

# THE AIMH UK IMH CPD PROGRAMME

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*'Promoting excellence in infant mental health practice'*





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# THE AIMH UK IMH CPD PROGRAMME

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## WHO IS IT FOR?

The IMH CPD Programme is for all staff working with infants and their parent/s/caregiver from pregnancy to the second year of life, and who support parent/s/ and or caregiver to promote healthy infant development.

The programme has been designed to help individual practitioners map their skills, knowledge and practice experience against the UK Infant Mental Health Competency Framework (IMHCF), and to build their own IMH Portfolio.

## WHY SIGN UP FOR THE IMH CPD PROGRAMME?

- The IMH Competency Framework (IMHCF) provides the only national set standards to which all IMH practitioners should be working
- It provides each practitioner with guided support to assess their current skills and identify gaps in their knowledge and skill
- It provides practitioners with recognition of their IMH skills, knowledge and practice experience that can be use for personal development and to demonstrate IMH competencies to employers
- It will raise the standard of IMH practice nationally.

## BUILDING THE IMH COMMUNITY

Membership of AiMH UK and the creation of an IMH Portfolio encourages all practitioners:

- to develop an IMH frame of mind, in which all practitioners focus on both the perspective of the baby (including the non-verbal infant) and that of the parent. This helps perinatal and IMH practitioners to recognise the parent-infant (P-I) relationship as a dynamic system, and to be able to promote the P-I relationship
- to help ensure the workforce is suitably skilled to identify need, and to 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)

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## THREE LEVELS OF EXPERTISE:

### LEVEL 1 PORTFOLIO

If you are a student or **practitioner** who works with infants in a childcare setting, or who work with the parent-infant dyad **under supervision**, Level 1 is for you. You may be an early years worker, nursery assistant or a childcare worker, for example.

### LEVEL 2 PORTFOLIO

If you are a **regulated practitioner** who works autonomously with the parent-infant dyad, **supported by supervision**, Level 2 is for you. You may be a Parent-Infant Psychotherapist, Health Visitor, Psychologist, or Social Worker, for example.

### LEVEL 3 PORTFOLIO

You should be creating a Level 3 Portfolio if you are a **regulated practitioner who delivers specialist services** to parents and infants with, for example, **responsibility for managing** a specialist team, **providing training** and **supervision of other practitioners**; and informing and implementing service development, protocols and policies at organisational and regional levels.

## IMH RECOGNITION REGISTER (IMHRR)

The IMHRR has been created in order to acknowledge and give recognition to practitioners who have a proven expertise in infant mental health.

Entry on to the IMHRR is gained through successful completion of the IMH CPD Programme. Practitioners are required to document their infant mental health knowledge, skills and working practice against the IMH Competency Framework (IMHCF) and create their own IMH Portfolio.



Once completed, an assessor will review the IMH Portfolio submission and provide feedback. Upon a successful review, the practitioners name will be added to the IMHRR\*, providing recognition of their IMH skills, knowledge and working practices.\*\*

\*Participants can choose whether their name is displayed on the IMHRR

\*\* Fee may apply

<https://imhcpd.aimh.uk>





# HOW TO BUILD AN IMH PORTFOLIO

## VIEW THE LIST OF DOMAINS

- Each Domain has its own colour
- Practice Themes are listed under each Domain
- Each Practice Theme contains competencies

## READ THE COMPETENCIES

- Under each competency, find out what evidence you will need to upload
- Ensure that you consider all the points listed

## SUBMIT EVIDENCE

- Once you are happy with the evidence you have provided, click on Submit for review
- Complete this process for all Domains

## ENTRY TO IMH RECOGNITION REGISTER

- Upon a successful Peer Review of your Portfolio, your name will be added to the IMHRR for 3 years.\*\*

\*\*Participants can choose whether their name is displayed on the IMHRR

## SELECT A DOMAIN

- Click on a Domain tile at the bottom of the page
- Read through the Practice Themes and competencies.

## UPLOAD EVIDENCE

- Click on the title of the competency i.e., '1.01 Overview of early critical development'
- Type or copy & paste text into the text box.
- Upload files - drag & drop or select files, photos, videos etc. from your computer.
- Always SAVE updates and changes

## SUBMIT PORTFOLIO FOR REVIEW

- When you are happy that you have uploaded evidence for all competencies in all Domains, you can choose to submit your Portfolio for review\*

\*Additional fee may apply

# THE AIMH UK IMH CPD PROGRAMME

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## LEVEL 1 PORTFOLIO

*'Promoting excellence in infant mental health practice'*



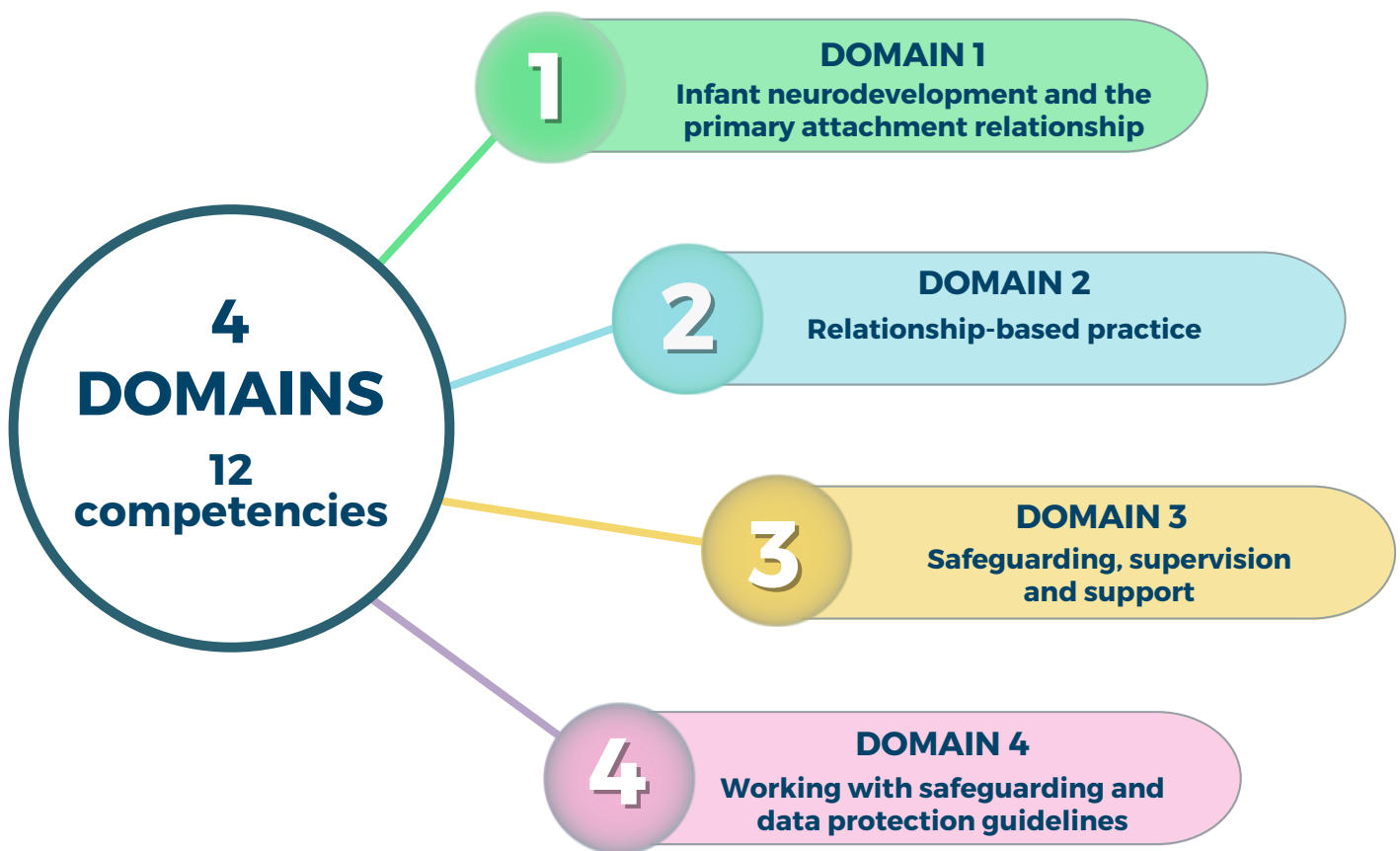
# AIMH UK IMH CPD PROGRAMME

## LEVEL 1 PORTFOLIO

If you are a practitioner who works with infants in a childcare setting, or who work with the parent-infant dyad under supervision, Level 1 is for you. You may be a nursery assistant or a childcare worker, for example.

