

1.2.3

Published by the Association for Infant Mental Health (UK) and The International Training School in Infancy and Early Years (ITSIEY)

Infant mental health

Infant mental health (IMH) refers to the developing capacity of the child from birth to form close relationships, manage and express emotions, and explore the environment and learn (Osofsky & Thomas, Zero to Three, 2012). The capacity for self-regulation develops when parent/s/caregivers provide patterns of care that have been shown to be growth promoting (e.g. sensitivity; attuned and contingent interaction; marked mirroring etc). Infant mental health problems occur within the context of a parent-infant/care-giver-infant relationship.

11 page folio section



Infant Mental Health Competencies Framework

(Pregnancy to 2 years)

Contents.

Infant Mental Health	Folio 1
.....	
The core infant mental health competency	Folio 5
.....	
Key Terms	Folio 6
.....	
Domain 1:	Folio 12
Relationship-based practice	
.....	
Domain 2:	Folio 18
Normal and atypical development	
.....	
Domain 3:	Folio 26
Factors that influence caregiving	
.....	
Domain 4:	Folio 31
Assessment of caregiving	
.....	
Domain 5:	Folio 36
Supporting caregiving	
.....	
Domain 6:	Folio 40
Reflective practise and supervision	
.....	
Domain 7:	Folio 44
Working within relevant legal and professional framework	
.....	

Infant mental health continued...

The emphasis in infant mental health is the promotion of infant social and emotional well-being and the prevention of mental health problems, as well as therapeutic intervention. The practice of infant mental health is not exclusively therapeutic; the promotion of social and emotional well-being in infancy and the prevention of mental health problems are as relevant as treatment and intervention (Weatherson., 2000).

Infant mental health is a multi-disciplinary field and involves practitioners from different disciplines collaborating effectively across teams and networks. Although some infant mental health services and programmes are provided by specialist mental health professionals and target clinically referred populations, others are delivered in universal health, education or social care settings and are available to the broader population. Therefore, the remit of infant mental health competencies is more wide-reaching than for many other competency frameworks. The IMH competency framework reflects this, and is structured to include competencies for practitioners working with families with wide-ranging needs related to infant mental health.

About this framework

Competencies are the skills, knowledge and behaviours that enable practitioners to deliver high quality care and the continuous improvement of services. This competency framework has been developed for all staff working with infants and their parent/s/caregivers from pregnancy to the second year of life, to support parent/s/caregiver to promote healthy infant development. It is informed by research, theory and evidence-based practice, and designed to raise standards of care for families by supporting all staff to optimize their learning and skills.



It has been developed to standardize competencies for infant mental health practice. This will help to ensure the workforce is suitably skilled to identify need and deliver care to parent/s/caregiver who are pregnant or have a baby, and to both promote the mental health of the baby and provide access to appropriate evidence-based treatment where there are problems, as outlined in the Healthy Child Programme (DH, 2009; 2014).

The IMH competency framework (IMHCF) lists a number of competencies over three levels. The three levels distinguish between (1) general knowledge and skills, (2) advanced knowledge and skills, and (3) the knowledge and skills required to supervise and manage. Thus, for example, if you are working as an early year's practitioner you would be aiming to achieve the competencies at Level 1; whereas nursery managers or those in supervisory roles would be expected to achieve a higher level of competency. If you are a medic, health visitor, midwife or social worker you would be expected to be achieving the competencies at Level 2. Specialist practitioners such as parent-infant psychotherapists and specialist health visitors should be working at Level 3.

Self-assessment against the IMHCF

The IMHCF will help you identify whether you have acquired the range of skills and knowledge necessary to work effectively with parent/s/caregivers and babies at your practice level, and identify gaps and areas in which further training is needed. Self-assessment grids are provided for each level. Practitioners should use the grids to record if they have "achieved" a competence or are "working towards" it. An "evidence" box has been included to record examples of your IMH practice as required.

1.

Level 1

Level 1, requires the practitioner to have an understanding of the knowledge base related to each individual competence. Many of the competencies refer to the ability to use this knowledge to identify possible problems and discuss with appropriate colleagues as required. Some competencies will identify specific ability/skills you are required to demonstrate for the competency. An example of this is competency 1.07. This competency expects you to have “Knowledge of the importance of recognizing infant verbal and non-verbal behaviour as communication.”

This competency then states that you should also have the:

“Ability to use the above knowledge to observe, understand and communicate effectively with infants”.

When you have completed self-assessing your practice level against the IMHCF you will have identified your strengths and weaknesses related to your IMH practice, and understand the specific areas in which you need to extend your knowledge, understanding and skills. These IMH learning goals can be shared with your employer (i.e. at your yearly appraisal to support your continuous professional development in IMH).

2.

Level 2

It is expected that practitioners should be competent at all Level 1 content before progressing to Level 2. At Level 2 you will be expected to know the knowledge base of each competence and have the ability to apply this knowledge to your professional practice. You will need to be competent in the specific skills identified in the IMHCF. Practitioners at Level 2 will be expected to train/support and supervise practitioners at Level 1.

3.

Level 3

It is expected that practitioners should be competent at Level 1 & 2 competencies before progressing to Level 3. At Level 3 practitioners will need to have the knowledge base, be able to apply it and supervise and manage. These practitioners will be specialist mental health practitioners and will be expected to inform the provision of therapeutic services, train/support and supervise other practitioners, and contribute to the development of services locally.

Please note that the IMHCF does not supersede your core professional competencies but should be used alongside them. Standard competencies around information governance, safeguarding, managing risk, equality and diversity, communication and professional standards may not be repeated here, but are crucial to effective infant mental health work. Furthermore, professional groups may have additional specific competency sets that are not covered in this framework and this document should be used alongside them.

The core infant mental health competency

The core infant mental health competency required by practitioners is an ability to hold an “infant mental health frame of mind”. This refers to the capacity of staff working with parents and babies to be able to maintain the perspective not only of the parent but also that of the baby, to be able to use observations in order to imagine the experience of the non-verbal infant, and to maintain reflectivity in practice. Practitioners need a capacity to maintain a focus on the parent-infant relationship as a dynamic system, and to be able to apply interventions flexibly in-line with the strengths, vulnerabilities and wider social context of each infant, parent and family. The seven domains in this framework define the key aspects of working that are part of this mind-set. To support you to begin to focus your “infant mental health frame of mind” the following key terms have been included to aid understanding of infant mental health concepts pertinent to the competencies.



Key Terms

Agency

The infant's sense that they are able to influence events and situations.

Attachment

The primary affective relationship between parent and infant that is structured, initially experienced, and encoded at a bodily level and becomes structured through development as internal templates of expectations in relationships (Internal Working Models).

Attunement

The cross-modal sharing of positive emotional states. Parents are not attuned to their infants all of the time. It is through the healthy "ruptures" and "repairs" to attunement that learning about interaction and the regulation of emotions takes place.

Bonding

The process of intense emotional connection that takes place between a mother/father/carer and a baby.

Contingent responsiveness

The provision by the caretaking adult of a response that corresponds to the baby's specific emotions and needs, such that the baby has an experience of being recognised, effective and safe. The baby's experience of control over his environment, through eliciting a contingent response, can serve to regulate emotional arousal. This is why responding contingently (sensitively) appears often to sooth the infant.

Disorganised attachment

A category of attachment, which describes the absence of a coherent strategy for dealing with anxiety provoking situations relating to attachment relationships. Disorganised attachment appears to develop out of situations where the infant/child has been exposed to specific forms of distorted parenting and unusual caregiving behaviours that are "atypical", e.g. frightening, frightened, hostile, dissociated, sexualized. Such atypical parenting is thought to be associated with unresolved trauma and overwhelming negative affect in the parent's history.

**Dyad**

Mother and infant or father and infant as a unit.

Ecological context of parenting

Parenting takes place within a multiplicity of contexts, such as familial, cultural, socio- economic, legal. These different environmental systems influence the way the parent/s believe they should parent and their parenting behaviours and, thus, the development of the baby.

