

Infant Mental Health (prebirth - 3 years) Best Practice Guidelines North Highland

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Warning – Document uncontrolled when printed

Version: 1	Date of Issue: September 2012
Page: 1	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Contents	Page no.
Summary of guidelines	3
1. Introduction	4
2. Scope of the guidelines	4
3. National infant mental health policy	5
4. Factors influencing infant mental health	6
4.1 Risk factors to poor infant mental health	6
5. Promoting positive infant mental health	7
5.1 Early Years settings	7
5.2 Education	8
6. Ensuring quality improvement in the early years	9
7. The role of maternity services	9
7.1 Assessment of risk and needs	10
7.2 Supporting parenting	11
8. Role of health visiting service	12
8.1 Health for all children (Hall 4)	13
8.2 Assessment	14
9. Community paediatricians	14
10. Child and adolescent mental health services (CAMHS)	14
11. Deciding on appropriate support	15
Tiered approach to promoting positive infant mental health	16
Best Practice Guidance –Tiered Approach	17
References	33
Appendices	
Appendix 1: Links to other national and local policy	34
Appendix 2: Extract from vulnerable families framework	37
Appendix 3: Resources and Training	40

Warning – document uncontrolled when printed

Version:1

Date of issue: September 2012

Page: 2

Date of Review: September 2014

Summary of guidelines

- The development of emotional, social and cognitive skills required throughout life are influenced by pre-birth and early years experiences
- The risk factors for preventing the development of a secure attachment relationship between parent(s) and infant should be considered when assessing a child and family's health and wellbeing needs
- Early assessment, early support and early intervention through a multidisciplinary and multiagency approach should be available to all children and families using the principles of the Highland Practice Model (GIRFEC)
- A variety of practitioners and settings throughout the life course can facilitate positive infant mental health
- The role of universal services including maternity, health visiting, GPs and education are crucial in the provision of effective child and family support
- All staff should be provided with the appropriate training and development required to meet their needs in relation to the promotion of positive infant mental health
- All practitioners working with children and families should use opportunities to promote positive infant mental health through strategies that support attachment as described in the tiered approach

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 3	Date of Review: September 2014

1. Introduction

The foundations for health and wellbeing are laid down from the earliest moments of pre-birth life and the early years' experiences of nurturing and attachment that a baby receives will have a huge influence on that infant's ability to develop emotional, social and cognitive skills necessary throughout its life.

The need to promote good infant mental health is crucial to ensure that the Scottish Government's vision for all children to be confident individuals, effective contributors, successful learners and responsible citizens is met. This vision will be achieved more easily by using the principles of the Highland Practice Model (GIRFEC) that promotes early assessment, early support and early intervention to ensure the best outcomes for all children.

2. Scope of the guidelines

These guidelines offer practitioners working with pregnant women and parents with infants up to the age of three with a standardised, evidence based approach to best practice to support positive infant mental health. They provide suggestions for an appropriate staged approach to service delivery dependent on assessed level of need. They should be used alongside other policy and guidance that supports and promotes the wellbeing of children and families.

Universal health service provision is pivotal to ensuring that the Quality Ambitions within the Healthcare Quality Strategy are achieved. These ambitions are that services are person centred, safe and effective. These guidelines will assist in ensuring that Quality Outcome 1:

'Everyone gets the best start in life, and is able to live a longer, healthier life' is realised, through working in partnership with women, their children and their families and the wider teams providing child and family services that promote health, enable self-care and improve the quality of life.

These guidelines have been developed to support the continuation of the important interface between services delivered by NHS Highland and Highland Council Health and Social Care. Although primarily written as a North Highland document, the principles of best practice will be applicable to practitioners working within Argyll and Bute.

The Planning for Fairness process has been applied to these guidelines to ensure equality and diversity.

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 4	Date of Review: September 2014

3. National infant mental health policy

In August 2012, as these guidelines were nearing completion, the Scottish Government published its Mental Health Strategy 2012-15. The section on Child and Adolescent Mental Health includes: infant and early years mental health, responding to conduct disorders and attachment issues. Commitments in the strategy include: publication of a Parenting Strategy in autumn 2012; making basic infant mental health training more widely available to professionals in the children's services workforce, and improving access to child psychotherapy by investing in a new cohort of trainees to start in 2013.

In developing these guidelines we made contact with other NHS Boards and, while there are a number of infant mental health strategies in place, were not able to reference another 'Best Practice Guideline'. The following policy documents were however particularly useful in establishing evidence based practice and these guidelines are therefore based largely on the recommendations they offer:

Infant Mental Health: A Guide for Practitioners (2007) provides a summary of the practice identified by a review of evidence available as that "*most likely to promote the improvement of infant mental health*". This document offers recommendations as to how NHS Boards across Scotland might address the needs of infants and families to ensure their good mental health.

"The Matrix" – A Guide to delivering evidence-based Psychological Therapies in Scotland (2008) provides a summary of evidence based interventions for a number of areas of mental health difficulty, including infant mental health. The Matrix rates the quality of evidence available for each recommended intervention. All interventions within the infant mental health section received a rating of 'A', meaning they are highly recommended and have "*at least one meta-analysis, systematic review, or RCT of high quality and consistency aimed at target population*".

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 5	Date of Review: September 2014

4. Factors influencing infant mental health

Although all children should be provided with the best possible start in life to achieve their full potential, not all children are born with the same opportunities to develop good mental health. Learning or developmental problems, disability, parents with difficulty in ensuring secure attachment relationships due to factors such as maternal perinatal mental health problems, lifestyle factors such as alcohol or drug use, or domestic abuse will all have the potential to impact negatively on an infant's mental health.

Parenting is hugely influential on an infant's mental health and development however, even if a mother is vulnerable due to issues that affect her personally, the role of fathers and the wider family network can mean that the infant is able to establish a secure attachment relationship with its father or other carer that will enable the infant to be nurtured and flourish.

