



Childhood  
Development  
Initiative

Consultation report

# CDI'S ANTENATAL TO THREE INITIATIVE

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# 1

## Introduction



In July of 2023, CDI commissioned Neil Haran to undertake a series of consultations on its behalf with stakeholders relevant to the Antenatal to Three Initiative (ATTI). This followed the resignation of the CDI Coordinator with responsibility for ATTI. The resignation of the Coordinator was considered a useful point at which to review the work of ATTI and the needs of families expecting, or with a baby. CDI was also of the view that ATTI needed reinvigoration, underpinned by agreement around shared cross-sectoral priorities and collaborative actions.

As an initiative, ATTI prioritises improved interagency collaboration. However, effective collaboration requires concrete themes of individual and shared interest to generate commitment to collaborative work and to ensure that the focus remains relevant. This consultation was viewed as an opportunity to identify needs and themes around which collaborative momentum could be built.

## 1.1 Terms of Reference

Against that backdrop, the Terms of Reference for the consultation prioritised two primary areas of interest. The first focused on the needs of the antenatal to three cohort in Tallaght, stressing the importance of *“consultation with key stakeholders from the ATTI cohort, identify community needs/gaps in relation to services for pregnancy to three years, and develop recommendations for the future of the ATTI programme.”*

The second area of focus centred on the internal operation of ATTI. It called for a review of the ATTI Steering Group structure, including assessment of the Terms of Reference for the Steering Group and an assessment of the effectiveness of the current ATTI Steering Group against those Terms of Reference.

## 1.2 Methodology

The consultation process was delivered over four focus group discussions (FGDs) which were held in CDI in late July<sup>1</sup>. The focus groups involved participants as follows:

- A focus group with members of the ATTI Steering Group, six members in total<sup>2</sup>
- Two focus groups comprising local service providers<sup>3</sup>
- A final focus group with three local parents, all of whom had prior involvement with CDI through the Dolly Parton Imagination Library Initiative<sup>4</sup>.

To inform the consultation process, the consultant developed a short presentation in association with CDI's Programme and Quality Manager, the purpose of which was to contextualise FGDs. The presentation addressed matters such as the wider policy context for ATTI, while also outlining the parameters of the programme in terms of CDI staff availability and limitations of budget for programme activity. Subsequently, discussions were facilitated around two primary consultation questions:

- What are the needs/gaps/priorities for the antenatal to three cohort in Tallaght?
- What opportunities exist for joint initiatives relevant to the antenatal to three population in Tallaght?

FGDs typically lasted for 1.5 hours and a record of each discussion was taken with the permission of participants.

Information garnered from the FGDs was analysed using a thematic analysis approach. All consultation records were examined subsequent to the consultations, with emerging themes coded and grouped under related headings. The presentation of these themes in this document offers an accurate reflection of discussions, while ensuring their relevance to the primary consultation questions.

<sup>1</sup> It is important to acknowledge that this may not have been the best time to conduct consultation exercises, given that it coincided with the summer holiday period. That said, the quality of input from those who participated in the consultation process was very high.

<sup>2</sup> See Appendix I for names of those taking part in the focus group.

<sup>3</sup> See Appendix II for an overview of the roles of the service providers that took part in the FGDs.

<sup>4</sup> Twenty seven parents had signed up to participate in the consultation event. However, in the end, a much smaller number attended. It is worth noting that the participating parents appeared to be middle class, ranging in age from early 30s to mid-40s and all parenting in two parent households.

## 1.3 Steering Group Survey

As it did not prove possible to review the operation of the ATTI Steering Group with its members, it was decided, in consultation with CDI's Programme and Quality Manager, to invite Steering Group members to complete a short online survey. The survey sought Steering Group member input on issues such as:

- The continued relevance of the anticipated outcomes projected for ATTI
- The manner in which ATTI seeks to achieve those outcomes
- The efficiency and quality of ATTI output
- The effectiveness of the Steering Group in fulfilling its function
- What had and hadn't worked well in the planning and implementation of ATTI and how shortcomings might be addressed.

A copy of the survey questionnaire is appended as Appendix III below.

All members of the ATTI Steering Group were emailed and invited to participate in the survey in advance of close of business, Friday, August 24th. Three completed surveys were received by the designated date of a possible total of 11. Therefore, though the responses from those members that participated are important, they cannot be viewed as a comprehensive reflection of the activity of the Steering Group, or of the operation of the initiative.

## 1.4 Feedback Session

In line with CDIs standard practice, a feedback session was held for all those who participated in the consultation and those involved or interested in ATTI. 13 participants attended the session at which the Consultant provided an overview of the consultation process and the key themes emerging. The report was finalised subsequent to this discussion, which informed some of the recommendations.



## 1.5 Decisions within CDI

It is important to locate this report within the context of an internal review of staffing roles and structures within CDI, and programmatic alignment, resulting in the decision to embed antenatal to three supports within CDI's Powerful Parenting Model in future, under the direct management of the Powerful Parenting Coordinator, and to increase the focus on direct delivery of support to parents of children aged 0–3, through targeted engagement by CDIs Parent Carer Facilitators (PCF).

CDI's decision to adopt this approach to ATTI has been informed by a commitment to making sure that CDI's work connects with parents and families that need the highest level of support, whilst maintaining a focus on prevention and early intervention. PCFs are viewed by CDI as essential connectors with parents, especially those parents struggling with particular challenges, and as potential connectors of parents with appropriate services. It is anticipated that the incorporation of ATTI into the PCF role will not alter their existing role but will rather place greater emphasis on the PCFs reaching out to the parents of children within the youngest cohort in Tallaght. It is proposed that learning garnered through CDI's prior work to establish an antenatal child protection intervention will inform how the work of PCFs can be more targeted in future, particularly in respect of identifying and engaging parents and families with highest levels of vulnerability and need.

This approach will inevitably have implications for how CDI responds to key themes prioritised by participants within the consultation focus groups referenced above and for the operation of ATTI, as a multi-agency and multi-disciplinary collaboration, into the future.

## 1.6 Report Structure

The feedback from both the FGDs and Steering Group survey inform this consultation report. Chapter 3 summarises the key themes to have emerged from FGDs and outlines priority needs of the antenatal to three cohort that were identified from focus groups. Integrated into those themes are suggested potential opportunities for collaborative action.