As a practitioner working with babies, infants and adults, it is inevitable that you will be involved with and influencing good infant mental health practice. Building your IMH CPD Portfolio will support your working practice, as well as help to identify further training needs.

The Level 1 Portfolio consists of 4 Domains and 12 Competencies.



Building an IMH CPD Portfolio may sound complicated or seem overwhelming, but don't worry. You are only being asked to provide evidence and/or examples of your day-to-day working practices and to explain what you understand about infant mental health. This is what you do every day, and you probably don't even know how much you know!

Creating your IMH CPD Portfolio can be used for a number of reasons:

- to gather the evidence to compile your Infant Mental Health Portfolio for registration to the UK Infant Mental Health Recognition Register
- to self-assess your current level of infant mental health proficiency and identify areas for continuing professional development
- to provide evidence for revalidation with your individual professional body
- to provide practitioners who are not required to be on a statutory professional register, recognition of their infant mental health skills and knowledge



# AIMH UK IMH CPD PROGRAMME

## LEVEL 1 PORTFOLIO



### 4 Domains - 12 competencies

Under each Domain there are working Practice Themes which contain the competencies for you to complete.

Login to the AiMH UK CPD Portal and work through each Domain at your own pace. Click on the Practice Theme to find the competencies to complete. You can input text or add files, videos or pictures to provide evidence in support of your working practice in and around infant mental health. Once you have completed all the Domains, you can choose to submit your IMH Portfolio for peer review\*.

\*Fee may apply

<div>1</div> <div>Infant neurodevelopment and the primary attachment relationship</div> <div>1 Practice Theme</div> <div><div>Early neuro-development, attachment and resilience</div><div>2 Competencies</div></div>	<div>2</div> <div>Relationship-based practice</div> <div>4 Practice Themes</div> <div><div><div>The importance of collaborative working</div><div>1 Competency</div></div><div><div>Supporting sensitive caregiving</div><div>2 Competencies</div></div><div><div>Threats to engagement</div><div>1 Competency</div></div><div><div>Transition to parenthood</div><div>1 Competency</div></div></div>	<div>3</div> <div>Safeguarding, supervision and support</div> <div>2 Practice Themes</div> <div><div><div>Assessing and responding to child protection risk and actual harm</div><div>2 Competencies</div></div><div><div>Seeking advice and supervision</div><div>2 Competencies</div></div></div>	<div>4</div> <div>Working with relevant legal and professional frameworks</div> <div>1 Practice Theme</div> <div><div>Legislation relevant to work with infants and parents</div><div>1 Competency</div></div>
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Upon a successful peer review, you will be added to the Infant Mental Health Recognition Register (IMHRR).

Being accepted on to the IMHRR will provide you with recognition for your infant mental health expertise. Your knowledge, skills and behaviours will be validated against the UK Infant Mental Health Competency Framework.

\*Fee may apply



## Level 2 Portfolio- Domain 1:

### Infant Neurodevelopment and the Primary Attachment Relationship (2 competencies)

The 3rd trimester of pregnancy and the first two years of life represents a sensitive period of rapid neurodevelopment and important developmental achievements, notably self-regulation, an emergent self-protective (attachment) strategy, locomotion, and speech and language. Science shows that the quality of care afforded to infants by primary caregivers exerts the greatest influence on infant development during this sensitive period.

**Domain 1 competencies** reflect the key areas of knowledge and skills required for assessment, support and intervention that is informed by the quality of the parent-infant relationship and its influence on infant developmental outcomes.

#### Practice Themes

##### Early Neurodevelopment, Attachment and Resilience

2 Competencies

#### Competencies

##### 1.01 Briefly explain what you understand about:

- infant attachment (secure and insecure attachment) and why this is important for infant socio-emotional, behavioural and cognitive development
- the types of interactions between infants and their caregiver's that are known to:
  - support
  - compromise infant attachment
- the factors that prevent parents from providing sensitive caregiving
- what is meant by 'resilience' and how does sensitive caregiving support the development of resilience in infants

##### 1.02 Drawing on your recent practice, give an example of your knowledge and skills in assessing and supporting infant mental health and development.

**Depending on your work context, this may involve your work with parent(s) and infant together, or when providing care to infant alone, such as in a nursery setting.**

##### **Please consider what you do regarding the following:**

- supporting the development of healthy, age-appropriate development (emotional, social, behavioural, motor, cognitive)
- the importance of safety and comfort; attuned & contingent interactions; mind-mindedness; rupture and repair, and model such interactions with the parent and infant
- how you communicate and support sensitive caregiving to parent(s)/ caregiver(s)
- reporting to key workers, supervisors and other practitioners regarding progress and/or concerns
- contribute to the development of personalised support and intervention plans

## Level 1 Portfolio- Domain 2:

### Relationship-based Practice (5 competencies)

A key part of infant mental health work involves 'relationship-based practice'. This 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.

**Domain 2** highlights the key aspects of relationship-based practice that are necessary to promote infant mental health.

#### Practice Themes

##### Collaborative Working

1 competency

#### Competencies

##### 2.01 Drawing on your recent practice illustrate your knowledge and skills with regard to working collaboratively with parents and other significant relationships that can influence the infant.

Please describe what you do in relation to the following:

- engaging parent(s)/ caregiver(s) through sensitive communication
- supporting parents in their relationship with their infant/toddler
- reporting to key workers, supervisors and other practitioners regarding progress and/or concerns
- contributing to the development of personalised support and intervention plans
- establishing/sustaining respectful and trusting relationships with appropriate boundaries

##### Supporting Sensitive Caregiving

2 competencies

##### 2.02 Drawing on your recent practice, illustrate your knowledge and skills in relation to supporting the type of sensitive and responsive caregiving appropriate for healthy infant development (e.g., provision of safety and comfort; attuned & contingent interactions; mind-mindedness; rupture and repair).

Please consider the following points:

- infant age, behaviour as communication, and neurodevelopment
- parental/ caregiver capacity
- reciprocal infant attachment and adult care giving systems
- features of the bi-directional parent-infant relationship
- modelling of responsive caregiving
- reporting to key workers, supervisors and other practitioners regarding progress and/or concerns

##### 2.03 Drawing on your recent practice, illustrate your knowledge and skills in terms of working with different parental cultural beliefs and practices that influence caregiving.

Please consider the following points:

- how you might adapt your practice and service delivery in response to cultural differences
- how you identify cultural variations to parenting that may give rise to concern
- how you engage in sensitive discussion with parent(s) from different cultures
- how you report to key workers, supervisors and other practitioners regarding progress and/or concerns



## Practice Themes

### Threats to engagement

1 competency

## Competencies

**2.04 Drawing on your recent practice illustrate how you have recognised parental resistance to support that you were providing, and what you did to overcome such resistance.**

**Please consider the following points:**

- barriers to engagement that you have experienced
- what you have done to address poor engagement including sensitive discussions with parent/s/caregiver reporting
- how you report to key workers, supervisors and other practitioners regarding progress and/or concerns
- how you address safeguarding concerns

### Transition to parenthood

1 competency

**2.05 Please provide a brief explanation of the factors that you have found helpful in supporting a parent's transition to parenthood, and the factors that you have found can hinder their transition.**

## Level 1 Portfolio- Domain 3:

### Safeguarding, Supervision and Support (4 competencies)

The safeguarding process, including child protection focuses, on protecting individual infants that are identified as suffering or at risk of suffering significant harm. Safeguarding is an individual, professional obligation and relies on effective engagement with parents and the wider family, and multi-agency collaboration.

**Domain 3** competencies reflect the key knowledge and skills required to assess and appropriately respond to infant safeguarding risks.

#### Practice Themes

##### Assessing and responding to child protection risk and actual harm

2 competencies

#### Competencies

##### 3.01 Tell us what you understand by each of the following:

- safeguarding risk
- developmental risk
- developmental trauma

**Ensure that your explanation includes some discussion about each of the above in relation to parental sensitivity/caregiving capacity.**

##### 3.02 Drawing on your practice illustrate your knowledge and skill in relation to identifying and responding to child protection concerns in relation to an infant in your care (risk of or actual harm) (e.g. emotional and/or physical and/ or sexual abuse, and/ or neglect).

**Please consider the following points:**

- what your concerns about the baby's wellbeing were; and what (if any) your concerns were about the parent-infant interaction
- whether you used any tools to help in your assessment (e.g., parent report measures)
- discuss concerns with parents as appropriate
- reporting to key workers, supervisors and other practitioners regarding progress and / or concerns
- making child protection referrals

##### Seeking advice and supervision

2 competencies

##### 3.03 Provide a practice focused account of your experience of informal and/ or formal supervision, reflective practice and self-appraisal for safe work with infants and their parents.