Parents may need assistance to enable them to understand and meet the needs of their infant reliably and consistently particularly when they may be bringing up their children in difficult environmental circumstances. This may be due to factors such as poor housing, unemployment, lack of community support including access to play and leisure, access to services such as childcare, or poor transport.

Therefore the ability to identify those factors which may make an infant more vulnerable to poor infant mental health will be useful for practitioners who will have contact with children and families and may need to undertake an assessment of needs and risks.

4.1 Risk factors to poor infant mental health

A number of risk factors to poor infant mental health are identified by *Infant Mental Health: A Guide for Practitioners* (2007, Heads Up Scotland) and *'The Matrix' A Guide to delivering evidence-based Psychological Therapies in Scotland* (2008). It is recognised that the risk to an individual infant is likely to comprise of a combination of individual and systemic factors. The following main factors are identified for the purposes of allowing those working with families of infants to be alert to possible risk but to consider an individual infant's circumstances as a whole.

Risk factors located within the infant:

- Prematurity
- Illness (including low birth weight)
- Congenital and obstetric complications

Risk factors located within the infant and influenced by parental response:

- Challenging temperament and personality
- Regulatory disorders
- Sleep disorders
- Attachment difficulties

Risk factors located within the infant's environment:

- Parental poor health (including poor mental health)
- Poverty and social exclusion
- Abuse, including neglect
- Parental drug or alcohol use
- Teenage pregnancy/immature parents

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 6	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

This is not a definitive list and other social and family factors must be considered (e.g. having a sibling with additional physical or learning needs whose care may be the immediate focus for the parents or other family dynamics) The ecological approach to assessment in Highland (GIRFEC) will capture the wider world in which the child lives that may impact on attachment. Services that have early contact with families such as GPs, maternity services and public health nurse/health visitors (PHN/HVs) are in a position to identify risk factors for poor infant mental health through the individual assessment and information gathering that they undertake. Furthermore they are well placed to ensure that early support and intervention occurs to support those families with identified need through working together with colleagues across services and partner organisations.

5. Promoting positive infant mental health

The importance of promoting positive infant mental health should be seen as an investment in promoting positive outcomes for all children. Having the ability to identify factors which may inhibit infant – parent/carer attachment should be viewed as an important element when developing parenting work and promoting and supporting good quality service provision.

The promotion of positive infant mental health and a focus on parent/child relationships should begin as early as possible and practitioners who work with children and/or their families should use opportunities to nurture and develop secure attachment through the everyday work that they do.

There are opportunities in childcare settings to promote positive infant attachments and the *Pre-Birth to three* (2010) national guidance offers practitioners working with the very youngest children important information on brain development and the importance of attachment which reflects the principles and philosophy that underpins the *Early Years Framework* (2008). These practitioners can also act as positive role models for parents through demonstrating interventions that focus on improving sensitive responses to the child's attachment behaviour.

Attachment behaviour describes the way in which a child behaves to gain the attention of, or remain close to their caregiver in situations when they have a physical or emotional need they require their caregiver to respond to. Attachment develops over time and the experiences that a child has with its caregiver will affect the style of attachment that the child develops.

Secure attachment is associated with positive outcomes for children that include self-confidence, self-esteem and emotional regulation skills. Disorganised attachment is a strong predictor of later relationship difficulties and emotional concerns (NHS Health Scotland 2011).

5.1 Early Years Settings

Childminders and day nurseries also play an important role in supporting positive infant mental health and can demonstrate that competencies are being met through regulation and inspection by the Care Inspectorate. Registered providers are required to meet 14 National Care Standards which include:

- *Standard 1: Being welcomed and valued*
Each child or young person will be welcomed and will be valued as an individual
- *Standard 3: health and wellbeing*

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 7	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Each child or young person will be nurtured by staff who will promote his or her general wellbeing, health, nutrition and safety

Providing nurturing environments and positive interactions with babies and very young children through developing play and exploring new activities offers invaluable ways to equip them with a sense of wellbeing and feeling valued and respected. Although toddler groups for 0-3 year olds do not require to be registered with the Care Inspectorate, because parents/carers stay with their infant, in Highland most are members of the Care and Learning Alliance and receive support from trained staff who promote and model the *Pre-Birth to Three* principles and play @ home activities.

Toddler groups offer a rich opportunity for health professionals to develop their relationship with local families and to observe parents and infants together. In some areas, public health nursing teams combine running a toddler group with offering basic checks or regularly drop in to groups.

5.2 Education

Schools offer an ideal natural setting for promoting the importance of parent/child relationships. The school Curriculum for Excellence programme '*Support for health and wellbeing: experiences and outcomes*' (Learning + Teaching Scotland) is a tool that can support the promotion of positive mental health for children of all ages. This guidance details the health and wellbeing experiences and outcomes which should be met within the curriculum at all levels from age 3 years upwards and includes mental and emotional wellbeing, relationships and parenting as topics to be addressed.

'Roots of Empathy' is an example of a universal school based programme of pupil support and inclusion that is being piloted in 6 local authority areas across Scotland in 2012 -13, including Highland, with Primary 3 children . Research evidence indicates that Roots of Empathy has demonstrated an increase in pro-social behaviour as children gain an understanding of relationships and respect and it has also shown a reduction in bullying behaviour. See <http://www.rootsofempathy.org/> for more information.

When discussing elements of the health and wellbeing curriculum around relationships, sexual health and parenthood with teenagers there is an opportunity to focus on promoting positive infant mental health and attachment by the use of various resources available to all practitioners in Highland, described in Appendix 3. Discussing the future role of becoming parents with teenagers does not encourage them to become teenage parents, but rather opens up necessary discussions that are required to instil the important role of parenting, the accompanying responsibilities and the positive contribution that children can make in our society.