Chapter 4 builds on the feedback offered by ATTI Steering Group members on the internal operation of ATTI and offers a set of observations on what has and hasn't worked well in the planning and delivery of ATTI in recent times. Chapter 5 concludes with an organisational response to the consultation and a set of recommendations, offering potential next steps in the advancement of enhanced supports to pregnant women and families with under three-year-olds.

# 2

## Priority Needs of the ATTI Cohort: Results of Consultation Process



## 2.1 Context in which ATTI Operates

It is perhaps useful to begin this chapter by highlighting the social and economic context that acts as a backdrop to the needs, interests and concerns of children, parents and families in the ATTI cohort. During focus groups, consultation participants highlighted a number of key contextual factors relevant to the health and wellbeing, development and safety of children in the antenatal to three-year-old population in Tallaght and these inform many of the statements offered in subsequent sections of this chapter.

### **The Influence of Covid-19**

Though public health restrictions and Covid-mitigation measures are no longer in operation, a number of stakeholders involved in the ATTI consultation process referred to the fact that a proportion of children aged three years and under had significant experience of Covid-19 lockdowns and of being isolated with family for large portions of their lives. The impact of Covid-19 on young children in the community was described as unknown, but it was felt that it would be important to recognise its potential for negative impact on the lives of very young children.

### **Poverty, Housing Availability and Housing Quality**

Significant concerns were expressed by service-providers in two of the four FGDs about levels of poverty and deprivation among families, particularly in the communities of West Tallaght. Reference was made to a considerable deterioration in the living standards of many families in recent years, with particular mention made of families with very young children living in emergency homeless accommodation, direct provision or in sub-standard accommodation. The cost-of-living crisis was viewed as exacerbating difficult circumstances for many families. Focus group participants noted that it was difficult to encourage vulnerable parents to focus on the development needs of their babies and infants when many basic needs of families were not being met.

### **Staffing Crisis**

Participants observed that the challenges noted above were compounded by staffing shortages across a variety of services for young children and families, particularly within the statutory sector. While the need for ongoing coordination of services was endorsed throughout focus groups, it was recognised that service-coordination was currently seriously challenged in a climate of high staff turnover and difficulty recruiting staff. The cost-of-living crisis nationally was also viewed as impacting on the availability of suitable personnel in the area, mindful particularly of the additional costs associated with living and working in Dublin.

## 2.2 Priority Themes

Against this backdrop, the following offers a summary of the key themes to emerge from the aforementioned FGDs. These are not presented in any order of priority. They include themes that were identified consistently across conversations, as well as including themes that were raised less frequently.

It is also worth pointing out that the themes summarised below arose from the respective priorities of individual stakeholders. For example, some of the themes arose from what one participant described as “the need to keep the focus on the baby and child.” There was a suggestion that the work of ATTI needed to remain focused on what children need to thrive in the ATTI age-group, with less focus on parental needs. Other themes arose out of a prioritisation of family need and the belief among a cross section of those that participated in the FGDs that the needs of children were fundamentally rooted in the needs of parents.

### Theme 1: Information Gaps for Parents and Service-Providers

The most consistent theme across focus groups pertained to what consultation participants described as considerable information gaps on available supports. These gaps were identified as impacting on i) parent and child access to services and community supports and ii) services' potential to signpost/refer families to available supports. Information gaps related to both a lack of knowledge of what was available and to inadequate systems for information dissemination.

Particular emphasis was placed on information gaps relevant to the postnatal phase. It was observed in one focus group that “Ireland is good on information in the antenatal phase but poor on information in the postnatal phase.”

For example, parents referred to a pack received upon discharge from the maternity hospital, containing information on available supports. This was considered to be of no value given its reliance on leaflets and written information. In response, one parent stated that “no new mum or dad is ever going to get a chance to read it, so it goes in the bin. It’s not user-friendly.”

Parents participating in the consultation didn’t doubt that opportunities for support existed. Their biggest challenge was finding out about them. In the course of the parent focus group, one parent spoke of her need for physiotherapy after giving birth. She ended up paying for private physiotherapy as she experienced significant delays in accessing service through the public system. During the focus group, another parent highlighted that physiotherapy could have been accessed through the maternity hospital but this information had not been available to her. Parents also noted that GPs appeared to have very little information on service availability.

Both parents and service providers emphasised the need for a central and user-friendly repository of information on local services and supports. Leaflets and written material were described as having limited value, whereas the suggestion of a local information App was greeted positively in discussions. (This is discussed further in Section 4.3 below). It was also acknowledged that any information repository would require ongoing monitoring and updating, mindful that services evolve and personnel move on. A local App would ideally have a section for parents and a section for local service providers.

### Commitment to Networking

Discussions with local service providers in one of the focus groups, and in the feedback session, emphasised the need for agencies and services to acknowledge that the primary part of their role involves delivering services to clients. However, another important part involves knowing what's available, signposting and referring families. This requires service networking and coordination, and it was suggested that networking needed to be mandated by senior management in local agencies and organisations. It was suggested that ATTI might have a role in promoting a mandate for service networking and coordination.

It was also noted that the contexts and cultures of individual agencies differ from one to the other, and it was suggested that there may be a role for ATTI in facilitating cross sectoral/ interdisciplinary understanding.

## Theme 2: Gaps in Postnatal Supports for Mothers

A considerable theme of the consultation exercise with parents centred on postnatal supports for mothers, particularly first time mothers. This theme was closely aligned to the previous theme on information gaps, particularly as parents referred to challenges associated with sourcing supports. Quotes to this effect noted:

*"Prenatal, there's lots of support from doctors, Public Health Nurses, classes – loads, and that's grand... After baby is born, the Public Health Nurse will help for a few days, but if there's no issues then they're gone."*

*"The Public Health Nurse was really helpful, but I wasn't seeing anyone else. Last time I saw the Public Health Nurse at nine months, they said 'we'll see you at two.' They say ring us if there's anything. But what am I looking for?"*

Though parents commented on this as a particularly significant issue for first time mothers, it was also noted that gaps in postnatal care were not unique to first time mothers. More experienced parents referred to *"a lack of continuity of care, not seeing the same face, having to tell your story all over again."*

In keeping with the previous theme on information, parents participating in the consultation referred to a lack of clarity about where to access support in the case of experiencing postnatal depression.