Emotional regulation and dysregulation

The process by which the levels of positive and negative emotions are kept within manageable bounds, so that they are registered but not experienced as overwhelming. The regulation of the baby's emotions is co-constructed by parent and baby, through sensitive and contingent interactions. If the emotions are too stimulating or frightening s/he may have to defend against the emotions and blank them out altogether. Parents may be in similar states in relation to their own emotional arousal and thus risk dysregulating their babies.

“Ghosts in the nursery”

Negative and painful feelings from the parent's past that are associated with early relational disturbance that are, transferring into the relationship with the new-born baby, and can significantly distort it. The unresolved emotionally laden “ghosts” get in the way of the baby being seen by the parent in terms of who the baby really is.

Health Prevention

Health prevention is defined as the plans for, and the measures taken, to prevent the onset of a disease or other health problem. There are three distinct levels of prevention:

- a) Primary prevention includes those measures that prevent the onset of problems before the problems occur and can be universal (e.g. health prevention work of health visitors) or targeted (e.g. interventions targeting at risk families).
- b) Secondary prevention includes methods that involve working with parents where problems have already been identified (e.g. interventions for women with pre or postnatal depression).
- c) Tertiary prevention involves rehabilitation of those who have already been affected by a health problem such as activities to prevent an established disease from becoming worse (e.g. interventions for women with significant mental health problems; substance dependence or domestic abuse).

**Infant**

The first 365 days of a baby's life.

Insecure attachment

The situation wherein a child's strategy for managing threat and anxiety is a compromise in that it brings a response from the parent but does not provide the child with a sense of safety and comfort.

Interactions

The bi-directional to-and-fro of exchanges, in this case between parent and infant. The quality of interactions is determined by factors such as emotional tone, rhythm, matchedness and interactive repair. Parental infant interactions have a protective or risk-triggering influence on child developmental outcomes.

Marked mirroring

A process by which the parent demonstrates to the infant that s/he understands how the baby is feeling and is not frightened or overwhelmed by those feelings. Marked mirroring happens when a parent shows a contingent response to their baby such as looking sad when the baby is crying. When parents mirror the emotion, babies recognise that their feelings are understood. "Marked mirroring" refers to the way in which parents re-enact a modified or exaggerated facial expression, which indicates to the baby that his/her distress is not the parent's distress, and can be understood and contained by them.

Maternal representations (of her baby)

The mother's mental images about the baby. They may reflect the actual baby or be highly tinged by attributions to the baby that originated in another set of relationships

Mentalization

Mentalization refers to the psychological capacity to make sense of actions and behaviours in oneself and in others in terms of underlying feelings and thoughts. Without this process human behaviour can be experienced as meaningless and random. Attributing mental states as guiding the actions of others gives meaning to social interaction

**Mind-mindedness**

The ability to accurately infer or understand others' mental states.

Reflective Function

The capacity of the parent/s to experience the baby (or any other person) as an "intentional being" rather than simply viewing them in terms of physical characteristics or behavior. This helps the child to develop an understanding of mental states in other people, and to regulate their own internal experiences.

Reflective Practice

The ability to take a step back to think about one's practice and undertake self-appraisal, to consider what is taking place and why, and whether this meets the intentions of the intervention, is serving any other purposes, should be continued as is or rethought. It also involves supervision, and ongoing continuing professional development. To work reflectively means to have an awareness of one's own thoughts and feelings and to question one's assumptions and be able to monitor these and reflect on the way in which they may help/hinder work with parents/infants and professional colleagues.

Regulatory disorders

The infant's/child's difficulties in regulating their behavior and physiological, sensory, motor or affective processes and in achieving a calm, alert, or affectively positive state.

Resilience

The ability of a person to overcome adverse environmental experiences.

Risk

The probability of an unfavorable developmental outcome for the baby. In the contents of this competency framework risk factors refer to relational environmental factors that impinge on development.

Secure attachment

The quality of the child's relationship with him/her parent/caregiver that enables him/her to obtain comfort from the caregiver when distressed and 'use' this to explore him/her environment with a sense of agency.

**Self**

The person's subjective sense of who he/she is, which has coherence over space and time. The baby's sense of self is constructed in interaction with his/her parent/s and through the experience of feeling known in the mind of his/her parent/s. The parent's self-representation is changed with the birth of a child.

Unresolved trauma

Preoccupied states of mind that are unremitting in relation to overwhelming negative experiences and are likely to distort the way in which the current situations are responded to. Parents who have experienced overwhelming trauma may experience states of dissociation in the relationship with the baby, thus re-creating a traumatic experience for the baby.

Temperament

A baby's natural disposition with regard to their mental, physical, and emotional traits and reaction.

Team around the child (TAC)

The team around the child is a model of multi-agency service provision, and brings together a range of practitioners from across the children and young people's workforce to support an individual child or young person and their family.

Perinatal

Describes the period surrounding birth, and traditionally includes the time from foetal viability from about 24 weeks of gestation up to either 7 or 28 days of life.



Acknowledgements

With thanks to Tessa Baradon and Angela Joyce for allowing inclusion of key terms used in *The Practice of Psychoanalytic Parent-Infant Psychotherapy: Claiming the Baby* and Jane Barlow and Dawn Cannon for additions from *Keeping the Baby in Mind: Why the Parent's Mind Matters* and *Infant Mental Health Online*

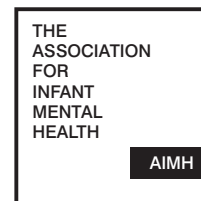
End: Infant Mental Health Competencies Framework introduction.

1

Domain 1: Relationship-based practice (10 units)

Relationship-based practice is key to effective infant mental health work. It involves working collaboratively with the family, in order to establish and sustain a respectful, non-judgmental and trusting relationship with them, and having an understanding about barriers to engagement and methods of addressing these. This domain highlights the key aspects of relationship-based practice that are necessary to promote infant mental health.

6 page folio section



Infant Mental Health Competencies Framework Assessment

1.01 - 1.03: Collaborative working.

Grid Level 1

1.01

Knowledge about the **importance of working collaboratively with the whole family and the significant relationships that have an influence on the infant.**

The ability to use the above knowledge to develop collaborative working practices.

1.02

Knowledge of the **importance of establishing and being able to sustain a respectful and trusting relationship** (i.e. non-judgmental, supportive and sensitive with the parent/s/caregiver) and to use these relationships in a managed way to bring about change if this is needed.

The ability to use the above knowledge to develop ongoing relationships with families.

Grid Level 2

1.01

Ability to apply the knowledge about the **importance of working collaboratively with the whole family and the significant relationships that have an influence on the infant** to:

- a) inform delivery of collaboratively based services to families;
 - b) inform working practise with colleagues and wider services;
 - c) model such working with other practitioners.
-

1.02

Ability to apply the **knowledge about the importance of establishing and being able to sustain respectful and trusting relationships** with the parent/s/caregiver and to use these relationships in a managed way to bring about change if this is needed to:

- a) inform engagement and delivery of services to families;
 - b) inform wider working practise with colleagues and wider services;
 - c) model such working to other practitioners.
-

Grid Level 3

1.01

Ability to apply the knowledge about **working collaboratively with the whole family and the significant relationships that have an influence on the infant** to:

- a) inform provision of therapeutic services;
 - b) inform provision of training/support/supervision;
 - c) contribute to the development and/or adaptation of collaborative services locally.
-

1.02

Ability to apply the **knowledge about establishing the importance of sustaining respectful and trusting relationships** with the parent/s/caregiver and to use these relationships in a managed way to bring about change if this is needed to:

- a) provide therapeutic services;
 - b) provide training/support/supervision;
 - c) contribute to the development and/or adaptation of collaboratively based services locally.
-

Grid Level 1 continued...

1.03

Knowledge of the importance of **practitioner/family boundaries** and ability to maintain these both in and outside the work context.

Grid Level 2 continued...

1.03

Ability to apply the knowledge about the **importance of professional boundaries and ability** to maintain these to:
a) establish appropriate boundaries;
b) support level 1 practitioners to establish appropriate boundaries.

Grid Level 3 continued...

1.03

Ability to apply the knowledge about the **importance of professional boundaries** and ability to maintain these; and to support level 2 practitioners to maintain appropriate boundaries.

