

Service Requirements for a specialist Infant Mental Health service. (A possible set of organising principles for team set-up and development.)

Introduction. The prime purpose for developing set of service requirements is to create a model for an idealised infant-parent relationship team, but not with the expectation that every existing team will meet all the criteria. It is more a case of both having something to aim for and, perhaps, to use as a 'yardstick' for internal monitoring and service development. Also, such a document could be employed with commissioners and managers as it provides a framework that can be taken into consideration when planning to either create or expand a specialised infant mental health service. This could done in conjunction with the PIF UK Toolkit and Resources for setting up a specialised infant mental health team (see: <https://parentinfantfoundation.org.uk/foundation-toolkit/>).

Key.

1 = Failure to meet this requirement would result in a significant threat to patient safety, rights or dignity and / or would breach the law.
2 = Expected requirements that a good service would be expected to meet wherever possible.
3 = Desirable requirements that an excellent service should meet, or standards that are not the direct responsibility of the service, but which are core to delivery.
NB. These priorities should be adapted by each service in order to comply with local guidelines for best practice. Planning should be led by local service requirements, resources and clinical need; ideally bottom up not top down.

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Service Requirement No. 1	Accessibility.	
a	The service has tailored local strategies in place to maintain its profile as part of the locality's early years provision, to promote and monitor equity of access to the team, to prevent discrimination and to address any barriers to access. The last may be cultural or geographical, for example, or depend on specific local factors.	1
b	<p>The team provides appropriate and clear information on the service for families and professionals; this may be printed and /or electronic. These may differ in content. It should cover:</p> <ul style="list-style-type: none"> • A simple description of the service and its purpose; • Clear referral criteria, emphasizing that this focuses on the parent-infant relationship, the age limit for the service, and that a referral may be made on the basis of risk; • How to make a referral, including self-referral if the service allows; • Clear clinical pathways describing access, treatment and discharge (and how to navigate them); • The main interventions and treatments available, with clarity over how these will be tailored to the individual needs of the family; • Contact details for the service, telephone and online. <p>This should be given to families on the first appointment. The information for families should, if possible, be available in their native language when English is not spoken or is not the first language. Ideally a Braille or voice-recorded version should be available for deaf parents. This information should wherever possible be co-produced with service users.</p>	1
c	<p>Information for referring agencies must include: -</p> <ul style="list-style-type: none"> • Criteria for referral and a clear statement that the service addresses difficulties in the parent-infant relationship (not parental mental health). • A risk-assessment form. • How to make a referral. • Whom to contact in order to discuss a potential referral. • Clear guidance that video recording may be used and a request that this is discussed with the family; who should also be informed that consent will be sought and that this is not essential. • Details of confidentiality. 	1

	<ul style="list-style-type: none"> • Clarity about the importance of multi-agency liaison and working, especially with regards to Safeguarding. • Access to the full referral form either electronically or a paper version. • Contact details for the team. 	
d	The team accepts self-referrals from families when appropriate. When this occurs their GP and health visitor (or midwife) must be informed.	3
e	Whenever possible families should be given a choice about the venue for appointments where this is both practical and safe.	1
f	The team has access to venues where they may see families that are accessible if home visiting is contra-indicated; e.g. children's centres, GP surgeries. Families are able to access the service by using public transport or transport will be arranged by the service or referring agency.	1
g	Each family to be contacted before the first appointment to ensure they are aware that they have been referred and to agree a venue and time that is convenient for them. As far as possible, appointments should not disrupt a family's routine or affect the care of other children.	1
h	Communication and contact with families must be in a culturally sensitive and non-stigmatising manner.	1
i	When talking with families all team members should communicate clearly, avoiding the use of jargon and ensure that they are fully understood. This may involve the use of interpreters. Relatives should not be used as interpreters.	1