Parents also made reference to isolation and the need for a community of peers in the postnatal period. The value of sitting and talking with other parents having similar experiences was stressed:

*“You’re not necessarily lonely but isolated in your journey.”*

While the need for postnatal mental health services were highlighted, parents also referred to the need for community supports in the postnatal period, highlighting again the importance of information on what community supports exist.

### **Theme 3: The value of Home Visiting Services to Support Early Parenting**

Parents and service stakeholders spoke of the value of home visiting programmes for parents to support early parenting, particularly mindful of what is perceived as a reduced community-based service by Public Health Nurses. One parent referred to the value of the health visitor system in the UK, while a number of service stakeholders referred to home visiting programmes operated by a number of ABC projects across the country. Service providers in two of the focus groups referred to there being a *“gap in Dublin 24 for professional support to parents.”*

### **Theme 4: Promotion and Support of Breastfeeding**

The importance of promoting breastfeeding was highlighted throughout conversations, while supporting mothers who experience challenges in breastfeeding was emphasised as a theme of equal importance.

Two of the participating parents referred to significant challenges associated with breastfeeding their babies. Though very keen to breastfeed and to do the best for their children, both had encountered considerable difficulties. One had accessed the service of a private lactation consultant which was described as *“helpful but very costly.”*

These parents highlighted the importance of services *“not just encouraging breastfeeding, but supporting those who, for whatever reason, can’t breastfeed.”* Reference was made to the shame, judgment and stigma associated with struggling to breastfeed and to mothers needing supports in this regard.

Reference was made during focus groups to emerging lactation supports, including a Breastfeeding Coordinator in the HSE and HSE-funded Lactation Specialists. One of the participants in the consultation was an HSE Health Promotion and Improvement Officer with a particular focus on supporting and promoting breastfeeding.

Discussion with the ATTI Steering Group members emphasised what they perceived as the success of the Tallaght Welcomes Breastfeeding initiative. It was observed that this initiative had built a coalition of support locally and had gathered significant momentum in 2019, only for that momentum to be interrupted by Covid-19. There was a strong recommendation that Tallaght Welcomes Breastfeeding should be recommenced.

## Theme 5: Immunisation – Promotion and Education

Similar to the above discussion on breastfeeding, the Steering Group FGD noted the importance of promoting immunisation of children and educating parents on the importance of immunisation. Mention was made of Ireland's low rates of infant immunisation and it was suggested that a campaign on immunisation, similar to Tallaght Welcomes Breastfeeding, might also be a valuable project of ATTI.

## Theme 6: Oral Language Development: Promoting Communication between Parents and Babies/Infants

Two of the FGD spent considerable time focusing on the Talk to Your Baby programme and on the development of the Communication Cube. It was noted that Talk to Your Baby presentations to parents had been very well received and that it had been hoped that Public Health Nurses would act as distributors of the cube locally. These discussions highlighted the importance of emphasising parental communication with babies and young children, with particular concerns noted about the prevalence of technofence in parent/child communication.

Opportunities for collaborative work between speech and language therapists and schools/early Learning and care (ELC) services were noted with particular mention of the scope for training professionals in ELS's. The work undertaken by CDI to date was acknowledged.

Similar to the earlier themes on promoting breastfeeding and immunisations, it was suggested that ATTI might have a useful role to play in a coordinated effort to promote oral language development and communication between parents and babies/infants. Reference was also made to the Universal Baby Box being rolled out in all maternity hospitals. A question was raised as to whether ATTI could lobby for the inclusion of certain elements in the box, particularly the communication cube<sup>5</sup>.

## Theme 7: Protocols for Service Communication with Parents

Considerable time was spent in three focus groups discussing the importance of rapport between parents and service providers. Positive relationships with parents were identified as centrally important to building the engagement of parents with services in respect of their babies and small children. One service provider noted that *"engagement by parents with services has always been a critical challenge."* Positive relationships with parents were viewed as critically aligned to earlier comments on information and those below relating to service-communication with parents.

<sup>5</sup> See further reference to advocacy and lobbying below.

It was suggested that inadequate attention was given by service agencies to the manner in which they communicate with parents and offer appointments: *“We send out letters. If you have a second language or a literacy issue, there’s already a barrier.”*

It was also suggested that concerted effort was required across agencies to enhance the nature of communication with parents and to make services less threatening. Initial communication from a service to a parent is the earliest stage for rapport. It was stated, “if that’s negative, then it follows that the rest has the potential to be negative.”

Another service stakeholder spoke of efforts to get parents involved in services with their young children and the challenge facing parents filling out forms:

*“You are working proactively with the parent, trying to get them into services. And then they have 20 pages to fill out. And there’s just too much, too much jargon... Parents are bamboozled”.*

This over-complication of communication was also acknowledged in the context of providing information to parents about the needs of their children. Reference was made to assessment reports which *“assume literacy or digital literacy.”*

Stakeholders argued the need for communication with parents to be more consistent and user-friendly, especially in the context of traditionally hard to reach groups and communities.

## Theme 8: Cultural Competence across Services

Building on the above, one of the focus groups paid particular attention to the fact that Tallaght has grown increasingly diverse, with a large working-class community and increasingly large pockets of minority communities. One participant observed:

*“If services are talking about families’ non-engagement with services, we need to ask about the reasons behind non-engagement, especially in the context of minority communities but also working-class communities.”*

This part of the discussion posed the question of cultural sensitivity and the competence of services engaging with families in the antenatal to three cohort. Might training in and/or promotion of cultural competence be a feature of the ATTI work programme?



## Theme 9: Earlier Intervention

The focus group with Steering Group members spent much time discussing the emphasis on the first one thousand days in a child's life. Drawing on practical experience, the combined opinion of practitioners in this focus group stressed the particular importance of the antenatal period up to end of first year in a child's life, especially in the context of attachment, infant mental health, breastfeeding and building parental capacity.

Within the context of growing concern for very young children in Tallaght, particularly West Tallaght, this conversation challenged what was meant by the term early intervention, with participants emphasising the importance of recognising the early stages of prevention and early intervention<sup>6</sup>. The Infant Mental Health Network was viewed as an important avenue for professionals to increase knowledge, understanding and capacity in relation to the earliest stages of intervention.