1.04 - 1.08: Supporting sensitive caregiving.

1.04

Knowledge about the importance of **sensitive caregiving (e.g. attuned; contingent) and appropriate responsiveness for infant development and to inform work with families.**

The ability to use the above knowledge to inform practice.

1.04

Ability to apply the knowledge about the importance of sensitive caregiving (e.g. attuned; contingent) **and appropriate responsiveness for infant development** to inform all work with families.

1.04

Ability to apply the knowledge about the importance of sensitive caregiving (e.g. attuned contingent) **and appropriate responsiveness for infant development** to inform all work with families to:
a) provide therapeutic services;
b) provide training/support/supervision;
c) contribute to the development and/or adaptation of collaboratively based services locally.

1.05

Knowledge of the importance of **keeping in mind and responding to, the needs of both the parent/s/caregiver and the infant, and the quality and content of the relationship between them.**

Ability to use the above knowledge to interact effectively with both the parent/s/caregiver and the infant.

1.05

Ability to apply the knowledge of the importance of **keeping in mind and responding to, the needs of both the parent/s/caregiver and the infant, and the quality and content of the relationship between them** in terms of all forms of assessment and support being provided.

1.05

Ability to apply the knowledge about the importance of keeping in mind and responding to, both **the parent/s/caregiver and the infant and the quality and content of the relationship between them** in terms of:
a) the delivery of therapy;
b) training/support/supervision of other practitioners.

Grid Level 1 continued...

1.06

Knowledge of the **importance of the interaction between the practitioner, the parent, and the infant.**

Ability to use the above knowledge to:

- a) model the provision of sensitive caregiving;
- b) support positive caregiving and identify problems in caregiving;
- c) provide links to other resources that focus on sensitive caregiving.

1.07

Knowledge of the importance of **recognising infant verbal and non-verbal behaviour as communication.**

The ability to use the above knowledge to observe, understand and communicate with infants.

Grid Level 2 continued...

1.06

Ability to apply the knowledge about the **importance of sensitive caregiving** to:

- a) model the provision of sensitive caregiving;
- b) support positive caregiving and identify problems in caregiving;
- c) provide links to other resources that focus on sensitive caregiving;
- d) provide appropriate dyadic/triadic support to address problems;
- e) liaise with other professionals; recognise when referral on to specialist services is needed

1.07

Ability to apply the knowledge about the importance of **recognising infant behaviour as communication** to:

- a) observe and identify what is going well for the baby and highlight the parent's role in this;
- b) sensitively and respectfully model optimal communication with the infant;
- c) model the provision of sensitive caregiving;
- d) identify problems in caregiving;
- e) provide links to other resources that focus on sensitive caregiving;
- f) provide appropriate dyadic support to address problems;
- g) liaise with other professionals;
- h) refer on to specialist services where necessary.

Grid Level 3 continued...

1.06

Ability to apply the knowledge about the **importance of sensitive caregiving** to:

- a) inform delivery of therapeutic work using **dyadic/triadic** methods of working (i.e. that involve the therapist/parent/s/infant);
- b) training/support/supervision of other practitioners using both dyadic and triadic methods.

1.07

Ability to apply the knowledge about the importance of **recognising infant behaviour as communication** to:

- a) inform delivery of therapeutic work using dyadic and triadic methods of working (i.e. that involve the therapist/parent/infant);
- b) train/support/supervise other practitioners;
- c) contribute to the development of services provided locally.

Grid Level 1 continued...

1.08

Knowledge of the importance of **communicating an awareness and appreciation of the baby's feelings.**

The ability to use the above knowledge to communicate sensitively with infants at their level.

Grid Level 2 continued...

1.08

Ability to apply the knowledge about the importance of **communicating an awareness and appreciation of the baby's feelings** to:

- a) model optimal communication with the infant;
- b) model the provision of sensitive caregiving;
- c) identify problems in caregiving;
- d) provide links to other resources that focus on sensitive caregiving;
- e) provide appropriate **dyadic/triadic** support to address problems;
- f) liaise with other professionals;
- g) refer on to specialist services where necessary.

Grid Level 3 continued...

1.08

Ability to apply the knowledge about the importance of **communicating an awareness and appreciation of the baby's feelings** to:

- a) inform delivery of therapeutic work using dyadic/triadic methods of working;
- b) train/support/supervise other practitioners.

1.09 - 1.10: Threats to Engagement.

1.09

Knowledge about **possible barriers to and reasons for non-engagement.**

The ability to use the above knowledge to avoid/address/remove barriers to engagement (e.g. providing warm, welcoming environment etc).

1.09

Ability to apply the knowledge about **possible barriers to and reasons for non-engagement** to:

- a) promote an environment that will encourage engagement;
- b) identify and address factors that are threatening engagement.

1.09

Ability to apply the knowledge about **possible barriers to and reasons for non-engagement** to:

- a) promote engagement with therapeutic provision;
- b) support/supervise/train other practitioners;
- c) develop services locally that optimise engagement.

Grid Level 1 continued...

1.10

Knowledge about **problems with engagement** (i.e. infrequent or sporadic attendance of appointments) and possible reasons for these.

The ability to recognise poor engagement and discuss concerns with colleagues.

.....

Grid Level 2 continued...

1.10

Ability to apply the knowledge about **problems with engagement and possible reasons for these** to:

- a) discuss concerns with parent/s/caregiver;
 - b) provide alternative methods of promoting engagement (e.g. alternative venues; text reminders etc.)
 - c) provide alternative methods of support (e.g. online tools);
 - d) to follow safeguarding procedures.
-

Grid Level 3 continued...

1.10

Ability to apply the knowledge about **problems with engagement and possible reasons for these** to:

- a) use the therapeutic meeting to address problems with engagement using therapeutic methods;
 - b) offer alternative therapeutic working that will increase engagement if necessary.
 - c) to follow through on safeguarding procedures if necessary.
-

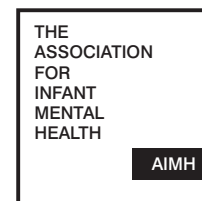
End. Domain 1: Relationship-based practice

2

Domain 2: Normal and atypical development (13 units)

During pregnancy and the first two years of life, significant brain and physiological development takes place and key aspects of functioning are being established including the ability to regulate emotional states. Domain 2 highlights the key areas of knowledge and skills that are associated relationship-based aspects of practice

8 page folio section



Infant Mental Health Competencies Framework Assessment

2.01: Brain development and critical periods of development.

Grid Level 1

2.01

Knowledge that **infant development occurs in the context of significant caregiver-child relationships.**

Ability to use this knowledge to:

- interact supportively with parents and build their confidence by describing what is going well;
- identify possible concerns and discuss with appropriate colleagues.

Grid Level 2

2.01

Ability to apply the knowledge that **infant development occurs in the context of significant caregiver-child relationships** to:

- discuss these issues with parent/s/caregivers;
- provide links to other resources;
- liaise with other practitioners regarding concerns;
- provide support to families to promote caregiver-child relationship

Grid Level 3

2.01

Ability to apply the knowledge that **infant development is understood in the context of significant caregiver-child relationships** to:

- provide therapeutic intervention that addresses the caregiver-child relationship;
- train/support/supervise other practitioners to work dyadically;
- contribute to the development of new attachment-informed services locally.

2.02 - 2.03: Developmental pathways in infancy

2.02

Knowledge of **age-appropriate developmental milestones during infancy and normal variation compared with more significant divergence from the norm**, in the domains of: social and emotional development; physical development (fine and gross motor skills); language development (receptive and expressive), physical and cognitive development.

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

2.02

Ability to apply the knowledge and perform a standardized developmental check of **age-appropriate developmental milestones during infancy and normal variation compared with more significant divergence from the norm**, in the domains of:

- social and emotional development;
- physical development (fine and gross motor skills);
- language development (receptive and expressive);
- cognitive development;
- ability to share the results in a sensitive way with the parent/s.