Service Requirement No. 2	<i>Referral systems.</i>	
a	The team works with all potential referrers to ensure that referrals will be appropriate, agreed by the parent(s), timely and coordinated between all the agencies involved with the family. Lines of communication should be clear.	1
b	A standardised referral process and referral form is in use. This should collect the baseline information needed by the service.	2

c	<p>There is clarity about the service and what it offers that is expressed in a way that is understandable by both families and professionals. It should be clear that the remit combines prevention with treatment and that referrals are based:</p> <ul style="list-style-type: none"> - on the full range of risks (stressors) within the family ecology that can negatively impact the parent-infant relationship; - immediate signs of distress being shown by the child within the caregiving relationship – this includes the defensive downregulation of the ‘freeze’ stress response; - difficulties within the parent-infant relationship caused by negative parental representations or expectations of the child; - parental emotional or mental health difficulties that might lead to a lack of sensitivity and appropriate responsiveness. 	2
d	Referrals are for work with the infant-parent relationship. Although issues personal to the parent or the infant will be taken into consideration, these may need other specialised services in their own right.	2
e	All new referrals that are initially deemed appropriate by the clinical lead to be discussed in weekly team meetings.	2
f	A clinical member of staff is available to discuss potential referrals with referrers during working hours.	1
g	The referrer to be contacted within one week of discussion at the team referral meeting.	3
h	There are processes in place to identify whether families are currently involved with other agencies.	1
i	The actions following on from a referral are fed back to the referrer and family in writing. If a referral is not accepted, the team then advises the referrer on alternative options if these are available.	1
j	Appropriate referred families to be contacted within one week of discussing referral in order to be offered an initial appointment. They should be sent a description of the service immediately if they have agreed to an initial appointment.	3
k	If there is a significant waiting time the team provides referrers and families with information about how long this might be.	2
l	The referrer, and anyone copied into the referral, should be informed within one working week once a decision has been taken to work, or not, with the family. The family’s GP should always be aware that a referral has been accepted.	2

Service Requirement No. 3	<i>Initial meeting and the preliminary engagement phase.</i>	
a	Staff members wear their team ID while at work and this is easily visible.	1
b	Families feel welcomed by all staff members when attending their appointments. <i>Guidance:</i> Staff members: <ul style="list-style-type: none"> • introduce themselves to service users; • show the building's amenities; e.g. where there is a baby-changing facility, a private area for breast-feeding, where a feed may be prepared (see requirement no. 18); • address service users using the name and title that they prefer; • ensure that the parents have been given the information leaflet for the team (1b); • offer refreshments if they will be kept waiting. 	1
c	During the initial meeting staff should explain the service and take account of the opinion and perspective of the parent(s) before deciding if further appointments are appropriate and seen as helpful by the family.	1
d	Depending on individual family circumstances, there may be delay before some families are able to commit to regular sessions. The team member should use this as a time of engagement, meeting with the family whenever possible. It may be necessary to continue to work with the network to set up any arrangement so that regular sessions may begin. At all times the team member should ensure that the family's best interests are being served. If there has been sufficient time to observe the interactions within the family, then it may be possible to make an initial assessment.	1
e	This engagement phase is as brief as possible, while at the same time respecting the circumstances of the family by being courteous and supportive.	1
f	If it appears that other services are needed to address any issues within the parent or child then, if the parent agrees, then a referral should be made and future good liaison between services coordinated in advance.	2

Service Requirement No. 4	<i>Follow-up for families who do not attend appointment.</i>	
a	The team follows up service users who have not attended an appointment. <i>Guidance:</i> This could include making a phone call, email, texting or sending a letter. If the family continues to not engage then a decision should be made by the clinician/team, based on family need and risk, as to how long to continue to attempt a follow-up in order to re-engage. This will involve gathering any new information from other agencies that might also be involved with the family.	1
b	If a service user does not attend for an initial appointment the clinician should contact the referrer both to enquire if they know the reason and to share concern.	1
c	Data on missed appointments are reviewed monthly. This is done at a service level to identify where engagement difficulties may exist.	2

Service Requirement No. 5	<i>Care and treatment, therapies and activities.</i>	
a	The team's therapeutic 'target' is specified as the relationship between the infant and his or her primary caregiver(s), usually but not invariably the biological parent(s).	1
b	The team has a trauma-informed approach that supports their emphasis on prevention as well as an in-depth therapeutic consideration of the early life experiences of the parent(s).	1
c	The team is able to implement and monitor a range of relationship-based interventions, with an evidence and established practice base. This approach informs the overall prime therapeutic modality.	1
d	The team provides information and encouragement to service users to access local organisations for peer support, advice, practical help and social engagement. This is documented in the service user's care plan and might include access to: <ul style="list-style-type: none"> • voluntary organisations; • children's centres; • food banks; • libraries; 	1