In parallel, conversations on the balance of universal and targeted services for this age group unfolded. Participants in two of the focus groups acknowledged the importance of universal services, but within the context of what people described as increasingly marginalised families, there was recognition of a growing need for targeted supports for this cohort. Reference was made, for example, to the Talk to your Baby Communication Cube talks which drew

in "a very middle class audience, not the audience that really needs to be there." Against that backdrop, it was noted:

*"How do we support this cohort, particularly the 0-1 cohort? There needs to be a different approach within targeted universalism."*

It was suggested that a strategic approach to identifying and engaging with the most vulnerable populations would be needed:

*"We have babies in homeless locations, Travellers, immigrants. We need to be thinking about all of these cohorts when we're thinking about ATTI."*

Particular concerns were expressed by a number of participants regarding the invisibility of babies in Tallaght and what one participant described as "the failure to pick up on early signs of social and emotional needs of children." The participant in question spoke of receiving child referrals and conducting home visits, only to find that there was also a baby in the home:

*"The referrer didn't mention that there was a baby. The needs of the baby were not taken seriously."*

This experience was endorsed by others who noted that services tended to see the presenting behaviour of older children in families and not the potential needs of babies in the same families.

<sup>6</sup> It was observed that the WHO places particular significance on the period from antenatal to two years.

## Theme 10: Basic Physical and Accommodation Needs

Participants across all service-provider FGDs expressed particular concerns about the basic physical and accommodation needs of a significant minority of families, particularly in West Tallaght, and the impact of those living conditions on child development. As one stakeholder put it: *“If they don’t have the basic physical needs met, for example, lack of housing, how can they be in a place to bond properly with their baby?”*

Particular attention was paid to housing deficits in the area as an obstacle to the development and wellbeing of very young children. Reference was made especially to families with babies and infants in emergency homeless accommodation or direct provision, to families frequently moving and to their loss of social networks and social supports.

Similarly, the impact of the physical environment on the wellbeing of children and families was also noted, not just in terms of aesthetics but also in terms of safety:

*“It’s unfortunate how bad some of the physical locations are where people are living. What kind of message does that send in terms of the people there? We are asking people to take their children out and get fresh air, but it’s not a location where they want to take their children.”*

It was acknowledged that accommodation was not a distinct area of focus for ATTI but, as will be outlined below, the potential for ATTI to have a strong combined voice on the accommodation needs of babies/infants and families may be an important feature of a future ATTI work programme.

## Theme 11: Safe Relationships

The prevalence of domestic abuse and coercive control arose within two of the focus groups. Though not dealt with in great detail, it was suggested that ATTI might play a role in education towards safe relationships. It was suggested that such an initiative would have most relevance for younger mothers, but not necessarily exclusively. One participant who works primarily with young mothers described the need for safe relationships as a “recurring theme” in her work.

## Theme 12: Capacity Building

Discussion of the themes above brought a focus on prior initiatives of ATTI, most notably Tallaght Welcomes Breastfeeding, the Infant Mental Health Network and Solihull training. The Infant Mental Health Network received strong endorsement from those who have participated in it. However, questions were raised about the provision of Solihull training with some participants questioning if ATTI's engagement in capacity building was the best use of resources. Particular mention was made of the challenges of staff turnover and/or staff in particular agencies not being released to take part in training or having the opportunity to utilise the skills post-training. These challenges limited the effectiveness of such training and opportunity to evidence any measurable positive outcomes resulting in the suggestion that channelling resources elsewhere may be more beneficial.

In parallel however, discussions paid attention to ATTI as a possible educational forum for service-providers in the area. Particular reference was made to the work of ABC projects around the country in respect of the ATTI cohort. It was suggested that there was a lot of good practice in ABCs and that there may be an opportunity for ATTI to tap into this learning. Interest in ABC programmes appeared to be centred towards direct service-delivery and less towards service collaboration.

## Theme 13: Policy Influencing/ Advocacy and Research Commissioning Role

The information outlined above mentions

concerns with housing and accommodation, the cost of living crisis, staffing shortages, etc, issues that are beyond the remit of ATTI stakeholders to address directly but issues that have a substantial impact on the wellbeing and development of the ATTI cohort. Discussions with stakeholders, particularly with members of the Steering Group, explored the possibility of ATTI taking on some form of advocacy function. It was suggested that ATTI could adopt a strong, shared voice to advocate on behalf of families and communities, and have a role in trying to shape policies and supports in respect of the themes outlined above. Such an advocacy role would go beyond a focus on the immediate Tallaght area.

Similarly, reference was made to programmes that had previously been an important feature of the Tallaght service landscape, programmes relevant to the ATTI cohort such as Best Start and Community Mothers (now Community Parents). Questions were raised as to whether ATTI could lobby for the revitalisation of programmes that were considered effective but are no longer operational in Tallaght.

A further contribution in a particular FGD spoke about the possibility of ATTI, as a collaboration of service providers, commissioning joint research. This contribution referred in particular to understanding the needs of small children in the immediate aftermath of Covid-19: *"What's it like for a 0-3 year old born in the pandemic and what are those needs? I don't think we have that evidence."*

## 2.3 Conclusion

Overall, this consultation review identified 13 key themes which were seen as priority areas from participants for the Antenatal to Three Initiative (ATTI) moving forward. These key themes will influence the service delivery of supports to families through CDI's Powerful Parenting Model and will also shape the focus of the work that the new interagency Working Group will carry out on a wider scale in the Tallaght area.

Targeted work with fathers was not mentioned during the FGDs which is surprising, given the research on father's experiences of parenthood and subsequent capacity building work undertaken as part of ATTI. CDI has committed to ensuring that all its service areas include dedicated activities for/ engagement with fathers. This has therefore also been included in the proposed underpinning principles.



# The Internal Operation of ATTI



The second aspect of this short consultancy called for an examination of the internal working of ATTI, in particular the ATTI Steering Group structure, including assessment of the Terms of Reference for the Steering Group and of the effectiveness of the current ATTI Steering Group against those Terms of Reference. This chapter of the report will begin with an examination of the Terms of Reference for the ATTI Steering Group, before progressing to a consideration of effectiveness, arising from the results of Steering Group members' input into the aforementioned survey.