2.02

Ability to apply the knowledge and perform a standardized developmental check of **age-appropriate developmental milestones during infancy and recognise normal variation compared with more significant divergence from the norm**, in domains of:

- social and emotional development;
- physical development (fine and gross motor skills);
- language development (receptive and expressive);
- cognitive development;
- ability to share the results in a sensitive way with the parent/s.

Grid Level 1 continued...

2.03

Knowledge of the **rapid and environmentally dependent neurobiological development** that occurs in pregnancy and infancy.

Ability to use this knowledge to inform practice by offering appropriate pre and post-natal support/advice and through supporting parents to provide sensitive care.

Grid Level 2: 2.02 continued...

Use this knowledge to:

- a) support optimal development;
- b) identify problems in these developmental domains;
- c) discuss concerns with parents;
- d) liaise with other practitioners;
- e) know when to make referrals to other services.

2.03

Ability to apply the knowledge about the **rapid and environmentally- dependent neurobiological development** that occurs in pregnancy and infancy to:

- a) discuss these issues with parents;
- b) provide links to relevant resources;
- c) inform their delivery of support during the perinatal period;
- d) support parents to provide sensitive care;
- e) know when to make appropriate referrals of other services.

Grid Level 3: 2.02 continued...

Use this knowledge to:

- a) inform therapeutic work with families;
- b) assess the impact of their therapeutic work and need for ongoing/additional work;
- c) train/support/supervise other practitioners;
- d) consult on risk issues as appropriate;
- e) contribute to the development of new services and care pathways locally.

2.03

Ability to apply the knowledge about the **rapid and environmentally- dependent neurobiological development** that occurs in pregnancy and infancy:

- a) to inform therapeutic work with families;
- b) train/support/supervise other practitioners;
- c) contribute to the development of new services and care pathways locally.

Grid Level 1 continued...

Grid Level 2 continued...

Grid Level 3 continued...

2.04 - 2.07: Attachments

2.04

Knowledge of the importance of promoting secure infant attachment, and the different types of caregiving behaviours associated with different attachment styles.

Ability to use this knowledge to:

- a) interact supportively with parents;
- b) identify possible concerns and discuss with appropriate colleagues.

2.04

Ability to apply the knowledge about the importance of promoting secure infant attachment, and the different types of caregiving behaviours associated with different attachment classification to:

- a) discuss issues relating to interaction with parents;
- b) identify problems at the level of the parent or infant using or guided by a recognised tool (e.g. parent report or observational);
- c) provide links to other resources;
- d) provide support to parents experiencing problems via group or individual work;
- e) make referrals to appropriate specialist services.

2.04

Ability to apply the knowledge about the importance of promoting secure infant attachment, and the different types of caregiving behaviours associated with different attachment classifications to:

- a) deliver therapeutic services that have been shown to promote secure attachment;
- b) assess the impact of such support on the attachment of the infant using standardized tools;
- c) address interactions that are associated with disorganised attachment in the infant;
- d) train/support/supervise other practitioners to promote attachment;
- e) contribute to the development of attachment-based services locally.

2.05

Knowledge of the importance of parental reflective functioning.

Ability to use this knowledge to:

- a) help the parent/s think about their baby as a separate person with feelings and mental processes
- b) identify any possible concerns and discuss with appropriate colleagues.

2.05

Ability to apply the knowledge about the importance of parental reflective functioning to:

- a) model reflective interactions with the parent and infant;
- b) identify problems with parental reflective functioning
- c) provide support that will promote mind-mindedness;
- d) know when to make referrals to appropriate specialist services.

2.05

Ability to apply the knowledge about the importance of parental reflective functioning to:

- a) deliver therapeutic services that have been shown to promote secure attachment;
- b) assess the impact of such support on the attachment of the infant using standardised tools;
- c) train/support/supervise other practitioners to promote attachment;
- d) contribute to the development of attachment-based services locally.

Grid Level 1 continued...

2.06

Knowledge of **the infant's ability to form a number of key relationships** in addition to the relationship with the primary caregiver.

Ability to use this knowledge to:

- a) interact supportively with parent/s to promote multiple attachment relationships;
- b) identify possible concerns and discuss with appropriate colleagues.

2.07

Knowledge that the **impact of parent/s/caregiver relationship histories can influence the ways in which they interact with their infant.**

Ability to use this knowledge to:

- a) interact supportively with parent/s in a way that takes account of the parental history to promote optimal parent-infant interaction;
- b) identify possible concerns and discuss with appropriate colleagues.

Grid Level 2 continued...

2.06

Ability to apply the knowledge about the **infant's ability to form a number of significant relationships** in addition to the relationship with the primary caregiver to:

- a) reflect with parent/s on opportunities to promote other attachments;
- b) provide links to relevant resources;
- c) liaise with other practitioners where there are concerns;
- d) know when to make referrals to appropriate specialist service.

2.07

Ability to apply the knowledge about the **impact of parent/s/caregiver relationship histories, and the way in which this can unconsciously impact on their interactions with the infant** to:

- a) reflect with parent/s on the way in which such patterns may be influencing their caregiving;
- b) provide links to relevant resources;
- c) liaise with other practitioners where there are concerns;
- d) know make referrals to appropriate specialist services

Grid Level 3 continued...

2.06

Ability to apply the knowledge about the **infant's ability to form a number of significant relationships** in addition to the relationship with the primary caregiver to:

- a) inform delivery of therapeutic work;
- b) inform the development and delivery of services locally that support children's attachment relationships.

2.07

Ability to apply the knowledge about the **impact of parent/s/caregiver relationship histories and the way in which this can unconsciously impact on their interactions with the infant** to:

- a) inform delivery of therapeutic work, particularly if and when to take up the past vs the present;
- b) train/support/supervise other practitioners.

Grid Level 1 continued...

Grid Level 2 continued...

Grid Level 3 continued...

2.08 - 2.10: Ecological context for child development

2.08

Knowledge that **ecological systems can affect family relationships and influence** caregiving and infant development.

Ability to use this knowledge to:

- a) interact supportively with parent/s to promote optimal caregiving;
- b) identify possible concerns and discuss with appropriate colleagues.

2.09

Knowledge that **cultural beliefs and practices can impact on caregiving.**

Ability to use the above knowledge to take account of cultural believes and practices.

2.08

Ability to apply the knowledge that **ecological systems can affect family relationships** and influence caregiving and infant development.

2.09

Ability to apply the knowledge that **cultural beliefs and practices will impact on caregiving** to:

- a) adapt practice and delivery of services to recognise cultural differences;
- b) identify appropriate and inappropriate cultural variations to parenting and discuss with parent/s or other colleagues as appropriate.

2.08

Ability to apply the knowledge that **ecological systems can affect family relationships and influence** caregiving and infant development.

2.09

Ability to apply the knowledge that **cultural beliefs and practices will impact on caregiving** to:

- a) adapt their delivery of direct therapeutic services;
- b) train/support/supervise other practitioners to delivery culturally sensitive services; contribute to the development of culturally sensitive services locally.

Grid Level 1 continued...

2.10

Knowledge of the **social and economic factors that may impinge on the caregiving relationship.**

Ability to use the above knowledge to identify families in which the above factors may be affecting their parenting and discuss with appropriate colleagues.

Grid Level 2 continued...

2.10

Ability to apply the knowledge about the **social and economic factors that may impinge on the caregiving relationship** to:

- a) assess the specific impact of such factors on parenting;
- b) support families to obtain appropriate additional help to relieve their circumstances;
- c) provide support to parent/s whose parenting is affected as a consequence of their circumstances;
- d) make referrals to appropriate specialist services.

Grid Level 3 continued...

2.10

Ability to apply the knowledge about the **social and economic factors that may impinge on the caregiving relationship** to:

- a) inform their provision of direct therapeutic services;
- b) to work within the network of potential other supports; train/support/supervise other practitioners.

2.11 - 2.13: Resilience

2.11

Knowledge of **environmental/familial factors that promote infant resilience.**

Ability to use the above knowledge to:

- a) support interactions that are favorable to infant development;
- b) identify families in which the above factors may be affecting their parenting and discuss with appropriate colleagues.

