and the critical importance during this time of their baby's relationships, especially with their parent(s).

Considerable thought went into helping participants feel comfortable, valued and accepted. Everyone involved with the project was sensitive to the possibility that many participants would have had negative experiences with authority figures, particularly around the fact of being a young parent.

Co-ordinators, facilitators and childcare workers modelled the kind of caring, emotionally attuned, responsive and respectful relationships with participants and their babies that the course material intended to transmit. Training took place in a group setting with the babies present for some sessions and cared for by Barnados childcare staff during other sessions. The style of facilitation was highly interactive and experiential with a strong respect for personal boundaries and individual comfort levels. Each participant/couple and their baby were also key worked by a Barnados childcare worker, a process that again focussed on supporting a strong attachment relationship between parents and babies.

The training sessions were also designed to reflect the importance of participants building a strong attachment relationship with their baby.

The first session focussed on ice breaking – it was very informal with plenty of opportunity for chatting and exchanging experiences. The facilitator introduced the programme and ideas as to how it might unfold. Participants were also given the opportunity to share their hopes and expectations of the programme in a context of the project delivery team committing to make any necessary changes to ensure participants' needs would be met. Participants were also given a copy of the 'baby-brain-map' to help them understand how their relationship can support their baby's mental and physical health.

In the second session, the concept of attachment, its centrality to healthy development and the processes underpinning it, was introduced. During the third session participants were given the opportunity to explore their own experiences of being parented and how those experiences need to be reflected on, understood and let go so that negative experiences were not unwittingly reverted to, instead of positive experiences of affectionate parenting enriching their relationship with their baby. Session four built on and developed this theme by looking at how to increase helpful interactions between participants and their infants while noticing and decreasing less helpful ways of relating.

Session five examined the importance of play to learning and mental health and demonstrated the importance of getting down on the floor at baby's level and having fun together. Photographs were taken during this session. This theme continued into the sixth session with an exploration of how life it might be in baby's shoes:

- What must it be like not being able to communicate with words or movement?
- How must it feel when you need a hug but no one comes?
- How frustrating must it be when you're starving but you can't get enough to eat?

One Family gave a presentation on managing stress during the next session. The facilitator shared her own experience of being a very young parent herself, which resonated strongly with participants.

In the eighth session, participants learnt about the importance of loving touch in helping babies feel safe, loved, confident and calm and about how to help their baby relax with massage. A photographer was also present.

Project engagement and completion was celebrated during the ninth and final session with a 'brunch'. Participants were awarded a framed photograph of themselves and their baby to act as a reminder of all the ideas and learning that arose during the sessions. The co-ordinators also organised for participants to meet each month so as to maintain the group and baby supports that evolved over the course of the project.

5. Main Findings and Issues that Emerged

In this section, the main findings from the consultations with participants and those responsible for co-ordinating and delivering the project are presented. Issues that arose over the course of the delivery cycle are also described.

5.1 Participant Expectations At Project Onset

At the outset of the project, many of the participants identified a need for constructive adult and peer support. They described themselves as 'isolated' in respect of their childless peers, saying that their friends were not interested in babies, that they were no longer included in social activities: *'no one asks you out for night any more'* and that people their own age *'just don't understand'*. For those who were at school while pregnant, the isolation described was heart rending. In some schools, the official practice seems to have been to ignore the pregnancy. Teachers were described as not very supportive in a situation where the young person was both hormonally and physically vulnerable and the subject of gossip amongst other pupils.

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Most of the participants said that they had good family support. A couple of participants said that their parents were not supportive of their situation. A number of participants while well supported, felt patronized, 'preached at' or disrespected by different adults with whom they had been in contact in official and other capacities. Many expressed a need to clarify boundaries, and a desire to be accepted in their new role as a parent.

When asked what they hoped to gain from the Project, the following needs (in order of the greatest frequency) emerged:

I'd like to get to know and learn from other parents in similar situation (x7)

I am hoping for practical advice and tips about feeding, sleeping, how long to leave baby crying, how/when to play with my baby (6)

I'd like my baby to make friends with other babies (x4)

I'd like to improve my coping skills (x3)

I'd like to learn about how to bond with/bond better with baby (x3)

I'd l would like to learn about being less stressed (x2)

I'd like to be more knowledgeable about parenting (x2)

I'd like to feel more confident

As can be seen, the desire to connect with and learn from other young parents was high on participants list as was practical advice and support.

5.2 Before and After Ratings on Attachment Processes

At the beginning of the project participants were asked to rate themselves on various measures related to attachment and their well-being. Those ratings that were amenable to analysis are presented below.