### 3.1 Steering Group Terms of Reference

The ATTI Steering Group operates to a Terms of Reference that were created at the initiation of the programme in 2014. In summary, the Terms of Reference outline:

- **The background to ATTI**, highlighting that ATTI is *“a targeted universal initiative for parents and children, antenatal to three. It aims to promote coordinated service provision; innovative ways of delivering child and family centred services; improved communication with children and families, and among services.”* It is the view of this review that this background statement remains relevant in 2023
- **Projected Outcomes from ATTI:** The outcomes outlined in the current Terms of Reference reflect the outcomes projected for the initiative at its commencement and are framed as outcomes which ATTI worked up to September 2016. They do not reflect the outcomes projected for ATTI within CDI's current logic model (2023–2026), namely:
  - » Improved interagency collaboration in respect of the antenatal to three population
  - » Secure parent–child attachment
  - » Services/Professionals embed Infant Mental Health practice principles in their work.

- **Purpose, Vision and Principles:** The Terms of Reference are designed to offer a common understanding of and commitment to the role of the ATTI Steering Group. The vision invites members to commit to *“working with each other, families with young children (antenatal to three) and the Tallaght West community so that all families with young children (antenatal to three), living in Tallaght West, will be informed about and able to access a continuum of coordinated, quality services and supports.”* A set of principles is outlined which, it is proposed, would underpin the working relationships of members of the Steering Group. It is suggested that the vision and principles contained in the current Terms of Reference are still relevant to the Steering Group’s operation of its function, whilst CDI has broadened its geographical remit to engage across the whole of Dublin 24, the focus remains on those communities experiencing the highest levels of disadvantage
- **The Key Responsibilities of the Steering Group** also perhaps reflect the period in which the Terms of Reference were established, with some of the identified responsibilities clearly not relevant or as relevant as they were when the Terms of Reference were initially prepared. The full list of individual responsibilities is presented below, alongside comments/questions regarding ongoing relevance:
  - » Having each member provide a representative who is authorised to represent and make decisions on behalf of that agency or service provider, or are in a position to progress discussion within their organisation (continues to be relevant)
  - » Guiding and advising the strategic direction and the implementation of ATTI (continues to be relevant)
  - » Advising and informing the development and implementation of policies and procedures (continues to be relevant)
  - » Identifying and extracting lessons to inform Meitheal (unclear if this continues to be relevant)
  - » Liaising with Meitheal and the Children and Young People’s Services Committee to share approaches and maximise synergy (as above, unclear if this continues to be relevant)
  - » Facilitating effective communication processes between stakeholders (continues to be relevant)
  - » Ensuring continuity of membership and regular attendance at all relevant meetings, for example, Steering Group meetings, working group meetings, etc (continues to be relevant)
  - » That information used through participation in this initiative will not be used for commercial or competitive advantage (continues to be relevant)

- » Each party will be responsible for its own personnel engaged in the Terms of Reference (can this be taken as given?)
- » Support and engage in the evaluation process (no distinct or formal evaluation of ATTI is ongoing. Therefore, not relevant currently).
- **Lead Agency:** This outlines the role of CDI in relation to ATTI and the ATTI Steering Group. Most of the provisions in this section remain relevant, though CDI no longer chairs the Steering Group, a role currently undertaken by a representative of An Cosán
- **Schedule of Meetings:** The Terms of Reference propose that the Steering Group would meet every six to eight weeks. It is apparent that members have found this frequency difficult to sustain
- **Membership:** The Terms of Reference propose the following membership, which is contrasted with the current membership. It is contended that the current membership reflects the agencies most relevant to the ATTI cohort:

Initial Membership (2014)	Current Membership (2023)
CDI	CDI
HSE Public Health Nursing	HSE Public Health Nursing
The Coombe Maternity Hospital	The Coombe Maternity Hospital
GP Practice Nurse	HSE Primary Care Psychology
Barnardos	Barnardos
An Cosán	An Cosán
South Dublin County Childcare Committee	HSE Child Health Programme
Tusla PPFS/Meitheal	Tusla PPFS
Best Start <sup>7</sup>	From Lads to Dads

While the basic tenets of the ATTI Steering Group Terms of Reference remain relevant to ATTI in 2023, it would be wise to revise them to reflect the current status of the initiative, and to reflect CDI's plans for the absorption of ATTI into the Powerful Parenting Model. In light of this, a proposed Terms of Reference is presented in draft in Appendix IV below for consideration.

<sup>7</sup> No longer in operation in the West Tallaght area.



## 3.2 Results of Survey

As noted earlier, a short survey was issued to the members of the ATTI Steering Group as part of this review. The purpose of the survey was to assess the manner in which the ATTI Steering Group delivered on its Terms of Reference<sup>8</sup> and to examine the effectiveness of the Steering Group structure. Three responses were received to the survey, incorporating less than a third of Steering Group members. It is appreciated that the survey was conducted at the height of the summer holiday period. The low response rate could also be indicative of a lack of ownership of the Steering Group. A summary of responses is presented below; however, it cannot be taken as reflective of a consensus within the overall Steering Group membership.

In summary:

- Two of the three respondents strongly agreed that the outcomes projected for ATTI were relevant to the needs and contexts of children and families in the antenatal to three cohort in Tallaght. One respondent stated that they didn't know. It was suggested by one of the participants that this was "evidenced in the commitment to the above [i.e. stated outcomes] of the participants and a shift in practice locally towards these outcomes." Another expressed interest, however, in greater clarity on how each outcome would be met
- Two of the three respondents agreed that the current work of ATTI meaningfully and intentionally addressed the outcomes set for the initiative, with one respondent stating that they didn't know. While one participant cited ATTI's facilitation of Solihull<sup>9</sup> and Circles of Security training as "a clear example" of how ATTI works towards its outcomes, another responded by saying:
 

*"We are intentional in the work, but are we working with the right agencies (are they at the ATTI table) and the right families? Therefore are we achieving the outcomes? I am not sure. You would have to ask those working with children and families, and the families themselves. Are they aware of the role of infant mental health and attachment, and its importance?"*
- All respondents agreed that, in light of resource availability, the work of ATTI was efficient and of high quality. In spite of agreeing with the quality of work, one participant repeated their question about the extent to which ATTI was realising its outcomes. Another stated that capacity for collaboration had been enhanced:

<sup>8</sup> Albeit that the Terms of Reference require revision.