2.11

Ability to apply the knowledge about **environmental/familial factors that promote infant resilience** to:

- a) discuss with parent/s in order to buffer the infant from environmental impingements;
- b) identify families who may need additional support;
- c) provide links to other resources;
- d) provide additional support if required.

2.11

Ability to apply the knowledge about **environmental/ familial factors that promote infant resilience** and to:

- a) provide direct therapeutic services (e.g. parent-infant psychotherapy; individual therapy etc.);
- b) support practitioners working with such dyads/families; contribute to the development of appropriate services locally.

Grid Level 1 continued...

2.12

Knowledge of **factors associated with the caregiver's beliefs, feelings and behaviours that promote infant resilience.**

Ability to use the above knowledge to:

- a) support interactions that are favorable to infant development;
- b) to identify families in which the above factors may be affecting their parenting and discuss with appropriate colleagues.

2.13

Knowledge of **factors associated with the infant (e.g. temperament; prematurity; etc.) that affect infant resilience.**

Ability to use this knowledge to interact supportively with parent/s to promote optimal caregiving.

Grid Level 2 continued...

2.12

Ability to apply the knowledge about **factors associated with the caregiver's beliefs, feelings and behaviours that promote infant resilience** to:

- a) discuss with parent/s in order to promote optimal caretaking;
- b) identify caregivers who may need additional support;
- c) provide links to other resources;
- d) provide additional support if required.

2.13

Ability to apply the knowledge about **factors associated with the infant that contribute to infant resilience** to:

- a) discuss with parent/s in order to promote optimal caretaking;
- b) identify infants who may need additional support;
- c) provide links to other resources;
- d) provide additional support if required.

Grid Level 3 continued...

2.12

Ability to apply the knowledge about **factors associated with the caregiver's beliefs, feelings, and behaviours that promote infant resilience** and to:

- a) accommodate these in the provision of direct therapeutic services (e.g. parent-infant psychotherapy; individual therapy etc.);
- b) support practitioners working with such dyads/families;
- c) contribute to the development of appropriate services locally.

2.13

Ability to apply the knowledge about **factors associated with the infant that contribute to infant resilience** and to:

- a) provide direct therapeutic services (e.g. parent-infant psychotherapy; individual therapy etc.);
- b) support practitioners working with such dyads/families;
- c) contribute to the development of appropriate services locally.

End. Domain 2: Normal and atypical development (13 units)

3

Domain 3: Factors that influence caregiving capacity (8 units)

A range of factors have been identified as having an impact on the parents' capacity to parent their baby. Some of these factors can be identified at the level of the individual (e.g. parental mental health problems; parenting skills, parent's experiences of being parented), while other influences involve the family, neighborhood or wider culture. Furthermore, the factors that influence caregiving begin prior to the birth (and even prior to conception) of the baby, and this domain addresses factors operating across the transition to parenthood.

5 page folio section



Infant Mental Health Competencies Framework Assessment

3.01 - 3.03: Transition to parenthood

Grid Level 1

3.01

Knowledge that the **parent/s/caregiver life experiences and feelings about conception, pregnancy and birth** can impact on their experience of, and behaviour towards, the baby.

Ability to apply above knowledge to practice and consult with colleagues where there are concerns.

3.02

Knowledge that **emotional and psychological changes occur** for both expectant mothers and fathers when becoming parents (i.e. pregnant and postnatal).

Ability to apply above knowledge to practice and consult with colleagues where there are concerns.

Grid Level 2

3.01

Ability to apply the knowledge about **parent/s/caregiver life experiences and feelings about conception, pregnancy and birth** to:

- a) discuss these issues with the family;
- b) provide links to relevant resources;
- c) inform their delivery of support during the perinatal period;
- d) signpost families or refer, where applicable, to appropriate sources of support/services.

3.02

Ability to apply the knowledge about the **emotional and psychological changes that can occur** to:

- a) conduct an Antenatal Promotional Interview;
- b) deliver a standardized preparation for parenthood programme;
- c) provide a preventive mental health intervention.

Grid Level 3

3.01

Ability to apply the knowledge about **parent/s/caregivers' life experiences and feelings about conception, pregnancy and birth** to:

- a) work therapeutically where appropriate with vulnerable families (e.g. families affected by history of abuse; trauma; violence);
- b) train/support/supervise other practitioners; contribute to the development of appropriate services locally.

3.02

Ability to apply the knowledge about the **changes in emotional and psychological adjustment that can occur** to:

- a) work therapeutically with parent/s and their partners who are experiencing significant problems during the transition to parenthood;
- b) train/support/supervise other practitioners;
- c) contribute to the development of appropriate services locally.

Grid Level 1 continued...

3.03

Knowledge that **intrapersonal skills; self-esteem; personal and family history; medical history interpersonal; institutional; and cultural factors** can affect parenting.

Ability to apply above knowledge to practice and consult with colleagues where there are concerns

Grid Level 2 continued...

3.03

Ability to apply the knowledge that **a range of factors can affect parenting and to work preventively** by assessing:

- a) whether and in what way parenting is being affected by these factors;
- b) discuss with the parent/s the possible impact of these factors on their parenting;
- c) support parent/s by signposting to relevant services;
- d) know when to make referral to specialist services.

Grid Level 3 continued...

3.03

Ability to apply the knowledge that **a range of factors can affect parenting and to work preventively** by assessing:

- a) whether and in what ways parenting is being affected by these factors;
- b) discuss with the parent/s the possible impact of these factors on their parenting;
- c) work therapeutically with the parent/s;
- d) train/support/supervise practitioners working with affected families;
- e) contribute to the development of appropriate services locally.

3.04 - 3.07: Ante and postnatal factors that can effect parenting

3.04

Knowledge about the **possible impact of substance misuse (including alcohol), domestic abuse; mental health problems on the development of the foetus/infant and the impact on the parent-infant interaction and relationships.**

Ability to apply above knowledge to practice and consult with colleagues where there are concerns.

3.04

Ability to apply the knowledge about **impact of substance misuse (including alcohol); domestic abuse; mental health problems on the development of the foetus/infant** and the impact on **the parent-infant interaction and relationships** to:

- a) discuss issues related to substance misuse and domestic abuse with parent/s;
- b) assess the interaction using a standardized tool;
- c) provide appropriate dyadic support to the parent and infant to meet any identified problems;
- d) know when to refer on to other specialist service.

3.04

Ability to apply the knowledge about **impact of substance misuse (including alcohol); domestic abuse; mental health problems on the development of the foetus/infant and the impact on the parent/s-infant interaction and relationships** and to:

- a) provide dyadic/triadic therapeutic support to the parent/s/caregiver/s and infant to address significant interactional problems;
- b) train/support/supervise practitioners working with affected families;
- c) contribute to the development of appropriate services locally.

Grid Level 1 continued...

3.05

Knowledge that **changes in the family and related family dynamics following pregnancy and the birth of a baby can affect the quality of the couple relationship and impact co-parenting.**

Ability to observe and identify emerging difficulties to:

- a) apply the above knowledge to practice;
- b) consult with colleagues where there are concerns

3.06

Knowledge about factors **that may increase vulnerability** in the baby (including prematurity, temperament, genetic syndromes, disability), or **parent's experiences of the baby's characteristics**, and their potential impact on the caregiving relationship and interaction.

Ability to apply above knowledge to practice and consult with colleagues where there are concerns.

Grid Level 2 continued...

3.05

Ability to apply the knowledge that **changes in the family constellation and dynamics following pregnancy and the birth of a baby can affect the quality of the couple relationship and impact co-parenting** to:

- a) discuss issues relating to co-parenting with the parents;
- b) support parents by signposting to relevant services;
- c) know when to make a referral to specialist services

3.06

Ability to apply the knowledge about **dispositional factors and regulatory disorders and baby characteristics that may increase vulnerability** in the baby and their impact on the caregiving relationship to:

- a) discuss these issues with the parent/s;
- b) assess the interaction using a standardized tool;
- c) provide appropriate support for moderate interactional problems;
- d) provide links to other resources;
- e) know whether to make referrals to specialist services.

Grid Level 3 continued...

