Ballymun

Infant Parent Support Project

"SOMEONE TO TALK TO..."

Learning to Practice: *Implementation of Ballymun Infant Parent Support Project 2012-2022*

Authors: Dr Laura O'Reilly & Marie Lawless

Ballymun Infant Parent Support Project is delivered and managed within the Ballymun Youth Action Project (BYAP)

Inter-Agency Consulting Group

Hugh Greaves (Coordinator, BLDATF), Justin Gleeson (Dove Liaison Midwife, HSE Addiction Service/ DOVE Clinic Rotunda), Mary Fanning (Infant and Early Years Mental Health Coordinator, Youngballymun), Dermot King (Director, Ballymun Youth Action Project).

Citation: O'Reilly, L., and Lawless M (2023) *"Someone to talk to…" Learning to Practice: Implementation of Ballymun Infant Parent Support Project 2012-2022. Dublin: Ballymun Youth Action Project.*

CONTENTS

Acknowledgements

We would like to thank the following for their guidance and support in compiling this review; Ballymun Infant Support Team, Project Interagency Consulting Group, Ballymun Youth Action Project (BYAP), BYAP ethics committee and Ballymun Local Drugs and Alcohol Task Force. Grateful appreciation to everyone who gave of their time to take part in this review and the children of the Project who created the artwork for the cover.

Laura and Marie

Foreword

There are many excellent mothering and parenting programmes across the country doing great work. For a variety of reasons, however, many of the mothers in most need do not engage. Often, they are afraid of being judged, or they may have had bad experiences with services in the past, or in some cases their circumstances may make it difficult to avail of the help on offer.

What's different about the Ballymun Infant Parent Support Project is that it specifically focuses on mothers and caregivers dealing with the challenges of pregnancy and the care of new-born babies or toddlers against the backdrop of problematic drug/alcohol use and the navigation of health and children's services this entails.

In 2012, the Ballymun Local Drugs and Alcohol Task Force and the Ballymun Network for Assisting Children and Young People, became increasingly aware of a significant population of parents with identified drug/alcohol issues that required specific supportive interventions. As a result, we refocussed our prevention funding. In 2012, we worked with our colleagues in the Ballymun Youth Action Project and Youngballymun, along with our partners in HSE and Tusla to assist with the setting up of the Ballymun Infant Parent Support Project.

The same year, Dr. Karyn McCluskey, the founder of the Scottish Violence Reduction Unit, spoke to a conference in Croke Park about "teachable moments" where people are open to making significant changes in their lives. The arrival of a new baby is one such moment, but many parents don't know where to start. The Infant Parent Support Team is there to help and support them.

In my time as Chair of the Ballymun Local Drugs and Alcohol Task Force, some of the most powerful stories I've heard are from the Infant Parent Support Project team. With persistence, empathy, warmth, humour and a non-judgmental approach the team builds trust with parents and caregivers.

Supporting parents through pregnancy and the first two years of their child's life is one of the most powerful interventions to support the next generation of children as they grow up. We believe that this Programme is a much needed service locally, providing key interventions at critical moments for parents and children, one which could be replicated and have benefits in other communities.

This project has more than exceeded our hopes. It has embedded itself into local community life where it receives referrals from a wide range of local services. More importantly though, it receives many self-referrals from local parents (mainly women) who have learned about it by word of mouth from their peers.

The Infant Parent Support Project team of Vera, Mary and Sarah, backed up by the management support of the Ballymun Youth Action Project has made a very significant difference for a large number of local women and children. I want to thank them for the amazing work they do in Ballymun.

I wish to acknowledge the role of the Ballymun Youth Action Project, Youngballymun, and their partners in the HSE and Tusla who have worked collaboratively in the development and implementation of the Ballymun Infant Parent Support Project.

I also want to thank the authors of the report, Dr. Laura O'Reilly and Marie Lawless for their work on this excellent report.

Andrew Montague

Chair, Ballymun Local Drugs & Alcohol Task Force

……you're not putting importance on one or the other. You're recognizing that both are in the relationship, both the mother and the child, and I think, I think that's absolutely crucial…

(Community Drugs Worker)

Infant Parent Support Team

Infant Parent Support Coordinator - Vera Hughes
Commenced December 2012 – Currently 3 days.

Parent Advocate Worker - Mary Fitzpatrick
Commenced January 2016 – Currently 15 hours.

Infant Parent Support Worker - Sarah Eaton
Commenced September 2021 – Currently 3 days.

Context & Origins

Background

In 2012, there was a growing awareness raised at a number of local fora (Ballymun Network for Assisting Children and Young People, Ballymun Local Drugs Task Force), of the challenges experienced by services in accessing parents of babies and toddlers of those using drugs/alcohol, and the coinciding difficulties experienced by them in accessing some statutory services.

There was a belief that, alongside the small number of mothers who were on a methadone programme, there was potentially a relatively high number of other mothers with babies from 0-2 years in the Ballymun area who were in some way impacted by drug/alcohol use.

There was also a growing appreciation of the significance of interventions at the earliest possible stage in a child's life, and the crucial role played by supporting infant mental health.

Project Rationale

International evidence indicates that the first 2 years of life are crucial to lifelong socio-emotional development. The quality of the infant's primary caregiving relationships determines brain development, attachment patterns and relationships. For healthy development, infants need safe, loving, consistent, sensitive care and exposure to sufficient opportunities for appropriate developmental attainments.

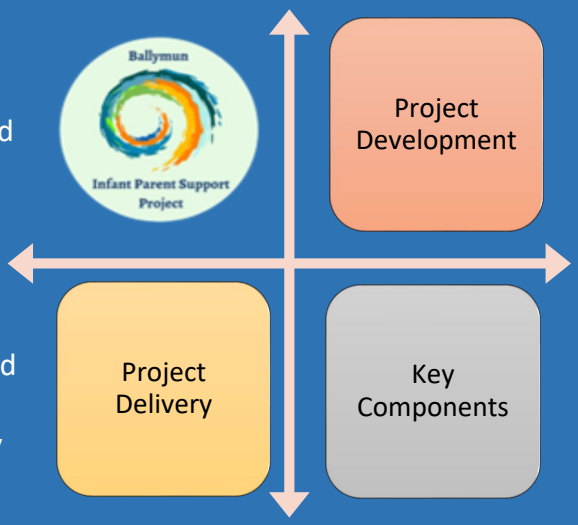
The absence or compromise of quality early caregiving relationships can impact negatively on the child's social, emotional, and cognitive development, with the potential to affect well-being and educational outcomes into the future.

Parents with problem substance use may frequently have had adverse childhood experiences within their own families, including a lack of emotional containment and regulation in the first two years, when relationship patterns and emotional coping styles are being introduced.

Parents can experience intergenerational issues associated with difficult relationship patterns, unresolved trauma, and loss from their own childhood.

Section 1 - Defining the Project

1.1 The Infant Parent Support Project (IPSP) is an initiative to meet the needs of children and parents where there are issues related to problem drug and/or alcohol use, antenatal and in the infant stages of the child's life, and where adequate services and support are not being accessed.



The project recognises the specific needs of parents and children and was the first of its kind nationally. While providing direct action at project level, it also impacts on service delivery locally/nationally and assists in developing practice and training in this specific area of intervention.

Vision: That the infants of substance using parents would be minimally impacted by that substance misuse.

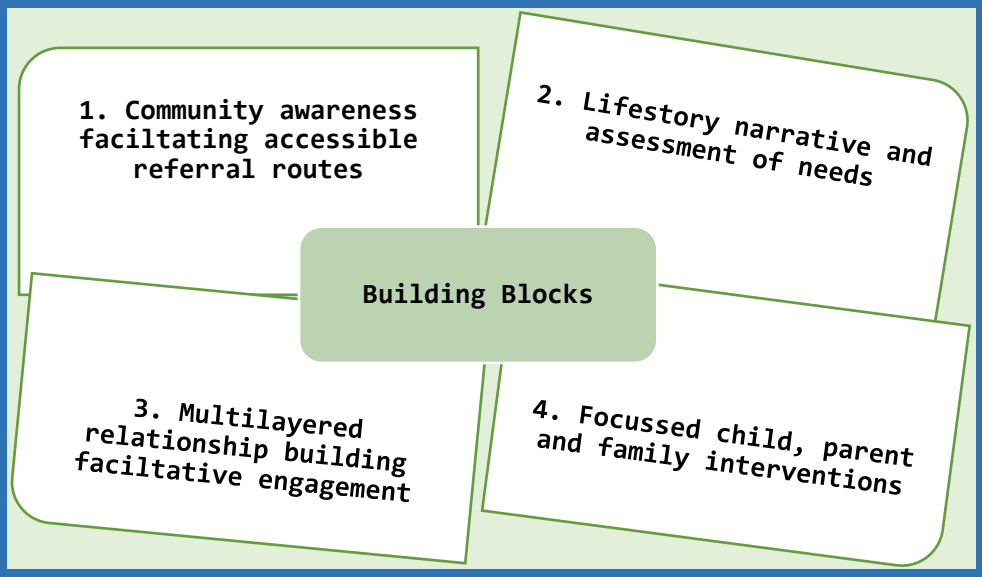
Aim: To meet the needs of parents during pregnancy and through the early formative childhood years where there are issues related to problematic drug/alcohol use.

Objective: To promote increased well-being for parents and infants and facilitate service development for those within the target group.

1.2 Project Delivery

Accessibility of referrals as a first point of contact is a key consideration in the delivery of the Project. An initial informal referral system is encouraged to enhance self or agency referrals, reduce any barriers that may be perceived in terms of stigma or judgment and provide a level of understanding for the needs presenting. Participant feedback and experience facilitates connection to other parents and families living in the area who may not be accessing services. Awareness of the project is also facilitated by co location within an existing community-based drug and alcohol service.

Assessment will depend on the needs presenting, reason for referral and level of service providers involvement (e.g., social work). A life story narrative will be undertaken to obtain an insight into the significant circumstances and situations of the parents' past/present and the meanings attached. Care plan objectives are formulated for both parents and babies as a shared action with short-term, medium, and long-term goals which are regularly explored and reviewed. Many of the goals are related to developing a healthier relationship with addiction, self, and baby or building capacity and confidence in the management of parental needs and responsibility.



Level and type of supports are often interconnected and movement between low, medium, and high-level supports can be influenced by;

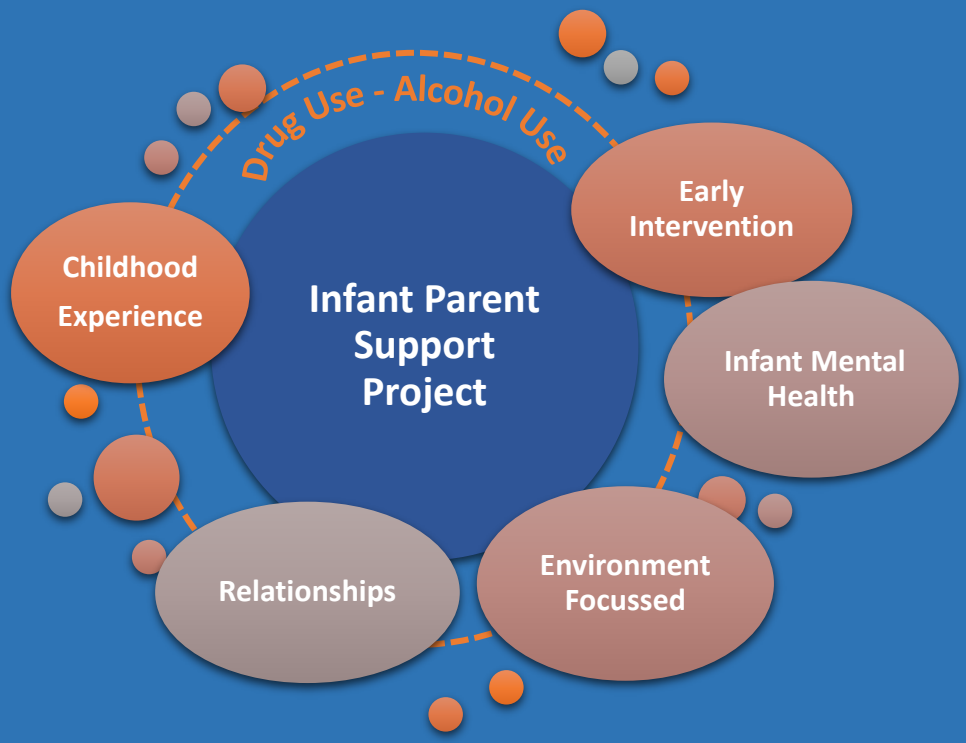
- Change in drug type or use
- Family circumstances
- Emotional health
- Child living with parent/ or not living with parent
- Birth, loss, or special needs of the child.

The frequency of support can also differ, and the Project is flexible to accommodate individual needs. Ongoing connection (weekly phone calls/sessions/ visits) may be required for encouragement of individual ability, crisis management and intervention, linking in with

supports and planning for week. While connection monthly/bimonthly can help to maintain relationship and trust, reassurance of having someone around or back up support available if needed.

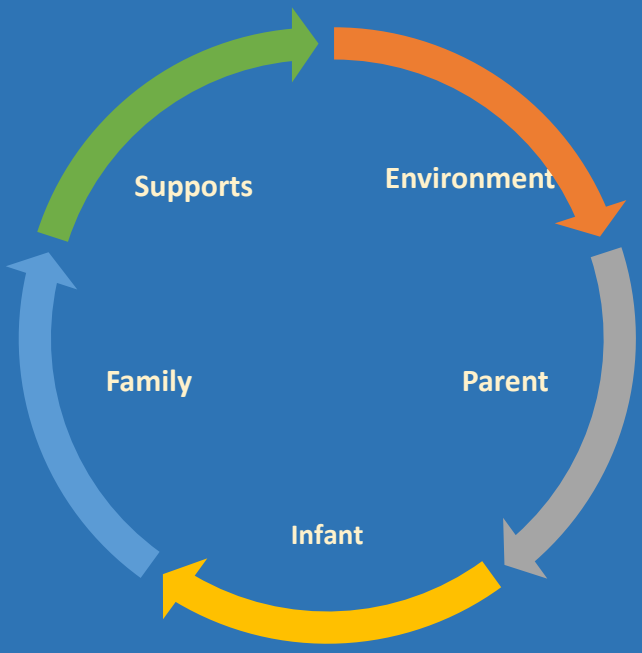
**Refers to house visits, phone support, 'walk and talk', baby walks, baby massage, individual and group work interventions and supports (e.g., circle of security, parenting under pressure, parents plus, strengthening families programme, craft group).*

1.3 Key Practice Elements



Embedding infant mental health in communities – 'chain reaction'

The Project recognises the importance of a person centred and environmentally focussed approach in that 'whatever affects the environment will affect the child", where living arrangements, parent's childhood, housing status can all impact on the relationship between parent, child, and family.



Normalising 'ordinary experiences'

If properly supported from the outset, the mother's confidence in her parenting can increase and her skills will be more appropriate, contributing further to her motivation to stay stable/drug free and building parenting capacity for the infant and siblings. However, while access to support services is vital at this time, a parent may be reluctant to avail of these services for fear of being negatively judged. The presence of a trusted worker to bridge access to infant-parent services is seen as an effective approach in this regard. Finding creative innovative ways of imparting evidence-based practically focused information and dispelling myths around parenting. Providing an opportunity to engage in parenting styles and discuss issues which are not solely addiction focused.