Psychological services are available for children through the educational psychologists and pre-school home visiting teachers.

- Educational psychologists work with children and young people in partnership with parents, carers, teachers and other services. They work closely with other professionals to determine appropriate additional support needs and in planning interventions. The approach they use is a solution focussed one.

Requests for educational psychology are prioritised according to assessment of need and may be offered through a single or multiagency plan, may arise from a solution focussed multiagency meeting or may be received directly from a professional or parent.

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 8	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

In pre-school and early years settings educational psychologists work closely with pre-school home visiting teachers.

- Pre-school home visiting teachers offer a service to children whose needs may adversely affect their educational progress and development. Visits can be made to the child's home or pre-school setting and staff and parents are given advice and support to help manage their child's difficulties.

Requests may come from parents, medical services (GP, community paediatrician, PHN/HV), educational psychology or via a child's plan.

6. Ensuring quality improvement in the early years

Adequate capacity and capability of services across health and social care is important to ensure positive infant mental health.

This has been strengthened in Highland by the use of the Highland Practice Model (GIRFEC) where every child from prebirth has a Named Person within universal services who co-ordinates the care provided to them and an agreed Lead Professional when assessment highlights the need for services to work together to deliver integrated care. The wellbeing indicators should be considered when assessing the needs of every child in Highland and not just those who may appear to be in need or at risk. This will ensure a robust holistic assessment of the health and wellbeing of every child based on their expected growth and development, what they need from the people who look after them and the wider world in which they live.

Positive parent/child relationships are essential to promote positive infant mental health and there are many ways in which universal services can promote positive parenting through the interactions they have with women and their partners in all health and social care settings.

Preparing for parenthood in pregnancy can offer women the opportunity to consider the importance of positive parenting by promoting attachment and interaction with the unborn baby during the antenatal period, through focusing on what life with a new baby may entail. These positive messages should be promoted at the baby's birth, continue through the postnatal period and should lay the foundations for promoting attachment even when circumstances may be difficult, such as where maternal mental health is an issue.

7. The role of maternity services

Every pregnant woman in Scotland is encouraged to book with her named midwife before the 12th week of pregnancy and her on-going care will be based on assessment of risk and need built on the core criteria described in the pathways for maternity care (Keeping Childbirth Natural and Dynamic, NHS QIS 2009).

Each woman will be allocated a named midwife (named person - GIRFEC) who will co-ordinate her care with the wider maternity team working closely with the woman's GP and obstetrician. The named midwife will undertake a full assessment of risk and need using the *Scottish Woman Held Maternity Record* (SWHMR) and should ensure that she has access to health and social information from the woman's GP in order that a full assessment can be made.

The role of maternity services is to undertake a comprehensive assessment of a woman's medical, obstetric and social history and on-going assessment of her health and wellbeing

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 9	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

needs at every contact through pregnancy and up until approximately 10 days following birth when handover to the PHN/HV takes place.

It is the community midwife caseload holder who undertakes the role of named midwife and named person (GIRFEC) in Highland. The majority of antenatal care is undertaken by the community midwife and includes on-going assessment of the anatomical and physiological changes associated with pregnancy, undertaking screening and surveillance, health improvement and promotion, detecting deviations from normal, dealing with emergency situations and births in community settings. Women are also supported around wider health and wellbeing issues with the named midwife ensuring that appropriate, timely and effective intervention is in place.

In the context of promoting positive infant mental health, midwives have a key role to play by discussing with prospective parents their baby's growth and development during the differing stages of pregnancy. Preparing parents to understand the needs and capabilities of a new born during pregnancy will help them to consider their baby's wellbeing and identify factors that may inhibit secure attachment.

7.1 Assessment of risks and needs

Early assessment during pregnancy can identify when a woman may require additional support to ensure that she and her baby achieve the best health and wellbeing outcomes. Assessment of risk and need is undertaken at every contact with a pregnant woman and where additional support needs are identified in pregnancy, the *Antenatal Plan – Additional support for woman and unborn baby* (NHS Highland) should be used as a tool to aid assessment and request resources or services. It will form part of the woman's documentation of the care she has received and is an important part of record keeping and documentation that will be audited by Maternity Services.

The *Antenatal Plan* offers an assessment based on the principles of the Highland Practice Model (GIRFEC) and does not contain any confidential health information. The *Antenatal Plan* encourages the woman to be involved in the assessment process and uses a strengths based approach that puts her firmly at the centre of her care planning. The assessment and *Antenatal Plan* must be shared with the GP, obstetrician and PHN/HV.

It is important to support the development of secure attachment for babies whose mothers may have additional support needs for issues such as depression or other mental health concerns, addictions, domestic abuse or learning disabilities. In terms of supporting positive infant mental health, any risk factors to poor infant mental health should alert the named midwife to the need for additional assessment using an *Antenatal Plan* where additional resources or requests for services are required.

The *Pathway of Care for Vulnerable Families: Conception – 3 years* (SG 2011) may assist with identifying some of the most vulnerable women and families who may require a plan (*Antenatal or Child's Plan* once a child is born) and should be used by all professionals working with 0-3 year olds alongside the Pathways for Maternity Care and Hall 4 guidance. Any *Antenatal or Child's Plan* developed must be shared with the GP to enable their records to be updated.

There is a suite of Highland best practice guidance for pregnancy and the early years available to staff when undertaking assessment of risks and needs, which may assist them when considering any concerns around attachment. This includes perinatal mental health, women, pregnancy and substance misuse, working with pregnant women and new parents

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 10	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

with learning disabilities and domestic abuse; pregnancy and the early years and these should be used to help inform decision making alongside other policy and protocols. All of the guidance can be accessed on the NHS intranet policy page and for staff working in Highland Council it can be located on the For Highlands Children site

<http://www.forhighlandschildren.org/4-icspublication/>

7.2 Supporting parenting

Being a parent is one of the most difficult, challenging and yet joyful experiences that anyone can experience and therefore ensuring that prospective parents receive appropriate advice and support is vital to ensuring positive infant mental health and the development of secure early attachments that all children require.