	Mean* (N=11/12) at Project Onset	Mean (N=5) at Completion
Tired	4.18	4.8
Hungry	4.27	5.0
Wet	3.36	3.6
Needs Comforting	4.09	4.6
Wants to play	4.09	4.8

*The higher the mean the greater the level of confidence expressed.

As can be seen, there were significant upwards movements in participants' confidence about important correlates of attachment. Towards the end of the project they felt more confident about knowing when their baby wanted to play - this was the strongest increase across measures and important given the role of play in early neurological development. They also felt more confident about recognizing baby's signals about being hungry tired or wet and again of huge importance - their need for comforting.

	Mean* At Project Onset	Mean At Completion
How Stressful Find having young baby*	2.92	2.5
Sense of Well Being**	3.18	4.41
Ease of tuning into baby's needs*	1.81	1.0

*The lower the mean lower the level of stress and the easier participants found tuning into their baby's needs.
 **The higher the mean, the better the sense of well-being.

Participants' sense of well being improved strongly over the course of the project. The ease at which they could tune into their baby's needs also improved. They also assessed their level of stress as lower.

Because participants showed a tendency to rate themselves very highly on these dimensions at project onset – possibly out of social desirability in a context where they were used to defending their parenting – they were also asked to compare their current state to that before the project and to assess the extent to which the project was responsible for any improvement/change. Almost all of the participants said that they were less stressed, had a better sense of well being and tuned into their babies needs better than before the project and that it was hugely responsible for these changes. One or two participants said that there had been no change in one or two of these dimensions because they were not stressed or were feeling good in the first place. No one reported a worsening in levels of stress or well-being.

5.3 What Participants Learnt about Attachment and Put into Practice

The participants that attended all/most of the sessions clearly gained enormously from the experience. When asked which sessions they learnt most from they said they learnt from all of them. When pressed to single out particular sessions they nominated the sessions with Margaret and Zuleika on attachment. Interestingly they also said that they found some of these early sessions on attachment the most challenging, particularly the sessions dealing with their own attachment experiences. Some of the material they found most difficult was that they derived most benefit from. The kinds of benefits they reported resonate strongly with the literature on attachment and the kinds of relating the project was trying to encourage:

I now play more with my baby

I communicate better – I have learnt to use the mirroring techniques

I name things all the time now 'that's a rattle' and avoid asking questions

*I have learnt about bonding, the different processes and their vocabulary –
it makes it a lot easier to tune in to my baby*

I now naming gazes and name what I am doing for my baby

I didn't realize how important it is to stare (gaze) at my baby

I consult with my baby now – I ask him does this feel ok?

The way I talk to him has changed – I now tell him what I am doing

Participants also reported putting the learning about stress management into practice:

The One Family session really helped me deal with stress - I've been putting anti stress messages on the fridge, making to do lists and asking for help when I get overloaded.

5.4 Style of Facilitation

Participants enjoyed the interactive nature of the learning style practiced by facilitators. One of the earlier sessions was more instructional in style and the content was absorbed and appreciated better by participants after feedback suggested an adjustment in training style. Participants also really appreciated being treated respectfully and being consulted generally and about their wishes for their babies by all those working with the project. During the evaluation interviews they nearly all commented on how validating it was to be assured that they were doing particular things well rather than being judged or patronized. More generally, participants had a huge need to reflect on and discuss their experiences of pregnancy, childbirth, and parenting and appreciated the space within the timetable to do so and the informal facilitation of those discussions.

5.5 Participant Gains from Project

Participants reported a wide range of benefits derived from their involvement in the project. These included self-care, interpersonal development and the development of parental confidence - all of which impacts on their capacity to bond and sustain attachments with their babies:

'I have gained a lot of practical knowledge about comforting baby, picking up etc'

'I am much calmer – I would love to have started this project when my baby was even younger'

'What I found really helpful was being told I am doing things right'

'I enjoy my baby/parenting more'

'Initially I didn't want to leave my baby with anyone, now I feel confident – it was so lovely watching him with other babies being minded so well by the childminders'

'I have learnt that there are others in the same boat, that I am not alone and that we can support one another'

'I mind myself better, I am less inclined to think I have to do everything, I am more likely to look for help/take time out'

'I found all the leaflets and handouts very helpful and I have sought out and read books on the subjects we learnt about in the sessions'

'I feel closer to my baby, we have a tighter bond'

'I feel much more confident about parenting/more confident that I am doing the right things'.