Advocate for and provide a voice for both infant and parent

Advocacy or facilitation to access other supports that may be necessary in a recovery journey and as identified by a care plan are integrated into the supports provided (e.g., accessing crèche placements; tenancy issues; social welfare payments etc.). Accompaniment for clients who may require support in attending/making appointments such as hospital, clinical or holistic therapies are also provided. Ensuring also that the voice of the infant and parent are included in relevant local and national policy and practice as well as networking to provide professional training to other staff to expand the level of support/service in this area.

Section 2 – Review of Literature

Literature highlights the important role that childhood issues play in women's substance use trajectories and inter-generational cycles of social factors, substance use and parenting capacities.

Prevalence and Treatment Data

Data shows that substance use across Europe encompasses a wide range of substances with poly drug use commonly reported (EMCDDA, 2021). According to Mongan, Millar and Galvin (2021) 289,000 (7.4%) adults in Ireland reported recent or last year use of any illegal substance with men more likely that women to report illicit substance use (10.2% compared to 4.7%). In 2021, the number of cases treated for substance use were 10,769 and of these, 27.9% were women. Data also showed that 15.8% of cases treated were residing with children aged 17 or younger of which 47% of these cases were women.

Policy Context

The need for gender sensitive policies has been proposed as well as the need to evaluate the impact of such policies (Mutatayi et al., 2022). Improving access to services for women, children and young people is a key focus of Irelands National Drug Strategy 'Reducing Harm, Supporting Recovery' 2017-2025 (Department of Health, 2017). A key objective of the NDS is 'To attain better health and social outcomes for people who experience harm from substance misuse and meet their recovery and rehabilitation needs'. To achieve this, a number of actions have been identified to respond to the needs of women who are using drugs and/or alcohol:

1. Increasing the range of wraparound community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant; and,
2. Developing interventions to address gender and culture specific risk factors for not taking up treatment (Dept. of Health, 2017).

Substance use, Pregnancy and Mothering

According to Mutatayi (2022) gender is addressed in National Drug Strategies most commonly by addressing issues related to pregnancy and motherhood. This raises the issue of hidden harm, the scale of which has been argued to be difficult to determine and one that requires an allocation of resources (Galligan & Comiskey, 2019). The negative impact of parental problem substance use on children has been of increasing concern from both policy and practice perspectives (Barnard & McKeganey, 2004) with importance placed on interventions and policies that target parent-child interactions given the health and financial vulnerabilities

that children might experience (UNODC & WHO, 2018). It is important to note that not all parents with drug problems have difficulties in caring for their children and not all parents who use drugs or alcohol mistreat their children (Harbin & Murphy, 2000). Despite this, it is widely documented in the literature, that parental problem drug use can disrupt parenting and family environments. The adverse impact of parental substance use on children has been found to impact on the home environment and child-care; to adversely impact parent-child relationships; and, to elevate the risk of child problematic patterns of behaviour (Barnard & McKeganey, 2004; WHO, 2016). Previous literature has argued for the need for more research focusing on the impact of parental substance use on children (Redelinghuys & Dar, 2008). A study by Comiskey, Milnes & Daly (2017) found that parents who grew up in a home with parental substance use were associated with experiences of anxiety while Kroll (2004) argued that the voice of the child in homes experiencing parental substance use was of the utmost importance. Despite this recognition, a lack of focus on the children of clients by treatment services has been found due to the lack of visibility of children in treatment services and due to confusion around how to admit pregnant women for treatment or a reluctance to refer pregnant women on for admission to drug treatment (Galligan & Comiskey, 2019).

The potential harms to the children of mothers who use drugs is frequently expressed with research studies focusing on women's shortcomings as women and mothers and the potential problems that might be experienced by their children. The competence of women who use substances as mothers is questioned as they do not typically fit the normative model of 'good mother' (Couvrette et al., 2016). Barnard and McKeganey (2004) found that mothers who use substances are seen to lack parenting skills, and to have been poorly parented themselves, to have relationship problems and difficult partner relationships, to have poor coping skills, and to be emotionally withdrawn as their key focus is on obtaining drugs. Women who use substances identified a sense of being watched and monitored as decisions about their children's fate are made (Read et al., 2008).

In a study by Ivers, Giulini and Paul (2021) 82% of the research sample were mothers, many of whom reported concerns about losing custody of their children. Despite these findings, mothers who use substances did describe being a mother as fulfilling and that they were capable of taking care of their children (Couvrette at al., 2016). Pregnant women and mothers who use substances provide accounts of themselves as plausible mothers despite that much of the literature focuses on their incompetency as a mother and the physical, emotional and psychological impact of substance use on the foetus and children (Radcliffe, 2011). Antenatal bonding has been found to predict postnatal bonding and therefore targeted interventions aimed at strengthening the maternal fetal bond has been proposed for integration into models of care for pregnant women (Rossen et al., 2016).

Along with the recognition of hidden harms to children of parents who use drugs and alcohol, the need for the allocation of community level resources has been highlighted (Galligan & Comiskey, 2019). The need to improve interagency and interdisciplinary communication

between drug and family services along with greater collaboration among service providers and community organisations has been recommended (Galligan & Comiskey, 2019; Morton et al., 2023) and the need for a greater focus on family supports where appropriate (Morton et al., 2023). The UNODC & WHO (2018) recommend interventions that include prenatal and infancy visitation programmes. These programmes have been deemed effective in the prevention of poor treatment of children particularly when these programmes are delivered by trained health workers; associated with regular visits; provide basic parenting skills; and address other needs of the mother such as health, housing, employment and legal. Aldridge (1999) also argued that it is critical that workers develop the ability to understand the world of both the parents and children within substance using families.

Attachment and Infant Mental Health

Infant mental health has emerged as a key focus in addressing the developmental needs of infants and young children. Infant mental health is an interdisciplinary field that works across a range of levels of practice including health promotion, relationship-based prevention activities and clinical treatment (Tomlin & Viehweg, 2003; Heffron, 2000). The principles that underpin the clinical practice of infant mental health include "a strengths based focus in infants and families, a relational framework for assessment and intervention and a prevention orientation" (Zeanah & Zeanah, 2009: 6).

Advantages of secure parent-child dyad attachments have been recognised. Literature shows that children who are emotionally healthy when they enter school have a significantly greater chance of academic success, including higher education, gainful employment, and social adjustment than those who are not (Lyman et al. 2002). In comparison, individuals who have had difficult childhood experiences are at heightened risk for a variety of mental health problems and other health disorders including substance misuse, alcoholism, and heart disease in adulthood (Felitti et al., 1998).

Child welfare advocates and policy makers have moved to address social problems such as inequality, poverty, educational underachievement, violence, and mental illness through 'early intervention' programmes that seek to protect or enhance emotional and cognitive aspects of children's brain development. Placing focus on individual parental failings rather than societal or structural problems, has resulted in intensifying the responsibilities of parents and expanding the anxieties of mothers in relation to their ability to parent (MacVarish et al. 2014).

Attachment theory provides a valuable framework for the implementation of a range of interventions addressing both the adult solely and the mother-child dyad (Parolin & Simonelli, 2016). According to the UNODC & WHO (2018) in their review of drug prevention standards for interventions and policies, one of the main developmental goals relating to early childhood refers to the 'development of safe attachment to the caregivers, age-appropriate language skills and executive cognitive functions such as self-regulation and pro-social

attitudes and skills' which they note are 'best supported within the context of a supportive family and community' (11). It has been proposed that mother-child dyadic interventions present mothers who use substances the opportunity to reflect on their own current and past emotional experiences (Pawl, 1992). Consideration of the experiences of mothers has been given greater attention more recently as Morton et al. (2023) argue that a clear connection between substance use by women, childhood trauma and abuse exist. Ivers, Giulini and Paul (2021) also found that women attending treatment services reported experiencing significant trauma at some point in their lives such as domestic violence, abuse, parental drug use, poverty, and bereavement/loss. This array of literature illustrates the important role that childhood issues play in women's substance use trajectories and inter-generational cycles of social factors, substance use and parenting capacities.

Parental substance misuse can adversely affect attachment (Brooks & Rice, 1997). According to Clausen, Aguilar & Ludwig (2012) the fostering of healthy attachment between substance dependent parents and their children is important on a number of fronts. Firstly, to improve the health and well-being outcomes for children but also to reduce the likelihood of parental substance use relapse. Attachment interventions such as infant massage are merited with the opportunity to foster healthy attachments between substance using parents and their children. Clausen et al. (2012) argue that it is important to recognise that substance dependent parents are likely to have been ineffectively and inappropriately parented in their own childhoods and therefore are challenged in their capacity to provide a healthy, secure attachment with their own infant.

Treatment - Stigma, Barriers, and Facilitators

Women continue to experience major barriers in accessing drug treatment (Mutatayi et al. 2023). Women who use substances face considerable stigma and the issue of stigma is significant as it results in the 'silencing' of women, forcing women to attempt to keep their substance use hidden. This has implications for the provision of and accessing of substance use treatment and creates a lack of research evidence on women's substance use, pregnancy and parenting. Radcliffe & Stevens (2008) argue that the experience of drug treatment itself is stigmatising as it creates the space for women to become visible as substance users often for the first time. This has implications for treatment and health outcomes.

Some precursors to women entering treatment have been identified within the literature. Green (2006) found that women are more likely to access treatment through primary health care or mental health care facilities. Pregnancy and motherhood can be strong motivating factors for entering into treatment and therefore women's childcare needs are an important consideration where treatment is concerned (EMCDDA, 2017). Providing treatment to pregnant women has been found to impact positively on child development and parenting skills (UNODC & WHO, 2018). Despite this, substance use treatment seeking by women has been hindered by an array of issues which can be broadly categorised into issues relating to social stigma; fear of losing children and health care providers perspectives (Small et al.,

2010), as well as a lack of available childcare and family responsibilities (Jackson and Shannon, 2012).

The need for a gender-responsive approach to drug treatment is required to meet the needs of women (EMCDDA, 2017). Due to the high levels of stigma and trauma experienced by women the need for programmes to address the multiple issues that women face including pregnancy, childcare, domestic violence, sex work, co-occurring mental health issues and homelessness have been proposed (Morton et al., 2023; Ivers et al., 2021).

Section 3 – Methodology

Research Aim

To illustrate the development and delivery of the Ballymun Infant Parent Support Programme (IPSP).

Research Objectives

1. To explore and document the intervention approach of the IPSP;

2. To identify the challenges and benefits to the provision of the IPSP;

3. To identify the positive impacts of the IPSP from a service user perspective; and

4. To explore the role of inter-agency work in the provision of the IPSP.

Research Design

A mixed methods approach was adopted for the purpose of this study. Data was collected and analysed using qualitative semi structured interviews and focus groups and was analysed through thematic analysis methods. Quantitative information was compiled using existing Project data which was available. The research took place over 2021 and 2022.

Research Team

The research was carried out by Marie Lawless, Policy and Research Officer, Ballymun LDATF and Laura O'Reilly, Urrus Training Centre Co-ordinator, Ballymun Youth Action Project with additional administrative and research supports provided by BLDATF and Urrus/BYAP. Additional support was provided, where required, by the researchers' line management structures and/or from the Project Team or Review Group.

Research Participants and Procedures

Project Participants: The research was conducted in Ballymun. Women engaged with the IPSP services across the 10 years of project implementation were recruited according to inclusion and exclusion criteria below. A random selection generator based on the criteria was then used to select participants to invite for interview. Ten participants were randomly selected, first six for interview and remaining as additional if required.

Inclusion Criteria	Exclusion Criteria
- Previous engagement with some aspect of the IPSP - Current engagement with some aspect of the IPSP - Mix of referral sources - Mix of reason for accessing the service. - Mix of different substances of use.	- Current relapse - Current difficult/challenging circumstances e.g., social work intervention - Dealing with recent bereavement/loss - Interview potential cause of trauma - Unable to come to Ballymun for an interview.

Project Team, Practitioners and Service Providers: A non-probability sampling method namely purposive sampling (Denscombe, 2005) was employed. Research participants were recruited via the IPSP team; the IPSP steering group and the BLDATF subgroups and networks as this was considered the most appropriate approach conducive to research aims and objectives.

Data Collection - Data was collected using both quantitative and qualitative methods.

- **Quantitative Data Collection**

  Quantitative data was collected using Salesforce data base system. An initial scoping exercise was undertaken with the data administrator of BYAP in terms of exploring variables which responded to the area of research; were available to access; and could be easily collected. Anonymous data was provided from the Salesforce administrator directly to the researchers to be compiled and analysed. The data available through the Salesforce system reflected the ongoing development to project delivery and changes over time. The purpose of compiling this information was to:
  (a) provide an overview of the nature and extent of needs presenting
  (b) demonstrate the effective targeting of the Project, and
  (c) to align practice guide elements discussed with levels of service provision.

  This quantitative information was also used to support the qualitative interviews and focus group information collected in addition to providing the context for the practice model of IPSP. No data is presented or published where data cells contain less than 5 cases and no information that could identify any participant was sought or collected.

- **Qualitative Data Collection**

  Qualitative data was collected using the following methods:

  1. **Whiteboard exercise** was undertaken initially with the Project Team to ascertain an understanding of the aims and objectives of the Project, process project elements and the nature of interventions provided. This enabled an overview of the Project to inform the various interview guides.

2. **Semi-structured interviews with women** who access the IPSP (*n*=4) were conducted lasting 30-60 minutes. Women who attend the IPSP were provided with a research information sheet by the IPSP team and were invited to take part in the research. Potential participants willing to take part were asked to notify the IPSP team of their interest in and willingness to take part in the research. The research team followed up with those interested in and willing to participate to further discuss the research aim and to seek consent to participate. Support was made available following the interview should there be a requirement or circumstance which emerged. A token of appreciation was delivered to parent participants following the interview (family hamper).

3. **Semi-structured interviews** were conducted with the IPSP team practitioners, the IPSP review/steering group, the members of the BLDATF Treatment & Rehabilitation sub-group, and with partner and referral agents. Research participants were provided with a research information sheet by the IPSP team and the research team and were invited to take part in the research. The research team then followed up prior to interview with those interested in and willing to participate to further discuss the research aim and to seek consent to participate.

   - *IPSP project team members*(*n*=3) lasting approximately 40-60 minutes. Recruited through BYAP.
   - *Focus group with members of the IPSP Inter-agency Group* (n=3) and a further separate interview with another member (n=1) who was unable to participate in the original scheduling.
   - *Focus group with members of Treatment and Rehabilitation Sub-Committee.* Recruited through Ballymun Local Drugs and Alcohol Task Force.
   - *Focus group with* partner organisations, referral agents **(*n*=3**) lasting approximately 60 minutes. Recruited through the IPSP steering group and BLDATF subgroups and networks.

	Method of Data Collection	Format	No. of Participants
Project Demographics & Activity	Database System	Anonymised Data Entered into Excel	Recorded Project Participants
Parents	Semi Structured Interviews	3 in person, 1 zoom	4
Project Team	Semi Structured Interview	Online	3
Inter-agency Consulting Group	Focus Group and Individual Semi Structured Interview	Online	4
Treatment & Rehabilitation Members	Focus Group	Online	7
Local Child & Family Practitioners	Focus Group	Online	3

Data Analysis

All interviews and focus groups were audio-taped (either online or in person). Interviews were reviewed by the researchers and any sensitive or identifying material was removed prior to being sent externally for transcription. Once transcripts were received, the original audio recording files were deleted. Transcripts were stored on a password protected computer and sent within the research team as a password protected file. Transcribed data was then managed and analysed by the research team using a manual coding process, thematic content analysis (Braun & Clarke, 2006). Codes were established and themes were identified (Miles and Huberman, 1994). Through this coding process, findings and recommendations emerged.

