

**Evaluation of Infant Matters Pilot:
A Relational Infant –Parental
Prevention Programme**

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

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Siobhan Phillips, October 2009.

1. Structure of the Report

Following this introduction, the evaluation methodology is outlined and in Section 3, the theoretical background informing the project is presented. The approach to and content of the project is described in Section 4. The results from various evaluation exercises with participants and the project team are presented in Section 5. These findings are discussed in Section 6 and conclusions are drawn. Recommendations are presented in Section 7.

1.1 Introduction

The origins, rationale, and objectives of Infant Matters are outlined below.

The origins and conception of Infant Matters started with the recognition that evidence based neurobiological research on infant-caregiver relationships, which further progressed the findings of Attachment theorists such as Bowlby, Ainsworth and others (see Section 3) had implications for youth work in Dun Laoghaire, Co Dublin. It seemed as though this hugely influential research was confined to a limited audience of academics, researchers and professionals. Yet this information, which has the potential to influence healthy childhood development and foster secure attachments between parent and child was not available to lay people, in particular, parents and parents to be.

As a result two co-workers with a background in psychology, Zuleika Daly Jameson Dun Laoghaire VEC, and Eamonn Gillen Dun Laoghaire Rathdown Local Drugs Task Force, initiated a process to find out whether or not key information to enhance parent-child relationships was available to parents in the Dun Laoghaire Rathdown area. A mapping of services, groups and programmes was undertaken by both workers. Service provision did exist in some areas, ranging from brief information provided by health professionals to interventions which dealt with behavioural and relational problems that had already emerged within children and families. There was a clear lack of service provision on the attachment process specifically and a lack of approaches to

meeting the needs of parents and their babies within a group setting, thus influencing healthy childhood development.

1.2 Aims and Objectives

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. Each interview took between 30 and 40 minutes. A focus group with participants was held at the mid point. The interviews were delivered in a relaxed, conversational style – the interview schedules (see example in Appendix 1) were used as a guide and included prompts for the evaluator. Much of the quoted participant material in the report comes from these interviews. The interviews were conducted on a one to one basis to avoid problems around literacy.

The purpose of the focus group and interviews 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 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 DLR LDTF.

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

3. Theoretical Background

The theoretical backdrop to Infant Matters is presented below.

3.1 Attachment Theory

Infant Matters is grounded in attachment theory as originally formulated by John Bowlby and more recently elaborated and deepened by Allan Schore, Daniel Siegel, Daniel Stern 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 emotional 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 (vis a vis their own attachment history) 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).

Stroufe, 1995 (cited in Sonkin D. Attachment Theory and Psychotherapy, *The Therapist* Jan/Feb 2005), conceptualizes attachment as a two-way form of emotional regulation. Infants are not capable of regulating their own emotions and arousal and therefore require the help of their parent/caregiver in this process. Ultimately, how the infant learns to regulate his/her emotions depends strongly on how their parent/caregiver regulates his/her own emotions.

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. Early attachment relationships overlap with a time of significant neurological development of the brain. The work of Daniel Siegel and Allan Schore highlights the profound interconnectedness between early attachment experiences and brain development.

According to Siegel, 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 Siegel, 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-

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.

verbal signals, and the ability to feel empathy) works with the left hemisphere, which is responsible for logical thinking. Siegel 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 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.

The hugely detailed, multi-disciplinary work of Allan Schore as presented in his ground breaking book *Affect Regulation and the Origin of the Self* (1994) provides empirical data from neurobiology, developmental neurochemistry, behavioral neurology, evolutionary biology, sociobiology, developmental psychology, developmental psychoanalysis, and infant psychiatry to develop a model for the attainment of optimum integration of the 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. He shows how the maturation of the orbitofrontal cortex is influenced by 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 relationship 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 Siegel, the brain continues to develop new connections among neurons in the brain and also there appears to be growth of new neurons. While early intervention and treatment is worthwhile and can help reverse negative earlier experiences, prevention is preferable.