**Describe how this has helped you in terms of the following:**

- maintaining safe and effective practice
- enhancing the quality of the service that clients receive, including therapeutic boundaries
- the personal impact of challenging work on the practitioner and using colleague support and supervision
- reflecting on feedback (supervisor and others), practice and training experience to develop new understanding, knowledge and skills

##### 3.04 Drawing on your recent practice explain your approach to supporting colleagues with different levels of expertise and the wider team.

**Please consider the following points:**

- things you have done to support new and/or less experienced practitioners
- how you provide constructive feedback
- how you address poor practice and or behaviour
- how you report to key workers, supervisors and other practitioners



## Level 1 Portfolio- Domain 4:

### Working with Safeguarding and Data Protection Guidelines (1 competency)

**Domain 4** highlights some of the relevant legal and professional requirements that are specific to effective infant mental health practice.

#### Practice Themes

**Legislation  
relevant to working  
with infants and  
parents**

**1 competency**

#### Competencies

**4.01 Drawing on your experience illustrate your knowledge and skills in terms of applying safeguarding and data protection guidelines in your work with infants and their parents.**

**Please give examples of the following:**

- information sharing (what, when and who)
- the legislative precedence given to safeguarding concerns relative to GDPR guidance about information sharing
- how you might address the need for confidentiality in addition to your professional obligation to share information
- seeking support and supervision
- making child protection referrals

# THE AIMH UK IMH CPD PROGRAMME

## LEVEL 2 PORTFOLIO

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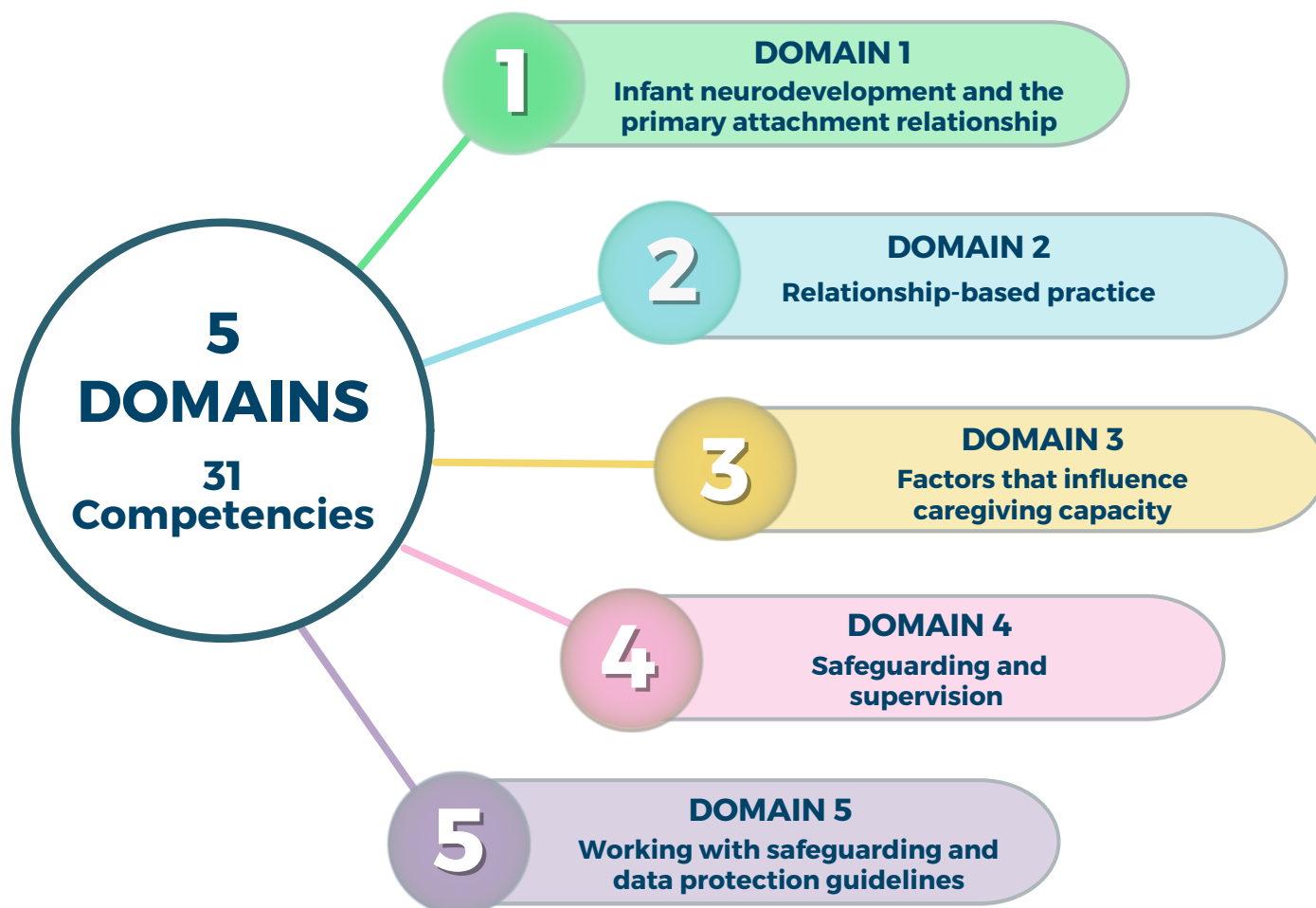
# AIMH UK IMH CPD PROGRAMME

## LEVEL 2 PORTFOLIO

If you are a regulated practitioner who works autonomously with the parent-infant dyad, supported by supervision, Level 2 is for you. You may be a Health Visitor, Psychologist, Social Worker or Parent-Infant Psychotherapist, for example.

As a practitioner working with babies, infants and adults, it is inevitable that you will be involved with and influencing good infant mental health practice. Building your IMH CPD Portfolio will support your working practice, as well as help to identify further training needs.

The Level 2 Portfolio consists of 5 Domains and 31 Competencies.



Building an IMH CPD Portfolio may sound complicated or seem overwhelming, but don't worry. You are only being asked to provide evidence and/or examples of your day-to-day working practices and to explain what you understand about infant mental health. This is what you do every day, and you probably don't even know how much you know!

Creating your IMH CPD Portfolio can be used for a number of reasons:

- to gather the evidence to compile your Infant Mental Health Portfolio for registration to the UK Infant Mental Health Recognition Register
- to self-assess your current level of infant mental health proficiency and identify areas for continuing professional development
- to provide evidence for revalidation with your individual professional body
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# AIMH UK IMH CPD PROGRAMME

## LEVEL 2 PORTFOLIO



### 5 Domains - 31 competencies

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Login to the AiMH UK CPD Portal and work through each Domain at your own pace. Click on the Practice Theme to find the competencies to complete. You can input text or add files, videos or pictures to provide evidence in support of your working practice in and around infant mental health. Once you have completed all the Domains, you can choose to submit your IMH Portfolio for peer review\*.

\*Fee may apply

<b>1</b> <b>Infant neurodevelopment and the primary attachment relationship</b> 3 Practice Themes	<b>2</b> <b>Relationship-based practice</b> 3 Practice Themes	<b>3</b> <b>Factors that influence caregiving capacity</b> 3 Practice Themes	<b>4</b> <b>Safeguarding and supervision</b> 2 Practice Themes	<b>5</b> <b>Working with relevant legal and professional frameworks</b> 1 Practice Theme
<b>Early critical development</b> 2 Competencies	<b>The importance of collaborative working</b> 1 Competency	<b>Transition to parenthood</b> 3 Competencies	<b>Assessing and responding to child protection risk and actual harm</b> 3 Competencies	<b>Legislation relevant to work with infants and parents</b> 2 Competencies
<b>Attachment</b> 4 Competencies	<b>Supporting sensitive caregiving</b> 4 Competencies	<b>Parental caregiving capacity</b> 5 Competencies	<b>Seeking advice and supervision</b> 3 Competencies	
<b>Resilience</b> 2 Competencies	<b>Threats to engagement</b> 1 Competency	<b>Help seeking behaviours</b> 1 Competency		

Upon a successful peer review, you will be added to the Infant Mental Health Recognition Register (IMHRR).

Being accepted on to the IMHRR will provide you with recognition for your infant mental health expertise. Your knowledge, skills and behaviours will be validated against the UK Infant Mental Health Competency Framework.