Ethical Approval

An ethics proposal application was submitted to the ethics committee of the Ballymun Youth Action Project Board of Directors. A research information sheet and informed consent form was also included. The research proposal, ethics application and approval notification were also submitted to the BLDATF. Due to covid restrictions phases in place, online interviews and focus groups were most feasible and accessible using either Webex or Zoom. A further addendum to the proposal was agreed by ethics subgroup in terms of online recording, consent, and data management. It was agreed to delay parent interviews until a time when restrictions were eased to enable it to take place in person.

Informed Consent, Anonymity and Confidentiality

Participants were informed of what they were consenting to both verbally and in writing and were asked to give consent both verbally and in writing by signing a consent form. Research participants were provided with a written research information sheet (See

Appendix 1). This information sheet contained information about the purpose of the research, the methods of data collection (semi-structured interview) and estimated length of the interview time. The information sheet also stated that participation in the research was voluntary and that consent to participate could be withdrawn at any time throughout the research process. All participants signed a consent form (see appendix 2) that was also signed by the researcher conducting the interview or focus group. All consent forms were held on file in a secure filing cabinet in Urrus Training Centre/BYAP.

All research participants were assured of anonymity. Research participants were assigned a unique identifier and all transcriptions and quotes were identified in this way.

Confidentiality and the limits of confidentiality were discussed as part of the informed consent process and the following steps were taken to ensure confidentiality: an explicit statement about who will have access to the data; information on how the data will be retained; and what measures will be taken to ensure the research participants identity remains anonymous.

SECTION 3: NATURE AND EXTENT OF SERVICE PROVISION

2.1 Introduction

This section provides an overview of the Project activity since its development in December 2012. The data presented is obtained from the Salesforce database system located within the Ballymun Local Youth Action Project in addition to relevant Project files to supplement or provide context to information presented.

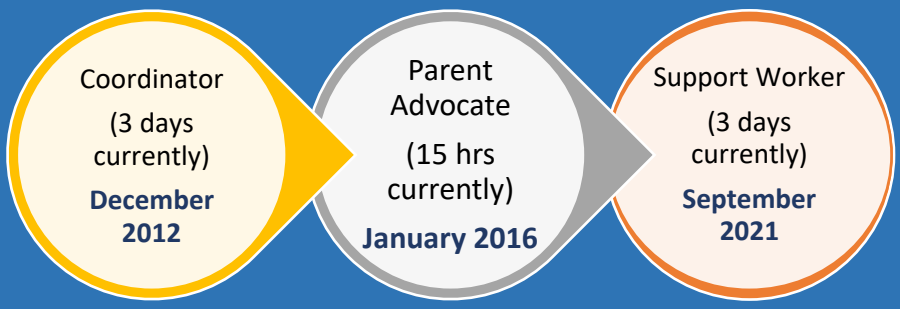
The data covers the 10-year period, beginning from first referral in December 2012 to the end of December 2022. Not all comparable data is available over the ten-year period as the system data fields were updated or changed as the Project developed.

The purpose of compiling this information is to; (a) provide an overview of the nature and extent of needs presenting (b) demonstrate the effective targeting of the Project and (c) to align practice guide elements discussed with levels of service provision undertaken.

An initial scoping exercise was undertaken with the data administrator in terms of exploring variables which responded to the area of research, were available to access and could be easily collected. No information that could identify an individual participant was sought or collected. Anonymous data was provided from the Salesforce administrator directly to the researchers.

2.2 Project Phases

Over the ten years, the Project has responded and evolved to due demand for project provision and needs emerging. In 2012, the Project commenced with a Project Co-ordinator role whose primary aim was to work with both parents and infants, followed in 2016 by the addition of a part-time parent advocate worker to engage and provide a broader range of family focussed interventions and supports (e.g., baby massage, family skills programmes). In September 2021, an Infant Parent Support Worker was recruited to further strengthen the Team.



2.3 Operational Activity

A total of 160 new participants presented to the Infant Parent Support Project between the years 2012 and 2022. Figure 1 below indicates breakdown by operational year. Implementation commenced in the latter part of 2012 (December) and is reflected in the figures below. As conveyed, 2017 demonstrates highest number of new presentations (n=22). Over the full operational years of 2013-2022, there was an annual average of 15 new participants to the Project.

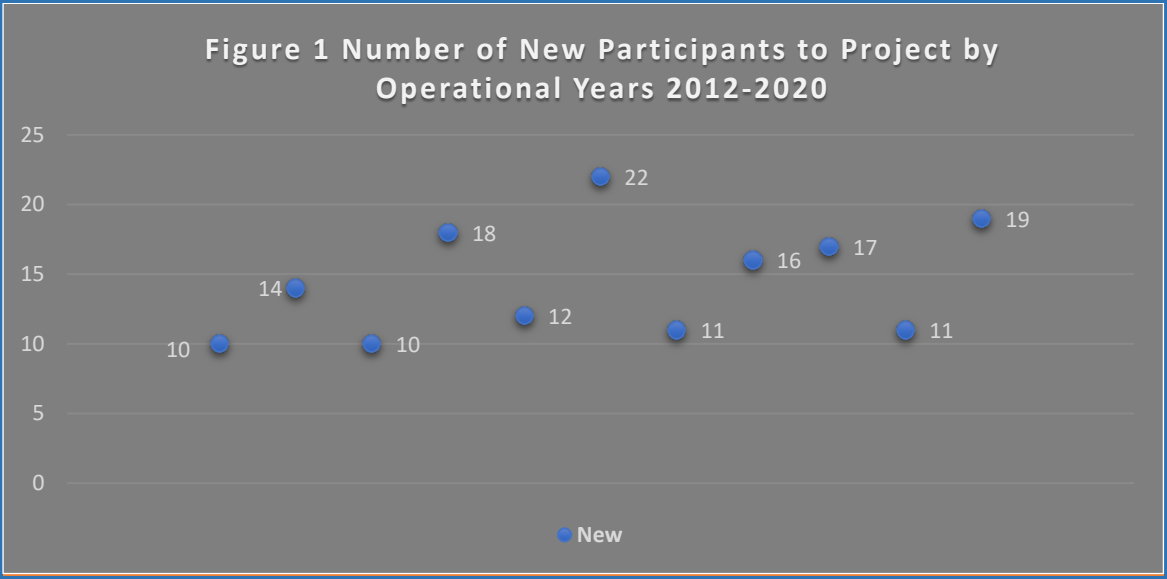


Table 1 below presents the number of Project clients cases over the period December 2012 to December 2022, representing a yearly average of 40 client cases per operational year (2013-2022). The highest number was observed in 2021 with a total of 60 client cases, with numbers of participants also possibly reflective of additional staff complement to the team as the years progressed. Number of client cases does not include family members (infants, siblings etc) who are also receiving interventions and supports as part of the client referral and engagement.

Table 1 Project Participants by Year

Year	No. of Cases	New Clients
2012 (Dec)	10	10
2013	24	14
2014	34	10
2015	32	18
2016	30	12
2017	43	22
2018	32	11
2019	46	16
2020	49	17
2021	60	11
2022	56	19
2012-2022	416	160

- *'New refers' to first time presentation to the Infant Parent Support Project*

A key characteristic of the Project is its location within an already established community drug and alcohol service (BYAP). Figure 2 below indicates its facilitation of cross referral and linkage between different aspects of service delivery depending on presenting needs. Yearly proportions of existing BYAP clients accessing the Infant Support Project ranged from 21% in 2013 to 69% in 2019.

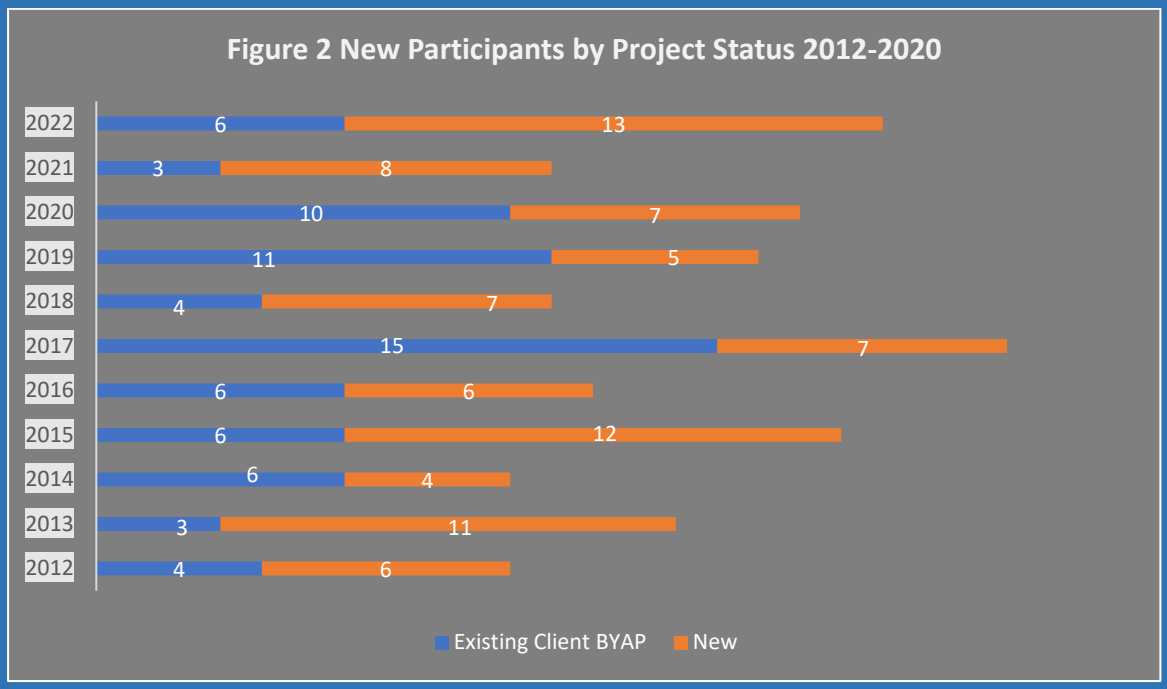


Figure 2 also highlights the ability of the Project to attract and engage those not known already to the service. Overall, just over 1 in 2 (n=86; 54%) of new presenters to the Project were not existing clients of Ballymun Youth Action Project (BYAP).

As conveyed in Figure 3 below, a wide range of referral sources were engaged with the Project over the years 2012-2022. Most referrals were made by BYAP, (the service within which the Project is located); accounting for over a third of referrals (34%). Twenty percent were self-referrals to the Project, the second most common referral source. Fourteen percent were referrals from the HSE midwifery/Dove clinic. Other sources included local drug services (11%), GP (5%), social work (5%), public health nurse (2.5%) and Youngballymun (2.5%). GP referrals include those from the GP addiction partnership project which is collaborative project between BYAP and Ballymun Family Practice. 'Other' referral sources included family/friend, child and family service, other maternity hospital, and housing/homeless service (6%).

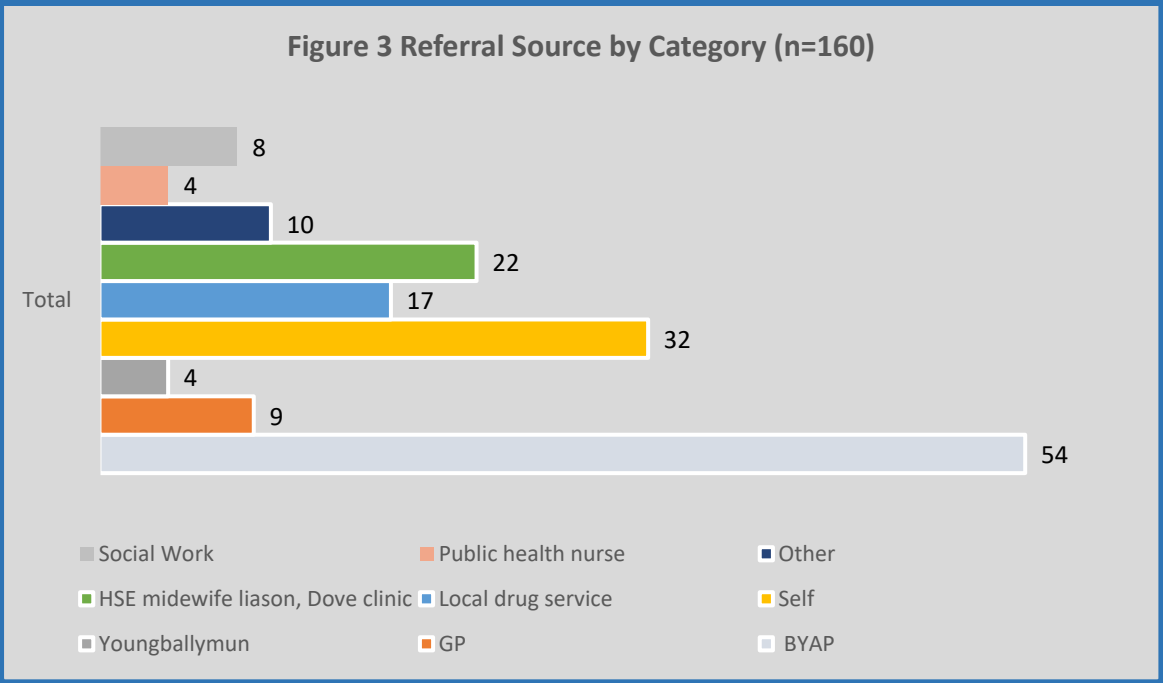
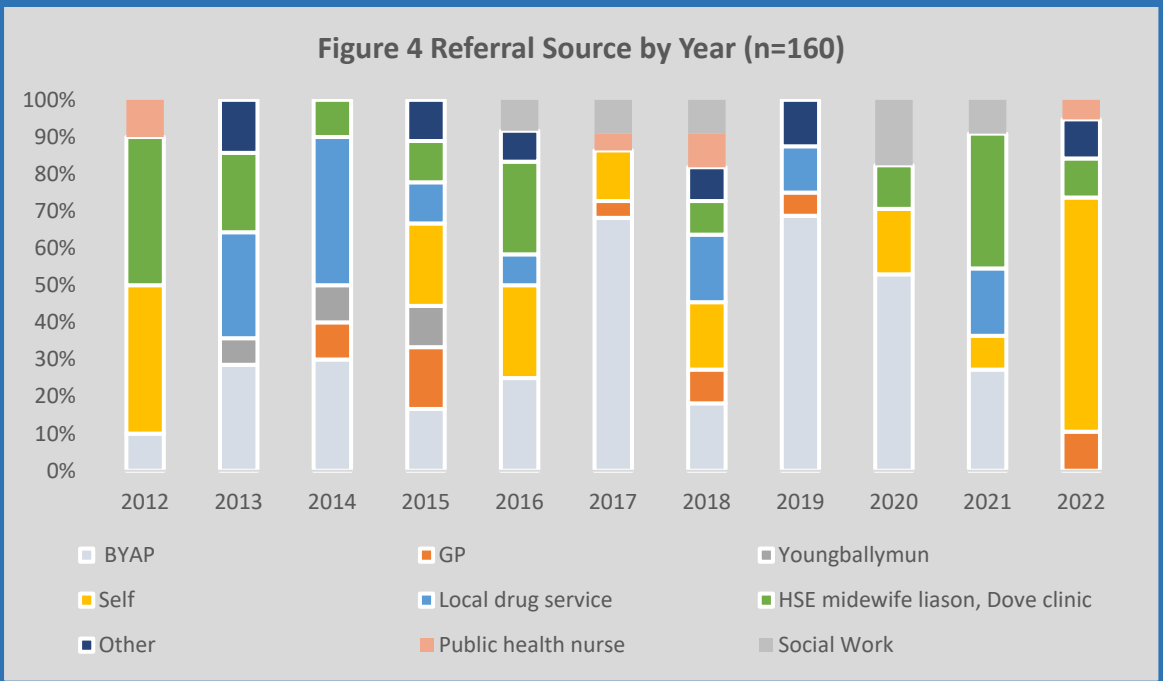


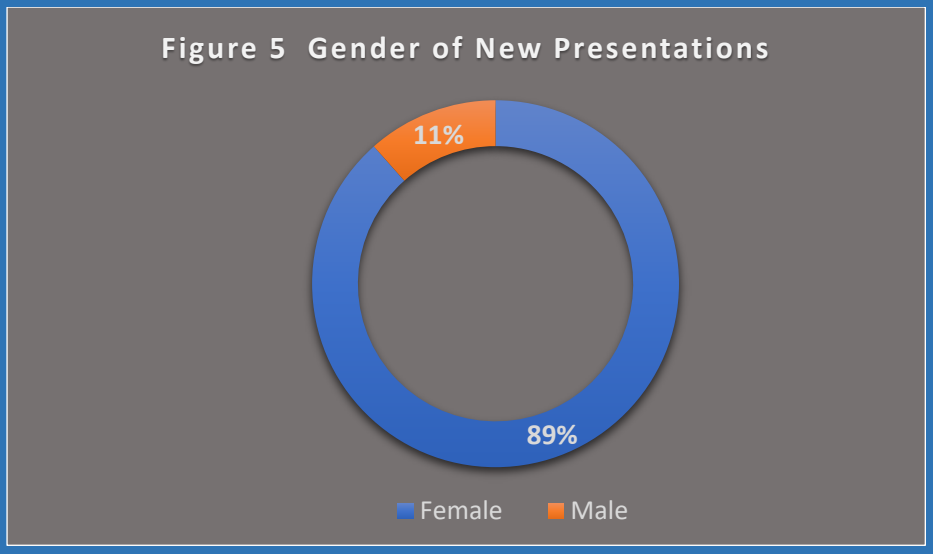
Figure 4 demonstrates varied referral sources by year, 2017 indicating highest number of internal referrals by BYAP accounting for 68% of referrals that year and over a third of all referrals from BYAP over the period 2012-2022 (34%). Highest number of self-referrals were recorded in 2022 (n=12) accounting for 63% of referrals for that year, highlighting the increased community awareness and evolvement of project.