In the next section issues that arose together with the main findings are discussed.

6. Discussion and Conclusions

Feedback from participants and observation of them and their babies demonstrates that this project has clearly met its aim of supporting young parents to develop a healthy attachment relationship with their babies during the critical 0-1 year developmental period. It has also met its objectives of encouraging sensitive, loving and secure early infant attachment and enhancing participants' parenting capacity to the benefit of their baby's bio-psycho-social development.

The project was implemented in a thoughtful, sensitive and cost effective manner. It seems to be highly suited to the needs of the target group – young parents, many of whom had traumatic personal histories because of mental health, drug abuse and other difficulties. Infant Matters is different to other interventions that aim to improve parenting competency like Incredible Years, for example. Firstly, Infant Matters in a preventative approach rather than an intervention. Secondly, the approach that underpins Infant Matters and its focus is strongly informed by psychodynamic and therapeutic approaches to development. Incredible Years, by contrast is an intervention informed by the behaviourist tradition and it is focused on changing children's difficult or anti-social behaviour. What is unique about Infant Matters is the absolute focus on the development of loving, responsive and secure *dyadic relationship* between parent and infant.

6.1 Recruitment and Selection

Because of recruitment difficulties many participants were not selected until a week prior to project commencement. Two participants joined the project in week two and did not return. Ideally, there should have been more breathing space between recruitment, selection and commencement. If the project is repeated, word of mouth will undoubtedly encourage more participants to apply. However, the process needs to start earlier and the co-ordinators should try to engage directly with the target group in addition to relying on referrals. Schools should

be brought into the recruitment process. It would be helpful if the facilitator were involved in the selection process – or that participants met the facilitator in advance of project commencement. It might also be worthwhile considering having two fairly informal sessions initially, to allow participants get used to the process and make an informed commitment.

Females greatly outnumbered males throughout the project. The loss of three couples meant that only one male stayed with the project to completion. His maturity meant that it was not an issue for him and the view of the female participants was that it is important to have a gender mix and to involve fathers. Nevertheless, a lot of young men find it difficult to engage in highly experiential work that involves self-disclosure and group work.

6.2 Participant Support

At least four of the participants – three of whom subsequently dropped out - could be described as very high need. It is commendable that efforts were made to involve these participants and their babies and the project should continue to target those at the higher risk end of the continuum. However the level of support and back up should also be increased or made easier to access. While counselling was available, participants did not take up the opportunity. This is not unusual. It is difficult for anyone to make an initial counselling appointment. Approaches of which the evaluator is aware led to improved take up include the counsellor making her/himself approachable to participants early in the process by giving an informal introduction to counselling, handing out contact numbers and generally demystifying the process. Participants would also benefit from key working; many were stressed or had mental health issues, and were going through relationship difficulties or negotiating significant transitions in terms of their role and identity, and boundaries with their own families, accommodation concerns and changing friendships. This is a role that could be taken up by the co-ordinators. A key working relationship would also ease the pathway for referral to other services including counselling.

It is worth noting that one of the applicants for Infant Matters (Mark II) was thought to be too high need for the programme and was instead referred to Barnados by one of the Infant Matters Co-ordinators. The referral was taken up and the young parent is now receiving support appropriate to her needs. This would not have happened in the absence of Infant Matters and the relationships and understanding that have developed between the partners.

6.3 Participant Retention

The only significant issue that arose over the course of the implementation of Infant Matters was that of participant retention. Attendance at the first two training sessions was good. There was a significant drop off during the third session, which was not reversed despite the co-ordinator's making contact with participants individually. On the other hand, those participants who returned after the third session tended to stay with the project until completion. The drop off issue is important to explore as remedial action could prevent a similar level of drop offs occurring in future iterations. From the various discussions with participants and project staff it seems that there were a variety of reasons for the fall off in participation.

Practical reasons include the fact that many parents were up at night and found the early start difficult. In addition, nearly all of those who dropped out lived some distance from the venue and were reliant on public transport. A combination of a later start time and transport support would probably make a big difference to these parents.

Four couples were recruited to the programme and three of these couples broke up early in its implementation, leading to a much greater drop out effect than would have been the case with single parents. This is not to argue that couples should not have been recruited, but that if they are, preparatory work should include exploring the enormous impact babies have on relationships and the shifts in roles and relationship that come about. There is also a need for some input on the role of fathers in parenting and how to include fathers in parenting when a relationship breaks up

While the participants were adamant that the reasons for the drop off had nothing to do with the content of the programme, the transition from informal icebreaking of the first session to the more formal material covered during the second and third sessions may have been too abrupt for some participants and elements of the material (personal attachment experiences) may have touched on raw emotions. Arguably, this material would have been better scheduled at a later point when participants knew/trusted each other better or explored on a one to one basis.