\*Fee may apply



## Level 2 Portfolio- Domain 1:

### Infant Neurodevelopment and the Primary Attachment Relationship (8 competencies)

The 3rd trimester of pregnancy and the first two years of life represents a sensitive period of rapid neurodevelopment and important developmental achievements, notably self-regulation, an emergent self-protective (attachment) strategy, locomotion, and speech and language. Science shows that the quality of care afforded to infants by primary caregivers exerts the greatest influence on infant development during this sensitive period.

**Domain 1 competencies** reflect the key areas of knowledge and skills required for assessment, support and intervention that is informed by the quality of the parent-infant relationship and its influence on infant developmental outcomes.

#### Practice Themes

##### Early Critical Neurodevelopment 2 competencies

#### Competencies

- 1.01 Give a brief overview of early, critical infant neurodevelopment, the influence of parental care/ quality of the parent-infant relationship and wider ecological factors, on this development.**
- 1.02 Provide a practice-focused account illustrating your knowledge and skilled approach to assessing and supporting/promoting infant development through direct work with the parent(s) and infant.**

**Please consider the following points:**

- normative, age relevant development (emotional, social, behavioural, motor, communication, cognitive)
- sensitive discussion of these issues with parent(s)/ caregiver(s)
- support to parents (and the wider family) to promote caregiver-child relationship
- liaison and/or referral to other practitioners and services regarding concerns
- informed personalised (multiagency) support/intervention of their delivery of support during the perinatal period
- provision of links to other resources

##### Attachment 4 competencies

- 1.03 Give a brief overview of attachment theory, including, e.g., attachment as a developmental process, a self-protective strategy (A, B, C & D) and internal working model as an outcome of parental caregiving style.**
- Also, please describe features of parent-infant interactions that are recognised to be a) healthy, normative, and b) adverse during the critical period of early infant neurodevelopment.**

- 1.04 Provide a practice-focused account illustrating your knowledge and skilled approach to direct work with the parent-infant relationship with the intention to optimise infant attachment outcomes (as per 2.01).**

**Please consider the following points:**

- sensitively discussing infant attachment needs relating to caregiving interactions with parents
- identification of parent-infant interaction problems using or guided by a validated assessment tool (e.g., Infant and/ or Toddler CARE-Index, PIIOS)
- provision of support and intervention to parents experiencing problems (group or individual work)
- making referrals to appropriate specialist services
- providing links to other resources

## Attachment cont...

- 1.05 Define parental reflective function, mentalising and mind-mindedness and explain their significance in relation to infant neurodevelopment and attachment.**
- 1.06 Provide a practice-focused account illustrating your knowledge and skilled approach to supporting/ promoting parental reflective function, mentalising/ mind-mindedness capacity.**

**Please consider the following points:**

- modelling of reflective interactions with the parent and infant
- identification of problems with parental reflective functioning
- provision of support that will promote mind-mindedness
- making referrals to appropriate specialist services

## Resilience 2 competencies

- 1.07 Define resilience and its importance.**
- From the perspective of infant neurodevelopment, describe the key factors that are shown to promote and compromise the development of resilience.**
- 1.08 Provide a practice-focused account illustrating your knowledge and skilled approach to direct work with the parent-infant relationship to support/ promote developing resilience in the infant.**

**Please consider the following points:**

- identification of factors with the potential to compromise infant resilience in the infant
- sensitive discussion with parent(s) in order to buffer the infant from environmental impingements
- identification of areas where caregivers and families may need additional support
- provision of links to other resources
- provision of additional support/referral to additional services if necessary

# AIMH UK IMH CPD PROGRAMME

## Level 2 Portfolio - Domain 2:

### Relationship-based Practice (6 competencies)

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.

**Domain 2** competencies reflect the key aspects of relationship-based practice that are necessary to promote infant mental health.

#### Practice Themes

##### The Importance of Collaborative Working

1 competency

#### Competencies

**2.01 Provide a practice-focused account illustrating your knowledge and skilled approach to working collaboratively with parents, family and other significant relationships that influence the infant, including multi-disciplinary professionals.**

**Please consider the following points:**

- informing the delivery of personalised, efficacious (multiagency) interventions
- establishing/sustaining respectful and trusting relationships with appropriate boundaries
- professional liaison
- recognising when referral to additional specialist services is needed
- informing working practices with colleagues and wider services
- modelling of such working and support for other practitioners

##### Supporting Sensitive Caregiving

4 competencies

**2.02 Provide a practice-focused account illustrating your knowledge and skilled approach to support sensitive, responsive caregiving appropriate for healthy infant development (e.g., provision of safety and comfort; attuned & contingent interactions; mind-mindedness; rupture and repair).**

**Please consider the following points ;**

- infant age, behaviour as communication, and neurodevelopment
- parental/caregiver capacity
- reciprocal infant attachment and adult caregiving systems
- features of the bi-directional parent-infant relationship
- modelling of responsive caregiving
- assessment
- dyadic/triadic intervention strategies when problems are identified
- provision of links to relevant resources

**2.03 Provide a practice-focused account illustrating your knowledge and skilled approach to parental cultural beliefs and practices that influence caregiving.**

**Please consider the following points:**

- adaptation of practice and delivery of services to recognise cultural differences
- identification of appropriate and inappropriate cultural variations to parenting and discussion with parent(s) or other colleagues as appropriate

**Supporting  
Sensitive  
Caregiving  
cont...**

**2.04 Provide a practice-focused account illustrating your knowledge and skilled approach to addressing the impact of parent(s)/caregiver(s) adverse relationship histories on their caregiving interactions with the infant (unconscious and/or conscious).**

**Please consider the following points:**

- reflection with parent(s) on the way in which historical patterns may be influencing their caregiving
- liaison with other practitioners where there are concerns
- knowing when to make referrals to appropriate specialist services
- provision of links to relevant resources

**2.05 Provide a practice-focused account illustrating your knowledge and skills with regard to assess, plan and deliver ,and review personalised support and interventions, thus responding to different levels of need.**

**Please consider the following points:**

- promotion of infant mental health (e.g., primary, secondary, tertiary care)
- assessment of need (what and how?)
- use of assessment outcomes to guide personalised, needs-led support/intervention (e.g., infant; parent; dyad; triad etc.)
- referral to specialist services
- multi-professional liaison and collaboration

**Threats to  
engagement  
1 competency**

**2.06 Provide a practice-focused account to illustrate your knowledge and skilled approach to promoting engagement.**

**Please consider the following points:**

- barriers to engagement
- addressing poor engagement
- discuss concerns with parent/s/caregiver
- safeguarding as necessary



## Level 2 Portfolio - Domain 3:

### Factors that influence caregiving capacity (9 competencies)

A range of factors are shown to have the potential to influence parental care giving capacity with significant consequences for infant attachment and neurodevelopment (including emotional, social, cognitive, behavioural outcomes).

These factors may arise at the level of the individual, family, community, culture and wider society; they may be historical in their origins (pre-conception) or arise during pregnancy, birth or the postnatal period.

**Domain 3** competencies reflect key knowledge and skills required to effectively respond to historic and/or current influences that may adversely impact the capacity of primary caregivers to appropriately meet the care and developmental needs of infants.

#### Practice Themes

##### Transition to Parenthood

3 competencies

#### Competencies

**3.01 Please provide a brief explanation of what is meant by transition to parenthood.**

**Give an overview of the factors that may facilitate or inhibit adults during the transition to parenthood.**

**3.02 Provide a practice-focused account illustrating your knowledge and skills with regard to assessing, planning and delivering personalised support (psychological, emotional, advocacy) during parents' transition to parenthood.**

**Please consider the following points:**

- sensitive discussion of biographical history, feelings and thoughts about conception, pregnancy and birth with parents
- incorporating relevant, person-specific histories and, e.g., socio-demographic information in order to develop personalised support/interventions strategies
- signposting of families or referral, where applicable, to appropriate specialist services and support

**3.03 Provide a practice-focused account illustrating your knowledge and skilled approach to supporting parents, their infant and wider family in response to changes in the family constellation and dynamics following birth and (potential) impact on the quality of the couple and/or co-parenting relationship.**

**Please consider the following points:**

- engaging and supporting parents through sensitive discussion
- supporting parents through signposting
- making referrals to other specialist services

##### Parental Caregiving Capacity

5 competencies

**3.04 Please explain what is meant by parental sensitivity, including non-sensitive behaviours (i.e., controlling and unresponsive).**

**Provide an overview of the key critical, normative features of parental caregiving that are reciprocal to optimal infant (0-2 years) attachment and neurodevelopmental needs.**