**This does not include other collaborative work undertaken and supported between services in terms of case management or project implementation elements.*

Participant Socio-Demographics

Most project participants were female, accounting for 89% of all participants (n=143). The highest number of male presenters were recorded in years 2017 and 2019 (n=10) with remainder in years 2015, 2016, 2020 and 2022.



The mean age of participants at first presentation was 34 years with an age range of 18-63 years highlighting the diverse needs and individual circumstances. Project participants included those seeking support and intervention relating to a first, or subsequent pregnancy, infant, and other family members. This included mothers as well as those who described themselves as in the mothering role or as fulfilling a primary care giving support roles such as partners, grandparents.

Table 2 Age of Participant At First Presentation

	Mean	Range
2012	35	25-44
2013	40	28-50
2014	34	25-42
2015	31	19-47
2016	28	18-44
2017	33	18-48
2018	32	23-42
2019	38	23-51
2020	35	22-63
2021	32	22-43
2022	34	22-56
2012-2022	34	18-63

Figure 6 demonstrates the residential location on first presentation for clients who engaged in the Project since its commencement. The majority reported living in Ballymun (n=104; 65%), with over a third (n=55; 35%) of new clients reporting a location outside of Ballymun. Of those who reported not currently living in Ballymun at the time of first presentation, 40% reported Ballymun hinterlands (n=22), bringing the total who cited living in Ballymun to 79%. Over this period, Ballymun Regeneration process, moratorium on rental supplement within the area as well as housing and homeless issues may have influenced reported location. Outside locations cited including North County Dublin, city centre, and other Dublin communities.

Figure 6 Location of Residence on First Presentation

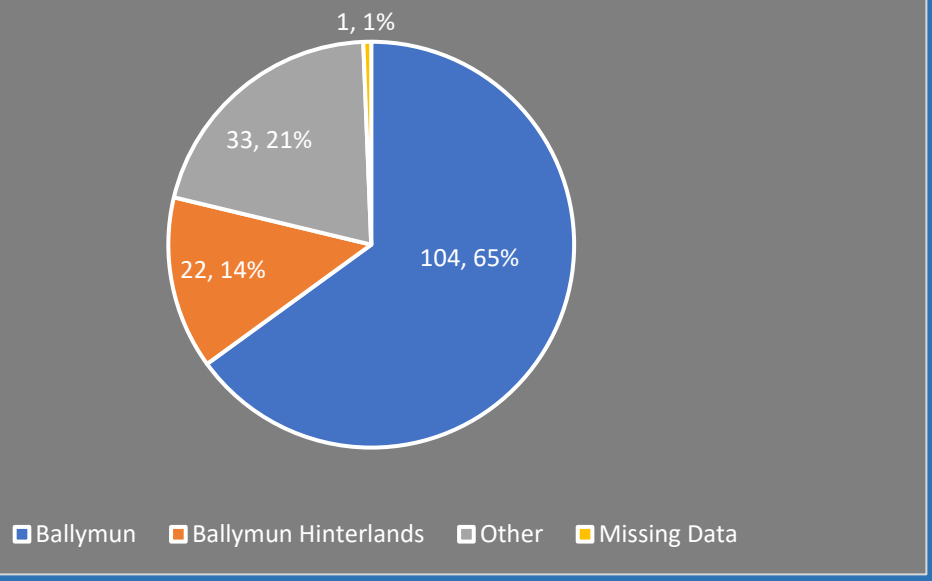
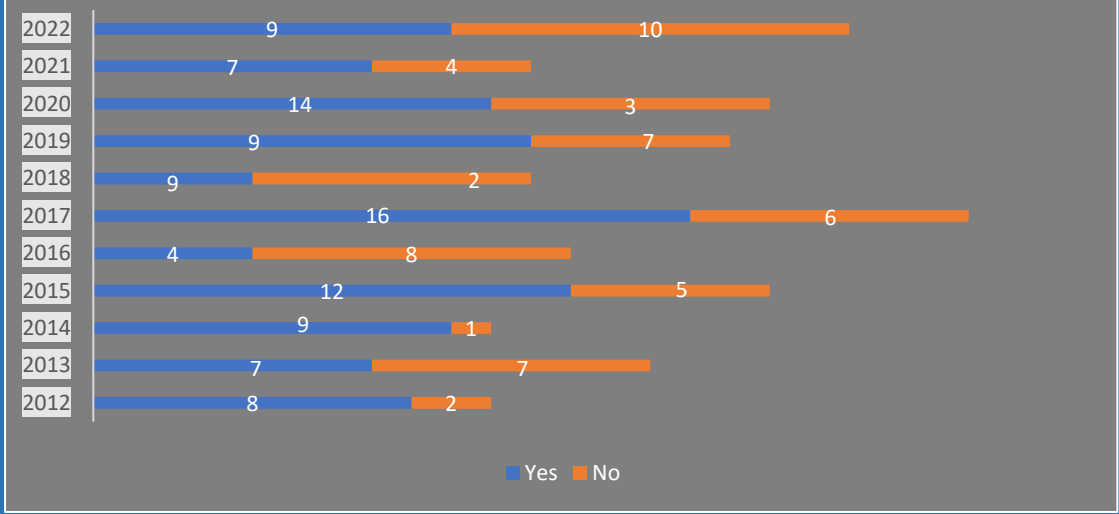


Figure 7 New Presentations and Living in Ballymun (n=159)



As Figure 8 demonstrates only a minority reported homeless status upon first presentation. Homeless accommodation types were not noted for all, those that were specified included hotel (n=4), family hubs (n=2) and friends and relatives. Over 40% of those who reported homeless were new project participants in 2021 and 2022, reflecting the local experience of the national ongoing issue and challenge of housing and homelessness.

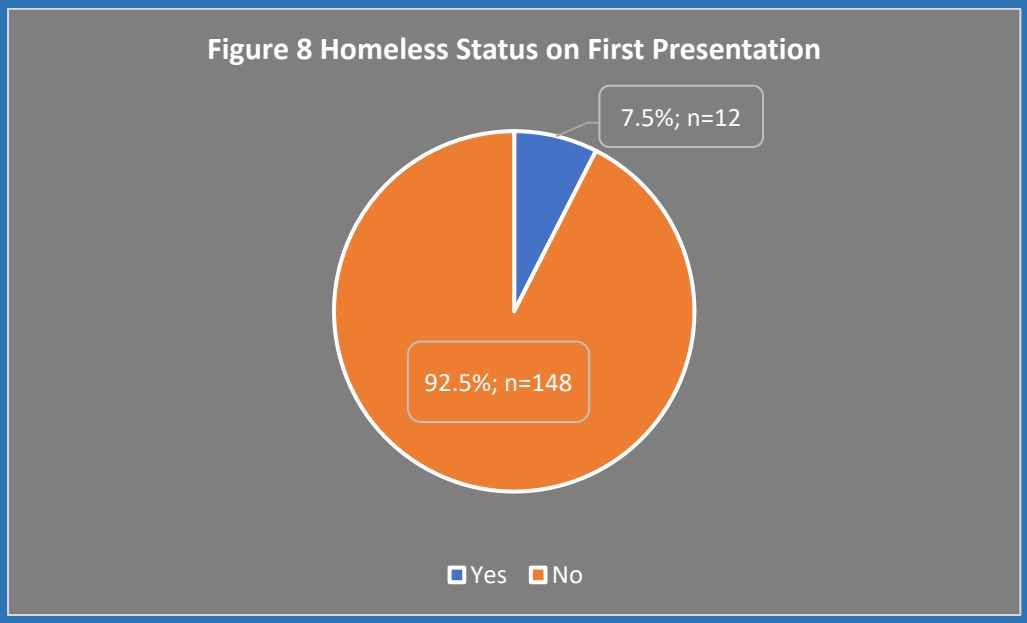
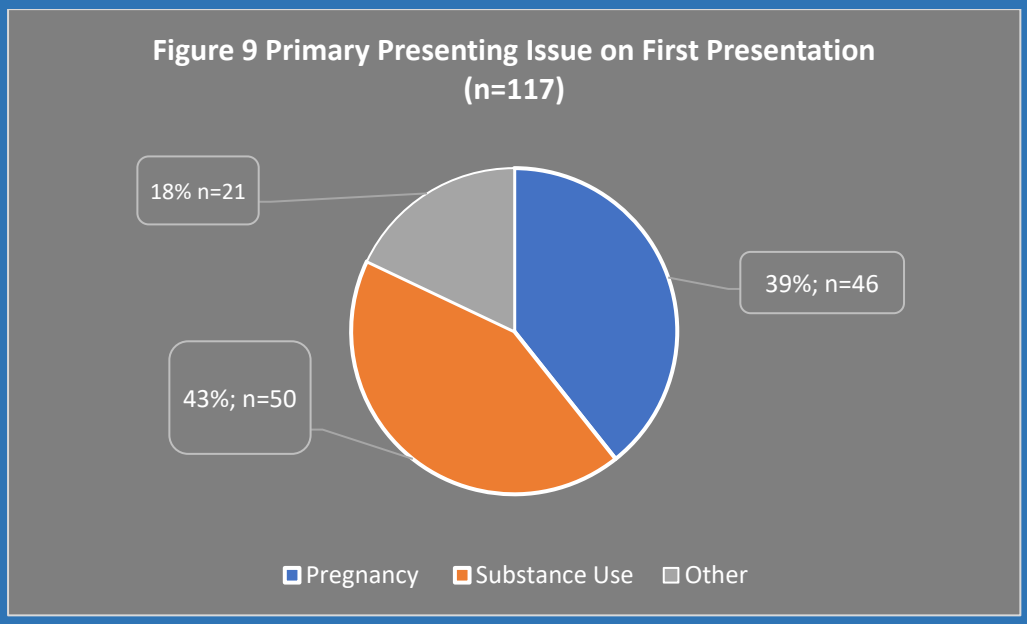
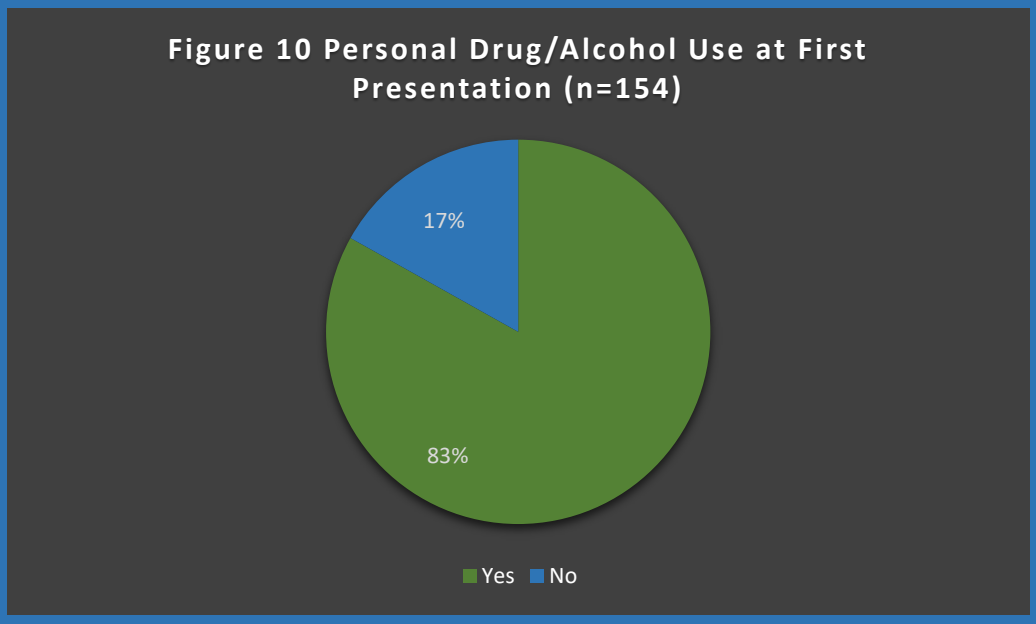


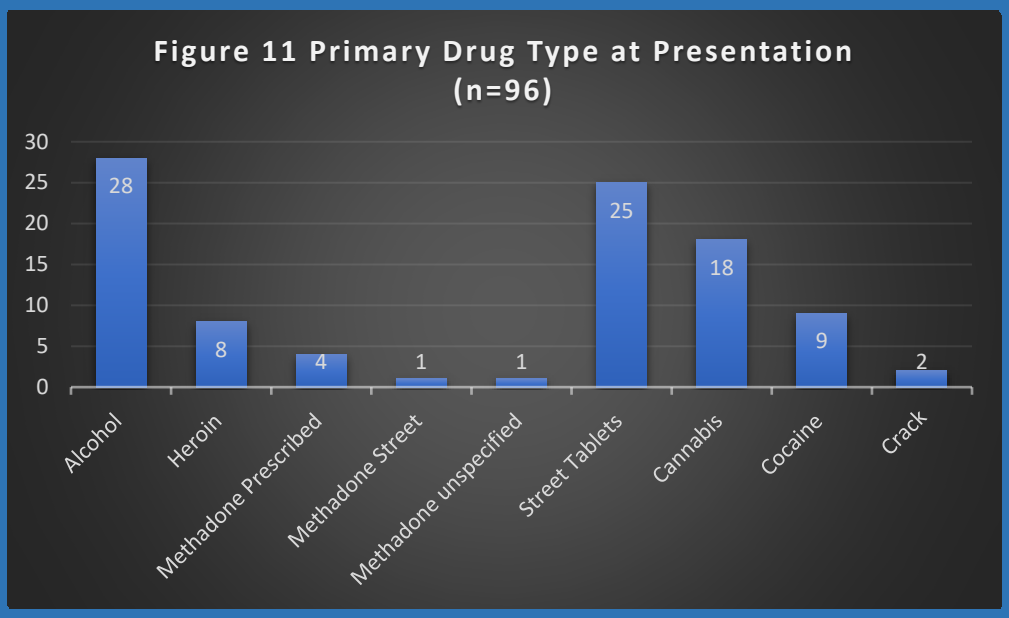
Figure 9 demonstrates the main presenting issue at first presentation among participants new to the Infant Parent Support Programme. From available data, both pregnancy and substance use featured almost equally. In terms of 'other' reasons recorded included; anxiety, trauma, infant parent support, maternal/parenting support, child in care as well as family issues and concerned person or partner support.