Midwives, PHN/HVs and GPs are the key providers of parent information during pregnancy and the early years and although much of the focus of the work during pregnancy is around support for the mother, in terms of supporting positive infant mental health it is important that fathers and partners are included in discussions or sessions. There is a growing recognition that parenting capacity should not just focus on the child's mother, as fathers or partners can offer babies and children the nurturing experience that they require to develop positive mental health, particularly when the mother may be experiencing difficulty.

The *Scottish Antenatal Education Pack* (NHS Health Scotland, 2011) contains a variety of activities and discussion topics in the form of a toolkit that can be used with parents to promote positive attachments. It has been developed for use antenatally and through into the early postnatal period.

Maternity units and community midwifery teams throughout Scotland have been issued with the toolkits and at present training is being provided to staff across Highland on its use. The pack has been designed to ensure that parent education is of a consistently high standard across Scotland and is delivered using appropriate adult education methods that promote the use of motivational interviewing and behaviour change as the most appropriate way to engage with parents.

There is also an expectation that the toolkit workbook will be available to other services that provide parent support through health and social care such as PHN/HVs, social care staff, primary mental health workers, partners in the third sector (private and voluntary) and NHS staff to provide consistent, evidence based parent education.

Some of the elements of the toolkit that promote and support positive infant mental health include:

- Young parents toolkit
- Dads 2B resource/CD
- The benefits of skin to skin contact
- Capabilities of a new born
- Picture of a new born – for discussion
- 24 hour clock for discussion around a baby's needs throughout the 24 hour period
- Postnatal depression discussion
- Being a mum or dad
- play@home

These topics and the other information and resources in the pack can be discussed either on an individual basis or in group discussion at prebirth parenting classes to encourage parents-to-be to consider what life with a baby will be like, the needs of a baby and the importance of their attachment relationship.

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 11	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Midwives should ensure that they work with local partners to ensure community development /assets based approaches are developed that will support and enable parents to be equal partners in their baby's care.

A local *Highland Parent Support Framework* is being devised that will set out the types of support available to help parents with children pre-birth-16 years+. It will include examples for both universal and additional levels of parenting support available. Consultation on a draft framework is due to take place later in 2012.

8. Role of health visiting services

During pregnancy and the early postnatal period, although maternity services provide the majority of care for women, there is an expectation that the PHN/ HVs relationship with the family should also start before birth, to enable a positive transition between services. This is particularly important when the need for on-going additional support has been identified by the named midwife. Where an *Antenatal Plan* is in place, it is likely that this will specify the need for pre-birth PHN/HV involvement.

In the Highland practice model, and in accordance with the *Pathway of Care for Vulnerable Families (0-3)* (2011) every child is assigned a named PHN/HV. The role of the Named Person is fundamental to meeting children's needs and the PHN/HV caseload holder provides this role on handover from the named midwife. This will ensure that children have one point of contact to enable universal provision of health and wellbeing needs and a starting point where any additional need can be identified, analysed and met through the coordination and delivery of early intervention

The handover of care between midwife and PHN/HV should be in accordance with the – *Revised procedure: The communication and handover of health and social information between midwife and public health nurse/health visitor* (Highland 2012). The procedure details the need for handover to begin at booking and supports and encourages joint working between midwives and PHN/HVs as early as required to achieve the best outcomes for mothers and their babies. It is available for NHS staff at:

http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Communication%20and%20Handover%20of%20Health%20and%20Social%20Information%20between%20Midwife%20and%20Public%20Health%20Nurse%20_%20HV.pdf

Highland council staff can access it from the For Highlands Children website

<http://www.forhighlandschildren.org/4-icspublication/>

At their first visit after the birth, the child's PHN/HV will explain their role to the family and insert their name into the Personal Child Health Record (Red Book) given to parents to keep. The Red Book contains details of child assessments and immunisations, developmental expectations at age and stage and the GIRFEC practice model.

Further details of the role of the PHN/HV can be found in the *Public Health nursing – Early Years, Best Practice Guidance (North NHS Highland version)* 2011.

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 12	Date of Review: September 2014

8.1 Health for all Children (Hall 4)

PHN/HVs undertake their caseload management in line with the recommendations of the UK Child Health Programme 'Health for all Children (Hall 4) that sets out the minimum contacts that all families should receive (see below) with more detailed topics for discussion found within Hall 4 and the *Public Health nursing – Early Years, Best Practice Guidance (North NHS Highland version)* 2011. The contact may take various forms and may be undertaken by members of the wider public health nursing team but managed by the child's named PHN/HV. Regardless of the method of delivery, the core contacts below are opportunities to observe the wellbeing of the infant and their parent/carer and to offer additional support where required.