**What factors can compromise parental caregiving capacity?**

**3.05 Provide a practice-focused account illustrating your knowledge and skilled approach to assessing risk for parental caregiving, planning personalised support/intervention and engaging parents in preventative work, for the wellbeing of infant, parent and family.**

**Please consider the following points:**

- biographical histories that support normative caregiving or represent risk
- observation of parent-infant interactions versus parental self-report
- discussion with the parent(s) about the possible impact of these factors (short > long term) on their parenting and consequently for infant neurodevelopment
- planning of support/intervention in collaboration with parents
- multiagency liaison, signposting and/or referral to specialist services

**3.06 Provide a practice-focused account illustrating your knowledge and skilled approach to assessing, care planning and engaging parents where there is risk of harm to the developing fetus/infant from parental substance misuse (including alcohol); domestic abuse; mental health.**

**Please consider the following points:**

- adverse impact on key parent-infant interactions and relationships
- observation of parent-infant interactions compared with parental self-report
- sensitive discussion with parent(s) of concern/risk related to substance misuse and/or domestic abuse
- provision of appropriate dyadic support/intervention to the parent and infant to address identified problems
- multiagency liaison and referral to other specialist services

**3.07 Provide a practice-focused account illustrating your knowledge and skills with regard to assessment, care planning, providing support/ intervention in relation to perinatal mental health problems (mother and/ or father, and infant).**

**Please consider the following points:**

- assessment of common mental health problems using clinical judgement and validated assessment criteria (e.g., Whooley questions; self-rated inventories; clinical interview)
- observation of parent-infant interactions compared with parental self-report
- contribution of care planning to support/intervention strategies for parents and infants experiencing mental health problems
- Multiagency liaison, referral and collaboration (e.g., with Psychotherapist, GP, HV, SW, Psychiatrist)
- decision to refer on to specialist services

**3.08 Provide a practice-focused account illustrating your knowledge and skilled approach to supporting the parent-infant relationship taking into consideration factors such as infant temperament and traumatic birth, repeated medical procedures and illness that may increase infant vulnerability and impact parents.**

**Please consider the following points:**

- infant birth trauma and medical diagnoses
- observation of parent-infant interactions compared with parental self-report
- whether and in what way parenting may be affected by these factors
- discussion with the parent(s) the possible impact of these factors (short > long term) on their parenting and wellbeing, and consequently for infant neurodevelopment
- planning of personalised support/intervention in collaboration with parents
- multiagency liaison, signposting and/or referral to specialist services

## Help Seeking Behaviours

### 1 competency

#### 3.09 Provide a practice-focused account illustrating your knowledge and skilled approach to responding to parental help seeking behaviours and beliefs.

##### Please consider the following points:

- individual, social and cultural factors, including fear, that may influence parental help-seeking behaviours and beliefs (e.g., in relation to mental ill health or infant health and wellbeing)
- inappropriate help-seeking behaviours ('too much' versus failure to respond, including barriers)
- displacement of parental stressors/anxiety/concerns onto infant
- assessment of how such help-seeking behaviours may be impacting on the infant (neurodevelopment, social and emotional)
- discussion with parent(s) and provide support

## Level 2 Portfolio - Domain 4:

### Safeguarding and Supervision (6 competencies)

The safeguarding process, including child protection focuses, on protecting individual infants that are identified as suffering or at risk of suffering significant harm. Safeguarding is an individual, professional obligation and relies on effective engagement with parents and the wider family, and multiagency collaboration.

**Domain 4 competencies** reflect the key knowledge and skills required to assess and appropriately respond to infant safeguarding risks.

#### Practice Themes

##### Assessing and responding to Child Protection Risk and Actual Harm

3 competencies

#### Competencies

**4.01 Please provide an explanation of the distinction between infant safeguarding risk, developmental risk and developmental trauma as outcomes of parental sensitivity/caregiving capacity.**

**4.02 Provide a practice-focused account illustrating your knowledge and skilled approach to identifying and responding to child protection concerns for the infant (risk of or actual harm) relating to emotional and/or physical and/or sexual abuse, and/or neglect.**

**Please consider the following points:**

- assessment of infant wellbeing and development according to age and stage
- observation of parent-infant interactions compared with parental self-report
- discuss concerns with parent/s/caregivers
- appropriateness of such discussion based on professional assessment of whether or not doing so may increase risk
- referral to Children's Services
- multi-professional liaison and collaboration
- assessment of infant risk, parental capacity, wider family function and need, to inform a personalised child protection and intervention plan

**4.03 Provide a practice-focused account illustrating your knowledge and skilled approach to ongoing work with parents, infants, siblings and the wider family, with a history of safeguarding concerns.**

**Please consider the following points:**

- monitoring of infant/child wellbeing and safety
- re-occurrence of child-protection concerns
- maintaining respectful, transparent, open and honest communication with parents to reflect progress and/or heightened concern
- creation of a working environment in which this may be realised

##### Seeking Advice and Supervision

3 competencies

**4.04 Please give an account of your personal, professional governance in relation to direct work with parents and infants with an Infant Mental Health lens.**

**Please consider factors such as:**

- competence in practice
- your regulatory code of conduct (e.g., CSSIW, SWE, UKCP, ACP, GMC, NMC)
- CPD
- fitness to practice (self and others).



## Seeking Advice and Supervision cont...

### **4.05 Provide a practice focused account of your knowledge and skilled approach to utilising supervision, reflective practice and self-appraisal for work with infants and their parents/IMH.**

#### **Please consider the following points:**

- maintaining safe and effective practice
- enhancing the quality of the service that clients receive, including therapeutic boundaries
- the personal impact of challenging work on the practitioner and use of restorative supervision
- reflecting on feedback (supervisor and others) and practice experience, institute new insights, knowledge and skills to promote continuous professional development
- cultivating a reflective working environment

### **4.06 Provide a practice focused account of your knowledge and skilled approach to supporting colleagues and the wider team, including other practitioners in multidisciplinary contexts and with different levels of expertise.**

#### **Please consider the following points:**

- supporting new and/or less experienced practitioners (e.g., those working at Level 1)
- providing supervision (peer or expert)
- providing constructive feedback
- addressing poor practice and/or behaviour
- serving as a resource for other practitioners

## Level 2 Portfolio - Domain 5:

### Working with Safeguarding and Data Protection Guidelines (2 competencies)

**Domain 5** covers the relevant legal and professional requirements that are specific to effective infant mental health practice.

#### Practice Themes

**Legislation  
relevant to work  
with infants and  
parents**

2 competencies

#### Competencies

**5.01 Please provide a brief overview of legislation and conventions, regional and workplace guidelines/strategies/protocols pertinent to safeguarding infants and children.**

**Please provide a brief overview of UK General Data Protection Regulation (UK GDPR).**

**5.02 Provide a practice-focused account illustrating your knowledge and skilled approach to compliance with legislation and guidance etc., in your work with parents and infants.**

**Please consider the following points:**

- information sharing (what, when and who)
- GDPR versus safeguarding legislation
- confidentiality versus professional obligation to share information
- differing professional perspectives
- seeking/providing support and supervision