Drug and Alcohol

As can be seen from Figure 10 presented below, most project participants reported personal use of drug and alcohol at presentation (n=128; 83%). Of those who reported no personal use of drug and alcohol issues, some specifically referred to impact of drug or alcohol use in formative years, use in previous adult years or impacted by other people's use.





In terms of primary drug, data is available on 6 out of 10 clients on first presentation (n=96). Primary drugs recorded include crack, cocaine, street methadone, prescribed methadone, street tablets, cannabis, and alcohol. Alcohol and street tablets were most frequently reported; accounting for 29% and 26% of responses respectively followed by cannabis at 19%.

Other primary drugs were recorded for 34 out of the 96 participants on presentation; including methadone, cannabis, cocaine, heroin, street tablets, benzodiazepines (not specified if prescribed or street). Eleven participants reported use of 3 drugs and 1 participant reported use of 4 drugs at the time of presentation.

Children and Childcare

Figure 12 below highlighted that most participants at first presentation reported having children. In terms of having childcare responsibility for those aged under 18 years, data was primarily available for years 2021 and 2022, with information available on 25 out of the 30 new participants for the years in question. Over three quarters reported having childcare responsibility for those aged under 18 years, including shared custody.

Figure 12 Children at First Presentation *(any age)* **(n=132)**

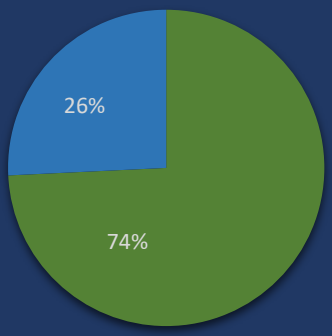


Table 3 and 4 highlights the ability of the Project to engage participants as early as possible in their pregnancy journey and provide individualised support for both new and repeat pregnancies working also in collaboration with other local drug and maternity services.

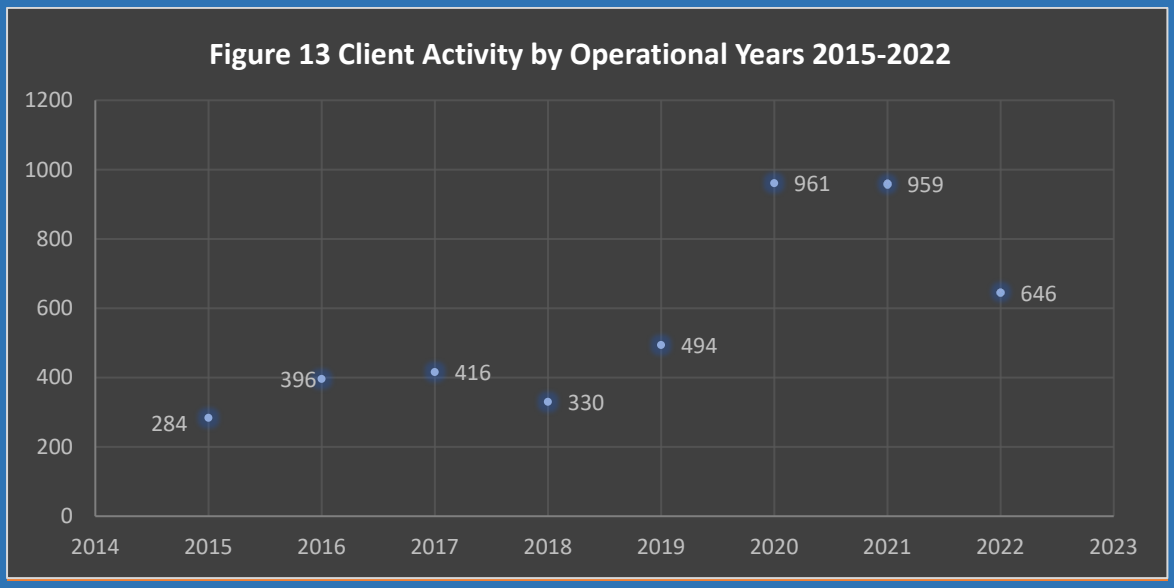
Table 3: Pregnancy - Referral Focus on 1st Presentation

Year	Yes	1st Trimester	2nd Trimester	3rd Trimester
2012(Dec)	5	3	2	
2013	7	4	3	
2014	3		2	1
2015	5	2	3	
2016	8	5	3	
2017	3	2	1	
2018	6	2	4	
2019	1			1
2020	5	1	4	
2021	5		2	3
2022	5	2	3	

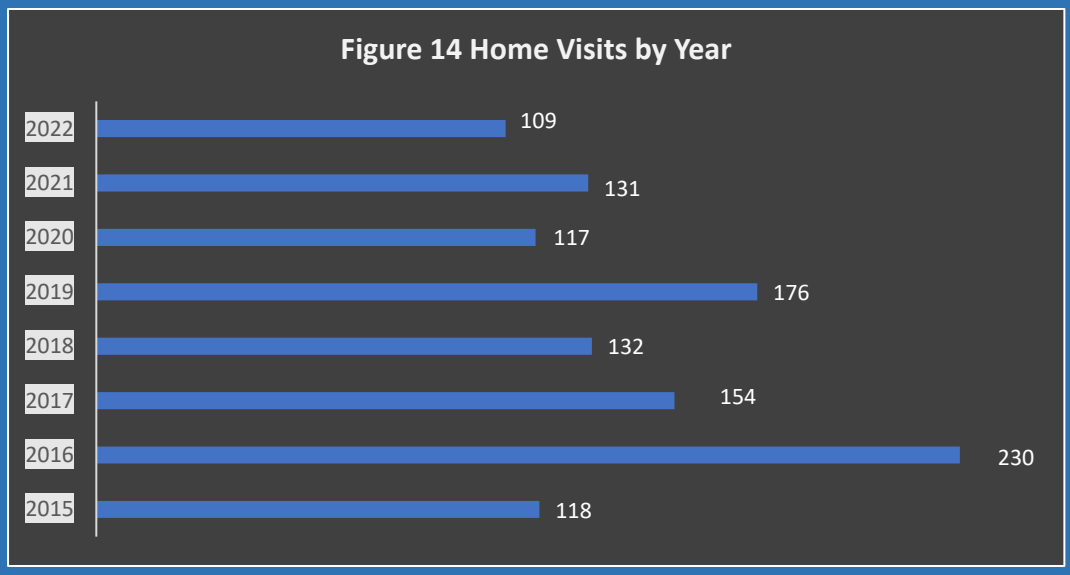
Table 4 Numbers of babies born among mothers engaged in Project			
	Total	First Time	Repeat Pregnancies
2012	4	2	2
2013	11	3	8
2014	6	4	2
2015	7	4	3
2016	12	7	5
2017	6	5	1
2018	9 (Set of Twins)	3	5
2019	3	2	1
2020	8	2	6
2021	8	3	5 (1 baby died)
2022	13 (Set of Twins)	3	9
Total	87	38	47

Client Activity & Key Components

A total of 4,486 client activities were recorded between the years 2015-2022. Activities included the following: 1:1, accompaniment, advocacy, brief intervention, community detox, baby massage, client case meeting, delivery of programme, family/couple support, group work, home visit, programme related hospital visit, initial assessment, inter-agency, key work, Meitheal (case co-ordination for families), parenting intervention, phone calls, programme organisation and recovery month. Figure 13 below conveys the level of client activity by operational years 2015-2022. It is not possible to compare all activities year on year as the reporting categories were amended or added as the Project and related interventions developed as well as impacted by Covid restrictions and practice protocols in operation.



One of the key elements of the Project is the inclusion of home visits as enabling ease of access for Project support and intervention as well as ensuring regular engagement, communication, and awareness of challenges within participants home environment and circumstances. Figure 14 below provides an insight into the extent of home visits undertaken during this period 2015-2022. A total of 1167 home visits were undertaken, Covid restrictions and protocols impacted extent of this provision during the latter three years of project delivery.



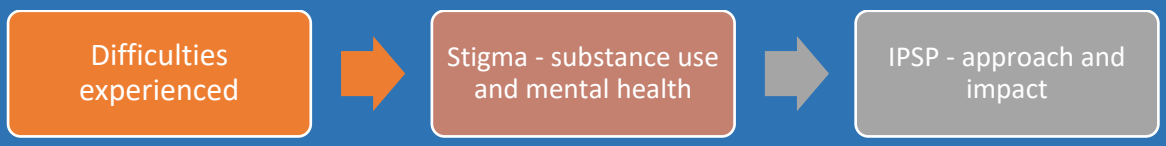
Summary

This information has provided the context for the practice model of IPSP by including data relating to client profile on presentation, type of support and interventions provided, recorded activities and referral and support mechanisms underpinning the work of the Project. Practice application of various project characteristics and elements referred to within this section will be more comprehensively presented and analysed in the following sections. Information collated and presented was influenced by the system recording and reporting limitations in place as well as the additionality of new fields of reporting as the Project developed throughout the years.

Findings (1) – Project Participants

Introduction

This chapter presents the findings from the interviews undertaken with some Infant Parent Support Project participants. Three sub themes emerged; difficulties experienced by the project participants; the stigma project participants experienced related to their use of substances and mental health issues; and the impact of the work of the IPSP and the importance of the IPSP approach. Each sub-theme is presented in more detail below and supported with the narratives of those interviewed.



Difficulties Experienced

The women interviewed identified three key areas of difficulties that they experienced and for which they received support from the IPSP team. The difficulties identified by the women referred to their previous and current use of substances; the difficulties they experienced related to current and previous experiences of mental health issues; and finally, difficulties related to their parenting/mothering capacities.

The women interviewed described the difficulties they experienced with the use of substances and for some they self-identified as addicted. The women described their use of a range of substances and more typically poly substance use:

> *I've had an addiction for 20 years [Parent 1]*

> *I started smoking cannabis when I was 15, 16. I thought it was making me feel better [Parent 3]*

Given the women's experiences with substance use, some of those interviewed were already attending drug specific services and were referred into the IPSP from other drug and alcohol specific services. Some were also receiving methadone through a HSE clinic and had previously attended residential drug treatment before being referred to the IPSP:

> *They [IPSP] helped me to understand my drug use and supported me during [drug] treatment. It is very difficult to be away from kids when you are in treatment [Parent 2]*

Some women were referred into the IPSP from the maternity hospital they were attending. Women described feeling like they were 'in a bad way' when using substances while pregnant and for many of the women they described receiving a range of intensive supports from the IPSP with more than one pregnancy:

I didn't stop using until my pregnancy, like late in the pregnancy. I was seven or eight months pregnant by the time I had completely stopped [Parent 3]

Talking with the staff in the IPSP gets into the nitty gritty [Parent2]

Some of the women expressed experiencing mental health difficulties before and throughout their pregnancies. Mental health difficulties were attributed to suffering one or more bereavements and poor mental health was predominantly described as depression:

I got very depressed. I didn't know if it was post-natal depression, and I didn't like taking medication so I'd go to IPSP for advice before I'd go anywhere [Parent 4]

I've had mental health issues for as long as I can remember, I even went to counselling and did a bit of CBT then [Parent 3]

The women described how their capacity to parent their children was challenged as they experienced difficulties with substance use and their mental health. Parenting difficulties were identified as being related to their current and former use of substances but also due to their own familial experiences of substance use and their own childhood experiences of being parented. Some women described themselves as being emotionally unavailable to their children and therefore required support and help to develop their mothering capacity:

I was an empty shell where the children were concerned [Parent 1]

Some of the difficulties the women experienced related to their capacity to put limits and boundaries in place but also the feelings of worry they experienced about being a mother:

I'm more relaxed around the home now. I have more information now about how to handle situations [Parent 4]

Stigma

The women described feeling stigmatised as women who used substances and also because they experienced mental health issues. The stigma they felt was further exacerbated as they were also mothers who were using substances. The women interviewed believed that women who use substances and their children are commonly viewed in a negative manner not just by the general public but also by personnel within some services and authorities. The lack of gendered specific supports was recognised by the women who felt it important to have a space and a project for just women:

A big thing for me is that I can go to the project (IPSP) and talk about things without the social being brought into it, a place where I can let steam off and where there is no judgement made about your kids [Parent 4]

If I had left treatment I risked losing my kids but I also thought, how can I leave her (daughter) there traumatised like that? [Parent 2]

An additional layer of stigma was also described by women who are using substances during pregnancy. The women described how being pregnant and a mother and using substances creates a negative view of women and how they experienced shame as a result.

> *I was coming from the refuge to the clinic, and I didn't like having to bring the kids to the clinic at all. It was not a good experience [Parent 2]*

> *I don't feel as shameful about my use as I did because I now understand the reasons why I wound up this way [Parent 3]*

The stigma experienced was described as a vicious cycle that was connected to and a contributing factor to their use of substances. Understanding their use of substances and their own previous and childhood familial experiences was described as helping the women to feel less shame.

> *I was never once made to feel like a bad person [Parent 1]*

> *They have helped me to understand the effects of life events on my addiction journey [Parent 3]*

The approach and impact of the IPSP

A core theme that emerged with respect to the IPSP approach was the relationship between the IPSP practitioners and the people accessing the services of the IPSP. The core qualities of the team and the project were considered key to the approach and success of the project. The project was described as confidential, trusting, and non-judgemental providing an important space for parents to talk and connect with the team but also to connect with other women and other services:

> *I feel comfortable with the staff, and I feel relieved to have the support. The support is amazing, I'm able to open up and I have access to other supports and services like the creche and the baby nurse [Parent 4]*

Based on the approach of the IPSP team those accessing the service described feeling comforted and comfortable to open up about their challenges and difficulties. They described feeling safe; supported; welcomed; and described this as being like they were part of a family:

> *It feels very comfortable to have a chat when I go there (IPSP) [Parent 2]*

> *I learned how to trust and how not be afraid of social services [Parent 4]*

The gender of the IPSP practitioners was also recognised as an important element of the project and the approach of the IPSP team:

It felt more comfortable with the women in the service because it was usually always a man that you would have to talk to in services, and I can't talk to men quickly [Parent 4]

The project was experienced by the women interviewed as responsive and adaptive to the varying needs presented by those accessing the service. Parents had a sense that IPSP is always there, and that the support is ongoing as they can engage, disengage, and reengage anytime. The support offered comes in different forms and differing levels of intensity depending on the need of those attending the service. Prevention is a key element to the work and approach while recognising and validating the life experiences of the people accessing the service:

The project is priceless. People need to know that the service is available and that it is non-judgemental. It's about breaking the cycle [Parent 1]

When you get pregnant you think about all the things that happened to you that you don't want to happen to your kids [Parent 3]

Another key element of the IPSP is that the project works with the whole family. The fact that the IPSP also focuses on children and the interaction and attachment between mothers and their children; and the welfare of children was identified as important:

Only for the IPSP I don't think that I would have had all the things I have, like appointments for the kids for school. I wouldn't have known where to start [Parent 4]

The approach of the project, focusing on and delivering a range of supports and interventions as a response to substance use, parenting, and infant mental health. The uniqueness of the project in doing this was captured by the people attending the IPSP:

Every step of the way, I was helped. When I was worried about different aspects of the pregnancy or if I felt like I was slipping, the support was there [Parent 3]

They [IPSP] were with me during my pregnancy and they showed concern for the welfare of my children [Parent 2]

The IPSP was described as 'empowering' on several levels. People accessing the service stated that the IPSP helped them to develop a belief in themselves as a parent supporting them to build their parenting capacities. In doing this, mothers described feeling more confident and stronger in themselves not just as women but as mothers too:

If I didn't have the support [IPSP] I don't know what I would have done. Only for the project I would have been lost [Parent 2]

I've learned how to manage stress and I've learning how to cope without the use of a substance [Parent 3]

This not only gave women the tools to be a better parent but was also described as enhancing their desire to be a better parent:

> *If I left [drug] treatment, I risked losing my kids. I really want to get myself together, methadone and all [Parent 2]*

> *IPSP helps mothers to develop their capacity to become a responsive parent [Parent 3]*

The project was described as having a key role in helping parents to connect with their children by providing reassurance as a mother and helping them to recognise their strengths and limitations as mothers. IPSP practitioners were seen as important role models. This was achieved by role modelling whereby the IPSP practitioners modelled conversations to have with kids.

