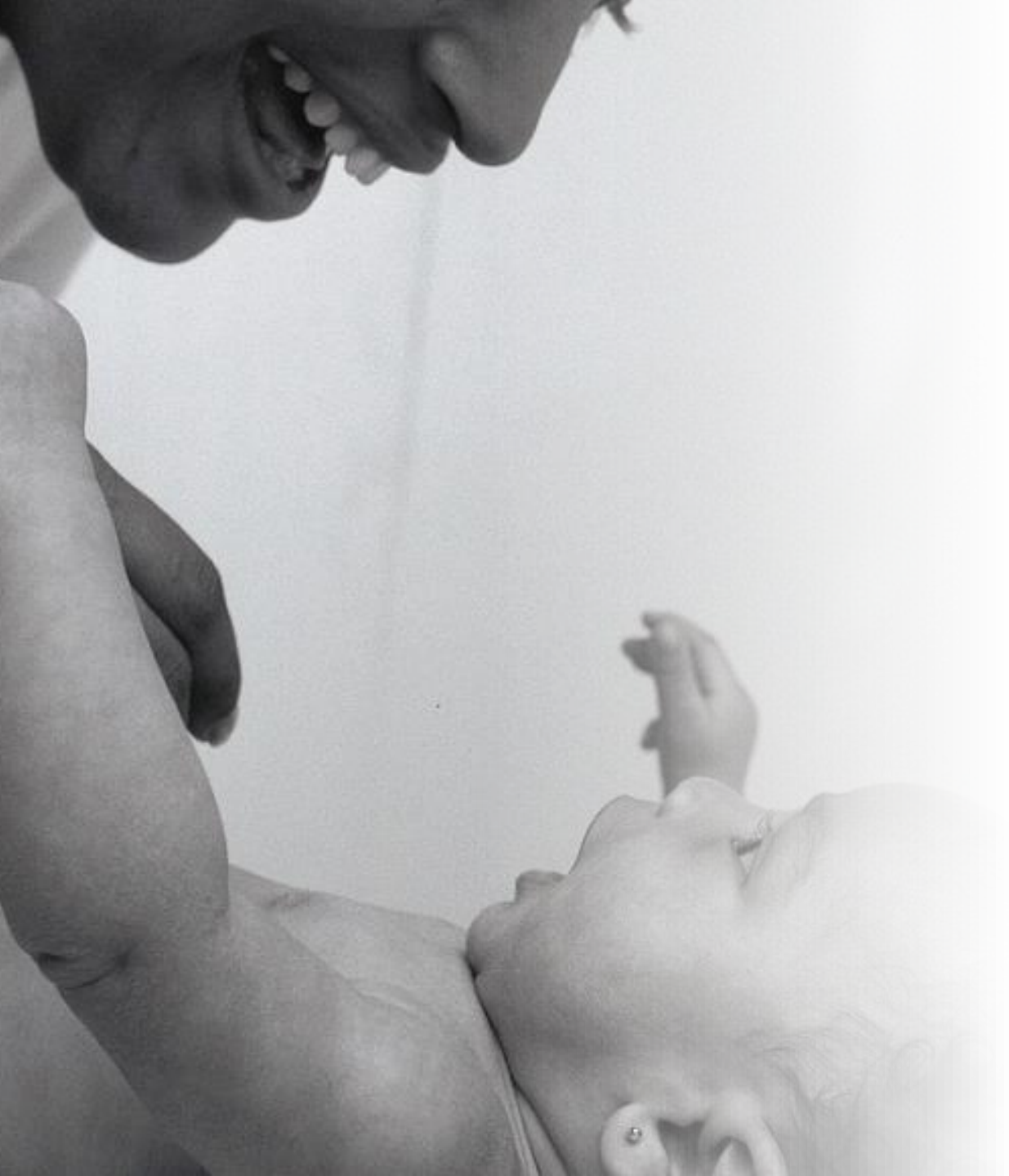

Key factors in developing best practice in relation to developing parent-infant support services across Wales

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Key factors covered

- Parent-Infant Relationship Support Services (P-IRSS)
- Training
- CPD and the IMHCF
- Changes to Health and Social Care Infrastructure

Investment in Parent-Infant Relationship Support Services (P-IRSS) across Wales

- Effective P-IRSS should be established separately from PMHS - problems with the parent-infant relationship have diverse causes and is not just related to parental mental health problems
- Therefore, pro-active and universal P-IRSS across Wales should:

- have distinct service pathways independent of those relating PMHs;
- such pathways should begin in pregnancy and involve key statutory professionals (e.g. midwives and health visitors), including specialist health visitors in maternal and infant mental health
- should involve specialist parent-infant teams

Training

Need to invest in professional training that incorporates clinical supervision of HSC practitioners by expert practitioners

Training should teach about healthy biological, emotional and developmental features of the parent-infant relationship as the foundation to understanding risk and its impact

Midwives and health visitors should be trained in the use of validated assessment methods to identify risk in the parent-infant relationship and to provide ongoing skilled support in collaboration with specialist services

Training should develop the knowledge and skills of health visitors to interpret and understand the impact of identified needs for parents and infant sbelow the threshold for referral to specialist services to plan and deliver personalised support/interventions

CPD – The IMH Competency Framework

This framework was designed 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)

Domain 4: Assessment of caregiving

Domain 4 focuses on the knowledge and skills needed for effective assessment of the caregiving of infants, both pre and postnatal.

Domain 5: Supporting care-giving

Domain 5 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.

Domain 6: Reflective practice and supervision

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.

Changes to Health and Social Care infrastructure

Revision of health and care services to appropriately respond to the needs of infants (0-2yrs):

- The Care Act 2014 (Care and Support) is seriously inadequate for infants – because it the provision is voluntary for parents.
- The safeguarding threshold is very high in relation to the innate vulnerability of infants during the early period of critical, neurodevelopment and the limits of the time frame in which this development occurs.

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