# THE AIMH UK IMH CPD PROGRAMME

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## LEVEL 3 PORTFOLIO

*'Promoting excellence in infant mental health practice'*

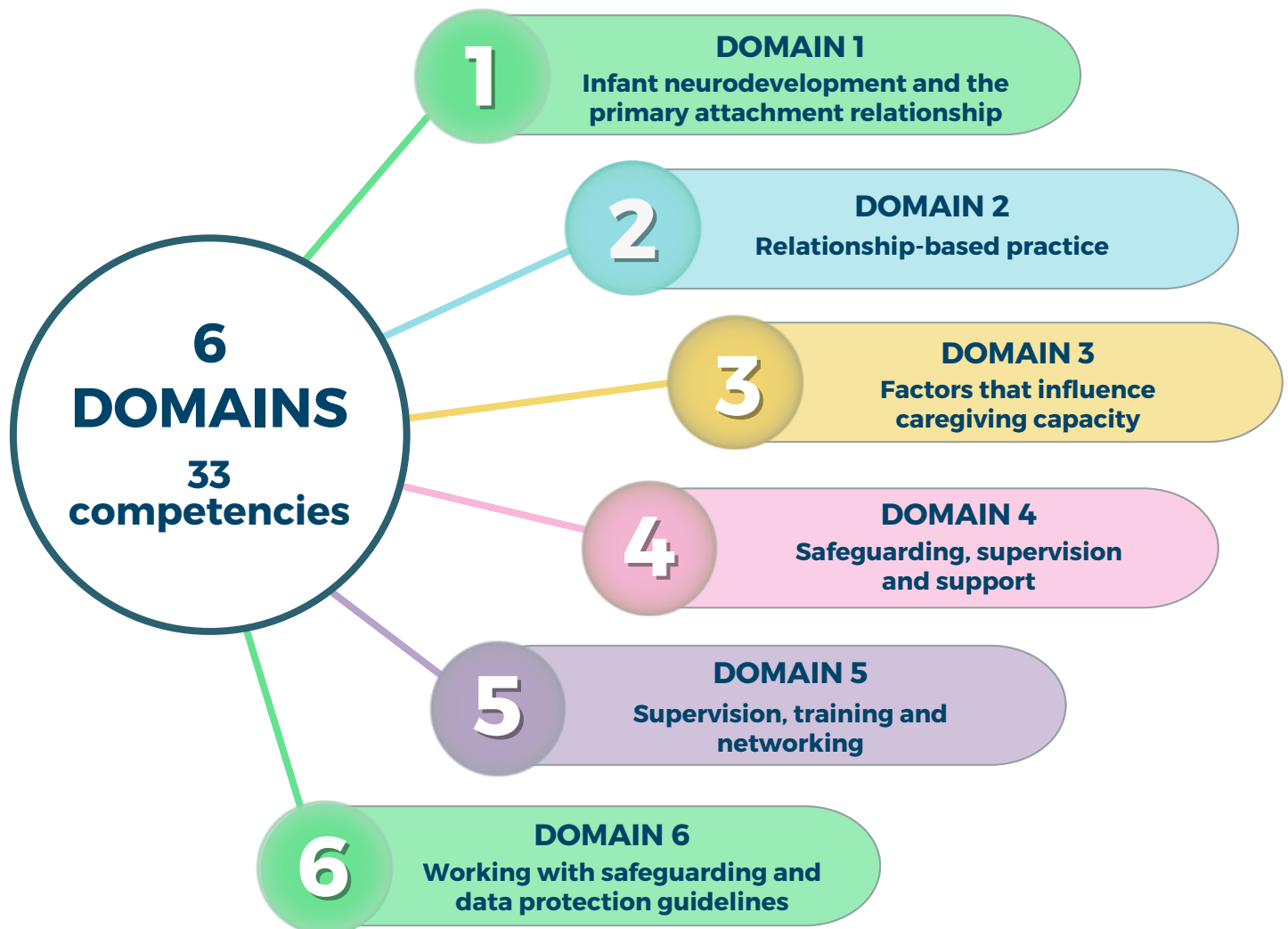
# AIMH UK IMH CPD PROGRAMME

## LEVEL 3 PORTFOLIO

You should be creating a Level 3 IMH Portfolio if you are a regulated practitioner who delivers specialist services to parents and infants with, for example, responsibility for managing a specialist team, providing training and supervision of other practitioners; and informing and implementing service development, protocols and policies at organisational and regional levels.

As a practitioner working with babies, infants and adults, it is inevitable that you will be involved with and influencing good infant mental health practice. Building your IMH CPD Portfolio will support your working practice, as well as help to identify further training needs.

The Level 3 Portfolio consists of 6 Domains and 33 Competencies.



Building an IMH CPD Portfolio may sound complicated or seem overwhelming, but don't worry. You are only being asked to provide evidence and/or examples of your day-to-day working practices and to explain what you understand about infant mental health. This is what you do every day, and you probably don't even know how much you know!

Creating your IMH CPD Portfolio can be used for a number of reasons:

- to gather the evidence to compile your Infant Mental Health Portfolio for registration to the UK Infant Mental Health Recognition Register
- to self-assess your current level of infant mental health proficiency and identify areas for continuing professional development
- to provide evidence for revalidation with your individual professional body
- to provide practitioners who are not required to be on a statutory professional register, recognition of their infant mental health skills and knowledge



# AIMH UK IMH CPD PROGRAMME

## LEVEL 3 PORTFOLIO



### 6 Domains - 33 competencies

Under each Domain there are working Practice Themes which contain the competencies for you to complete.

Login to the AiMH UK CPD Portal and work through each Domain at your own pace. Click on the Practice Theme to find the competencies to complete. You can input text or add files, videos or pictures to provide evidence in support of your working practice in and around infant mental health. Once you have completed all the Domains, you can choose to submit your IMH Portfolio for peer review\*.

\*Fee may apply

<b>1</b> Infant neurodevelopment and the primary attachment relationship 3 Practice Themes	<b>2</b> Relationship-based practice 3 Practice Themes	<b>3</b> Factors that influence caregiving capacity 3 Practice Themes	<b>4</b> Safeguarding, supervision and support 2 Practice Themes	<b>5</b> Supervision, training and networking 3 Practice Themes	<b>6</b> Working with safeguarding and data protection guidelines 1 Practice Theme
<b>Early critical development</b> 2 Competencies	<b>The importance of collaborative working</b> 1 Competency	<b>Transition to parenthood</b> 3 Competencies	<b>Assessing and responding to child protection risk and actual harm</b> 3 Competencies	<b>Supervision</b> 1 Competency	<b>Legislation relevant to work with infants and parents</b> 2 Competencies
<b>Attachment</b> 4 Competencies	<b>Supporting sensitive caregiving</b> 4 Competencies	<b>Parental caregiving capacity</b> 5 Competencies	<b>Seeking advice and supervision</b> 2 Competencies	<b>Training</b> 1 Competency	
<b>Resilience</b> 2 Competencies	<b>Threats to engagement</b> 1 Competency	<b>Help seeking behaviours</b> 1 Competency		<b>Service development and multidisciplinary networking</b> 1 Competency	

Upon a successful peer review, you will be added to the Infant Mental Health Recognition Register (IMHRR).

Being accepted on to the IMHRR will provide you with recognition for your infant mental health expertise. Your knowledge, skills and behaviours will be validated against the UK Infant Mental Health Competency Framework.

\*Fee may apply



## Level 3 Portfolio- Domain 1:

### Infant Neurodevelopment and the Primary Attachment Relationship (8 competencies)

The 3rd trimester of pregnancy and the first two years of a child's life represents a sensitive period of rapid neurodevelopment and important developmental achievements, notably self-regulation, an emergent self-protective (attachment) strategy, locomotion, and speech and language. Science shows that the quality of care afforded to infants by primary caregivers exerts the greatest influence on infant development during this sensitive period.

**Domain 1** competencies reflect the key areas of knowledge and skills required for assessment, support and intervention that is informed by the quality of the parent-infant relationship and its influence on infant developmental outcomes.

Practice Themes	Competencies
<b>Early Critical Neurodevelopment</b> 2 competencies	<p><b>1.01 Give a brief overview of early, critical infant neurodevelopment, the influence of parental care/ quality of the parent-infant relationship and wider ecological factors, on this development.</b></p> <p><b>1.02 Provide a practice-focused account illustrating your knowledge and skilled approach to assessing and supporting/promoting infant development through direct work with the parent(s) and infant.</b></p> <p><b>Please consider the following points:</b></p> <ul style="list-style-type: none"> <li>• normative, age relevant development (emotional, social, behavioural, motor, communication, cognitive)</li> <li>• sensitive discussion of these issues with parent(s)/ caregiver(s)</li> <li>• support to parents (and the wider family) to promote caregiver-child relationship</li> <li>• assessing and developing case formulations to inform personalised (multiagency) support/ intervention plans during the early sensitive period of neurodevelopment</li> <li>• liaison and/ or referral to other practitioners and services in response to parent-infant need</li> <li>• provision of links to other resources</li> </ul>
<b>Attachment</b> 4 competencies	<p><b>1.03 Give a brief overview of attachment theory, including, e.g., attachment as a developmental process, a self-protective strategy (A, B, C &amp; D) and internal working model as an outcome of parental caregiving style.</b></p> <p><b>Also, please describe features of parent-infant interactions that are recognised to be a) healthy, normative, and b) adverse during the critical period of early infant neurodevelopment.</b></p> <p><b>1.04 Provide a practice-focused account illustrating your knowledge and skilled approach to direct work with the parent-infant relationship with the intention to optimise infant attachment outcomes (as per 2.01).</b></p> <p><b>Please consider the following points:</b></p> <ul style="list-style-type: none"> <li>• sensitively discussing infant attachment needs relating to caregiving interactions with parents</li> <li>• identify difficulties in the parent-infant relationship using a validated assessment tool (e.g., Infant and/ or Toddler CARE-Index, PILOS)</li> <li>• develop and review case formulations to inform personalised support and intervention plans (including group and/ or individual work)</li> <li>• make referrals to appropriate specialist services</li> <li>• provide links to other resources</li> </ul>

