Parent-Infant
FOUNDATION

Self-audit tool and the key characteristics of a specialised parent-infant team

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Introduction

The Parent-Infant Foundation is a national charity whose mission is to support the growth, development and quality of specialised parent-infant relationship teams across the UK. As part of this work, we have created the UK's first definition of a specialised parent-infant relationship team[1] based on good practice in teams around the UK, and which forms the basis of the self-audit tool.

The tool outlines a number of descriptors of a team which you are asked to assess yourself against.

The purpose of this definition and self-audit process is:

- for Parent-Infant teams to assess their own development and feed into their own service development plans
- for teams to use as a leverage for funding, or in whole system wide discussions
- to ensure a clear distinction between a parent-infant teams and other services within early years, who may offer parent-infant relationship work as a secondary function
- to enable us to speak to national decision makers using clear facts and descriptions of services across the UK

A note on terminology to describe teams

Established teams

Teams who meet all the descriptors are described as established teams.

Emerging teams

Teams who are in development are described as emerging teams.

Targeted teams

Teams that meet all the main descriptors, but access to the service is restricted to a particular cohort of parents/infants (e.g. those who are in the social care system). This is typically due to funding or commissioning issues.

Parent-infant services that, due to their location (possibly in a more rural scarcely populated area of the UK) may not meet some of the descriptors, such as being a multi-agency team or having a consultant psychotherapist or psychologist lead.

However, we hope this self-audit tool will still be a useful quality driver and can be used to develop links and pathways in the spirit of the descriptor objective.

1. Rare Jewels report, https://parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/

Key characteristics of a specialised parent-infant relationship team

TEAM COMPOSITION AND CLINICAL GOVERNANCE	
Area of service	**Notes and rationale for the descriptors**
Clinical supervision	Clinical supervision is offered to all practitioners at the recommended level and frequency – and is separate from line management. Recommended minimum supervision frequency: • Practitioners with less than three years' experience of working with children under two should have one-hour reflective clinical supervision a week • Practitioners with over three years' experience should have one hour per fortnight. These amounts can be adjusted on a pro-rata basis for part-time staff.
A multi-discliplinary team	A multi-disciplinary team which includes highly skilled mental health professionals with therapeutic expertise in strengthening the relationship between babies and their parents.
	The team should be able to deliver interventions at different levels of need. This package of interventions should be pitched at the different levels of care outlined in the **THRIVE model** and include evidence-based interventions.
Clinical leadership	The team/service is led by (or has clinical oversight from) a consultant psychotherapist or psychologist who has additional training equivalent to AIMH Level 3 competency. They are able to understand, articulate and screen adult mental health risk[2].
Relevant training knowledge and skills in the workforce	All staff have infant mental health expertise, knowledge and skills and have demonstrated competencies to AIMH level 2 or 3. See **AIMH competencies** for further information. Some may have additional modality training in parent infant intervention or assessment. Variations may include: PPIP, VIG, VIPP, CPP etc.

2. NB: According to all professional bodies and the NHS Pay scales, this means paid at equivalent of 8C or above for clinical/counselling psychologists and psychotherapists. In practice however, during austerity, many 8C jobs were removed and replaced with 8B pay but with the same responsibility as the previous 8C job descriptions. In educational psychology, this means Soulbury scales Senior and Principal (SCP1-18).

REFERRALS AND ACCESSIBILITY	
Area of service	**Notes and rationale for the descriptors**
Referral pathway	There is a clearly outlined referral pathway to enable families who need parent-infant relationship support to access the service.
Referrals	The team accepts referrals for children aged two years and under[3]. If referrals are only accepted up to a year, then this would be a *targeted team*.
Criteria for referral	Concerns about the parent-infant relationship is an accepted reason for referral in its own right. Criteria is not limited to those with a defined characteristic (e.g. the ability to pay privately, parental mental health difficulties, children in or on the edge of care).[4]

CLINICAL WORK	
Area of service	**Notes and rationale for the descriptors**
Assessment and formulation	The team offers individual assessments and a variety of parent-infant interventions, so that a package of developmentally-appropriate therapeutic work can be tailored to meet the families' needs. This package of interventions should be pitched at the different levels of care outlined in the **THRIVE model** and include evidence-based interventions. See **toolkit** for more information.
Dyadic interventions offered	Dyadic (and ideally triadic) interventions are offered with a primary therapeutic focus on the quality of the parent-infant relationship, not just on infant behavioural indicators or parental mental health status.

WIDER SYSTEMS WORK	
Area of service	**Notes and rationale for the descriptors**
Supporting the early years sector through training and consultation	The team are experts and champions in their local system. They use their infant mental health expertise to help the local workforce and others to understand and support parent-infant relationships. This is recommended to comprise 50% of the work of a parent-infant team. This work can happen through the following mechanisms: • Training in assessment and observation • Training in parent-infant interventions • Consultation and advice • Supervision or reflective practice • Advice to systems leaders and commissioners

OUTCOMES AND SUSTAINABILITY – NB. This domain is not part of a team definition but used for the self-audit	
Area of service	**Notes and rationale for the descriptors**
Outcomes	Output and outcomes data is routinely collected and collated. It speaks clearly about the impact of the work, ideally using both qualitative as well as quantitative data drawn from recognised outcomes tools. This impact is written up and communicated to both the funders and to the public. See **Toolkit entry** for further information.
Funding and commissioning	Funding is sufficient and commissioning arrangements ongoing. This descriptor is clearly aspirational! Ideally, specialised parent-infant relationship teams should be commissioned as part of a wider strategy that secures a pathway of support for babies and their families in the local area. Parent-infant teams ideally are funded via different budgets and address commissioning outcomes in both health, social care and public health. See **Toolkit entry** for further information.

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