> *They [IPSP team] would say 'look you're really good at this, and let's work on this'. Because of this you know where your strengths are and you know what you are doing. Your confidence is building, and that is just priceless [Parent 1]*

The service was also described as not only having a positive and empowering impact on the parent but also with respect to the children themselves. The Project was described as impactful in terms of positive changes with children but also building positive changes within the mother and child relationship:

> *The kids are more relaxed, and the house is more relaxed. It helps just knowing that there is a place there [IPSP] to go to [Parent 2]*

The project was described as important from the point of view of providing children with the opportunity to be themselves and in helping mothers to learn how to develop trust and trusting relationships with family, partners and other services:

> *IPSP is the catalyst for me being the way I am now. Even my relationship with my partner has just opened up so much, there are better avenues of proper communication. It's [IPSP] just completely changed things [Parent 3]*

The people accessing the IPSP described the ways in which their daily living has changed giving rise to improvements in the home:

> *The project is going alongside your life. It's like my right hand, you know [Parent 2]*

An overwhelming sense of support was felt by those attending the service.

> *Knowing that when you need support that there is a place there to go to, you can just walk over to the Project [Parent 2]*

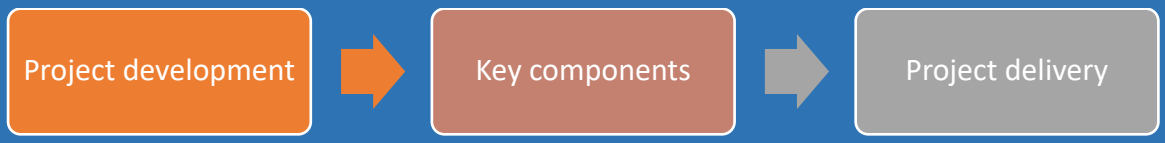
> *I would be lost, totally lost without the two of them (IPSP practitioners) [Parent 4]*

This section has illustrated the difficulties that the women interviewed described experiencing with respect to their substance use, mental health, pregnancies, and parenting. This section also described the stigma that women experienced related to their substance use, mental health, and family experiences. Finally, this section described the impact of the project and the approach of the IPSP team on the women interviewed, and their children.

Findings (2) – IPSP Project Team and IPSP Consulting Group

Introduction

This chapter presents an overview of the findings from the interviews undertaken with the IPSP team and the IPSP review group. Three sub themes; the development of the project since its establishment; the key components of the IPSP and the aspects of the project identified as being most important. Each theme is presented and described in more detail below.



Project Development

Practitioners interviewed described the development of the project and the challenges that existed. Given the uniqueness of the IPSP there was no available template guiding the practice and approach of the project when it was envisaged and at first establishment:

> *We were starting off really from scratch and it was very difficult because we had no template to base the IPSP co-ordinator's position on. It was an organic kind of a thing. Once the client list started to increase it was very easy to try and define her role [IPSP Review Group].*

The Project aimed to challenge the prevailing misinformation about women using substances in the community and the impact on babies and highlighted the importance of post-natal needs within the community:

> *There was an outrageous figure that 45% of all infants born in Ballymun were born drug dependent which led to a whole series of questioning the figures of how many children born in Ballymun were born drug dependent [IPSP Review Group]*

The Project also aimed to challenge the negative experiences of some health and social care services that women had experienced and to provide access routes into health and social support services for women with substance use and other complex needs:

> *A lot of women didn't engage with services because they felt they were being judged, they felt their children were being judged and the parent felt that they would put their child at risk if they engaged with services [IPSP Review Group]*

The Project had also been designed and delivered with a targeted response/intervention approach in mind due to the gaps in already existing service provision that were recognised within the community:

> *We had some funding going into another project with a similar target group but was much more universal in its approach. We found that there was a need and we thought*

that it would be better if we focused on a particular target group, rather than a more generic and universal group [IPSP Review Group]

The IPSP works from the point of view that childhood lasts a lifetime, and focuses on the importance of early intervention, while also recognising the fear that women who are using substances experience particularly with respect to the involvement of and engagement with Social Work services:

Childhood lasts a lifetime and if you can get in there early you can make a difference because those first few years in a child's life are precious. It's just early intervention, get in there early. We are just touching the tip of the iceberg with some clients [IPSP Practitioner]

The project understands and responds to the barriers that women experience (particularly pregnant women and women with children). The IPSP deals with complex cases and aims to promote access – access to services, access to children, access to family systems, and access to self. This is achieved through the provision of substance use supports, parenting capacity building, infant mental health supports, access, and advocacy with respect to other early interventions, and building confidence and esteem through the validating of trauma experiences:

From the very beginning there was a comprehensive ante-natal service already in situ, so that wasn't the area of concern but there was literally a non-existent post-natal service and we needed to get other services on board like the PHN [IPSP Review Group]

If you create a barrier from the start, it's never going to work [IPSP Review Group]

The IPSP practitioners have been involved in the further development and implementation of the project, with additional service developments having taken place over time. The connection and communication between the maternity hospital and community settings is a key consideration which requires cross agency collaboration between the HSE, Local Drug and Alcohol Task Force and community services:

There has to be some kind of circle, complete circle, where someone is referred on to another individual and service. That completion and referral is important for the client as well [IPSP Practitioner]

The stigma surrounding substance use, particularly where women are concerned, was raised as a key consideration in the development of the project and in the approach of the project. Women's use of substances is particularly stigmatised when women are pregnant and mothering, when social work is involved and when women experience difficulties with parenting. It was felt that the traditional response to women and children, often where child protection is the primary focus, loses sight of women and their multiple needs:

I would like parents to know, particularly parents that are in crisis around addiction, that it is okay to get help. It's okay if you have an infant or if you are pregnant to say I am not okay. There's a big fear for pregnant women and women with babies that if

they say they need help that the social worker will come marching through the door and take her child [IPSP Practitioner]

In contrast, the IPSP addresses several gaps in service provision including home visits and an emphasis on infant mental health:

There were no home visits, but it wasn't practical to expect a woman in the last couple of weeks of her pregnancy to come up here. So, there were missed visits and I just felt that these sterile rooms weren't the place to support women with babies who were already anxious about breast feeding [IPSP Practitioner]

The project aims to manage and reduce the stigma that exists within some health and social care services by challenging the view of women using substances and supporting them to address and work through the feelings of shame reported by people accessing the IPSP. The IPSP aims to build the service around women who are seen to be 'hard to reach' due to the perpetuation of gendered stigma:

I definitely think that the stigma has lessened. My experience of working with public health nurses and social workers is that their perceptions of the women we work with has changed. There's definitely a shift in their understanding [IPSP Practitioner]

Key Components

Findings illustrate key project delivery components relating to the approach of the IPSP and the team; the relationships developed between IPSP practitioners and people attending the service; the relationships between the IPSP and other agencies and stakeholders; the importance of connectivity in the work; and the key role of infant mental health.

The comprehensive and holistic approach of the IPSP ties together several approaches including addiction supports, maternal home visits, advocacy, education, parenting education and infant mental health:

Mums are supported to learn how to parent. They don't realise that the parenting techniques they picked up from their parents probably weren't the best ways to parent a child. It's about helping them to realise how the trauma they had in their own childhoods affects them [IPSP Practitioner]

The IPSP also works with women, with and without children, providing both ante-natal and post-natal supports within the project, at home and accompaniment to other health and social care services. The IPSP is seen to be unique in that it provides responses and interventions within a community setting and aims to be a linkage between the hospital and community settings. The IPSP practitioners connect with families, to be their voice and to empower the women who attend the service:

There's a very strong connection between Public Health Nurses and Social Workers and a core piece of the work is to engage with these services. I suppose I'm a conduit to getting hard to reach mums to link in with some services and building the service around the mums [IPSP Practitioner]

Education and modelling are seen to be a key response in breaking the inter-generational cycles of addiction, adversity, and marginalisation and in supporting parents to be the best parents they can be at any given point in time:

> *Education around attachment is really important in order to become more aware of how that attachment has lifelong consequences for ourselves. It is important to be more aware of our interactions with little babies. From a community point of view it is important to raise awareness of these issues of attachment and detachment [IPSP Practitioner]*

> *With education comes the empowerment of women to be the best mother that they can be [IPSP Practitioner]*

The relational aspect of the IPSP project and team considers not only the relationships between the IPSP team and the people who engage with the service but also the relationships between the IPSP team and a range of community, voluntary and statutory services including community drug and non-drug specific services, maternity hospitals, HSE addiction and psychological support services, social work, speech and language, GP's, Health Centres and DCC is a key feature of the work of the IPSP. This requires time and resources invested into understanding and working from a case management systems approach and gives rise to the building of collaborations and referral pathways between hospital and community and community back into hospital settings. To do this, effective and successful project relationships with other service providers within and beyond Ballymun is necessary:

> *One of the things that has been important is the embedding of the IPSP within a broader service, particularly around things like case management when there are complex cases, which a lot of the cases tend to be [IPSP Steering Group]*

This requires non-judgemental, flexible, person and child centred, trauma informed and creative approaches. A varied and flexible approach along with a unique practitioner skill set that can work with and respond to addiction, infant mental health, child development, and parenting is considered important. The IPSP creates inviting spaces and opportunities for story telling with children:

> *What the IPSP has managed to do is that disposition towards parents and their children. The disposition of the IPSP practitioners towards mothers and their children is profoundly client centred, respectful, and non-judgemental kind of position [IPSP Steering Group]*

A facilitative environment within the IPSP is necessary. The project is based on and delivered within community development principles. This is further enhanced by the practitioner skills and knowledge base whereby the experience of working with vulnerable people and understanding the issues facing communities impacted by inter-generational substance use and trauma are more important than the nursing experience. Having community-based skills with professional training was noted as an important blend:

> *Some qualified midwives just don't have the knowledge to work with this particular cohort (women who are using substances) [IPSP Steering Group]*

Vera had experience of working with vulnerable groups which is why we chose her really, not because of her nursing experience [IPSP Steering Group]

The approach of the IPSP is built upon good relationships with people availing of the service and service providers. The IPSP practitioners model equality in the relationship. There are relational aspects to interagency work, and advocacy is a key element of this. There can be obstacles due to staff turnover in other services:

You might have spent time building a relationship with someone in a service and then you ring up and she's gone and then you have to rebuild that relationship with someone else. But once you get on to someone in an agency, they are more than willing to work with us. There's been no issues [IPSP Practitioner]

Using the support of colleagues is important. This is aided by the organisational structures that are in place that support and foster team communication and team support through weekly team meetings and client reviews and internal and external supervision, practical learning sessions, IPSP review group guidance and support and access to the infant mental health network:

I think having a project like this in isolation with maybe less staff would be very challenging. We do need to pull support from other areas at times [IPSP Practitioner]

Connectivity emerged as a core theme encapsulating the ideas of 'connection' and 'connecting' running through the ethos and the aim of the project. The IPSP aims to develop and foster several connections. Firstly, the connection between the mother and the baby, secondly the connections between the IPSP practitioners and the women, thirdly the connection between the project and the different services that are also engaged with the parent and child which ultimately loops back to helping the mother and baby connection:

The project has a commitment to working in a relationship-based way from as near to the beginning of life as possible [IPSP Review Group]

The project is about inviting and creating access and that access creates all sorts of possibilities. The project provides access to detox or stabilisation, access to children. Access to children in the care of others is something that can be redeveloped there [IPSP Review Group]

Infant mental health also emerged as a very important feature of the project and a feature that adds to the uniqueness of the IPSP. The core focus of infant mental health along with broader and supporting family support programmes is key to the delivery and success of the infant parent support project:

The project works with parents and babies within an infant mental health framework [IPSP Review Group]

The infant mental health approach is the main peg that holds the service together [IPSP Practitioner]. The infant mental health approach brings an additionality to mums and dads attending treatment and rehabilitation [IPSP Practitioner]

Project Delivery

Given that the Infant Parent Support Project works with people who have experienced difficulties with trauma, substance use and parenting capacity, the work has been described by the practitioners as busy and requiring heavy and emotional labour, but also rewarding to see the changes that can be made in difficult circumstances to parents, children, and families as a whole:

> *Because we are dealing with people's trauma the work can be quite heavy at times. The work is very busy but also very rewarding [IPSP Practitioner]*

The success and effectiveness of the work and approach has been described as not only requiring the presence but also the practice of ongoing passion and commitment from the IPSP practitioners:

> *The work is amazing. It's very rewarding, very educational, and very stimulating. It can be frustrating and very busy but really rewarding. It's a sort of job that if you didn't have a passion for it you wouldn't stick it [IPSP Practitioner]*

The work was described as frustrating at times for a number of reasons. Firstly, the challenge that exists supporting service users to sustain change within difficult environmental influences such as the challenges faced when living with other family members experiencing substance use, mental health, and trauma:

> *It can be difficult for women to make changes when they are living in environments and maybe someone else is using drugs [IPSP Practitioner]*

The IPSP team described the importance of modelling and the fostering of healthy relationships between parents and children as crucial to supporting the attachment between parents and children and necessary to the breaking of intergenerational cycles:

> *It is important to have space to run programmes, programmes like parent and toddler groups. A space where we can support parents, and lead by example and help them to create mindful connections with their children [IPSP Practitioner]*

The project practitioners and review group also described the complexities of the work with families and how challenging this work can be:

> *The IPSP team manages to present the realities of the people they are working with in a way that generates an understanding of the complexity of the issues and an understanding of what is really going on for individuals and families* [IPSP Review Group]

Multiple and complex factors are believed to pose a risk to women, children, and families. Some of these risk factors include inter-generational trauma which results in impacting the parents' ability to parent their children:

> *The project has a huge appreciation of the life story and an understanding that the people that are being worked with in the project have known a lot of trauma and*

experienced, in many case, quite significant abuse and neglect in their own early childhood and probably throughout childhood. There is an appreciation of what has happened to those people and how this has fed into their addiction and substance misuse issues [IPSP Review Group]

Other risk factors have been identified and include intergenerational addiction and poverty, mental health issues, current substance use and difficulty accessing and sustaining suitable housing particularly for children:

We work with a lot of different issues like housing, poverty, mental health, parenting. We are trying to support parents to have the best connection with their child that is possible. By doing this we can break cycles of addiction [IPSP Practitioner]

We are doing a lot of crisis intervention work, calming situations, and helping families to deal with crises surrounding substance use [IPSP Practitioner]

The IPSP team identified a number of project obstacles including feeling restricted in their capacity to deliver more intensive work; lack of childcare facilities; lack of space for education courses for parents; lack of a specific parent and toddler groups; and a lack of a drop-in type of support service for women attending the IPSP:

I would just look to do intensive work. Even if we were given 6 months to just be here, not even 2 years, 6 months of absolute intensive work [IPSP Practitioner]

The project needs to be a lot bigger than it is in order to hit the amount of families that we want to target. If we had more space and childcare facilities, we could do more groups with parents on their own and parents with their children [IPSP Practitioner]

COVID-19 had also significantly adversely impacted the people that IPSP engage with and provide services to. The emergence of the pandemic has given rise to more complex cases given the heightened risk factors. This has exacerbated the needs of those attending the service and has created additional inter-agency and case management work practices including more intensive engagement with Social Work teams:

We have always had complex cases but since COVID-19 we seem to be having meetings on a daily basis to discuss very complex cases. We are working with families who are experiencing a lot of crises at the moment [IPSP Practitioner]

Despite the many risk factors and the complexity of the cases that present to the IPSP and the obstacles that impact the delivery of the service, there are many examples of the positive impact that the work and the project has had on those who access the service and across and within other services. The IPSP is experienced as a supportive access space for parents and children, a space where both the parent and child are given equal attention and worked with as a connected unit; a place where women are supported to develop their mothering capacity which in turn has resulted in parents becoming more confident parents and in children staying out of the care system:

I'm working with mums whose children have stayed out of the care system and children who were at high risk of going into the care system purely because their parents were

struggling with addiction and didn't have supports, but they were good enough parents. Mums have come back to me and said "You've given my children a mother" [IPSP Practitioner]

The IPSP has also positively impacted those who access the service by supporting them to recognise and understand their own trauma. The work and approach of the IPSP has also had a broader community impact by helping other services to understand the impact of inter-generational trauma and substance use on women and children. This has also lessened the stigma that women experience from within the community:

Other services like local creches have seen the impact of the IPSP working with families. They've seen it in the child's behaviour [IPSP Practitioner]

It is believed that the value of the project is so immense that it calls for a replication of the project across both urban and rural communities:

I think that the Project, as a model, has worked so well in Ballymun. It's a model that works that would be quite useful in other areas too [IPSP Review Group]

The importance of having a knowledge of the trauma and substance use issues affecting women and how their trauma might impact their capacity to parent their own children was identified as highly important:

When parents realise how the trauma, they had in their own childhoods affects them it gives them the freedom to say "I'm not a terrible person, I possibly have an addiction because of something that happened beyond my control, and now I'm working on it, and I'm making things better for my children" [IPSP Practitioner]

The need to raise awareness of trauma and addiction issues and affecting children and families within different community systems like schools was also identified along with an awareness of the importance of positive relationships between parents and children. Greater expansion of our understanding of infant mental health and greater integration of an infant mental health approach within hospitals and midwifery was identified as a key approach that warranted further expansion:

If you're impacting the positive relationships between a parent and child, then you are impacting a child's behaviour. This in turn impacts how they are in the community, how they are with other children in school, who also happen to be in the community [IPSP Practitioner]

Findings (3) – Inter-agency Practitioners and BLDATF Treatment & Rehabilitation Subgroup

Introduction

This chapter presents an overview of the findings from the interviews undertaken with practitioners from other agencies that collaborate with the IPSP team and the members of the Ballymun Local Drug & Alcohol Task Force (BLDATF) treatment and rehabilitation (T&R) sub-group. Three sub themes emerged; the local understanding of the IPSP; the key components of the IPSP; and the key considerations and opportunities for further development of the IPSP. Each theme will be described in more detail below:

Local Understanding of IPSP

Local practitioners from drug and non-drug specific services described the importance of the establishment of the IPSP within the community. Although the initial need for the service was recognised, it was also acknowledged that the need was not as great as the extent that was suggested by other statutory services within the community:

> *When we started the project going back a few years it was based on feedback from social work that there was a massive amount of cases of infants being born with drug dependency which needed interventions. It turns out it was massively exaggerated, there was varying degrees of drug use [T & R Practitioner]*

> *For me, what is really important for the community is the fact that the range of profiles referred into the project are so broad. That is a huge importance that this project brings to the community. The project presents different access points and then different community responses can become available to the women who engage with the project [T & R Practitioner]*

The complexities of working with women who are using substances and pregnant and/or mothers was identified as challenging by other practitioners within the community in terms of addressing the needs of both adults/parents and children at the same time:

> *It is important to say that even though the project is called infant parent support, the team tend to end up working with the whole family, not just the infant and the mother as older kids tend to have interactions with the team, and I think that is an important link with the family as an early point into other family support services [T & R Practitioner]*

Stigma has been identified as the predominant barrier to women seeking and accessing drug treatment and rehabilitation supports particularly if women are pregnant and/or mothers. Despite this, it was recognised that the aims and objectives and indeed the approach of the IPSP has challenged and lessened the stigma experienced:

> *It's easier for women to name addiction in an organisation like YAP because you are not going to be met with the same response like you might be in a public health service so maybe that opens up the space for people to access the* help *[Inter-agency Practitioner]*

> *Supporting mothers with a new baby in the household takes the bias out of it. It takes the stigma out of it and provides human rights and a humanistic approach [T&R Practitioner]*

The IPSP was described as a responsive service as its evolution has seen greater engagement with family units. This was recognised as unique in its approach as services can often work with the parent or the chid as separate entities.

> *Sometimes the family unit is a bit upside down and clients are experiencing difficulties with their children while the parent is also having substance use difficulties, so we tend to make referrals into Mary for parenting supports and programmes [T & R Practitioner]*

The IPSP was seen to be an important service and is recognised as providing specialist supports within the community given the diverse training, qualifications, knowledge, and skill set across the team including nursing, midwifery, addiction studies, community development, social policy, and infant mental health:

> *The importance of the qualifications that the IPSP team have are immense* [T & R Practitioner]

> *The level of experience within the team is important. It is good to be able to say to the mums about the level of experience and their backgrounds. Having the medical and nursing piece is very reassuring for mums too* [T&R Practitioner]

It was seen to be advantageous that the team are not recognised as drugs workers as this can provide a more accessible and less stigmatising route into the service and supports as women may feel that this is less threatening to them and their children:

> *I think that for pregnant drug users the stigma is huge, and the fear of judgement is gonna be quite big and they can get involved with social services very early in their pregnancy. The team act as a buffer between those services and the client* [T & R Practitioner]

The IPSP was also seen to be advantageous as the project could be an independent voice for and in collaboration with women particularly when other statutory services are involved with a family. The IPSP was recognised as particularly helpful in cases where women had a prior negative or challenging experience with statutory services such as social work and are helping to shift these experiences to more positive ones:

> *I think that there has been a shift in mother's engagement with and experiences with social workers and the outcomes have been quite positive. For me, that's been a really helpful outcome [T & R Practitioner]*

The IPSP was described as a service that works with complex and multi-issues that can be challenging not just for the women engaging with the service but also from a community response perspective. Recognising the importance of early intervention was a key feature in the development and implementation of the project:

> *The family that I'm working with have issues around addiction and domestic violence and the IPSP team is a wonderful support to the mother in that* family *[Inter-agency Practitioner]*

> *The difficult situations, a lot of trauma and difficult relationships that they are working with is a lot to hold [Inter-agency Practitioner]*

Key Components of IPSP

A number of components were identified as key to the important service delivery and the uniqueness of the IPSP. A key component of the IPSP was identified as the provision of post-natal supports, and particularly the provision of infant and parent supports within their homes. Home visits have emerged as integral to the successful provision of the IPSP and offer a uniqueness of the project:

> *The fact that they do so many home visits, that they are actually in people's houses visiting them, they get to see a lot more things than when someone might present to the service for a one to one. Home visits are a really important ingredient of the service because they can remove difficulties for women who might have to bring kids to appointments* [T & R Practitioner]

The project was described as a specialist service and a service that has the capacity to attend to multiple needs and to work from a family unit perspective:

> *I feel strongly that the more services we have like this that provide specialist support to the mother allows her to get the relevant supports to address the issues without any judgement [T & R practitioner]*

> *The IPSP is a wrap around. They wrap around the whole family – the infant and the mother* [T & R practitioner]

A key strength of the project was described as the immediate accessibility of the service within a community setting particularly considering the challenges to access residential drug treatment particularly if women have children.

> *We really only have one dedicated in-patient treatment for women with children so it is great that the IPSP team can do pre-treatment work in terms of community detox which can be more accessible than going into a residential facility* [T & R Practitioner]

> *They are quite immediate in their response. Even though there is only two or three of them they don't leave anything behind which is kind of good. They are very clear on the families they work with and what their thresholds are [Inter-agency Practitioner]*

The IPSP was described as a personal service and the success of the service was described as embedded within the personalities and communication style of the team and the capacity of the team to establish and maintain positive connections with people attending the service and other service providers:

> *It might be very hard to replicate the project because you might not get the same workers the next time, it might be difficult to reflect that* [Inter-agency Practitioner]

The nature and extent of practitioner expertise was further discussed in relation to having nursing/midwifery qualifications. While numerous benefits were observed, it was also queried whether it was a role requirement. Having specific skills/experience to engage and provide support to the client group and work with agencies were highlighted as being more important.

> *I know that Mary is not a midwife and that Vera would have been a midwife and Sarah is but I'm not sure that's an absolutely necessary training that you need to have. The ability to connect and build relationships and being able to work strategically with services that's more important [Practitioner]*

> *More so than their background it's more needed that they have a good understanding of what the concerns are and what the issues are in addiction and parenting* [Inter-agency Practitioner]

The relational aspects of the project were considered significant to the success and effectiveness of the project. The relationships between the IPSP team and people attending the service; and the relationships between the IPSP and other practitioners and services were identified as important in terms of the delivery of the project. The relationship and connection between the project and the woman and between the project and the child was described as holding equal importance mirroring the equality in the relationship between the mother and child:

> *They [IPSP team] are walking a tightrope between the child and the drug user and it's an even tighter rope for them [IPSP team] because they are trying to be in both fields. I think it's really challenging for staff* [T & R Practitioner]

The importance of supporting the mother and the child without putting more importance on one or the other. You are recognising that both are in that relationship, both the mother and the child and I think that is absolutely crucial and this service allows for both [T & R Practitioner]

Interagency work was identified as a key component of the service and essential to ensure the successfully delivery of service interventions. The IPSP was described as accessible to other services such as treatment and rehabilitation services, and broader family support services:

The IPSP team have always been very accessible to families in crisis or with whatever might be happening in their lives [Inter-agency Practitioner]

We can dovetail the pieces of work that we do with the work of the infant parent support team, and we can take recommendations from them in terms of how we can best support the individual [T & R Practitioner]

The focus on advocacy was identified as being a key element of the work and approach of the IPSP and the strong capacity of the IPSP team to advocate on behalf of people attending the service was highlighted:

I think the advocacy work that's done is really brilliant like liaising with the parent's drug clinic [Inter-agency Practitioner]

The importance of recognising the formality of the work despite what might appear to be informal relationships with other practitioners and service providers was described:

Some of the families I work with, they [IPSP team] might work with too. Although we would have informal conversations, we would have more formal strategies when working with these families [Inter-agency Practitioner]

A key feature of the IPSP approach was identified as the project's focus not just on substance use issues but a concerted focus on infant mental health and the relationship between the parent and the child:

It can be very easy to focus on one aspect but the focus on the parent-infant relationship is important it's not just about getting the parent to a good place around their addiction. Focusing on the parent-infant relationship is a huge piece [Inter-agency Practitioner]

The IPSP team attend our infant mental health learning network, she's been there for a long time and is one of the core group members [Inter-agency Practitioner]

Considerations and Developments

Practitioners indicated specific project aspects as challenges or in need of further consideration. A sense that there is a lack of identity of the Infant Parent Support Project as a project and instead the project is recognised based on the relationships between individual practitioners and service users and with other services:

> *It's not that I don't connect the workers to YAP, because obviously they are there, but there's something about the worker that's nearly seen as the project* [Inter-agency Practitioner]

A lack of clarity regarding how to refer into the IPSP was also described as impacting on potential inter-agency work and future referrals from services into IPSP along with a lack of information regarding how the IPSP relates to the other service deliveries of the Ballymun Youth Action Project. Clarity regarding referral mechanism could also ensure avoiding or minimising duplication of services:

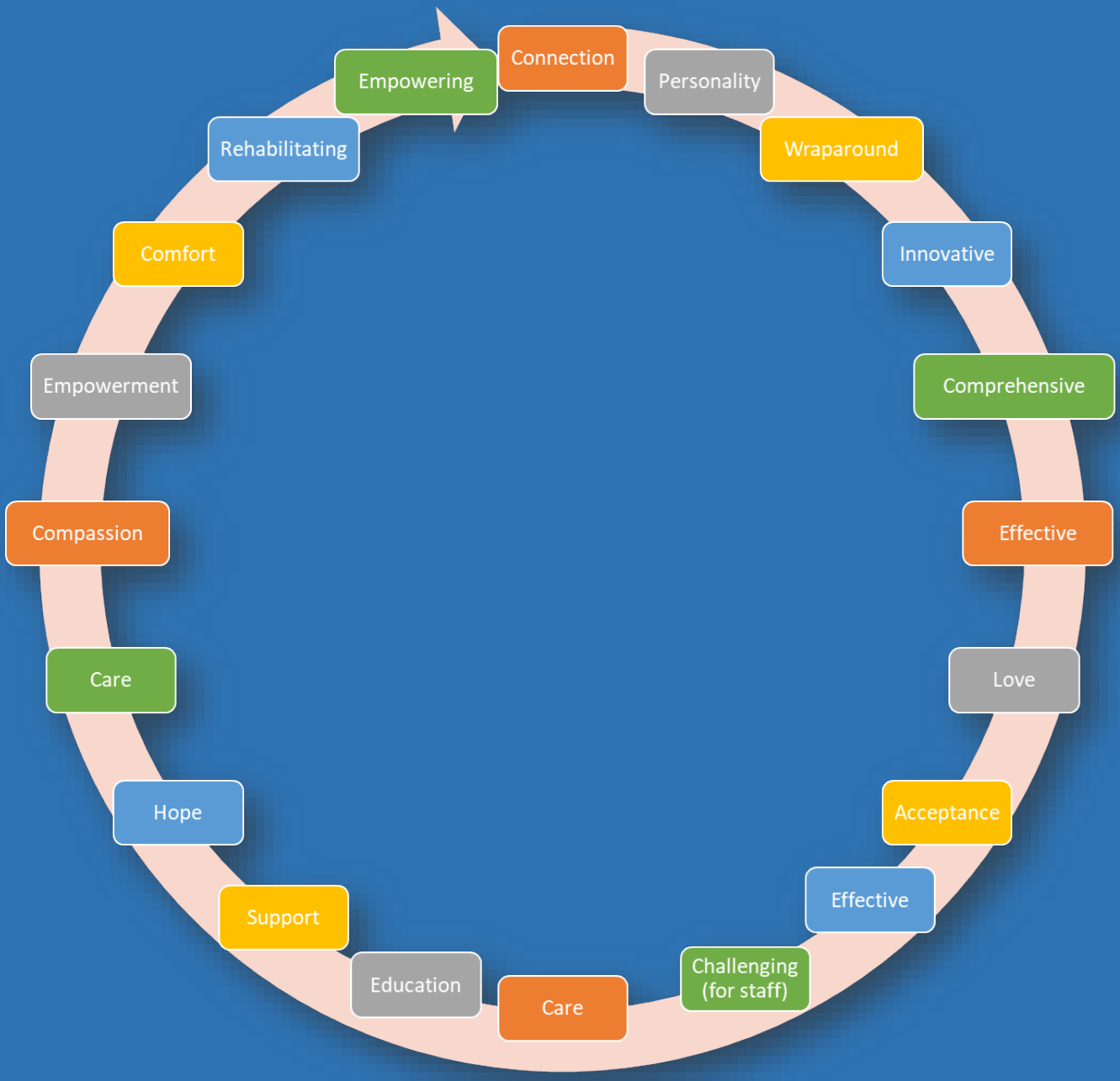
> *I don't have a referral form; I don't think I've ever seen one. I know that people can self-refer* [Inter-agency Practitioner]

> *I know that there are psychotherapists in YAP, but I don't know how they are actually connected to the work (IPSP) [Inter-agency Practitioner]*

Two areas for future developments were identified. Firstly, the need for a multidisciplinary team was identified and secondly the need to expand the IPSP into other communities to break the cycle of intergenerational substance use and infant mental health issues:

> *It would be great to have a multidisciplinary team so that there are different eyes looking at different pieces of the work* [Inter-agency Practitioner]

Project in One Word .....