3.05

Ability to apply the knowledge that **changes in the family constellation and dynamics following pregnancy and the birth of a baby can affect the quality of the couple relationship and co-parenting** to:

- a) work therapeutically where appropriate to improve co-parenting;
- b) train/support/supervise practitioners working with families experiencing difficulties;
- c) contribute to the development of appropriate services locally.

3.06

Ability to apply the knowledge about **dispositional factors and regulatory disorders and baby characteristics that may increase vulnerability** in the baby and their impact on the caregiving relationship to:

- a) provide direct therapeutic services;
- b) train/support/supervise other practitioners;
- c) contribute to the development of appropriate services locally.

Grid Level 1 continued...

3.07

Knowledge about **mental health problems in parents that can occur to both parents during the pre and postnatal period.**

Ability to apply above knowledge to practice and consult with colleagues where there are concerns.

Grid Level 2 continued...

3.07

Ability to apply the knowledge about **mental health problems that can occur to both parents during the pre and postnatal period** to:

- a) screen for common mental health problems, where appropriate;
- b) signpost to or provide support in the case of mild common mental health problems; (e.g. online or one-to-one);
- c) provide support to women experiencing mild common mental health problems;
- d) know when to make contact with specialist services for consultation and liaison/co-working as well as referral for more severe problems.

Grid Level 3 continued...

3.07

Ability to apply the knowledge about **mental health problems that can occur to both parents during the pre and postnatal period** to:

- a) provide therapeutic service to individual dyads/families that address the needs of both parent/s/caregivers and infant;
- b) develop close liaison & joint working practice with colleagues in adult/perinatal mental health teams;
- c) train/support/supervise other practitioners;
- d) contribute to the development of appropriate services locally.

3.08 Help seeking behaviours

3.08

An understanding that **social and cultural influences and fear can affect understanding about and attitudes towards the need for, and ability to seek, help for perinatal mental health difficulties, and that some parents need to be supported** to access appropriate support.

Ability to apply above knowledge to practice and consult with colleagues where there are concerns.

3.08

Ability to apply the knowledge about the relevant personal, **social and cultural factors and fear** influencing parental understanding of and attitudes toward help-seeking for, perinatal mental health difficulties to:

- a) assess how these factors may be impacting on the social and emotional health, safety and child development within individual families;
- b) discuss barriers with parent/s and provide support.

3.08

Ability to apply the knowledge about how the relevant personal, **social and cultural influences and fear** can affect the understanding of and attitudes toward help-seeking for perinatal mental health difficulties to:

- a) provide a culturally appropriate therapeutic service (e.g. individual or parent-infant psychotherapy);
- b) train/support/supervise practitioners working with families with diverse needs;
- c) contribute to the development of services locally that meet the needs of diverse groups of parents

End. Domain 3: Factors that influence caregiving capacity (8 units)

4

Domain 4: Assessment of caregiving (10 units)

Domain 4 focuses on the knowledge and skills needed for effective assessment of the caregiving of infants, both pre and postnatal. Assessment of caregiving is a highly skilled task, and for the better part undertaken using formal assessments as well as practitioner professional judgment. However, adopting an 'observational stance' is key to effective infant mental health practice for all practitioners.

5 page folio section



Infant Mental Health Competencies Framework Assessment

4.01 - 4.06 : Assessment

Grid Level 1

4.01

Knowledge of the use of observation - from an **observational stance**, of the infant, parent and their interactions, to inform the assessment process and to anchor recommendations.

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

4.02

Knowledge of the importance of conducting **formal assessment using standardised procedures of:**

- a) **caregiver-infant interaction;**
- b) **infant development** (e.g. socio-emotional development; developmental targets).

Grid Level 2

4.01

Ability to apply the knowledge about routinely **adopting an observational stance** to:

- a) observe the parent/s/caregiver interaction non-judgmentally and to support growth enhancing interaction;
- b) to identify areas of concern;
- c) provide appropriate interventions when interactions are detrimental to the baby's development;
- d) be able to recognise when referral to specialist services is necessary and take appropriate action.

4.02

Ability to apply the knowledge about the importance of conducting **formal assessment** of:

- a) **the caregiver-infant interaction;**
- b) **infant development to** undertake assessments of both (a) and (b) using appropriate tools;
- c) identify areas of concern and appropriate actions to take.

Grid Level 3

4.01

Ability to apply the knowledge about the importance of routinely **adopting an observational stance** to:

- a) inform assessment and delivery of therapeutic services;
- b) training/support/supervise other practitioners.

4.02

Ability to apply the knowledge about the importance of conducting **formal assessment** of:

- a) the caregiver-infant interaction;
- b) infant development to undertake specialist/advanced assessments of both.

Grid Level 1 continued...

4.03

Knowledge of the **different methods by which formal assessment** can be undertaken (e.g. parent report measures and observational measures).

4.04

Knowledge about the role of **information gathering for the purpose of assessment**.

4.05

Knowledge about the importance of both **confidentiality and information sharing with other practitioners**.

Ability to use above knowledge to:

- a) ensure confidentiality of information about families;
- b) appropriate colleagues with whom to share information.

Grid Level 2 continued...

4.03

Ability to apply the knowledge about the **different methods by which formal assessment** can be undertaken and to use **standardised** assessment methods.

4.04

Ability to apply the knowledge about the role of **information gathering for the purpose of assessment** in order to:

- a) undertake such information gathering with parent/s and other practitioners.

4.05

Ability to apply the knowledge about the **importance of both confidentiality and information sharing with other practitioners** to:

- a) balance the interests of the infant and family in relation to keeping information confidential versus sharing information;
- b) inform decisions about information sharing with individuals and organisations beyond the immediate work environment of the practitioner.

Grid Level 3 continued...

4.03

Ability to apply the knowledge about the **different methods by which formal assessment** can be undertaken and to use **standardised** assessment methods and to train and supervise other professionals in the use of assessment methods.

4.04

Ability to apply the knowledge about the role of **information gathering for the purpose of assessment** to:

- a) provide comprehensive reports about infant functioning that can be shared with other professionals as appropriate.

4.05

Ability to apply the knowledge about the **importance of both confidentiality and information sharing with other practitioners** to:

- a) balance the interests of the infant and family in relation to keeping information confidential versus sharing information; inform decisions about information sharing with individuals and organisations beyond the immediate work environment of the practitioner.
- b) before inform decisions about information sharing with individuals and organisations beyond the immediate work environment of the practitioner.

Grid Level 1 continued...

4.06

Knowledge that **one's personal professional viewpoint can effect assessment and may cause bias.**

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

Grid Level 2 continued...

4.06

Ability to apply the knowledge that **one's personal professional viewpoint can affect assessment and may be a cause of bias.**

Ability to use this knowledge to reflect on one's practice and discuss difficulties with appropriate colleagues/supervisor/manager.

Grid Level 3 continued...

4.06

Ability to apply the knowledge that **one's personal professional viewpoint can affect assessment and may be a cause of bias.**

Ability to use this knowledge to reflect on one's practice and discuss difficulties with appropriate colleagues/supervisor/manager.

4.07 - 4.10: Child protection/safeguarding.

4.07

Knowledge of the **possible signs of emotional/physical or sexual abuse and neglect** of the infant including failure to meet developmental and health care needs.

Ability to use this knowledge to identify concerns and discuss with appropriate colleagues.

4.07

Ability to apply the knowledge about the **possible signs of emotional/physical or sexual abuse and neglect** of the infant including failure to meet developmental and health care needs to:

- a) discuss concerns with parent/s/caregivers;
- b) undertake further assessment;
- c) provide support to address concerns;
- d) liaise with and provide assessment information to child protection services where appropriate.

4.07

Ability to apply the knowledge about the **possible signs of emotional/physical or sexual abuse and neglect** of the infant including failure to meet developmental and health care needs to:

- a) conduct further assessment;
- b) adapt therapeutic provision to address these concerns;
- c) train/support/supervise other practitioners;
- d) provide assessment information to relevant child protection services.

Grid Level 1 continued...

4.08

Knowledge of the importance of recognising **caregiver behaviours that may be associated with abuse or neglect.**

Ability to use the above knowledge to identify possible concerns and discuss with appropriate colleagues.