## **Attachment cont...**

**1.05 Define parental reflective function, mentalising and mind-mindedness and explain their significance in relation to infant neurodevelopment and attachment.**

**1.06 Provide a practice-focused account illustrating your knowledge and skilled approach to supporting/ promoting parental reflective function, mentalising/ mind-mindedness capacity.**

**Please consider the following points:**

- engage reflectively with parents to support/ promote mentalising and mind-mindedness in relation to the infant
- modelling of / mind-minded interactions with the parent and infant
- assessing/ identification of problems with parental reflective functioning (within parent and / or of (not sure if of is correct) infant
- formulating and delivering planned personalised intervention that will promote mind-mindedness
- making referrals to appropriate specialist services

## **Resilience 2 competencies**

**1.07 Define resilience and its importance.**

**From the perspective of infant neurodevelopment, describe the key factors that are shown to promote and compromise the development of resilience in individuals.**

**1.08 Provide a practice-focused account illustrating your knowledge and skilled approach to direct work with the parent-infant relationship to support/ promote developing resilience in the infant.**

**Please consider the following points:**

- assessing/identification of factors with the potential to compromise infant resilience as a desirable outcome of early care and the parent-infant relationship
- sensitive discussion with parent(s) in order to buffer the infant from environmental impingements
- formulating and delivering planned, personalised support and intervention
- referral to additional, specialist services as necessary
- provision of links to other resources

## Level 3 Portfolio - Domain 2:

### Relationship-based Practice (6 competencies)

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.

**Domain 2** competencies reflect the key aspects of relationship-based practice that are necessary to promote infant mental health.

#### Practice Themes

##### The Importance of Collaborative Working

1 competency

#### Competencies

**2.01 Provide a practice-focused account illustrating your knowledge and skilled approach to working collaboratively with parents, family and other significant relationships that influence the infant, including multi-disciplinary professionals.**

**Please consider the following points:**

- assessment and case formulation to inform the delivery of personalised, efficacious (multiagency) interventions
- establishing/sustaining respectful and trusting relationships with appropriate boundaries
- professional liaison
- recognising when referral to additional specialist services is needed
- informing working practices with colleagues and wider services
- modelling of such working and support for other practitioners

##### Supporting Sensitive Caregiving

4 competencies

**2.02 Provide a practice-focused account illustrating your knowledge and skilled approach to support sensitive, responsive caregiving appropriate for healthy infant development (e.g., provision of safety and comfort; attuned & contingent interactions; mind-mindedness; rupture and repair).**

**Please consider the following points ;**

- infant age, behaviour as communication, and neurodevelopment
- parental/caregiver capacity
- reciprocal infant attachment and adult caregiving systems
- features of the bi-directional parent-infant relationship
- modelling of responsive caregiving
- assessment and case formulation
- delivery of personalised dyadic/triadic intervention strategies when problems are identified
- provision of links to relevant resources

**2.03 Provide a practice-focused account illustrating your knowledge and skilled approach to parental cultural beliefs and practices that influence caregiving.**

**Please consider the following points:**

- adaptation of practice and delivery of services to recognise cultural differences
- identification of appropriate and inappropriate cultural variations to parenting and discussion with parent(s) or multidisciplinary colleagues as appropriate

**Supporting  
Sensitive  
Caregiving  
cont...**

**2.04 Provide a practice-focused account illustrating your knowledge and skilled approach to addressing the impact of parent(s)/ caregiver(s) adverse relationship histories on their caregiving interactions with the infant (unconscious and/or conscious).**

**Please consider the following points:**

- reflection with parent(s) on the way in which biographical histories and interpersonal patterns may be influencing their caregiving and/ or adaptation to parenthood
- identification and assessment, for example of unresolved parental trauma
- case formulation, planning and delivery of personalised support and intervention
- liaison with and/ or referral to multidisciplinary practitioners as beneficial, to optimise outcomes for infant and parents
- provision of links to relevant resources

**2.05 Provide a practice-focused account illustrating your knowledge and skills with regard to assessment, case formulation, planning and delivery, and review of personalised support and intervention, and the importance of these in responding to individual need.**

**Please consider the following points:**

- promotion of infant mental health (e.g., primary, secondary, tertiary care)
- assessment of need (what and how?)
- use of assessment outcomes to guide personalised, needs-led support/ intervention (e.g., infant; parent; dyad; triad etc.)
- referral to specialist services
- multi-professional liaison and collaboration

**Threats to  
engagement  
1 competency**

**2.06 Provide a practice-focused account to illustrate your knowledge and skilled approach to promoting engagement.**

**Please consider the following points:**

- barriers to engagement
- addressing poor engagement
- discuss concerns with parent/s/caregiver
- safeguarding as necessary

## Level 3 Portfolio - Domain 3:

### Factors that influence caregiving capacity (9 competencies)

A range of factors are shown to have the potential to influence parental care giving capacity with significant consequences for infant attachment and neurodevelopment (including emotional, social, cognitive, behavioural outcomes).

These factors may arise at the level of the individual, family, community, culture and wider society; they may be historical in their origins (pre-conception) or arise during pregnancy, birth or the postnatal period.

**Domain 3** competencies reflect key knowledge and skills required to effectively respond to historic and/or current influences that may adversely impact the capacity of primary caregivers to appropriately meet the care and developmental needs of infants.

#### Practice Themes

##### Transition to Parenthood

3 competencies

#### Competencies

**3.01 Please provide a brief explanation of what is meant by transition to parenthood.**

**Give an overview of the factors that may facilitate or inhibit adults during the transition to parenthood.**

**3.02 Provide a practice-focused account illustrating your knowledge and skills with regard to assessment, case formulation, planning and delivering personalised support (psychological, emotional, advocacy) during parents' transition to parenthood.**

**Please consider the following points:**

- sensitive discussion of biographical history, feelings and thoughts about conception, pregnancy and birth with parents
- incorporating relevant, person-specific histories and, e.g., socio-demographic information in order to develop personalised support/interventions strategies
- signposting of families or referral, where applicable, to appropriate specialist services and support

**3.03 Provide a practice-focused account illustrating your knowledge and skilled approach to supporting parents, their infant and wider family in response to changes in the family constellation and dynamics following birth and (potential) impact on the quality of the couple and/or co-parenting relationship.**

**Please consider the following points:**

- sensitive discussion with the parents
- assessment, case formulation, planning and delivering personalised support/intervention
- making referrals to other specialist services

##### Parental Caregiving Capacity

5 competencies

**3.04 Please explain what is meant by parental sensitivity, including non-sensitive behaviours (i.e., controlling and unresponsive).**

**Provide an overview of the key critical, normative features of parental caregiving that are reciprocal to optimal infant (0-2 years) attachment and neurodevelopmental needs.**

**What factors can compromise parental caregiving capacity?**

**3.05 Provide a practice-focused account illustrating your knowledge and skilled approach to assessing risk for parental caregiving, planning personalised support/ intervention and engaging parents in preventative work, for the wellbeing of infant, parent and family.**

**Please consider the following points:**

- observation of parent-infant interactions Vs parental self-report
- biographical histories that support normative caregiving or represent risk
- whether and in what way parenting may be affected by these factors
- discussion with the parent(s) about the possible impact of these factors (short > long term) on their parenting and consequently for infant mental health, neurodevelopment and attachment outcomes
- planning of support/intervention in collaboration with parents
- multiagency liaison, signposting and/or referral to specialist services

**3.06 Provide a practice-focused account illustrating your knowledge and skills with regard to engaging parents where there is risk of harm to the developing fetus/ infant from parental substance misuse (including alcohol); domestic abuse; adult mental health through.**

**Please consider the following points:**

- adverse impact of these factors on key caregiving interactions and the parent-infant relationship
- observation of parent-infant interactions compared with parental self-report
- sensitive discussion with parent(s) of concern/risk related to substance misuse and/or domestic abuse
- assessment, case formulation, planning and delivery of support/ intervention to the parent-infant dyad
- multiagency liaison and referral to other specialist services, such as for example, for individual work with the parent

**3.07 Provide a practice-focused account illustrating your knowledge and skills with regard to assessment, care planning, providing support/ intervention in relation to perinatal mental health problems (mother and/ or father, and infant).**

**Please consider the following points:**

- assessment of common mental health problems using clinical judgement and validated assessment criteria (e.g., Whooley questions; self-rated inventories; clinical interview)
- observation of parent-infant interactions compared with parental self-report
- contribution of assessment, case formulation, planning and delivery of personalised support/ intervention strategies for parents and infants experiencing mental health problems
- Multiagency liaison, referral and collaboration (e.g., with Psychotherapist, GP, HV, SW, Psychiatrist)
- multiagency liaison/ referral to specialist services as required