Parents generally and most particularly those experiencing difficulty can be taught how to enhance the attachment process with their children. It is now accepted that a secure attachment base lowers the likelihood of future mental health difficulties. Hence, the importance of developing approaches that identify vulnerable parents and infants with a view to supporting them to develop strong early attachment relationships cannot be overstated.

The co-ordinators of Infant Matters were familiar with these theories and approaches to child development and attachment. As such, the programme was designed to take account of contemporary insights in the field. 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, planning, participant selection, project resourcing, content and implementation are described.

4.1 Consultation and Planning

Infant matters started as an idea backed up by academic literature. A needs analysis followed. As noted in the Introduction, the co-ordinators mapped the services within the Dun Laoghaire Rathdown area to see if other programmes addressing the content and ethos of Infant Matters were in existence. No similar programmes were discovered. Infant Matters was developed in the knowledge that it was not replicating or overlapping with existing programmes or approaches.

Complementing the mapping exercise, a period of consultation with key stakeholders in the community took place to gauge whether such a programme was needed. Three community consultations were held with the aim of informing project design, sourcing referrals and rooting the idea in a community development model.

Local community and voluntary groups, psychologists, social workers, childcare workers, and statutory agencies were invited to these consultation meetings. This group formed the basis of an 'advisory group' which informed and gave professional input regarding the content of such a programme, who to target, gender issues, duration, location and all aspects pertaining to the planning and setting up of a group.

At this stage it was agreed that the target group would include babies of 0-1 year old (due to the accelerated brain growth and development of infants at this stage of life), and young parents less than 26 years of age from disadvantaged areas in DLR (defined as 'at risk' youths).

Initial exploratory/planning meetings were held between the originators and subsequent co-ordinators of the project - Dun Laoghaire VEC and Dun Laoghaire Rathdown Local Drugs Taskforce, (DLR LDTF), and Dun Laoghaire Rathdown County Childcare Committee, Barnados Dun

Laoghaire and Dun Laoghaire Rathdown Southside Partnership. As planning progressed so too did the strength of the partnership

4.2 Project Resources and Funding

The co-ordinators sourced and secured funding through the Dun Laoghaire Local Drugs Task Force (DLR LDTF) following the DLR 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 co-ordinators designed, developed and managed the project. They recruited and selected participants, managed the implementation process and managed the evaluation.

The Dun Laoghaire Rathdown County Childcare Committee provided a staff member who is an experienced facilitator and psychotherapist, 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. It co-ordinated the childcare team and facilitated the play workshops. Barnados also provided the project venue at Loughlinstown, Co Dublin. Barnados were also involved in making referrals to the project and in planning and reviewing the project from inception to completion.

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.

The Barnados venue was provided free of charge for nine weeks as were four childcare workers and their supervision by Barnados. The facilitator from the Dun Laoghaire Rathdown County Childcare

Committee/Southside Partnership was involved in planning and delivery for the nine weeks of the project, providing some 70 hours of training and facilitation free of charge. The Southside Partnership donated a photography session and the development of film free of charge. The cost of the co-ordinators' time (sixteen months) for project planning and implementation was absorbed by the Dun Laoghaire VEC and the DLR 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.

4.3 Participant Recruitment and Selection

The target group for the project was young parents (under 26 years of age) and their babies (under one year of age). Priorities for selecting participants were based on Young People's Facilities and Services Fund criteria, as both project co-ordinators fall within its remit and also from the DLR LDTF Strategic Plan.

The project was promoted during early 2009 to local community organizations working with or advocating on behalf of young people. 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. Direct contact with young parents was made at this stage.

In the event, recruitment of participants proved more difficult and time consuming than anticipated. Participants were selected up until one week before project commencement.

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 and one couple completed it. One couple was expecting their baby and withdrew because they felt awkward in sessions where other participants were interacting with their babies. Two of the relationships broke down during the project timeframe leading to early withdrawals despite the best efforts of those involved in co-ordinating and implementing it.

4.4 Project Delivery and Content

Infant Matters was held on a weekly basis from 10 am to 12 pm over the course of nine weeks in Barnados purpose built childcare facility in Loughlinstown, South County Dublin. Breakfast and drinks were available from 9.30am. This provided participants and project staff with an opportunity to relax and chat informally or privately if a need arose, thus building trust, rapport and a sense of readily available support.