4.09

Knowledge about the **impact of abuse during infancy on short, medium and long-term development.**

Ability to use this knowledge to inform practice.

4.10

Knowledge about the importance of **prioritizing the infant's welfare to promote their safety.**

Ability to use this knowledge to inform practice.

Grid Level 2 continued...

4.08

Ability to apply the knowledge about the importance of recognising **caregiver behaviours that may be associated with abuse or neglect** to:

- a) discuss concerns with parent/s/caregivers;
- b) undertake further assessment;
- c) provide support to add concerns;
- d) liaise with and provide assessment information to child protection services where appropriate.

4.09

Ability to apply the knowledge about the **impact of abuse during infancy on short, medium and long-term development** to support practitioners working at Level 1.

4.10

Ability to apply the knowledge about the importance of **prioritizing the infant/child welfare to promote their safety** at all times and support practitioners working at Level 1.

Grid Level 3 continued...

4.08

Ability to apply the knowledge about the importance of recognising **caregiver behaviours that may be associated with abuse or neglect** to:

- a) discuss concerns with parent/s/caregivers;
- b) undertake further assessment;
- c) provide support to address concerns;
- d) liaise with and provide assessment information to child protection services where appropriate.

4.09

Ability to apply the knowledge about the **impact of abuse during infancy on short, medium and long-term development** to support practitioners working at Level 1 & 2.

4.10

Ability to apply the knowledge about the of **prioritizing the infant's welfare to promote their safety** at all times and support practitioners working at Level 1 & 2.

End. Domain 4: Assessment of caregiving (10 units)

5

Domain 5: Supporting Caregiving (7 units)

Domain five addresses the knowledge and skills that are required to work effectively to both support caregiving and to work with parent/s-infant dyads who may be experiencing difficulties. One of the key features of effective interventions to improve caregiving involves working with the caregiver/s/parent/s and infant together.

4 page folio section



Infant Mental Health Competencies Framework Assessment

Grid Level 1

5.01

Knowledge that there are **different kinds of support that can be provided to families during the pre and postnatal** period to promote infant mental health (e.g. primary; secondary; tertiary)

Ability to use the above knowledge to inform practice.

5.02

Knowledge that there are **different types of intervention that can be provided** in terms of the focus of the intervention (e.g. infant; parent; dyad; triad etc).

Ability to use the above knowledge to inform practice

Grid Level 2

5.01

Ability to apply the knowledge that there are **different levels of support that can be provided to families during the pre and postnatal** period to:

- a) promote infant mental health (e.g. primary; secondary; tertiary) to know when and how to intervene to provide appropriate support, and when to refer to more specialist services;
- b) have awareness of local agencies and pathways/networks relevant to promotion and treatment of IMH/Perinatal MH problems.

5.02

Ability to apply the knowledge that there are **different types of intervention that can be provided** in terms of the focus of the intervention (e.g. infant; parent; dyad; triad etc.) to inform provision of services appropriately to:

- a) identify the foci of difficulty in the family
- b) identify the members of the family who need support
- c) discuss with the family which type of support and for whom would be appropriate for them.

Grid Level 3

5.01

Ability to apply the knowledge that there are **different levels of support that can be provided to families during the pre and postnatal** period to promote infant mental health (e.g. primary; secondary; tertiary) to:

- a) train/support/supervise other practitioners;
- b) contribute to development of other appropriate services locally.

5.02

Ability to apply the knowledge that there are **different types of intervention that can be provided** in terms of the focus of the intervention (e.g. infant; parent; dyad; triad etc.) to:

- a) be able to provide train/support/supervise other practitioners;
- b) contribute to development of other appropriate services locally.

Grid Level 1 continued...

5.03

Knowledge that the different level and type of support that is provided is determined by an **assessment of need**.

Ability to use the above knowledge to inform practice.

5.04

Knowledge that all support/intervention should be **socially/culturally acceptable and inclusive of all families**.

Ability to use the above knowledge to inform practice.

5.05

Knowledge that the benefit or otherwise of all support/intervention **should be assessed**.

Ability to use the above knowledge to inform practice.

Grid Level 2 continued...

5.03

Ability to apply the knowledge that the different level and type of support that is provided is determined by an **assessment of need** to:

- a) conduct assessment of need using appropriate tools;
- b) use the outcomes of the assessment of need to identify appropriate intervention;
- c) know when to refer to specialist services.

5.04

Ability to apply the knowledge that all support/intervention should be **socially/culturally acceptable to families** to:

- a) adapt the available support/interventions as appropriate.

5.05

Ability to apply the knowledge that the benefit or otherwise of all support/intervention **should be assessed** to undertake appropriate further intervention.

Grid Level 3 continued...

5.03

Ability to apply the knowledge that the different level and type of support that is provided is determined by an **assessment of need** to:

- a) conduct assessment of need using appropriate tools;
- b) use the outcomes of the assessment of need to identify appropriate intervention;
- c) manage complex cases;
- d) provide training/support/supervision.

5.04

Ability to apply the knowledge that all support/intervention should be **socially/culturally acceptable to families** to:

- a) adapt the available support/interventions as appropriate;
- b) assess for cultural acceptability.

5.05

Ability to apply the knowledge that the benefit or otherwise of all support/intervention **should be assessed** to undertake appropriate further intervention.

Grid Level 1 continued...

5.06

Knowledge that the best model of working with parent/s/caregivers **to promote infant mental health should focus on the factors that improve the quality of the relationship and interactions between caregiver and infant** (e.g. parental sensitivity; mindfulness etc).

Ability to use the above knowledge to inform practice.

5.07

Knowledge that effective support/intervention may involve a “team around the child” approach with other practitioners.

Ability to use the above knowledge to inform practice

Grid Level 2 continued...

5.06

Ability to apply the knowledge that the best model of working with parent/s/caregivers **to promote infant mental health should focus on the factors that promote optimal mental health** (e.g. parental sensitivity; reflective functioning etc.) and application of this knowledge to determine the most appropriate method of support/intervention.

5.07

Ability to apply the knowledge that effective support/intervention may involve a “**team around the child**” **approach with other practitioners** and application of this to undertake appropriate liaison.

Grid Level 3 continued...

5.06

Ability to apply the knowledge that the best model of working with parent/s/caregivers **to promote infant mental health should focus on the factors that promote optimal mental health** (e.g. parental sensitivity; reflective functioning etc.) and application of this knowledge to:
a) be able to train/support/supervise other practitioners;
b) contribute to development of other services locally.

5.07

Ability to apply the knowledge that effective support/intervention may involve “a team around the child” approach **with other practitioners** and application of this to undertake appropriate liaison.

End. Domain 5: Supporting Caregiving (7 units)

6

Domain 6: Reflective practice and supervision (6 units)

Domain 6 highlights the key aspects of reflective practice and is underpinned by a recognition that work in this field can be emotionally challenging and arouse conflicting feelings about one's own past or present experiences and relationships. Reflective practice involves the ability to reflect and review one's practice and undertake self-appraisal, both of which are core to effective infant mental health practice. It also involves supervision, and ongoing continuing professional development.

4 page folio section



Infant Mental Health Competencies Framework Assessment

6.01 - 6.06: Reflecting practice principles.

Grid Level 1

6.01

Knowledge of the importance of the ability to **work reflectively and of self-appraisal for infant mental health work.**

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

6.02

Knowledge of the importance of **supervision and that it is a core component of reflective practice.**

Ability to engage with supervision where this is provided.

Grid Level 2

6.01

Ability to apply the knowledge of the importance of the **ability to work reflectively and of self-appraisal for infant mental health work** to:

- a) be a reflective practitioner;
- b) maintain a reflective working environment;
- c) oversee appraisal of level 1 staff.

6.02

Ability to apply the knowledge of the importance of **supervision and that it is a core component of reflective practice** to:

- a) enhance the quality of the service that clients receive;
- b) use supervision to discuss the personal impact of the work on the practitioner;
- c) reflect on supervisors' feedback and apply reflections to future work and to continue professional development;
- d) provide supervision to level 1 practitioners.