<sup>9</sup> Improved interagency collaboration in respect of the antenatal to three population, secure parent-child attachment; Services/Professionals embed Infant Mental Health practice principles in their work.

*“Within the access of the available resources, I think there is more potential in participating agencies pursuing further collaboration and sharing of resources.”*

- The key achievements of ATTI were highlighted as follows:

*“Keeping key stakeholders around the table, working with stakeholders within the community.”*

*“To get all the relevant members together around one table with a common goal in mind.”*

*“Increasing awareness of referral pathways aimed at parents of young children and supporting best practice.”*

- The most significant projects of ATTI were identified as:

*“Tallaght Welcomes Breastfeeding, Dolly Parton’s Imagination Library, training on IMH.”*

*“Research and development, to be a voice for the family’s that have none.”*

*“Breastfeeding process and enhancing the knowledge of infant mental health within the catchment area.”*

- Two of the three respondents agreed that the ATTI Steering Group had a shared understanding of the priority issues/needs/challenges to be addressed under ATTI, and on the optimal approaches to addressing those challenges. The third respondent highlighted that they didn’t know. One respondent suggested that this had evolved but required “further consideration to be more impactful.” Another participant observed that the Steering Group had a “great base and ideas” but questioned if these ideas “transferred into the community.”
- All participants in the survey agreed that the ATTI Steering Group had been effective in guiding and advising the strategic direction and implementation of ATTI, in accordance with the Steering Group Terms of Reference. However, it was suggested that this effectiveness should be reviewed regularly, particularly post the covid-19 pandemic
- Two of the respondents referred to the impact of Covid-19 on the capacity of ATTI to deliver its programme of work. In responding to what hadn’t worked well in the initiative, the third participant inferred that ATTI hadn’t been successful in “the implementation of the plans into the community.”
- Suggestions as to how ATTI might overcome shortcomings and/or obstacles to the delivery of its work programme, the following statements were made:

*“Putting a new coordinator in post as soon as possible to drive the work forward.”*

*“The need to be more inclusive of all parents, and work with wider diverse groups, with a goal to deliver training, create awareness and impact real change, CDI have a great opportunity to make a real difference in the lives of families.”*

*“This process to capture the views of all parties.”*

- Participants were asked to identify what they needed to get out of their participation in the ATTI Steering Group to remain committed to the process. The following outlines responses:

*“Seeing results.”*

*“I need a clearer understanding of the goals and the direction of the group, with a clearer plan of what they actually want to achieve.”*

*“Full participation from all agencies.”*

The feedback from the survey above, though reflecting the views of only three Steering Group members, nevertheless raises a number of important observations:

- Commitment to the concept of ATTI as a collaborative interagency structure is high but questions have been posed about participation levels in the work programme, transfer of ideas into the community, and outcomes for parents/children/families and for participating agencies. Survey responses emphasised the importance of seeing results in the community. This consultative process engaged in a review of ATTI, not an evaluation, so it is not possible for this document to comment on the realisation of outcomes. However, progress towards outcomes must be visible to maintain agency commitment to the collaboration
- Priority agencies (in respect of the antenatal to three cohort) are represented on the Steering Group but questions were raised regarding their full participation
- ATTI has led a number of flagship projects which appear to have enthused Steering Group members and generated collaborative action. Particular mention was made of the Tallaght Welcomes Breastfeeding Initiative and the Infant Mental Health Network
- Covid-19 appears to have contributed to a hiatus in the work of the initiative. Feedback from the survey, and indeed from consultations, suggests the need for a fresh start for ATTI.

### 3.3 ATTI – Moving Forward

Based on the key themes and recommendations from this consultation, paired with the decision to place the co-ordination of ATTI within the Powerful Parenting Model, CDI have identified the following operational aims for the reinvigoration of ATTI in 2024 and beyond.

Direct service delivery to both targeted parents and universally, will continue to be the focus of work by the Parent Carer Facilitator team, with more streamlined processes and pathways to identify and engage with vulnerable parents at an earlier stage. In particular, PCFs will take a focused approach to identifying and engaging with vulnerable pregnant women, and families with young babies.

Other decisions, informed both by this consultation and other contextual factors, are as follows:

#### County-wide engagement

- The four Children and Young People’s Services Committees (CYPSC’s) in Dublin are developing a Service Directory and aligned app to maximise service information and access to child, youth and family services. CDI will fully engage with and support the population of the Directory with up-to-date information, particularly relating to immediate post-natal supports, and will encourage Working Group members to do the same
- CDI will work with South Dublin CYPSC to maximise opportunities for cross sectoral and interdisciplinary knowledge and understanding as part of the roll out of the app.

#### Working Group and the wider ATTI membership

- Collaborative action around themes of shared importance<sup>10</sup> is the key to galvanising participation in ATTI, alongside mechanisms which enable the assessment of progress and evidence relating to outcomes. A flavour of possibilities is outlined throughout Chapter 2 above. This review observes particular opportunities to revitalise Tallaght Welcomes Breastfeeding; to continue the Infant Mental Health Network and, within that, to mobilise increased collaboration around the needs of babies in the antenatal to the end of year 1 periods

<sup>10</sup> And equally importantly, themes relevant to the needs, interests and concerns of individual participating agencies / organisations.

- Despite limited engagement in this review, members of the ATTI Steering Group who attended the final feedback session were very clear that they highly value the forum and particularly its networking and information sharing opportunities. It is proposed to replace the ATTI Steering Group structure with a Powerful Parenting Working Group which will meet quarterly, taking a specific priority theme or focus, whilst maintaining a networking aspect. Proposed themes are included in Appendix V. The rolling themes will allow participants to prioritise engagement according to the particular focus and allow for visiting members to join the working group for project work throughout the year
- Home visiting is a core element of the Powerful Parenting Model, and should remain a key methodology for the PCF's, as they commence targeted work with pregnant women and families with young babies. To achieve this will require the development of effective referral and consent processes with those professionals engaging with this cohort. Along with identified tools and methodologies for supporting parents antenatally and postnatally to promote healthy attachment and child's development in their first year
- The continuation of infant massage courses for parents in the Tallaght area by the team of PCFs, with a commitment to continue to support parents post course through ongoing engagement sessions in (for example) the Peep Learning Together Programme, attachment workshops and referral to parent toddler groups.