All children will receive the following reviews as a minimum:	Review	Practitioners involved
Antenatal contact from 36 weeks gestation	Parental health and wellbeing	PHN/HV
Soon after birth	Full physical health check. Hearing Screen.	Midwife Paediatrician Audiologist
Within 10 days of birth	Health/development Blood spot test	Midwife
11 – 14 days after birth	Health/development assessment	PHN/HV
6-8 weeks after birth	Full physical health and development health assessment Childsmile Assessment	PHN/HV GP
2 months	Immunisation	GP Practice Nurse PHN/HV/Team
3 months	Immunisation Health Review Health Promotion	GP Practice Nurse PHN/HV/Team
4 months	Immunisation Health Review Health Promotion	GP Practice Nurse PHN/HV/Team
12 – 15 months	Immunisation Health and wellbeing assessment (including Childsmile) Nutrition, growth & weight Health Promotion	GP Practice Nurse PHN/HV/Team
24 – 30 months	Assessment includes: speech, language, communication, social and emotional development Nutrition, growth & weight Immunisation	PHN/HV
3 - 5 years	Weight and Height (if not recorded at 24/30 months or if any concerns) Immunisation	PHN/HV/ Team. GP/Practice Nurse Each Preschool

Warning – document uncontrolled when printed

Version:1

Date of issue: September 2012

Page: 13

Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

	Health and Wellbeing review in partnership with preschool establishment	establishment has a link PHN/HV to support reviews.
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8.2 Assessment

By 6 weeks, a Health Plan Indicator (HPI) is assigned to the child, allocating them to a 'Core' or 'Additional' level of service. This HPI is dynamic and is likely to change over time e.g. an 'Additional' HPI may be required if the mother is experiencing postnatal depression, leading to more frequent contacts and perhaps help from other agencies. When the mother has recovered and assuming the child is thriving, the child would return to the 'Core' HPI and universal service.

At each core contact an assessment is completed and recorded within the Public Health Nurse Record through the use of topics matched to the Wellbeing indicators. The *Schedule of Growing Skills (SOGS)* is an assessment tool used by PHN/HVs where there is a concern by the professional or parent about development. It records all-round developmental progress, including social skills and enables changes to be charted over time. A Child's Plan would be completed if sufficient needs were identified to raise the HPI to the 'Additional' level.

When assessment highlights the requirement for more specialist support and advice, which may include parental issues such as maternal mental health concerns, then a request for consultation or direct intervention from Child and Adolescent Mental Health Services (CAMHS) or Adult Mental Health Services may be required.

In addition to delivering the child health programme at the appropriate level, public health nursing teams are in a position to support positive infant mental health in community settings. For example, by offering baby massage instruction sessions, running groups for prospective/new parents to meet and connecting with voluntary-run groups such as Home-start, young mums' groups and toddler groups and being able to signpost parents to sources of advice and support (for example financial/benefits advice).

9. Community paediatricians

Community paediatrics provides a secondary specialised service to children with a range of support issues, complex health needs, developmental disorders and disabilities. As problems in child development tend to be multifactorial, the service provides expert assessment, diagnosis and follow up of children which may include intervention from other specialist services such as speech and language therapy, physiotherapy or occupational therapy.

Community paediatricians will also liaise with child and adolescent mental health services for children identified with a higher level of need.

10. Child and adolescent mental health services (CAMHS)

CAMH services are provided centrally and locally, with the central base being the Phoenix Centre (Raigmore Hospital). Services are offered direct from the Phoenix Centre or at peripheral clinics across Highland depending on demand and staffing levels.

Services are offered by a multi-disciplinary team (working at Tier 3 and 4) and include Primary Mental Health Workers (PMHWs, working at Tier 1 and 2) within Highland Council Health and Social Care Children's Service. PMHWs are locally based across Highland and offer consultation, training and direct work with families where focussed, targeted,

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 14	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

therapeutic intervention at an early stage is indicated. PMHVs are available to offer consultation to professionals about mild to moderate infant mental health concerns.

Referrals to Tier 3/4 CAMHS should be considered when there are significant attachment or separation difficulties, family relationship problems, perinatal mental health difficulties which are impacting on infant mental health or post trauma. Issues arising from abuse or neglect must have been addressed by social work services and the infant should be living in a safe environment. Tier 3/4 CAMHS may become involved when families are experiencing pre-school behaviour problems, however this would only be following an identified additional need by the PHN/HV or GP and following other early intervention methods. Tier 3/4 CAMHS are also available to offer consultation to professionals around moderate to severe infant mental health concerns.

The Paediatric Health Psychology Service based within CAMHS offers consultancy to staff working with children and young people with a medical illness, as well as working directly with ill children, young people and their families. At present, they also offer one-off appointments to all parents who have a baby being cared for on the Special Care Baby Unit (SCBU). The purpose of this appointment is to allow one or both parents time and space to explore and process any traumatic feelings experienced with the arrival of their new baby and to identify further services if needed. All families are given information about this service in the information pack received on their child's admission to SCBU. Parents can contact the service directly or have a professional do so on their behalf.

CAMHS also work closely with paediatric services and offer joint appointments for families who have child health concerns in addition to mental health concerns, or if the nature of the difficulty is unclear at initial assessments.

11. Deciding on appropriate support

A tiered approach is recommended as the most appropriate method to support positive infant mental health and this can be used as a guide to good practice for all women and families, from pre-birth assessments of mothers who may find it difficult to form a secure attachment relationship with their baby for a variety of reasons previously described, through all stages of child development.

The following **flowchart** directs practitioners to the most appropriate level of support specified in the guidance table. The **guidance** details the tiered approach that should be used by practitioners. It begins with Tier 1, which describes the universal service provision, through to Tier 4, which is the approach to be used when supporting families with severe difficulties.

The guidance table describes the activities that have been evidenced to improve outcomes for positive infant mental health and makes reference to training and development required to support staff and activities that should be considered when working with infants, parents and carers. It is not a definitive list but offers practitioners a guide to recommended best practice which should be considered. This will be aligned to the development of the Parent Support Framework in Highland once complete.