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. A team meeting comprising the co-ordinators, facilitator, Barnados staff and the evaluator was held at the completion of every training session. In line with good practice, these debriefing sessions provided the opportunity for communication, reflection and the development of strategies to deal with issues as they arose.

Participants were provided with an outline for each session (see Appendix 2) 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.

4.4.1 Session Themes

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, an external attachment facilitator introduced the concept of attachment, its centrality to healthy development and the processes underpinning it. 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. The aim was to try to ensure that negative experiences were not unwittingly or automatically reverted to. Instead, participants were encouraged to recall more positive experiences of affectionate parenting and to explore how these positive experiences enrich 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. This theme continued into the sixth session with an exploration of how life it might be from a baby's perspective. Participants were encouraged to explore how a tiny baby might perceive the world. A photographer from Southside Partnership took photographs of babies and parents interacting to reinforce the importance of this activity. Her services were provided free of charge.

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

In the eighth session, a baby massage facilitator conducted a session whereby participants were shown how to massage their own babies. 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. An additional photographer was hired to take photographs during this session, which formed the basis of framed photographs being presented to parents.

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. Follow on sessions for participants are planned.

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 to go out for a night (socializing) 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. The practice of some teachers seems to have been to ignore the pregnancy. They 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. Only one school was described as very supportive.

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 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.

Table 1. How Confident Participants feel about Recognising Baby Attachment Cues at Project Onset and Completion

	Mean* (N=11/12 ²) 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.

² 12 participants responded to some items, 11 to others.

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.

Table 2. How Stressful Participants find Having a Young Baby and their Sense of Well Being and Project Onset and Completion		
How stressful participants reported they found having young baby*	Mean* At Project Onset	Mean At Completion
	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, the lower the level of stress and the easier participants found it 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 attachment sessions with the external facilitator on the cycle of attachment and with one of the coordinators. 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. It is noteworthy that it was the material on attachment they found more challenging, that they derived strong learning from.

The kinds of benefits and project learning 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 name 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 principally 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 selected up until one week before 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 recruitment process needs to start earlier and the co-ordinators should try to engage more directly with the target group in addition to relying on referrals. Partnerships with schools and the Teen Parent Support Programme could be helpful in this regard. It might be helpful if the facilitator were involved in the selection process. This can help participants feel at ease from an early stage. 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. Counselling was available but was not availed of by participants. The counsellor made herself approachable to participants early in the process by giving an informal introduction to counseling and handing out contact numbers. This lack of take-up is not unusual. It is difficult for anyone to make an initial counselling appointment. More may be done to demystify the process perhaps through more keyworking of participants. Texting could also be used to remind them that there is someone available for a chat before and after sessions.

Participants would also benefit from key working; many were stressed and experienced difficulties throughout the programme. The difficulties experienced included mental health issues, relationship difficulties, negotiating significant transitions in terms of their role and identity, and boundaries with their own families, accommodation concerns and changing friendships. Keyworking 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-ordinators 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 venue³ and were reliant on public transport. A combination of a later start time and transport support from the outset⁴ would probably make a big difference to these parents.

Four couples were recruited to the programme, one (pregnant) couple withdrew and two 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

³ For example, some participants travelled from Sandymount Bray and Wicklow..

⁴ Transport support was offered to some participants when non-attendance emerged.

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 group work inputs 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 15 weeks or so, allowing for 12 delivery weeks and three planning and participant familiarization weeks. 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, and non-verbal interaction) 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. Participants also raised communicating with public health nurses as an issue they would like support with. Some felt patronized or intimidated.

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 recommendation 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. The ability of Barnados to provide follow-up care to parents experiencing difficulty is of particular value and was availed of by some project

participants. In terms of mainstreaming or initiation of this model⁵ in Dun Laoghaire Rathdown or other settings, the involvement of Barnados should be regarded as central. 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 feedback 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 interview guide used during this evaluation process can

⁵ A model that alternates between babies being present with their parents and cared for during group work/one to one work.

