

3.1

Infant Mental Health Competencies Framework Assessment

4 page folio section

Grid Level 3: Domain 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.



1.01 - 1.03: Collaborative working.

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.

Please use the grid opposite to self-assess your skills, knowledge and behaviours against each individual competence throughout the relationship-based practise document.

Working towards

Evidence

Achieved

3.1

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Assessment

Domain 1:
Relationship-based
practice
(10 units)

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

1.04 - 1.08 Supporting sensitive caregiving.

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.

Working towards Evidence

Achieved

3.1

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Domain 1:
Relationship-based
practice
(10 units)

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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

- | | |
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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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Domain 1:
Relationship-based
practice
(10 units)

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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

1.09 - 1.10 Threats to 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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

End: Infant Mental Health Competencies Framework Assessment. **Grid Level 3. Domain 1.**

3.2

Infant Mental Health Competencies Framework Assessment

6 page folio section

Grid Level 3: Domain 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.



2.01: Brain development and critical periods of development.

2.01

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

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

Please use the grid opposite to self-assess your skills, knowledge and behaviours against each individual competence throughout the relationship-based practise document.

Working towards

Evidence

Achieved

3.2

2.02 - 2.03: Developmental pathways in infancy

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:

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

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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Domain 2:
Normal and atypical
development
(13 units)

2.04 - 2.07: Attachments

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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Domain 2:
Normal and atypical
development
(13 units)

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.

- | | |
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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

- | | |
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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

2.08 - 2.10: Ecological context for child development

2.08

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

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|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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Domain 2:
Normal and atypical
development
(13 units)

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

2.11 - 2.13: Resilience

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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Domain 2:
Normal and atypical
development
(13 units)

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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

End: Infant Mental Health Competencies
Framework Assessment. **Grid Level 3. Domain 2.**

3.3

Infant Mental Health Competencies Framework Assessment

4 page folio section

Grid Level 3: Domain 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.



Transition to parenthood 3.01- 3.03

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.

Please use the grid opposite to self-assess your skills, knowledge and behaviours against each individual competence throughout the relationship-based practise document.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

3.3

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

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

3.3

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Assessment

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

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

3.04

Ability to apply the knowledge about **impact of substance misuse (including alcohol); domestic abuse; mental health problems on the development of the fetus/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.

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

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|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

- | | |
|--|----------|
| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

3.3

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Framework
Assessment

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

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

3.08 Help seeking behaviours

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

End: Infant Mental Health Competencies Framework Assessment. **Grid Level 3. Domain 3.**

3.4

Infant Mental Health Competencies Framework Assessment

4 page folio section

Grid Level 3: Domain 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.



4.01 - 4.06 : Assessment

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.

Please use the grid opposite to self-assess your skills, knowledge and behaviours against each individual competence throughout the relationship-based practise document.

Working towards

Evidence

Achieved

3.4

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Grid Level 3
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Framework
Assessment

Domain 4:
Assessment of
caregiving (10
units)

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

3.4

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Assessment

Domain 4:
Assessment of
caregiving (10
units)

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

4.07 - 4.10: Child protection/safeguarding.

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

3.4

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Framework
Assessment

Domain 4:
Assessment of
caregiving (10
units)

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

End: Infant Mental Health Competencies
Framework Assessment. **Grid Level 3. Domain 4.**

3.5

Infant Mental Health Competencies Framework Assessment

3 page folio section

Grid Level 3: Domain 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.



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.

Please use the grid opposite to self-assess your skills, knowledge and behaviours against each individual competence throughout the relationship-based practise document.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

3.5

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Grid Level 3
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Framework
Assessment

Domain 5:
Supporting
Caregiving
(7 units)

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.

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

3.5

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Assessment

Domain 5:
Supporting
Caregiving
(7 units)

5.05

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

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

End: Infant Mental Health Competencies Framework Assessment. **Grid Level 3. Domain 5.**

3.6

Infant Mental Health Competencies Framework Assessment

3 page folio section

Grid Level 3: Domain 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.



6.01 - 6.06: Reflecting practice principles.

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.

Please use the grid opposite to self-assess your skills, knowledge and behaviours against each individual competence throughout the relationship-based practise document.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

3.6

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Assessment

Domain 6:
Reflective practice
and supervision
(6 units)

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

3.6

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Domain 6:
Reflective practice
and supervision
(6 units)

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.

- | | |
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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

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.

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| <input type="checkbox"/> Working towards | Evidence |
| <input type="checkbox"/> Achieved | |

End: Infant Mental Health Competencies
Framework Assessment. **Grid Level 3. Domain 6.**

3.7

Infant Mental Health Competencies Framework Assessment

4 page folio section

Grid Level 3: Domain 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.



7.01 - 7.06: Knowledge of relevant legislation.

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.

Please use the grid opposite to self-assess your skills, knowledge and behaviours against each individual competence throughout the relationship-based practise document.

Working towards

Achieved

Evidence

3.7

AIMH
The Association for
Infant Mental Health

Grid Level 3
Infant Mental
Health Competencies
Framework
Assessment

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

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

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.

Working towards Evidence

Achieved

7.05

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

Working towards Evidence

Achieved

3.7

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Framework
Assessment

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

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

7.07 - 7.09: Information sharing

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

3.7

AIMH
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Framework
Assessment

Domain 1:
Relationship-based
practice
(10 units)

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.

<input type="checkbox"/> Working towards	Evidence
<input type="checkbox"/> Achieved	

End: Grid Level 3.
Infant Mental Health Competencies Framework Assessment.