# 4

## Recommendations



Further to consideration of the feedback through focus group discussions and the steering group survey, the following recommendations have been indicated for CDI to progress:

- That PCFs increase the use of community-based spaces to provide drop-in, or monthly supports for pregnant women or new parents, and so widen their reach
- A review and updating of the current monitoring and evaluation plan for the Powerful Parenting Model takes place to incorporate outcomes relating to antenatal to three supports, including agreement on anticipated outcomes, appropriate measures and data collection tools, and central activities to achieve these
- A review of the current interventions delivered through the Powerful Parenting Model, to widen the scope for earlier intervention and participation of parents in the community of younger babies.

## Capacity Building

- Workforce capacity building should continue to be incorporated in the programme of work
- Activities to upskill PCFs to work with pregnant women and families with young babies should be identified and undertaken, including collective consideration of the research previously undertaken regarding the development of an ante-natal child protection initiative
- Strategies to identify and engage effectively with vulnerable cohorts should be developed, and the development of referral pathways and strong collaborative processes should be established with relevant services eg. domestic violence, mental health and addiction services.

## Interagency Collaboration and Information Sharing

Based on the key themes and recommendations from this consultation, there is a clear commitment to continue with an interagency group to improve services and supports for the antenatal to five cohort in the Tallaght Area. The following recommendations will enable these developments:

- Redesign of the ATTI Steering Group, into a new Powerful Parenting Working Group with revised terms of reference and participants
- CDI should engage with the Communities Families programme (previously Community Mothers) to consider whether this would address gaps in provision, and if so develop strategies to bring this intervention back to Tallaght, to enhance supports for pregnant women and first time parents
- The newly established Powerful Parenting Working Group should hold quarterly meetings with agreed themes to promote aspects of work identified in this report, and to support and champion current or potential community initiatives that support the antenatal to three cohort in Tallaght
- CDI should chair and facilitate the Powerful Parenting Working Group meetings and ensure that structures are in place for the sharing of information from other network meetings and forums. For example, the Infant Mental Health Network, CYSPC Committees and Area Based Childhood learning communities.



# Appendices



## Appendix I: Participants at the ATTI Steering Group Focus Group Discussion

- Ciara McCarthy, Primary Care Psychology, HSE
- Emma Reilly, Child Health Programme Development Officer, HSE
- James Parkin, Project Leader, Barnardos Child and Family Centre, Bawnlea
- Maria Swan, Senior Perinatal Mental Health Social Worker, The Coombe Maternity Hospital
- Megan Sheppard, Parent Education and Lactation Consultant, The Coombe Maternity Hospital
- Eleanor Hale, Medical Social Worker, The Coombe Maternity Hospital

## Appendix II: Service Providers Participating in Consultation Exercises

- Speech and Language Therapist, HSE, serving East Tallaght
- Former Speech and Language Therapist, HSE (who had served West Tallaght and who is now lecturing in Trinity College)
- The Manager of Barndardos' services in Millbrook
- The Co-ordinator of CDI's Chit Chat Programme
- Health Promotion and Improvement Officer, HSE (whose role includes a particular focus on supporting and promoting breastfeeding)

## Appendix III: Survey Questionnaire for Steering Group Members

- (1) The outcomes projected for ATTI are as follows: a) Improved interagency collaboration in respect of the antenatal to three population b) Secure parent-child attachment c) Services/Professionals embed Infant Mental Health practice principles in their work. These outcomes remain relevant to the needs and contexts of children and families in the antenatal to three cohort in Tallaght? (Please tick as appropriate)

Strongly disagree	Disagree	Agree	Strongly agree	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a short explanation for your answer to statement 1.

.....

.....

- (2) The current work of ATTI meaningfully and intentionally addresses the outcomes listed in statement 1 above? (please tick one)

Strongly disagree	Disagree	Agree	Strongly agree	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a short explanation of your answer to statement 2.

.....

.....

- (3) Mindful of resource availability, the work of ATTI is efficient and of high quality. (please tick one)

Strongly disagree	Disagree	Agree	Strongly agree	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a short explanation of your answer to statement 3.

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**(4)** The most significant achievements of ATTI have been (please explain)

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.....

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**(5)** The most significant projects of ATTI have been (please explain)

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.....

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**(6)** The ATTI Steering Group has a shared understanding of the priority issues/ needs/challenges to be addressed under ATTI, and on the optimal approaches to addressing those challenges (Please tick one)

Strongly disagree	Disagree	Agree	Strongly agree	I don't know

Please give a short explanation of your answer to statement 6.

.....

.....

**(7)** The Terms of Reference for the ATTI Steering Group refer to the Steering Group as being responsible for guiding and advising the strategic direction and implementation of ATTI. The Steering Group is effective in fulfilling that function.

Strongly disagree	Disagree	Agree	Strongly agree	I don't know

Please give a short explanation of your answer to statement 7.

.....

.....

**(8)** What hasn't worked well in the planning and implementation of ATTI to date (please explain)

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**(9)** How might the ATTI Steering Group address/overcome the issues raised by you in Question 8?

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**(10)** As a member of the ATTI Steering Group, what do you need to get out of your participation to remain committed to the process?

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.....

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**(11)** Any other comments?

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.....

.....

## Appendix IV: Proposed Terms Of Reference (Draft) For Powerful Parenting Working Group

### 1. Background

Powerful Parenting is a programme of the Childhood Development Initiative (CDI) and involves providing support to parents with babies and young children, which aims to improve outcomes by:

- Improve parental resilience and coping skills
- Improve parental engagement in children's learning and development
- Improve parental confidence and competence (self-efficacy)

It is funded under the Government's Area Based Childhood Programme (ABC). The ABC Programme aims to improve outcomes for children, young people and their families in some of the most disadvantaged areas of the country. The programme has a particular emphasis on improving health, educational and social outcomes for children and young people, and on improving the effectiveness of existing services for them.