Summary & Key Findings

The project has developed and evolved over the ten years within a very challenging and highly debated area of practice.

Over this time period, there has been a refinement and close consideration to the nature of type of service delivery appropriate and relevant for the presenting needs locally, working in close collaboration with the range of drug and non-drug specific services.

The project has forged very strong links and gained expertise within the area of infant mental health (locally, nationally and internationally), providing the operational framework to guide and support its daily practice.

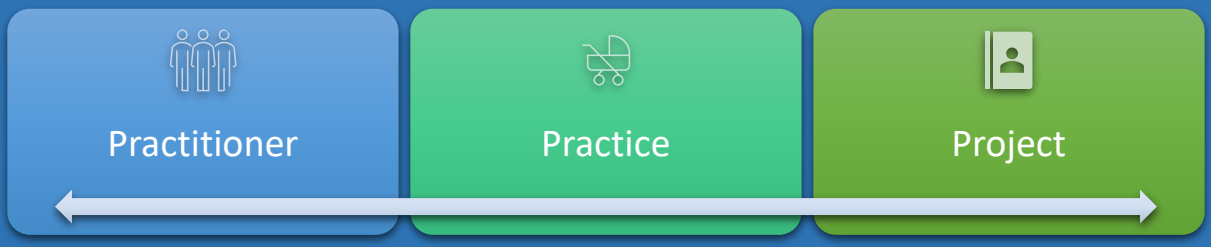
This report has demonstrated the ability of the team individually and collectively to attract and engage the target group of the Project, providing innovative individually centred care plan interventions and supports for both parent(s), child and other family members.

This review, has largely focussed on the broader dimensions of the inter-agency and structural foundations of the Project, with low numbers of participants included. Additional research focussing on outcomes of the Project would be beneficial.

The Project is positioned within current national and international literature highlighting the importance of tailoring responses more effectively to meet the specific needs that women who use drugs.

The Project is aligned to national policy objectives in relation to prevention, hidden harm and social determinants of drug use.

Recommendations



1. The non-judgmental approach adopted by the Project was highlighted as a key practice attribute, referred to as facilitating inclusivity yet having specificity in implementation as to respond individually and with flexibility. *Continuation of the project delivery where there is a strong focus on establishing and maintaining relationships is essential* to increasing health and well-being for parent(s), child, and family members.

2. Clear benefits were highlighted in terms of the co-location of the project within a community-based drug service, however, *increased promotion and communication of project name, aims and objectives and project team* (as opposed to perception as agency keyworkers) would build upon and affirm project identity within and outside the community in particular enhancing referrals external to drug treatment services.

3. A key question arising from focus groups was whether the need for midwifery and/or nursing qualification was an *essential practitioner skill and area of expertise* within the Infant Parent Support Project. This could be further explored within the context of project planning and further development.

4. *Further exploration and discussion on the implementation of the Project* over the last ten years would provide clarity regarding the focus of the project going forward and nature of emphasis required regarding infant mental health, parenting, family supports.

5. *Review and refinement of existing measurement/monitoring/outcome mechanisms and systems* which are available and used within the Project would inform the next phase of the Project where the focus may be different and/or where further research or analysis could inform other aspects of service provision in Ballymun.

6. *Explore strengthening representation* on the Project Inter-Agency Consulting Group and other co-produced elements to service provision in terms of participant involvement.

7. *Create opportunities for more discussion and debates* around issues in this area such as further research, practice dialogue sessions, implementation workshops. Provide learning opportunities to engage agencies such as Tusla, HSE and relevant sub structures of the National Drugs Strategy and other Drug and Alcohol Task Forces.

References

Aldridge, T. (1999) Family values: rethinking children's needs living with drug abusing parents. *Druglink*, March/April, 8– 11

Barnard, M., & McKeganey, N. (2004). The impact of parental problem drug use on children: what is the problem and what can be done to help?. *Addiction*, *99*(5), 552-559.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Clausen, J. M., Aguilar, R. M., & Ludwig, M. E. (2012). Fostering healthy attachment between substance dependent parents and their infant children. *Journal of Infant, Child, and Adolescent Psychotherapy*, *11*(4), 376-386.

Couvrette, A., Brochu, S., & Plourde, C. (2016). The "deviant good mother" motherhood experiences of substance-using and lawbreaking women. *Journal of Drug Issues*, *46*(4), 292-307.

Comiskey, C. M., Milnes, J., & Daly, M. (2017). Parents who use drugs: the well-being of parent and child dyads among people receiving harm reduction interventions for opiate use. *Journal of Substance Use*, 22(2), 206-210.

Denscombe, M. (2005). *The good research guide for small scale research*. Open University Press.

European Monitoring Centre for Drugs and Drug Addiction. (2017) *Health and social responses to drug problems: A European Guide.* Luxembourg: Publications Office of the European Union.

European Monitoring Centre for Drugs and Drug Addiction. (2021) *European drug report 2021: trends and developments.* Luxembourg: Publications Office of the European Union.

Felitti, V. J., Anda, R. F., Nordenberg, D., & Williamson, D. F. (1998). Adverse childhood experiences and health outcomes in adults: The Ace study. *Journal of Family and Consumer Sciences,* 90(3), 31.

Galligan, K., & Comiskey, C. M. (2019). Hidden harms and the number of children whose parents misuse substances: A stepwise methodological framework for estimating prevalence. *Substance Use & Misuse*, *54*(9), 1429-1437.

Green, C. A. (2006). Gender and use of substance abuse treatment services. *Alcohol Research & Health*, *29*(1), 55.

Harbin, F., Murphy, M., & Wild, J. (2000). *Substance Misuse and Childcare*. Russell House Publishing Ltd.

Heffron, M. C. (2000). Clarifying concepts of infant mental health—Promotion, relationship-based preventive intervention, and treatment. *Infants & Young Children*, *12*(4), 14-21.

Ireland. Department of Health. (2017). *Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025*. Department of Health.

Ivers, J. H., Giulini, M. F., & Paul, G. (2021). Supporting women to access appropriate treatment (SWAAT) study. Dublin: Trinity College Dublin.

Jackson, A., & Shannon, L. (2012). Examining barriers to and motivations for substance abuse treatment among pregnant women: does urban-rural residence matter?. *Women & Health*, *52*(6), 570-586.

Kroll, B. (2004). Living with an elephant: Growing up with parental substance misuse. *Child & Family Social Work*, *9*(2), 129-140.

Lyman, L. L., & Villani, C. J. (2002). The complexity of poverty: A missing component of educational leadership programs. *Journal of School Leadership*, *12*(3), 246-280.

Macvarish, J., Lee, E., & Lowe, P. (2014). The 'first three years' movement and the infant brain: A review of critiques. *Sociology Compass*, *8*(6), 792-804.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA, US: Sage Publications, Inc

Mongan, D., Millar, S. R., & Galvin, B. (2021). The 2019-20 Irish national drug and alcohol survey: Main findings. Dublin; Health Research Board.

Morton, S., Gallagher, B. & McLoughlin, E (2023) *'You can't fix this in six months': Exploring the intersectionality of women's substance use in the Irish context*. University College Dublin; Dublin, Ireland.

Mutatayi, Carine and Morton, Sarah and Robles Soto, Nadia and Palsdottir, Kristin I and Vale Pires, Cristina (2022) *Implementing a gender approach in drug policies: prevention, treatment and criminal justice. A handbook for practitioners and decision makers.* Strasbourg: Council of Europe.

Parolin, M., & Simonelli, A. (2016). Attachment theory and maternal drug addiction: The contribution to parenting interventions. *Frontiers in psychiatry*, *7*, 152.

Pawl, J. (1992). Prosocial Development of Very Young Children. *Zero to Three*, *12*(4), n4.
Radcliffe, P. (2011). Motherhood, pregnancy, and the negotiation of identity: The moral career of drug treatment. *Social science & medicine*, *72*(6), 984-991.

Radcliffe, P., & Stevens, A. (2008). Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities. *Social Science & Medicine*, *67*(7), 1065-1073.

Redelinghuys, J., & Dar, K. (2008). A survey of parents receiving treatment for substance dependence: The impact on their children. *Journal of Substance Use*, *13*(1), 37-48.

Rossen, L., Hutchinson, D., Wilson, J., Burns, L., A Olsson, C., Allsop, S., & Mattick, R. P. (2016). Predictors of postnatal mother-infant bonding: the role of antenatal bonding, maternal substance use and mental health. *Archives of women's mental health*, *19*, 609-622.

Tomlin, A. M., & Viehweg, S. A. (2003). Infant Mental Health: Making a Difference. *Professional Psychology: Research and Practice*, *34*(6), 617.

UNODC, W. (2018). *International Standards on Drug Use Prevention:* second updated edition. Vienna: UNODC and WHO.

World Health Organization (WHO), *INSPIRE: Seven Strategies for Ending Violence against Children* (Geneva, 2016).

Zeanah, C., & Zeanah, P. (2019). Infant mental health. *Handbook of infant mental health*, 5-24. New York: Guilford Press.

Appendices

Ballymun Infant Parent Support Programme (IPSP)

(a) Research Information Sheet

Research Aim

The primary aim of the research is to develop a practice guide illustrating the development and delivery of the Ballymun Infant Parent Support Programme (IPSP).

Research Objectives

1. To explore and document the intervention approach of the IPSP;
2. To identify the challenges and benefits to the provision of the IPSP;
3. To identify the positive impacts of the IPSP from a service user perspective; and
4. To explore the role of inter-agency work in the provision of the IPSP.

What will this involve for you:

- To take part in an online recorded focus group lasting 45 – 60 minutes.
- The platform used will be Zoom using BLDATF licensed account.
- Your decision to not participate will not impact on working relationships with the Project or any other interagency arrangements locally.
- Your decision to participate can be undertaken by signing attached consent form and returning it by email to lauraor@byap.ie Confirmation will be verbally asked again prior to interview.
- All data gathered will be confidential and anonymised and will not be disclosed to any party outside of the research team.
- Your privacy will be assured by assigning all participants with a unique identifier and all data will be held securely.
- The recording of the focus group will be retained for transcription, once transcribed this will be deleted. All other data will be retained until the completion of the research and will only be used for the purpose of the research and subsequent report and publications.
- Participation in the research is entirely voluntary and consent to participate can be withdrawn up to the point where all data has been anonymised.

Further Information: If you require any additional information on the research, please do not hesitate to contact Laura O'Reilly, Urrus Training Centre Co-ordinator at (01) 846 7980 or Marie Lawless, Policy & Research Officer, Ballymun LDATF at 01 883 2142.

Yours sincerely

Laura O'Reilly Marie Lawless

(b) Research Participant Consent Form

I confirm that I have read and understand the information form for this study and that I have had the opportunity to ask questions.

I understand that my participation is completely voluntary and that I am free to withdraw at any time and without giving any reason.

I agree to take part in the study and that my participation will involve participating in a focus group.

I agree that any information gathered through my participation can be recorded through written notes and audio tape.

I also agree to the use of anonymised quotes in the completed report and other publications.

_____	_____	_____
Name of Participant	*Date*	*Signature*
_____	_____	_____
Name of Researcher	*Date*	*Signature*

Ballymun Infant Parent Support Programme (IPSP)

(c) Semi Structured Interview Topic Guide - Project Participants /Parents

1) Context for Involvement

- How did you get involved with the Infant Parent Support Project?
- What did you know about the Project before you linked in?
- What is your experience of linking in with the Project?
- Are there any particular supports you received?
- How would you describe the relationship you have with the 1. Project 2. Project team?

2) Key components

- What were your first impressions of the Project?
- What parts/aspects of the project stand out to you most?
- Which parts did you find useful?
- Describe the IPSP in one word?
- What would you want people to know about the IPSP?

3) Impacts

- What do you see as the benefits of being involved in the project?
- How has the Project helped for you as 1. A parent 2. Your child 3. Your family?
- Are there ways that the Project responds to stigma experienced by women/mothers?
- Are there aspects of the Project which could develop or change?

Ballymun Infant Parent Support Programme (IPSP)

(d) Focus Group Topic Guide – Practitioners and Local Agencies

1) Understanding the IPSP

- What do you know about the IPSP?
- Have you/your agency engaged with the service or practitioners from the IPSP?
- Describe the type of engagement? What did/does this engagement look like?
- Describe your experience of this engagement?

2) Key components

- What elements/aspects of the programme stand out to you most?
- Which elements do you think are particularly necessary within the community?
- What do you know about referral into the IPSP?
- Describe the IPSP in one word?
- What would you want people to know about the IPSP?

3) Impacts

- What do you see as the benefits of the project in the community?
- How are individuals/families/Ballymun positively impacted by the IPSP?
- How does the IPSP add to our treatment & rehabilitation response in Ballymun?
- How do you think the IPSP responds to stigma experienced by women/mothers?

Ballymun Infant Parent Support Programme (IPSP)

(e) Focus Group Topic Guide – Project Consulting Group

1) Development of the IPSP

- What were some of the factors that led to the establishment of the IPSP?
- Describe how you/your agency has contributed to the ongoing development of the IPSP?
- Describe your experience of this engagement?

2) Delivery/Implementation of the IPSP

- Based on your knowledge of IPSP, what elements/aspects of the programme stand out to you most? have worked well?
- Which elements do you think are particularly necessary within the community?
- Describe the IPSP in one word?
- What would you want people to know about the IPSP?

3) Impacts

- What do you see as the benefits of the project in the community?
- What difference, if any, has IPSP made to your work, role, or organisation?
- How does the IPSP add to our treatment & rehabilitation response in Ballymun?
- How do you think the IPSP responds to stigma experienced by women/mothers?

4) Looking Forward

- Do you feel the Project has developed as originally envisaged?
- Do you feel there are project aspects that could be further developed?
- What recommendations would you make in this regard?

Infant Parent Support Project

Ballymun Youth Action Project
Horizons Building
Balcurris Road
Dublin 11
Phone: 01 8428071
www.byap.ie

Ballymun
Infant Parent Support Project

Ballymun Youth Action Project

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Ballymun Local Drugs and Alcohol Task Force

Young Ballymun