6.4 Course Design, Content and Duration

Overall, the course was well designed and delivered. The experiential learning approach was highly appropriate as was the high level of reflective interaction that was encouraged. The respectful and supportive style of engagement with the participants and their babies by coordinators, facilitators and childcare staff was hugely appreciated. In the words of one of the facilitators:

‘The respect shown to the babies was such that we managed to exemplify how much the babies matter. Parents picked it up and they had permission to value their children and to communicate to the childcare workers what they wanted for their children.’

Being respected and validated in their new role of parents by other adults - many of whom were experts in childcare, parenting and attachment was very empowering for the participants and helped them overcome some of the negative experiences and perceptions they have encountered and develop trust in their own capabilities.

The course content was excellent as was the standard of presentation/facilitation. The overall approach of linked themes and simple, consistent messages about attachment and positive parenting being repeated by different parties from week to week and by reflecting back to previous weeks, worked well. The balance between input of 20 – 30 minutes being followed by 45 minutes interaction with the babies also seems to have worked well although participants said they would like to spend more time doing practical sessions with their babies. Participants and the facilitator suggested some minor changes in duration and

content. The duration of the project could well be lengthened to 16 weeks or so. Participants would benefit from more opportunity to explore their actual experience of parenting in a non-judgmental learning atmosphere, having build up trust in the group and the facilitator. Participants also asked for more input on practical aspects of parenting particularly developmental stages/critical periods, baby nutrition and feeding, sleeping and speech and language. As mentioned above, they would like to do more practical attachment work (e.g. play, gazing etc) with their babies. This kind of work is probably also easier for male parents to engage with than some of the more reflective group work. Communicating with public health nurses was also raised.

6.5 Childcare

The facilities, quality and level of support provided by Barnados to the project and to participants and their babies were exceptional. The collective wisdom of Barnados staff was well utilised and was hugely beneficial to the project team. So too was the knowledge that there was a full back up service available to parents in difficulty and that they were likely to use it given their positive experiences with Barnados. The participants were universal in their praise for and appreciation of Barnados. They spoke about the high level of care, respect and support shown to them and provided to their babies. They also spoke touchingly about the beautiful atmosphere of love in the baby room. There was nothing they would change about the childcare process.

6.6 Replication and Mainstreaming

This project is highly worthy of replication in Dun Laoghaire Rathdown, with the proviso that the same partners are involved from the outset. The involvement of Barnados in particular and the child-centered ethos it practices is regarded as central to the success of this project. In terms of mainstreaming or initiation in Dun Laoghaire Rathdown or other settings, the involvement of Barnados should be a prerequisite. In the longer term, it follows that the option of mainstreaming Infant Matters within the Barnados structure should be considered.

6.7 Ongoing Evaluation Arrangements

The project promoters should continue to evaluate this project on a self-evaluation basis if no funding is available for an external evaluator. The sentence stem resources used by the trainer should continue to be used for further iterations. An evaluation focus group should be facilitated at the early and late mid-stages of project implementation. The following topics should be covered:

- Attendance
- Facilitation – style of sharing information
- Project Content to date – what is being learnt about attachment?
- Timing, length of sessions, location- transport, venue
- Childcare arrangements
- What is working particularly well?
- What is working less well?
- Any changes that need to be brought about?

The number of participants envisaged (less than 20 parents) is too small to support robust statistical analysis or before and after designs. Nevertheless it can be helpful to gauge individual reactions to the process and the questionnaire used during this evaluation process can be re used for further projects (see Appendix 1). A case study method incorporating an exploration of the changing attachment experience of parent and baby dyads willing to volunteer for such an exercise would also be worthy of consideration.

6.8 Final Comment

Infant Matters was successfully piloted and met the very real needs of young parents and their infants for support and guidance in forming strong attachment relationships, which enhance bio-psycho-social

development as well as shaping good mental health and positive attachments throughout life. The commitment by co-ordinators, facilitators and child care staff and the strong practical and professional partnership forged between the DR LDTF, Barnados, Dun Laoghaire VEC, and the Dun Laoghaire Rathdown County Childcare Committee was a model of the kind of relationship often aspired to under the name of 'partnership' but too rarely achieved.