	<ul style="list-style-type: none"> • nursery provision; • their general practitioner; • speech and language therapists; • occupational therapists; • local religious/cultural groups; • peer support networks; • adult mental health services where appropriate. 	
e	All staff members who deliver therapies and activities are experienced, appropriately trained and have access to regular supervision (which may be external).	1
f	Staff members follow local inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	1
g	A procedure must be in place for mobilising child protection services in an emergency (e.g. infant is seen to be maltreated or this is suspected, an accusation has been telephoned in, evidence of domestic violence). This should include a process of internal consultation with the team manager and clinical lead.	1
h	The service supports service users to access support with finances, benefits, debt management and housing where this would benefit the parent-infant relationship.	1
i	Service users who are found to be struggling with drug and alcohol problems are referred to specialist help if not already accessed.	1
j	The service makes a formal link with any advocacy or support service used by the families they work with.	2
k	Referrer and GP to be sent a brief case summary (which respects confidentiality) as part of the clinical review every four to six months while work is in progress and on closure.	3

Service Requirement No. 6	<i>Outcome measurement and evaluation.</i>	
a	Case records include the results from validated assessments and outcome measures.	1
b	Outcome measures should provide clinically useful information, and at a minimum should be applied at the beginning and ending phases of treatment. The data from these are to be shared with the parent(s) and an explanation given before they are used.	2
c	Outcome measures should be understandable by the parent(s) and be acceptable. They should not interfere with the clinical process and should not be used if the parent has	2

	an objection. <i>Guidance:</i> This may especially apply to video-based tools where written consent should always be sought.	
d	All outcome measures for the team should be clearly collated and shared within the team; and such information made available in a suitable format to service managers and commissioners when appropriate.	2
e	Aggregated outcome data should be used to inform service evaluation and development. <i>Guidance:</i> The team should consider the outcome data every six months.	3
f	There should be an outcome measure that is an evaluation from the perspective of the parent; and this parent-completed evaluation should be gathered at the beginning and end of treatment.	1
g	An assessment is made of the local impact of the team's presence and provision. This might include testimonials and more formal evaluations from referring agencies and professionals where there has been joint working.	3

Service Requirement No. 7	<i>Data management.</i>	
a	Files to be opened in name of main caregiver (who holds parental responsibility).	1
b	All adults living in the household to be clearly recorded and their relationship to caregiver and infant noted.	1
c	If relevant, any absent biological parent should be recorded, including contact details if known.	1
d	All incidents of violence within the household to be recorded in a prominent place. If it is suspected that the perpetrator has continued access to the household a risk assessment must be carried out in consultation with both the clinical lead and all other agencies involved with the family.	1
e	Other children in the household to be recorded, with full names and d. o. b. noted.	1
f	The Child Protection status of all the children in the household and name of the family's social worker to be clearly recorded when necessary.	1
g	Every family should have a care plan in place, which should take account of all assessments / outcome measures, and include a risk assessment, clinical formulation and the views of the parent(s).	1
h	Care plan to be regularly reviewed if this is long-term work. This should record any change of medication prescribed to the main caregiver if relevant to their capacity for parenting.	2
i	Health visitor, GP and social worker (when involved) to be	2

	sent details of any changes in the care plan.	
j	Every file to be reviewed every three or four months, or at closure if this is sooner, to ensure they are complete and that all assessments / outcome measures are up to date.	2