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 Overall Conclusion

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. It has met its objectives of raising participant awareness of attachment processes as well as encouraging the iteration of sensitive, loving and secure early attachment behavior. By doing so it has enhanced participants' parenting capacity and the bio-psycho-social development of their babies. This should encourage good mental health and positive attachments throughout life. Infant Matters has also successfully fulfilled its objective of reducing parents' stress levels. It has also helped young parents enjoy parenting more.

The quality of partnership was central to the successful achievement of objectives. The commitment by co-ordinators, facilitators and child care staff and the strong practical and professional partnership forged between the DLR LDTF, Barnados, Dun Laoghaire VEC, and the Dun Laoghaire Rathdown County Childcare Committee/Southside Partnership was a model of the kind of relationship often aspired to under the name of 'partnership' but too rarely achieved. It was characterised by honest, respectful and reflective communication, which was followed through into action on how best to support participants and their babies.

This project has huge potential as a preventative measure. The impact of impaired attachment in early childhood can have serious long-term consequences. Children who do not experience touch, stimulation, and nurturing can find it very difficult to form meaningful relationships into and throughout adulthood. Thankfully, most children do not experience this kind of severe neglect. However, some degree of impaired attachment during early childhood is far from uncommon. The consequences can range from mild distress to serious social and mental health problems including substance abuse. In general, the severity of difficulty is related

to how early in life, how prolonged, and how severe the emotional neglect has been (Perry, 1996⁶). Given the source of funding for Infant Matters (DLR LDTF) it is important to reflect on the relationship between impaired attachment relationships and substance abuse. For example, a recent study (Thorberg and Lyver, 2006) found higher levels of insecure attachment and fear of intimacy amongst clients enrolled in substance abuse treatment programmes compared to controls not in treatment.

This does not mean that children with poor attachment relationships are doomed from the outset. Clinical experiences and a number of studies suggest that some reversal is possible, but it is a long, difficult, and frustrating process. It may take many years of hard work to help repair the damage from only a few months of neglect in infancy (*op. cit* and see Section 3). Viewed from this perspective, Infant Matters is a small cost for potentially profound preventative outcomes. If Infant Matters causes even one child to be spared the consequences of neglect brought about by lack of knowledge about/ comfort with attachment processes it will be more than worthwhile.

What is unique about Infant Matters is its absolute focus on attachment. By very deliberately steering clear of outcomes other than those that fall into the relational, affective sphere, Infant Matters 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 gaze, facial expression, tone of voice and appropriate gestures. By doing so, it has 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.

On the evidence thus far, Infant Matters has improved participants' capacity to form strong attachment relationships, thus reducing the risk of the kinds of social and emotional problems insecure attachments can bring about. It should, as a result, be of considerable interest to policy

⁶ Perry, B. (1996) Maltreated Children: Experience, Brain Development and the Next Generation. New York: Norton Professional Books.

makers.

It follows that 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. They should be viewed in the context of minor changes/possible improvements to a successful pilot.

- 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 weeks providing for 12 delivery weeks and three planning and informal participant familiarization weeks. No less than 12 participants should be recruited and ideally (up to 40%) more to allow for drop-out.
- Partnerships with schools and the local Teen Parent Support Programme (TPSP) should be developed as part of the recruitment process.
- Participation should be confined to those with babies. Couples should be counted as 'one participant'. Preparatory work with couples (during the selection phase) should include exploring the impact babies have on relationships and the shifts in roles and relationship that come about.
- Should significant demand for a course for pregnant teens arise, it should be delivered to that group per se.
- Participants should be asked to promote the project amongst their own contacts.
- Closer links should be forged with schools through the guidance services, Social Personal and Health Education Co-ordinators and/or the Home School Liaison and School Completion as appropriate. Schools in the area 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 more direct contact with young

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

- The first two or three sessions should be designed as informal sessions, which gently introduce participants to 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. Budget permitting, more time should be spent on the initial socialization of the group – e.g. a picnic at a local park.
- Individual participants should be key worked by the co-ordinators.
- Input on the role of fathers in parenting and how to include fathers in parenting when a relationship breaks up should be addressed as part of course content.
- 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.
- Participants identified strongly with a speaker who had been a young parent. More peer speakers should be built into the programme.
- 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.
- A manual detailing the content of Infant Matters, its rationale and methods should be prepared. This would aid replication and act as a blue print/reference aid for new projects and developments of the existing project.