Grid Level 3

6.01

Ability to apply the knowledge of the importance of the ability to work reflectively and of self-appraisal for infant mental health work to:

- a) be a reflective practitioner;
- b) maintain a reflective working environment;
- c) oversee appraisal of level 1 & 2 staff.

6.02

Ability to apply the knowledge of the importance of **supervision and that it is a core component of reflective practice** to:

- a) enhance the quality of the service that clients receive;
- b) use supervision to discuss the personal impact of the work on the practitioner;
- c) reflect on supervisors' feedback and apply reflections to future work and to continue professional development;
- d) provide supervision to level 1&2 practitioners.

Grid Level 1 continued...

6.03

Knowledge of the importance of **maintaining and updating skills and knowledge relating to infant mental health**.

Ability to use the above knowledge to undertake both informal and formal updating of knowledge and skills

6.04

Knowledge of the importance for practitioners to **recognise and respond to issues that threaten their own fitness to practise in the field of infant mental health**, as well the fitness to practise of professional colleagues.

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

6.05

Knowledge of the importance of practitioners **representing accurately their professional qualifications, knowledge, skills and experience**.

Grid Level 2 continued...

6.03

Ability to apply the knowledge of the importance of **maintaining and updating skills and knowledge** relating to infant mental health to:

- a) undertake continuing professional development;
- b) provide continuing professional development and supervision of Level 1 practitioners.

6.04

Ability to apply the knowledge of the importance for practitioners to **recognise and respond to issues that threaten their own fitness to practice** in the field of infant mental health, as well as the fitness to practice of professional colleagues.

To be able to: discuss with/consult/self-report /report to appropriate colleagues/employers/education providers.

6.05

Knowledge of the importance of practitioners knowing the areas in which they are qualified and able to work and the limitations to this.

Grid Level 3 continued...

6.03

Ability to apply the knowledge of the importance of **maintaining and updating skills and knowledge relating to infant mental health** to:

- a) undertake continuing professional development;
- b) provide continuing professional development and supervision of Level 1 & 2 practitioners.

6.04

Ability to apply the knowledge of the importance for practitioners to **recognise and respond to issues that threaten their own fitness to practice** in the field of infant mental health, as well as the fitness to practice of professional colleagues. To be able to: discuss with/consult/self-report /report to appropriate colleagues/employers/education providers.

6.05

Knowledge of the importance of practitioners knowing the areas in which they are qualified and able to work and the limitations to this.

Grid Level 1 continued...

6.06

Knowledge of the importance of **working collaboratively** with colleagues in the multi-disciplinary team so that **shared understanding of the infant's wellbeing** in the family can be sought.

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues

.....

Grid Level 2 continued...

6.06

Ability to apply the knowledge about the importance of **working collaboratively** with colleagues in the multi-disciplinary team to ensure the development of a coordinated and economic professional environment around the infant and family.

Ability to seek help when there is conflict within the network.

.....

Grid Level 3 continued...

6.06

Ability apply the knowledge about the importance of **working collaboratively** with colleagues to ensure the a coordinated and economic professional environment around the infant and family.

Ability to provide a reflective intervention when there is conflict within the network.

.....

End. Domain 6: Reflective practice and supervision (6 units)

7

Domain 7: Working within relevant legal and professional frameworks (9 units)

Domain 7 highlights some of the relevant legal and professional requirements that are specific to effective infant mental health practice.

4 page folio section



Infant Mental Health Competencies Framework Assessment

7.01 - 7.06: Knowledge of relevant legislation.

Grid Level 1

7.01

Knowledge about **relevant legislation and guidelines** that apply to **work with infants/children and their families** and the settings in which they are seen.

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

7.02

Knowledge about **legislation and guidance relating to the protection of infants and children**.

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

7.03

Knowledge about the importance of drawing on **national, local and organisational child protection standards, policies and procedures** to protect infants and children.

Grid Level 2

7.01

Ability to apply the knowledge of **relevant legislation and guidelines** that apply to “best practice” with infants/children and their families and the settings in which they are seen to: ensure the safety of infants/children.

7.02

Ability to apply the knowledge of **legislation and guidance relating to the protection of infants/children** to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

7.03

Ability to apply the knowledge about the importance of drawing on **national, local and organisational child protection standards, policies and procedures** to protect infants/children.

Grid Level 3

7.01

Ability to apply the knowledge of **relevant legislation and guidelines** that apply to “best practice” with infants/children and their families and the settings in which they are seen to ensure the safety of infants/infants.

7.02

Ability to apply the knowledge of **legislation and guidance relating to the protection of infants/children** to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

7.03

Ability to apply the knowledge about the importance of drawing on **national, local and organisational child protection standards, policies and procedures** to protect infants/children.

Grid Level 1 continued...

7.04

Knowledge about the importance of promptly **responding to concerns about infant/child protection.**

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

7.05

Knowledge about the importance of promptly **seeking advice and supervision in relation to child protection concerns.**

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues

7.06

Knowledge about the **importance of the risk of harm being continuously reviewed unless there are good reasons for this not to occur** and that concerns about child protection may re-emerge.

Ability to use the above knowledge to inform practice and discuss concerns with appropriate colleagues.

Grid Level 2 continued...

7.04

Ability to apply the knowledge about the importance of promptly **responding to concerns about infant/child protection** to:
a) discuss concerns with parent/s/caregivers;
b) undertake further assessment;
c) provide support to address concerns;
d) liaise with and provide assessment information to child protection services where appropriate.

7.05

Knowledge about the importance of promptly **seeking advice and supervision in relation to child protection concerns.**

7.06

Ability to apply the knowledge about the **importance of the risk of harm being continuously reviewed unless there are good reasons for this not to occur** and that concerns about child-protection may re-emerge to:
a) create a working environment in which this may be realised.

Grid Level 3 continued...

7.04

Ability to apply the knowledge about the importance of promptly **responding to concerns about infant/child protection** to:
a) conduct further assessment;
b) adapt therapeutic provision to address these concerns;
c) train/support/supervise other practitioners; provide assessment information to relevant child protection services.

7.05

Knowledge about the importance of promptly **seeking advice and supervision in relation to infant/child protection concerns.**

7.06

Ability to apply the knowledge about the **importance of the risk of harm being continuously reviewed unless there are good reasons for this not to occur** and that concerns about infant/child - protection may re-emerge to:
a) create a working environment in which this may be realised.

Grid Level 1 continued...

Grid Level 2 continued...

Grid Level 3 continued...

7.07 - 7.09: Information sharing.

7.07

Knowledge of the importance that **parent/s/caregivers are involved in decisions about sharing information.**

Ability to use the above knowledge to identify possible problems and discuss with appropriate colleagues.

7.08

Knowledge of the importance of **listening to the parent/s/caregiver responses.**

Ability to use the above knowledge to inform practice.

7.09

Knowledge of the importance of using assessment information to **inform a shared plan for working collaboratively with the family** to support their parenting of the infant.

Ability to use the above knowledge to inform practice.

7.07

Ability to apply the knowledge about the importance that **parent/s/caregivers are involved in decisions about sharing information** to:

- a) provide appropriate opportunities for sharing of information.

7.08

Ability to apply the knowledge about the importance of **listening to the parent/s/caregiver responses** to: .

- a) ensure effective opportunities for such feedback at individual and service level.

7.09

Ability to apply the knowledge of the importance of using assessment information to **inform a shared plan for working collaboratively with the family** to:

- a) support their parenting of the infant
- b) develop a shared plan and work collaboratively with parents to achieve its goals.

7.07

Ability to apply the knowledge about the importance that **parent/s/caregivers are involved in decisions about sharing information** to:

- a) provide appropriate opportunities for sharing of information.

7.08

Ability to apply the knowledge about the importance of **listening to the parent/s/caregiver responses** to: .

- a) ensure effective opportunities for such feedback at individual and service level.

7.09

Ability to apply the knowledge of the importance of using assessment information to **inform a shared plan for working collaboratively with the family** to:

- a) support their parenting of the infant/child
- b) develop a shared plan and work collaboratively with parent/s to achieve its goals.

End. Domain 7: Working within relevant legal and professional frameworks (9 units)