Service Requirement No. 8	<i>Family confidentiality.</i>	
a	Confidentiality and its limits are explained to the family at the initial assessment, both verbally and in writing. <i>Guidance:</i> This covers sharing information outside of the clinical team, confidentiality in relation to third party information and the right to access information. This could be incorporated into the service information given to parents (1b), including when an exception might have to be made.	1
b	Personal information about the parent(s) is always kept confidential unless this is detrimental to the care and safety of the infant.	1
c	If local procedures require that the file be opened in the child's name, then all material relating to the caregiver(s) is third party information and must be recorded in a way that ensures it will not be accessible to the child at a later date. N.B. It is recommended that files be opened in the name of the prime caregiver.	1
d	All service user information is kept in accordance with current legislation. <i>Guidance:</i> This includes transfer of service user identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by always locking cabinets and offices on final departure, using swipe cards and having password protected computer access.	1
e	Video recordings are kept confidential and secure and the parent is assured about this. Unless there is a reason not to do so (such as the parent giving written permission that this may be used for teaching purposes), such recordings should always be deleted at the close of treatment. If the parent requests a copy of such recordings then this should be facilitated unless there are child-protection issues related to this.	1
f	Consent is sought prior to the disclosure of case material to a third person. This must be accompanied by a full explanation which should be recorded in the notes. If possible, the parent should give signed permission.	1

Service Requirement No. 9	<i>Complaints.</i>	
a	Families are informed about how to make complaints and how to seek independent advice.	1
b	Complaints procedures are well-publicised and family-friendly, and staff explain how these may be used. This may be incorporated into the parent leaflet (1b).	1
c	The service has a formal link with any advocacy service used by families.	2

Service Requirement No. 10	<i>Service user involvement.</i>	
a	Service users are encouraged to confidentially provide feedback about their experiences of using the service, and this information is used to improve the service. Permission should be gained before this is shared outside of the team. It should be clear that this will be anonymous. <i>Guidance:</i> Feedback is best independently sought (i.e. not by the clinical team; this may be an administrative task). This information may be triangulated with other feedback, such as from referrers, to make it as accurate and helpful as possible.	2
b	Services are developed in partnership with service user representatives wherever feasible. Parents attend and contribute to local service level meetings and are actively involved in service development (with due regard to both confidentiality and the potential for personal upset).	3
c	Service users are encouraged and supported to describe their experience of the team's intervention directly to third parties such as commissioners and managers.	3

Service Requirement No. 11	<i>Community engagement.</i>	
a	The service responds to request for telephone advice (consultation) from other agencies in their community within five working days.	2
b	A team member attends team meetings in other agencies if requested in order to promote knowledge of the team and its task and to raise awareness of issues pertinent to	2

	positive infant social and emotional development.	
c	The team offers training and consultation to partner agencies (including within the voluntary sector) within their area to promote knowledge of the work of the team and other issues relevant to early development and the importance of infant-parent relationships.	2
d	The team offers regular reflective supervision to other early years professionals, such as health visitors, SCBU and children's centre staff, when this has been requested.	2
e	The service has a meeting, at least annually, with all stakeholders within their community to consider topics such as referrals, service development, local issues of concern and to re-affirm good practice.	3

Service Requirement No. 12	<i>Team governance.</i>	
a	Regular team meetings occur, attended by all, preferably at a weekly interval. These should be divided as necessary between, referral and allocation, team administrative and practical business and regular opportunities for case discussion.	2
b	A system is in place to monitor if caseloads are appropriate; this should be done in discussion between the clinicians involved and the clinical lead. <i>Guidance.</i> It is important that team members are not working beyond their emotional capacity and are not at risk for vicarious traumatisation. Every team member should have appropriate time available to consider the needs and details of the families that they are responsible for.	2
c	Professional indemnity (treatment risk) insurance for all clinicians must be in place.	1
d	The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The service user's relatives are <u>not</u> used in this role unless there are exceptional circumstances. The interpreters must understand the boundaries of clinical confidentiality and this should be specified, if possible, within a signed contract. <i>Guidance:</i> Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice. If this is necessary clinical confidentiality and appropriateness should always be taken into consideration.	1
f	All clinicians must have an up to date enhanced clearance certificate from the DBS.	1

g	Team members must act in accordance with current child protection protocols (e.g. the procedures of the local Safeguarding Children's Board).	1
h	All team members to attend regular local safeguarding training, plus any other statutory and mandatory training / updates deemed appropriate.	1
1	The clinical lead and / or team manager should ensure a suitable system of risk assessment and management is in place to protect team members.	1