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 15	Date of Review: September 2014

Tiered approach to promoting positive infant mental health

Tier 1

The guidance in this section should be followed universally by all services providing support to children and families



Tier 2

Tier 2 should be considered for families who have a recently identified, mild-moderate level of need or risk



Tier 3

Should be considered for more long standing difficulties where Tier 2 interventions have had little effect, or recently identified need or risk of a moderate-severe level



Tier 4

Tier 4 should be considered for families with severe difficulties. It is likely that this Tier will apply when significant parental mental health difficulties are present, or there is significant disruption to the parent child relationship as may be found in the presence of abuse and neglect

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 16	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Best Practice Guidance – Tiered Approach

The guidance below is separated into Tier 1, 2, 3 and 4 to highlight the staged approach required when addressing infant mental health needs of varying severity. It is not anticipated that this would represent the journey every family would take however, some families may need increasing levels of support which moves them up through the Tiers. Other families may present as requiring input from higher Tiers immediately and it would be appropriate to seek this.

Guidance is given in three areas, as highlighted by *Infant Mental Health: A Guide for Practitioners (2007)*, namely; **Awareness raising and pre-pregnancy education** (Tier 1 only), **Training and staffing**, and **Working with infants, parents and carers**. The rationale behind each activity/intervention included is given, along with the agency best placed to deliver the intervention and any service development required to meet the guidance. Activities and interventions carried forward through the Tiers appear with the background shaded grey

This guidance makes reference to the 'parent' frequently. We would like to recognise the importance of all caregivers, whether these are mothers, fathers, kinship carers, adoptive parents or foster carers and would like the term 'parent' to be inclusive of all of these.

Tier 1

The guidance in this section should be followed by those providing universal services.

“A primary level of service provided within universal services and including mental health promotion, general advice and identification of mental health problems early in their development.” (*Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care, 2005*).

Awareness Raising and Pre-Pregnancy Education

Activity/Intervention	Rationale	Lead Agency	Development Required
School Curriculum Curriculum for Excellence – Relationships, Sexual Health and Parenthood (Health and Wellbeing Experiences and Outcomes for 3-18 years) – support for emotional literacy.	Attachment is emphasised to promote the importance of the parent-child relationship and the development of secure attachment in the context of healthy relationships and the demands of parenthood.	Highland Council (Education services)	Review the content to ensure the importance of the parent-child relationship and the development of secure attachment is emphasised.

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 17	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Encourage existing organisations such as <i>Netmums</i> (www.netmums.com) Highland Group to have information available on Infant Mental Health (IMH) and attachment relationships.	To promote the importance of the parent-child relationship and the development of secure attachment to parents who may be open to learning about these concepts.	Highland Council (Children's services)	Contact relevant organisations and discuss this proposal with them.
Highland Childcare Information Service http://www.scottishchildcare.gov.uk/LocalChis.aspx?chisid=25 to have information available on IMH and attachment relationships.	To promote the importance of the parent-child relationship and the development of secure attachment to parents who may be open to learning about these concepts.	Highland Council (Children's services)	Title to be altered to include 'Family'; Relevant material and web links to be added to site

Training and Staffing

Activity/Intervention	Rationale	Lead Agency	Development Required
IMH training for all (multi-agency) staff in contact with parents to be, parents and infants.	Such training would increase staff awareness and confidence, promote a unified approach across services, encourage communication to parents about IMH and assist in assessing risk/need.	Highland Council (Children's services) NHS Highland	Training to be developed and delivered. Staff would require to be released to attend training.
Solihull Approach Foundation training for all community midwives and PHN/HVs.	To assist in their assessment and promotion of good IMH.	Highland Council (Children's services) NHS Highland (Maternity services)	Training delivered to those still requiring it. Time allowed for attendance at supervision groups. Consideration given to training trainers in the Solihull Approach to enable new staff to be trained and ensure broader delivery of the training

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 18	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

		services)	delivery of the parenting pack.
Promotion of baby carriers/slings and backward facing buggies. This could be discussed in antenatal contacts or classes when thinking about choosing equipment and postnatally.	Promote the value of face to face contact and physical closeness.	NHS Highland (Maternity Services)	Include on childcare and family information website. http://www.scottishchildcare.gov.uk/LocalChis.aspx?chisid=25
Promotion of uninterrupted skin-to-skin contact for all newborns	Supports the requirements of UNICEF/BFI and promotes bonding and attachment, regulation of temperature and heart rate.	NHS Highland (Maternity Services)	Ensure all staff follow requirements of UNICEF/Baby Friendly Initiative.
Advice given to all new parents on parental responsiveness, infant feeding, interacting at meal times and child development (Ready, Steady, Baby! Ready Steady Toddler! Maternal and Child Nutrition Best Practice Guidance).	To help parents understand their infant's development and respond to their needs appropriately. To encourage positive interactions. To provide guidance to parents on appropriate nutrition for brain development in utero and the early years.	NHS Highland (Maternity services) Highland Council (Children's services) Primary care contacts	Promote the use of the maternal and child nutrition guidance.
Standard postnatal contacts are an opportunity to encourage mother to engage with baby and to assess how this is developing.	To encourage mother and baby to develop a secure attachment relationship.	NHS Highland (Maternity services) Highland Council (Children's services) Primary care contacts	Re-emphasise through baby care, feeding support and staff interactions with the baby (modelling).
Brazelton NBAS to be demonstrated soon after birth.	Help parents appreciate and understand the capacities of their baby.	NHS Highland (Maternity)	Training in Brazelton is required. Use

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 20	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

		services)	opportunities such as the first baby check to emphasise these capacities.
Baby massage (group or individual) instruction should be offered to all new parents.	Evidence-based intervention with positive outcomes for parent, infant and their interactions.	NHS Highland (Maternity services) Highland Council (Children's services)	Training needs should be included in PDPs.
Bookbug and Play@home resources given to all new parents.	Provide parents with examples of age-appropriate ways of interacting with their infant and encouraging development.	Highland Council (Children's services) High Life Highland (library services)	On-going promotion of resources by those working with 0-3s and families.
Identifying households experiencing poverty/social isolation and signposting to sources of advice and support.	Help tackle wider determinants of health including poverty, fuel poverty.	Highland Council (Children's services) Highland Council (Housing services) NHS Highland	Awareness of wider determinants of health and health inequalities. Links with partner agencies such as housing and community organisations. Training in identifying and signposting to advice around fuel poverty and income maximisation.
Engaging fathers at all stages of pregnancy, during birth and postnatally. Dads2b DVD available to assist professionals with this.	Encourage fathers to be involved in their baby's development, with potential positive impact on father-baby interactions.	NHS Highland (Maternity services) Highland Council (Children's	Include section for fathers/male carers in childcare and family information website.