### Antenatal to Three

For the last number of years, CDI has also led the Antenatal to Three Initiative (ATTI), a multiagency collaborative initiative working towards works towards the realisation of three primary outcomes. These are:

- Improved interagency collaboration in respect of the antenatal to three population
- Secure parent-child attachment
- Services/Professionals embed Infant Mental Health practice principles in their work.

### Powerful Parenting: Antenatal to Five Years

In 2023, CDI made the decision to embed the service delivery components of ATTI into the Powerful Parenting model and to establish a multiagency Working Group to continue to promote positive outcomes for babies and young children and to promote supports for parents antenatally, postnatally and for the first five years of their child's lives. This progressive universalist initiative will therefore aim to:

- (a) Provide targeted support and education to pregnant women, and families with babies particularly:
  - » First-time mothers with limited supports
  - » Vulnerable parents of babies under one year of age
  - » Families with children in early learning and care services.

- (b) Improve interagency collaboration in respect of the antenatal to five population in Tallaght, promoting positive outcomes for all children during these important periods and with a particular emphasis on identifying vulnerable women/families for targeted support.

## 2. Purpose

The purpose of this Terms of Reference is to provide a common understanding of and commitment to the role of the Powerful Parenting Working Group.

## 3. Vision

Members of the Powerful Parenting Working Group are committed to working collaboratively and will strive to:

- Work together to promote supports for parents antenatally, postnatally and for the first five years of their child's lives
- Bring expertise, experience and best practice to help inform CDI's service delivery to the antenatal to five years cohort of parents
- Support the promotion of Tallaght services and initiatives that help parents to bond with baby, develop secure parent-child attachment and children's learning and development
- Support the promotion of baby and young children's health and development
- Support parents to bond and engage with their baby and contribute to secure parent-child attachment
- Provide education and support to parents regarding children's developmental milestones
- Improve interagency collaboration in respect of the antenatal to five population in Tallaght
- Enhance the capacity of the workforce to be responsive and evidence-informed.

The Powerful Parenting Working Group will work with each other, with families with young children (antenatal to five) and with the Tallaght community, so that all families with babies and pre-school children living in Tallaght, particularly those in greatest need of support, are informed about and able to access a continuum of coordinated, quality services and supports.



## 4. Principles

Principles underpinning the Terms of Reference include:

- We recognise that services and individuals work under pressure and with limited resources. We accept that this means people may move in and out of the Working Group, and will always welcome new participants
- Collaborative, cooperative and transparent sharing information, research, opinion and ideas
- Recognising, reflecting and respecting the differing skills, expertise and values of each other
- Supporting clients/service users and carer participation in service development, delivery and evaluation
- Working closely with all relevant stakeholders to ensure the best possible input and consultation. As such, the aim can be seen as pulling together diverse elements to provide a richer contribution to child development and parental support in Tallaght
- Actively fostering a culture of learning
- Each participating agency or service provider is to be viewed as an equal partner
- Recognising previous efforts in planning and build on existing work available
- Taking a flexible and innovative approach to the provision of increased communication and integration in child and family services (antenatal to five)
- These developments provide additional impetus and opportunity for Working Group members to build on and enhance working relationships
- Learning from the development, implementation and evaluation of this initiative will be shared with other communities.

## 5. Key responsibilities of the Powerful Parenting Working Group

The Working Group will have responsibility for promoting supports for babies, young children and parents in the first five years of their child's lives in the Tallaght area and nationally and nurturing collaborative connections in the services available.

Powerful Parenting Working Group members are invited to:

- (a) Attend quarterly Working Group meetings of two hours in duration
- (b) Review documents circulated prior to meetings and actively contribute to discussions and timely decision-making
- (c) Review and provide feedback to plans and documents circulated between meetings within the requested timelines

- (d) Advocate for and promote wider interagency collaboration within stakeholder networks
- (e) Advise and inform the development and implementation of policies and procedures relevant to the Working Group
- (f) Facilitate effective communication processes between stakeholders, working with families in Tallaght from ante natal to five years
- (g) Support and engage in any monitoring, review and/or evaluation processes relevant to Powerful Parenting.

## 6. Lead Agency

The lead agency for the Working Group is the **Childhood Development Initiative**. The lead agency's responsibilities include:

- Employing/contracting any personnel associated with the development of the initiative, unless contracted out to partner organisations
- Secretarial duty for the Working Group, including organising meetings, agenda, minutes etc

## 7. Schedule of Meetings

Meetings will take place quarterly, with dates for the year ahead agreed at the initial meeting.

## 8. Conflict of Interest

Members of the Powerful Parenting Working Group will commit to the highest levels of ethics, transparency and accountability in the fulfilment of their function in progressing the programme. Members will commit to being honest, fair and independent. They will commit to understanding, declaring and managing conflicts of interest (should they arise) and to protecting and promoting the reputation of all parties involved in Powerful Parenting.

Should a conflict of interest arise in the operation of the group, the conflicted party(ies) will be asked to remove themselves from the discussion until the remaining group members arrive at what they consider to be a fair, honest and appropriate solution to the issue in question.

Information garnered through participation in the Powerful Parenting Working Group will not be used for commercial or competitive advantage.

## 9. Membership

Membership of the Powerful Parenting Working Group will include representation from the following:

- CDI
- HSE Primary Care Psychology
- HSE Child Health Programme
- HSE Public Health Nursing
- The Coombe Maternity Hospital
- Barnardos
- An Cosán
- Tusla PPFS
- From Lads to Dads
- City and Country Childcare Committee

The Working Group will review the composition of the group on an annual basis. Additional members may be invited to join the Working Group for identified projects or themed focus throughout the year on a visiting basis, depending on expressed need or interest.

At the commencement of the Powerful Parenting Working Group in 2024, the core members will determine a schedule of activities based on the themes arising from this consultation. Suggested themes are outlined below but are open to change based on the decisions of the group.

## Appendix V: Proposed Working Group Themes

Review of home visiting supports in Tallaght and preparing for the introduction of Community Families

Promotion of immunisation uptake

Promotion of Breastfeeding and reenergising of the Tallaght Welcomes Breastfeeding initiative

Promoting the inclusion of fathers in antenatal and postnatal stages and beyond

Raising awareness of technoference



Childhood  
Development  
Initiative

**TÚSLA** An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

Area Based Childhood  
Programme