Service Requirement No. 13	<i>Leadership, team working and culture.</i>	
a	Staff members are able to access reflective practice groups at least every 4 to 6 weeks where the team can meet together to think about team dynamics and develop their clinical practice. <i>Guidance:</i> These do not replace supervision on individual cases.	3
b	The team has received training in reflective practice and maintaining a psychologically informed and relationship-based environment.	3
c	Team members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns and a whistle blowing policy should be in place.	1
d	Team members are consulted on relevant management decisions such as developing and reviewing operational policy.	2
e	The team has protected time for team building and discussing service development, this occurs at least once a year.	2
f	When posts are vacant, or in the case of long-term sickness or maternity leave, prompt arrangements are made for temporary staff cover	2
g	Staff members work well together, acknowledging and each other's efforts, contributions and compromises.	3

Service Requirement No. 14	<i>Management systems.</i>	
a	The following policies or procedures to be in place and re-evaluated annually: - <ul style="list-style-type: none"> • Safeguarding procedures (must align with local practice). • Lone working, which includes home-visiting risk assessment and management. • Health and safety. • Equality and diversity. • Disciplinary and grievance procedures. • Use of IT facilities. • Whistle blowing. • Information, data protection and confidentiality. 	1
b	The service should be embedded within its local statutory and voluntary networks who are providing services to parents and young children. Details of all such partner agencies to be readily accessible to all team members, including administrative support. If there is a local (or regional) Infant Mental Health Network or Board (or similar) the team should be represented.	1
c	A robust system for liaison and joint work with adult mental health, the area Perinatal Team, Learning Disability Services, services for adults with a disability (e.g. blindness), Drug and Alcohol Services, the Child and Adolescent Mental Health Service, and Social Care must be in place. All contact details and names of team managers (and points of contact if different) should be kept up to date as far as possible and be easily accessible to all team members.	1
d	The team manager should wherever possible ensure that the evaluation data (based on recognised outcome measures) is of a quality that could contribute to the case for specialised infant-parent relationship services on a national as well as local level if called upon.	2

Service Requirement No. 15	<i>Team members' qualifications, training and experience.</i>	
a	Appropriate therapeutic professional qualification and formal registration with a recognised accrediting body.	2
b	A pre or post qualification course in infant observation, such as the M9C, has been undertaken.	2
c	A sound knowledge of child development, family systems,	2

	psychodynamic principles, basic neuroscience and attachment theory.	
d	Training in a range evidence-based therapeutic approaches for infants and their families as appropriate for a multimodal infant mental health team.	2
e	Past experience of working therapeutically with families with very young children.	1
f	Senior clinicians should have experience of supervising or consulting to other agencies.	3
g	Experience of teaching and / or training other early years practitioners or related professions.	3
h	Experience in multi-agency child protection working, with a record of regularly updated child protection training as mandated locally.	1

Service Requirement No. 16	<i>Team member recruitment, induction and supervision.</i>	
a	Service user or representatives may be involved in the interview process for recruiting team members. <i>Guidance:</i> This could include co-producing interview questions or sitting on the interview panel.	2
b	New team members receive an induction based on an agreed list of core competencies. <i>Guidance:</i> This could include: <ul style="list-style-type: none"> • arrangements for shadowing more senior colleagues on the team (with the parent's agreement); • jointly working with a more experienced colleague; • joining colleagues at case conferences or core group meetings; • being observed and receiving enhanced supervision until core competencies have been assessed as met. 	2
c	All new team members are initially mentored by the clinical lead to support their transition into the service.	2
d	All team members must have regular reflective supervision at a fixed time from a more senior member of staff or from a suitable senior clinician from elsewhere. This should be a minimum of every two weeks for a full-time clinician, and a minimum of monthly for part-time workers. Plus, an hour of team case discussion and review every	1

	two weeks led by the senior clinician is recommended.	
e	All staff members receive line management supervision at least monthly.	3
f	Staff members in training and newly qualified staff members receive weekly line management supervision during their induction period.	2