This project has huge potential as a preventative measure. By very deliberately steering clear of outcomes other than those that fall into the relational, affective sphere, it provided a safe and welcoming place for very young parents to open themselves to the possibilities of loving, responsive, attuned attachment. It successfully facilitated parents of very young pre-verbal infants to learn about contingent responsiveness through the use of non-verbal communication including gazes, facial expressions, tone of voice and appropriate gestures. By doing so it has had demonstrably impacted on the development of positive attachment relationships between potentially vulnerable parents and their babies. It has also led to an increase in participant well being and enjoyment of parenting. It should continue to be funded, developed and made available to other young parents.

The recommendations for the continuance of Infant Matters follow.

7. Recommendations

These recommendations flow from the issues raised and are addressed to the project organisers unless otherwise stated.

- Infant Matters should be repeated with the same partnership and a similar target group. Recruitment and selection should start in September/October and its duration extended to 15.16 weeks.
- Participants should be asked to promote the project amongst their own contacts. Schools should be asked to pass on the details of the project to pupils who had babies in the last six-nine months. Coordinators should also try to make direct contact with young people

in the area through the auspices of FAS, Youth Groups and other sources.

- The facilitator should be involved in participant selection.
- The first two or three sessions should be designed as informal sessions, which gently introduce participants the kinds of material that will be covered while providing an opportunity for them to make an informed and explicit commitment to the project and the childcare team.
- Individual participants should be key worked by the co-ordinators.
- Course content should include developmental stages/critical periods, baby nutrition and feeding, sleeping and speech and language. More time for parent baby structured interactions (e.g. play, gazing etc) should also be built into the schedule.
- The possibility of providing transport to and from the venue for those living outside the immediate area should be examined.
- The possibility of commencing at lunchtime or thereabouts should also be examined.

**INFANT MATTERS EVALUATION
FINAL PARTICIPANT INTERVIEW**

Name _____

1. Which sessions did you learn most about attachment from?

1b. How i.e. through group work/ working with baby/from facilitator

2. What kinds of facilitation/training approaches worked best for your learning/understanding of material?

3. Is there anything you would have liked to have learnt more about/spent more time on?

4. Is there anything in the course that didn't work so well/you didn't learn much from?

5. What have you learnt about attachment in the course that you put into practice?

6. How many sessions/mornings were you able to attend? _____

6b Reasons (if very few)

7. How did you feel about it being a mixed group (guys and girls)?

8. How happy were you with the childcare arrangements (very happy, reasonably happy, not happy)

8b Is there anything you would change about the childcare arrangements?

9. How easy would you say is it for you to tune into your babies needs?

Very easy, fairly easy, fairly difficult very difficult

9b. Would you say you find it easier/the same or more difficult to tune into your babies needs than before you joined the project?

9c. If easier, please tell us what you learnt that helped

10. How do you mainly react to your baby crying -

Always pick up, leave for a little, while ignore it, check hungry/wet etc

10b. Has this changed since joining the project?

11. How would you rate the extent to which your baby looks to you for soothing or soothes themselves?

Mostly looks to you, mostly self soothes, somewhere in the middle

11b. Has this changed since joining the project?

12. How confident do you feel about knowing when your baby is:

- 1 tired _____
- 2 hungry _____
- 3 wet _____
- 4 needs comforting _____
- 5 wants to play _____

(1-5=high)

12b Do you feel more/the same or less confident about knowing what your baby needs than before joining the project?

(Elaborate on how)

13. How stressful do you find having a small baby?

(1-5= very, somewhat, not at all (1))

13.b Would you describe yourself as more/the same or less stressed than when you joined the project?

13.c To what extent (greatly, somewhat, a little) is the project responsible for any change in stress?

14. Are you more inclined to turn to someone/seek support if you are tired, need help with the baby than you were before joining the project?

15. Has the project affected how you look after/mind yourself?

Yes No

15.b If yes, how/give example

16. Would you say you find it easier/the same or more difficult to cope with the challenges of being a young parent now than before joining the project?

16b. If easier or more difficult please explain how the project helped or not (give example)

17. How would you describe your overall sense of well-being?

Scale 1-5 where 5 is great

17b. Has the project affected your sense of well being? Yes No

17c. If yes, how/give example

18. Are you enjoying parenting?

Scale 1-5 where 5 is great

18b Has the project affected your enjoyment of parenting?

Yes No

If yes, how/give example

19. What did you gain from the project a) for you? and b) for your baby?

20. Is there anything you would change about the project to make it more suited to the needs of young parents?

Evaluator's overall sense of demeanor and engagement with baby: connectedness, energy, responsiveness, warmth.

(5 = high, 1= low)