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**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)

Appendix 2
Infant Matters
A Programme Outline for Participants
May 2009

Infant matters is a group that we set up to support young parents and their infants. We believe that the first minutes, hours, days, months and years are really important for your child's future health and happiness. Most important of all at this time is your baby's relationships, especially with you. That's why these sessions are mostly about your relationship with baby.

As being a parent can sometimes be a very tough job we felt that it would be a good idea to offer support to families.

We would like to work together with parents to make sure that this programme really works for you so that means that your input is just as important as ours.

Below is an outline of the ideas that will be covered in the programme but these can change to suit you better.

Every session begins at 10:am but if you can make it earlier you can have some brekkie or just a drink. At 11:15a.m. there will be a short 15 minute break and for the last 30 minutes there will be a chance for you all to just chat about the session and your ideas and feelings about it. At 12 O clock we will finish.

Some sessions will need you to be with your baby (like for infant massage) and others will not. If you are worried at all about your little one please feel free to pop out and check on them at any time.

Session 1

Introductions

The most important part of this session is about getting to feel a little more comfortable. As most people won't know each other we may all feel a bit 'on edge' in the early days.

In order to relax and begin to enjoy being here the facilitator will help you all to get to know each other a bit just by chatting. She will also give you an outline of the ideas we have in mind for the programme. It will be really important that you talk about what you would like from the programme as we want to make sure you get what you need.

You'll get to take home a copy of the 'baby-brain-map' which gives you an understanding of how your relationship can support your baby's mental and physical health. If you can access the internet you will also be able to go online to this site and find out more.

Session 2

To give you an understanding of the importance of your special relationship with your child we will be looking at what some people call 'attachment'. Attachment is a word used to describe a baby's first relationships usually with their Mum/ Dad/carer.

We hope that you will get to understand just how important this is for your baby.

Session 3

In this session we will talk a little about how we can think about some of our own good and not so good experiences of being parented to help us be ok parents to our own children.

Perhaps you can use a positive experience of having had an affectionate parent to enrich your relationship with your baby while acknowledging but letting go of the shouting that may have been part of your childhood experiences.

It's really important to understand our own experiences to make sure we are not acting automatically like clones of our parents, but rather making choices about how *we want* to parent.

Session 4

This session will build on the last week by looking at how we can increase the helpful interactions between you and your infant while noticing and decreasing the not so helpful ones.

You will also get to see and chat about videos of different kinds of interactions between parents and their infants.

Session 5

This will be a fun session that looks at how important it is to get down on the floor at baby's level and have fun. Not only do baby's learn loads when they play with you but having fun and creating joyful moments is super important for baby's health (and yours!).

There will be photographs taken during this session so you can remember the fun!

Session 6

This session is about trying to get into your baby's shoes and helping them to deal with their emotions.

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?

Session 7

'One Family'.

Session 8

You will learn how to help baby relax with massage. Touching your baby is crucial. Loving touch from a parent can give baby a sense of safety, confidence and calm.

It can also help them to experience themselves as lovable and worthwhile beings as well as providing an opportunity to develop trust and a loving bond with you. A photographer will be able to take pictures of you and you little one which we will develop and give to you at the next session.

Session 9

Evaluation of Infant Matters Dun Laoghaire Rathdown Local Drugs
Taskforce and Dun Laoghaire VEC

This is our final session and a celebration where you will be able to enjoy a 'brunch' and be awarded with a framed photograph of you and your baby. We hope that this will stand as a reminder to you of all the ideas that came up for you during the sessions. We will also organise for you to meet each month so as to keep up the supports that you might have got from each other over the weeks.