Warning – document uncontrolled when printed

Version:1

Date of issue: September 2012

Page: 21

Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

		services)	
Standard child health team contact around at 12-15 months (perhaps around the time of the MMR vaccine) includes 'health and wellbeing assessment'.	To observe parent-child interactions and assess whether further assessment or intervention is indicated.	Highland Council (Children's services) Primary care contacts	Training may be required for those staff who do not solely work with this age range (e.g. practice nurses).
Standard child health team contact around 2 ½ - 3 years of age.	Establishing any parental concerns, particularly around motor skills and language, deficits being potential predictors for future disorders.	Highland Council (Children's services) Primary care contacts	Alignment of Highland and forthcoming national advice on content of this contact.
Child's Core Care Plan completed at 12-15 months and 24-30 months to assess development in a number of areas.	Assessment of social and emotional development and parent-child relationship.	Highland Council (Children's services)	Recommendations have been given to include questions about emotional development and family bonding in the 12-15 month care plan in addition to the 24-30 month care plan.
Regular and effective communication between services (, maternity, health visiting community psychiatric nurses, GPs), particularly when perinatal mood disorder is identified.	Ensuring that the needs of both the parent(s) and the infant are being held in mind.	NHS Highland (Maternity and Adult mental health services) Highland Council (Children's services)	Ensure the links to the Perinatal Mental Health Best Practice Guidelines and mental health services are met.
Good communication between primary care services and partner agencies where a need is identified (e.g. local authority housing, financial advice).	Ensuring the wider needs of the family that may impact on their health and wellbeing are addressed	Highland Council (Children's services, GPs and Housing services)	

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 22	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Access to specialist consultation (PMHWs and SCBU psychology service).	To facilitate the provision of care to families and support staff working with them.	NHS Highland (CAMHS) Highland Council (Children's services)	
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Tier 2

Tier 2 should be considered for families who have a recently identified, mild-moderate level of need or risk.

“A level of service provided by uni-professional groups which relate to each other through a network rather than a team. Functions include assessment, care and treatment for children and young people, and consultation and advice to professionals in Tier 1.”
(*Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care, 2005*)

Training and Staffing

Activity/Intervention	Rationale	Lead Agency	Development Required
IMH training for all (multi-agency) staff in contact with parents to be, parents and infants.	Such training would increase staff awareness and confidence, promote a unified approach across services, encourage communication to parents about IMH and assist in assessing risk/need.	Highland Council (Children's services) NHS Highland	Training would need to be developed and delivered. Staff would require to be released to attend training.
Solihull Approach Foundation training for all community midwives and PHN/HVs.	To assist in their assessment and promotion of good IMH.	Highland Council (Children's services) NHS Highland (Maternity services)	Training delivered to those still requiring it. Time allowed for attendance at supervision groups. Consideration given to training trainers in the Solihull Approach to enable new staff to be

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 23	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

interacting at meal times and child development (Ready, Steady, Baby! Ready Steady Toddler! Maternal and Child Nutrition Best Practice Guidance).	positive interactions. . To provide guidance to parents on appropriate nutrition for brain development in utero and the early years	services) Highland Council (Children's services) Primary care contacts	nutrition guidance.
Promotion of baby carriers/slings and backward facing buggies. This could be done in antenatal classes and postnatally.	Promote the value of face to face contact and physical closeness.	NHS Highland (Maternity services) Highland Council (Children's services)	Include on family-information website
Regular and effective communication between services (, maternity, health visiting community psychiatric nurses, GPs), particularly when perinatal mood disorder is identified.	Ensuring that the needs of both the parent(s) and the infant are being held in mind.	NHS Highland Highland Council (Children's services)	Ensure the links to the Perinatal Mental Health Best Practice Guidelines and mental health services are met.
Good communication between primary care services and partner agencies where a need is identified (e.g. local authority housing, financial advice).	Ensuring the wider needs of the family that may impact on their health and wellbeing are addressed	Highland Council (Children's services, GPs and Housing services)	
Brazelton NBAS to be demonstrated soon after birth.	Help parents appreciate and understand the capacities of their baby.	NHS Highland Highland Council (Children's services)	Training in Brazelton is required. Use opportunities such as the first baby check to emphasise these capacities.
Individual baby massage demonstrated by PHN/HV/ nursery nurse/ children's service workers or community children's workers – early years.	Evidence based intervention with positive outcomes for parent, infant and their interactions.	Highland Council (Children's services)	Training needs should be included in PDPs.

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 25	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Bookbug and Play@home resources looked at and explained by PHN/HV, children's service workers - early years /community nursery nurses.	Provide parents with age appropriate ways of interacting with their infant.	Highland Council (Children's services)	
Additional support visits managed by the health visitor to encourage the strategies outlined above that support positive interactions based on individual assessment of risk and need (including child protection concerns).	To provide more vulnerable families with support in their parenting. To ensure the safety of the child.	Highland Council (Children's services)	
Attendance at 'playalong' course for vulnerable parents with infants 3-9 months old.	7 short weekly sessions based on play@home activities encourage communication through messy play and address weaning concerns.	Highland Council (Children's services)	Template for sessions is available. Identification of staff time is required to deliver the course.
Attendance at parent group based on Solihull Approach.	8-10 week course promotes parents' awareness of their child's needs and their own ability to identify and address problems.	Highland Council (Children's services)	Inclusion in Parent Support Framework. Further training of Group Facilitators required and identification of staff time and resources required to deliver the course.
Completing a Child's Plan and contacting other services as necessary (such as Community Paediatrics, Social Work Services).	To ensure all aspects of the child's wellbeing are taken into account using the principles of GIRFEC and to address any child protection concerns.	Highland Council (Children's services)	
Access to specialist consultation (PMHWs, paediatric psychology service, pre-school educational psychologist, Tier 3 CAMHS).	To facilitate the provision of care to families and support staff working with them.	Highland Council (Children's services) NHS Highland (CAMHS)	Specialist consultants from Tier 3 CAMHS identified.