Service Requirement No. 17	<i>Team member training and development.</i>	
a	The service has access to a budget that can support the training needs of the team.	2
b	All team members should be encouraged to increase their relevant clinical knowledge and skills. There should be continuing CPD for each team member as appropriate. This should be reviewed annually at team member appraisals.	1
c	Staff members can access leadership and management training appropriate to their role and specialty. This should include administrative staff.	2
d	Specialised clinical team training needs should be identified and met.	2
e	Team members should have access to study facilities (including books and journals, on site or online) and time to support relevant research and academic activity proportionate to their role and planned professional development.	2
f	Team members should receive further training consistent with their role. This is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes, but is not limited to, 1 to 3 below and is usually available as part of the free statutory and mandatory training provision from an NHS community trust or local authority:	1
g	1) Risk assessment and risk management. <i>Guidance:</i> This could include: <ul style="list-style-type: none"> • safeguarding vulnerable adults and children; • prevention and management of aggression and violence; • de-escalation and breakaway training; • recognising and responding to the signs of abuse, exploitation or neglect. 	1

	2) If needed, the team (including administrative staff) have access to training related to service users with special needs, e.g. blindness, receptive or expressive communication difficulties, or learning disabilities.	1
	3) Any statutory and mandatory training locally provided. <i>Guidance:</i> This includes equality and diversity, information governance, basic and infancy life support.	1

Service Requirement No. 18	<i>Service environment: the team base.</i>	
a	Clinical rooms are private, appropriately sized and conversations cannot be overheard. Each room can be maintained at an appropriate temperature and has a selection of large seating cushions and a play mat.	1
b	Clinical rooms are easily accessible with a pram or buggy and are near to baby changing facilities.	1
c	There should be a private room / space available that is comfortably furnished for mothers who wish to breastfeed.	3
d	Clinical rooms have a selection of age-appropriate toys and activities suitable for parents and infants to use together.	1
e	Furniture and toys are arranged so that doors in rooms where consultations take place are not obstructed.	1
f	All rooms are kept clean. <i>Guidance:</i> All staff members are encouraged to help with this. Rooms must be tidied at the end of every session.	1
g	The clinical base has sufficient car parking space for visitors, including allocated spaces for disabled access.	3
h	The environment complies with current legislation on disabled access (Equality Act 2010 or equivalent). <i>Guidance:</i> Relevant assistive technology equipment, such as handrails, should be provided to meet individual needs and to maximize independence. There should always be a clinical room on the ground floor.	1
i	An audit of environmental risk is conducted annually, and a risk management strategy is agreed and in place.	1
j	There is an alarm system installed (e.g. 'panic' buttons) and this is accessible for families and staff members.	1
k	There should always be another member of staff in the building when a clinician is working with a family.	2
l	All team members follow an agreed response to alarm calls.	1
m	Emergency medical resuscitation equipment, as required by organisational guidelines, is available for use within	1

	three minutes and is maintained and checked weekly, and after each use.	
n	Team members have sufficient and quiet space in which to do administrative work.	2
o	There are sufficient IT resources to provide all practitioners with easy access to key equipment and information.	
p	Team members have access to a dedicated staff room and kitchen.	2

Service Requirement No. 19	<i>Team member wellbeing.</i>	
a	The senior leadership team regularly monitor team member morale. This may be done informally.	2
b	The service actively supports staff health and wellbeing (see 19h). <i>Guidance:</i> For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, monitoring turnover, reviewing feedback from exit reports and taking action where needed.	2
c	Team members work well together, acknowledging each other's efforts, difficulties, contributions and compromises.	2
d	There must be clear contracts of employment to include details of annual leave entitlement, sickness leave and maternity/paternity leave (including adoption).	2
e	The team, including managers and administrative staff, should strive to maintain the practices associated with a relationship-based organization. (See: Judith Bertacchi (1996) <i>Relationship Based Organizations. Zero to Three, 17 (2) 1-7.</i>)	2
f	The 'Lone Working' procedure should be tested so it is familiar to all staff. This includes a system to register when a home visit at the end of the day has been concluded as well as a means of raising an alert as widely as possible (e.g. a 'What's App' group for the team) if there is concern.	2
g	Staff members (and service users) who are affected by a serious incident are offered post-incident support.	2
h	There should be systems in place to enable team members and managers to consider and respond to the risk of vicarious trauma (burnout). This should include the appropriate allocation of cases and a regular consideration of workload.	2

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