**3.08 Provide a practice-focused account illustrating your knowledge and skilled approach to supporting the parent-infant relationship taking into consideration factors such as infant temperament and traumatic birth, repeated medical procedures and illness that may increase infant vulnerability and impact parents.**

**Continue to points to consider...**



**Parental  
Caregiving  
Capacity  
cont...**

**3.08 Please consider the following points:**

- infant birth trauma and medical diagnoses
- observation of parent-infant interactions compared with parental self-report
- whether and in what way parenting may be affected by these factors
- discussion with the parent(s) the possible impact of these factors (short > long term) on their parenting and wellbeing, and consequently for infant mental health, neurodevelopment and attachment
- assessment, case formulation, planning and delivery of personalised support/ intervention in collaboration with parents
- multiagency liaison, signposting and/ or referral to specialist services

**Help Seeking  
Behaviours**

1 competency

**3.09 Provide a practice-focused account illustrating your knowledge and skilled approach to responding to parental help seeking behaviours and beliefs.**

**Please consider the following points:**

- individual, social and cultural factors, including fear, that may influence parental help-seeking behaviours and beliefs (e.g., in relation to mental ill health or infant health and wellbeing)
- inappropriate help-seeking behaviours ('too much' versus failure to respond, including barriers)
- displacement of parental stressors/anxiety/concerns onto infant
- assessment of how such help-seeking behaviours may be impacting on the infant (neurodevelopment, social and emotional)
- discussion with parent(s) and provide support

## Level 3 Portfolio - Domain 4:

### Safeguarding, Supervision and Support (5 competencies)

The safeguarding process, including child protection focuses, on protecting individual infants that are identified as suffering or at risk of suffering significant harm. Safeguarding is an individual, professional obligation and relies on effective engagement with parents and the wider family, and multiagency collaboration.

**Domain 4** competencies reflect the key knowledge and skills required to assess and appropriately respond to infant safeguarding risks.

#### Practice Themes

##### Assessing and responding to Child Protection Risk and Actual Harm

3 competencies

#### Competencies

**4.01 Please provide an explanation of the distinction between infant safeguarding risk, developmental risk and developmental trauma as outcomes of parental sensitivity/caregiving capacity.**

**4.02 Provide a practice-focused account illustrating your knowledge and skilled approach to identifying and responding to child protection concerns for the infant (risk of or actual harm) relating to emotional and/or physical and/or sexual abuse, and/or neglect.**

**Please consider the following points:**

- assessment of infant wellbeing and development according to age and stage
- observation of parent-infant interactions compared with parental self-report
- discuss concerns with parent/s/caregivers
- appropriateness of such discussion based on professional assessment of whether or not doing so may increase risk
- referral to Children's Services
- multi-professional liaison and collaboration
- assessment of infant risk, parental capacity, wider family function and need, to inform a personalised child protection and intervention plan

**4.03 Provide a practice-focused account illustrating your knowledge and skilled approach to ongoing work with parents, infants, siblings and the wider family, with a history of safeguarding concerns.**

**Please consider the following points:**

- monitoring of infant/child wellbeing and safety
- re-occurrence of child-protection concerns
- maintaining respectful, transparent, open and honest communication with parents to reflect progress and/or heightened concern
- creation of a working environment in which this may be realised

##### Seeking Advice and Supervision

2 competencies

**4.04 Please give an account of your personal, professional governance in relation to direct work with parents and infants with an infant mental health lens.**

**Please consider factors such as:**

- competence in practice
- your regulatory code of conduct (e.g., CSSIW, SWE, UKCP, ACP, GMC, NMC)
- CPD
- fitness to practice (self and others).

**Seeking Advice  
and Supervision  
cont...**

**4.05 Provide a practice focused account of your knowledge and skilled approach to utilising supervision, reflective practice and self-appraisal for work with infants and their parents/IMH.**

**Please consider the following points:**

- maintaining safe and effective practice
- enhancing the quality of the service that clients receive, including therapeutic boundaries
- the personal impact of challenging work on the practitioner and use of restorative supervision
- continuing professional development through training, reflective practice and utilising feedback (from supervisor and others)
- cultivating a reflective working environment

## Level 3 Portfolio - Domain 5:

### Supervision, Training and Networking (3 competencies)

Level 3 practitioners are actively engaged in advancing professional practice and services that support the parent-infant relationship to improve short and long-term outcomes for infants and parents/ caregivers together.

**Domain 5** covers the key role of supervision, training, multidisciplinary collaboration and networking in the advancement an infant mental health agenda.

#### Practice Themes

##### Supervision

1 competency

#### Competencies

##### 5.01 Provide a practice-focused account of your responsibilities, knowledge and skills with regard to supervising practitioners' undertaking parent-infant work.

**Please consider the following points:**

- supporting practitioners to work dyadically
- assessing/ understanding parental care giving capacity and infant experience dependent neurodevelopment and attachment outcomes
- understanding reciprocal infant attachment and parental care giving systems
- caregiver histories such as for example their own childhood/ mental health/ trauma/ DV/ previous safeguarding concerns
- working with diversity (cultural/ religious/ LGBTQ)
- observation of parent-infant interactions Vs parental self-report
- assessment, case formulation, planning and implementation of personalised support and intervention
- supporting evidence-based practice
- identifying and responding to safeguarding concerns
- supporting reflective practice and personal, professional governance
- fitness to practice
- information sharing

##### Training

1 competency

##### 5.02 Provide an account of training relevant to infant mental health practice that you have developed and delivered.

**Please consider the following points:**

- what was the topic and the authors/ literature used
- who were the recipients
- what is its relevance in the multidisciplinary field of infant mental health
- how was the training evaluated
- on review, what if anything did/ would you change

##### Service Development and Multidisciplinary Networking

1 competency

##### 5.03 Provide a practice-focused account of your involvement in service development (local, regional or national) and multidisciplinary networking events to advance the infant mental health agenda.

**Please consider the following points:**

- enhancing services for infants and parents
- collaborating with multidisciplinary practitioners to develop and implement attachment and trauma informed infant mental health services

## Level 3 Portfolio - Domain 6:

### Working with Safeguarding and Data Protection Guidelines (2 competencies)

**Domain 6** covers the relevant legal and professional requirements that are specific to effective infant mental health practice.

#### Practice Themes

**Legislation  
relevant to work  
with infants and  
parents**

2 competencies

#### Competencies

**6.01 Please provide a brief overview of legislation and conventions, regional and workplace guidelines/ strategies/ protocols pertinent to safeguarding infants and children.**

**Please provide a brief overview of UK General Data Protection Regulation (UK GDPR).**

**6.02 Provide a practice-focused account illustrating your knowledge and skilled approach to compliance with legislation and guidance etc., in your work with parents and infants.**

**Please consider the following points:**

- information sharing (what, when and who)
- GDPR versus safeguarding legislation
- confidentiality versus professional obligation to share information
- differing professional perspectives
- seeking/ providing support and supervision



# THE AIMH UK IMH CPD PROGRAMME

*'Promoting excellence in infant mental health practice'*

## IN CONCLUSION

The AiMH UK Infant Mental Health Competency Framework (IMHCF) has been cited in the recent Government launch of Family Hubs, one of the five Parent-Infant Relationship priorities for Start for Life (SfL) areas to 'produce a workforce training and development plan in infant-parent relationships'.

This plan will ensure that:

- All family facing professionals are upskilled using the AiMH UK Competency Framework and mean that:
- During the SfL programme a majority of families with babies 0-2 years are supported by a trained professional (both across universal and specialist services), (Best practice)
- In the longer term ensures all families are supported by trained professionals. (Best practice)

AiMH UK have invested in this programme using the AiMH UK IMHCF to support and encourage IMH Practitioners and students who work with infants in a childcare setting, or who work with the parent-infant dyad, to access the AiMH UK IMH CPD Programme.

How to begin...

Access to the IMH CPD Programme is included in AiMH UK membership.

Once you have registered at <https://imhcpd.aimh.uk>, you can start building your IMH Portfolio. Supporting documents and resources will be available on the online learnig website. You can work through each Domain at your own pace, providing evidence in support of your working practice in and around infant mental health.

You can join AiMH UK by following this link: <https://aimh.uk/membership/>

If you are part of a team / organisation / educational establishment we have membership packages available. Please contact [info@aimh.uk](mailto:info@aimh.uk).