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 26	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Tier 3

Should be considered for more long standing difficulties where Tier 2 interventions have had little effect, or recently identified need or risk of a moderate-severe level.

“A specialised service for more severe, complex or persistent mental health problems. Assessment and treatment is the core function.” (*Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care, 2005*)

Training and Staffing

Activity/Intervention	Rationale	Lead Agency	Development Required
IMH training for all (multi-agency) staff in contact with parents to be, parents and infants.	Such training would increase staff awareness and confidence, promote a unified approach across services, encourage communication to parents about IMH and assist in assessing risk/need.	Highland Council (Children's services) NHS Highland	Training would require to be developed and delivered. Staff would require to be released to attend training.
Solihull Approach Foundation training for all community midwives and health visitors.	To assist in their assessment and promotion of good IMH.	Highland Council (Children's services) NHS Highland (Maternity services)	Training delivered to those still requiring it. Time allowed for attendance at supervision groups. Consideration given to training trainers in the Solihull Approach to enable new staff to be trained and broader delivery of the training.
Solihull Supervision Groups offered to all staff that work with under 3s and have completed this training.	To support and promote practice which can assist families in developing good IMH.	Highland Council (Children's services) NHS Highland	Groups set up and run, with time allowed for the supervisor to deliver the groups and supervisees to attend. Consideration given to those PHNs practicing in more

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 27	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

			remote and rural locations. Supervisor identified.
Specialist consultation available to Tier 1 and 2 services from Paediatric Psychology Service or Tier 3 CAMHS. This may include when a child aged 0-3 years becomes looked after and accommodated as part of a multi-disciplinary assessment/care planning process.	To facilitate the provision of care to families and support staff working with them.	NHS Highland (CAMHS)	Specialist consultants from Tier 3 CAMHS identified.

Comment [MSOffice1]: This last row should not be shaded grey as it has an additional sentence in this Tier which hasn't appeared before.

Working with Infants, Parents and Carers

Activity/Intervention	Rationale	Lead Agency	Development Required
Additional support visits managed by the PHN/HV to encourage the strategies outlined above that support positive interactions based on individual assessment of risk and need (including child protection concerns)	To provide more vulnerable families with support in their parenting. To ensure the safety of the child.	Highland Council (Children's services)	
Completing a Child's Plan and contacting other services as necessary (such as Community Paediatrics, Social Work Services).	To ensure all aspects of the child's wellbeing are taken into account using the principles of GIRFEC and to address any child protection concerns.	Highland Council (Children's services)	
Regular and effective communication between services (, maternity, health visiting community psychiatric nurses GPs), particularly when perinatal mood disorder is identified.	Ensuring that the needs of both the parent(s) and the infant are being held in mind.	NHS Highland Highland Council (Children's services and	Ensure the links to the Perinatal Mental Health Best Practice Guidelines and mental health services are met.

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 28	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Tier 4

Should be considered for families with severe difficulties. It is likely that this Tier will apply when significant parental mental health difficulties are present, or there is significant disruption to the parent child relationship as may be found in the presence of abuse and neglect.

“Essential tertiary level services such as day units, highly specialised outpatient teams and inpatient units. Assessment and treatment is the core function.” (*Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care, 2005*)

Training and Staffing

Activity/Intervention	Rationale	Lead Agency	Development Required
IMH training for all (multi-agency) staff in contact with parents to be, parents and infants.	Such training would increase staff awareness and confidence, promote a unified approach across services, encourage communication to parents about IMH and assist in assessing risk/need.	Highland Council (Children's services) NHS Highland	Training would require to be developed and delivered. Staff would require to be released to attend training.
Solihull Approach Foundation training for all community midwives and PHN/HV	To assist in their assessment and promotion of good IMH.	Highland Council (Children's services) NHS Highland (Maternity services)	Training delivered to those still requiring it. Time allowed for attendance at supervision groups. Consideration given to training trainers in the Solihull Approach to enable new staff to be trained and broader delivery of the training.
Solihull Supervision Groups offered to all staff that work with under 3s and have completed this training.	To support and promote practice which can assist families in developing good IMH.	Highland Council (Children's	Groups set up and run, with time allowed for the supervisor to deliver the

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 30	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

		services) NHS Highland	groups and supervisees to attend. Consideration given to those PHNs practicing in more remote and rural locations. Supervisor identified.
Specialist consultation available to Tier 1, 2 and 3 services as required from Tier 4 Services.	To facilitate the provision of care to families and support staff working with them.	NHS Highland (CAMHS)	Link to the recommendations of the reviewed Perinatal Mental Health Best Practice Guidelines which highlights the need for parenting capacity to be assessed and families supported accordingly.

Working with Infants, Parents and Carers

Activity/Intervention	Rationale	Lead Agency	Development Required
Dyadic (parent child) Intervention (in collaboration with Tier 4 services).	To facilitate the parent-child relationship and encourage secure attachment.	NHS Highland (CAMHS)	Identify therapists with appropriate training and ensure case capacity.
Mellow Babies/Parenting Group (in collaboration with Tier 4 services).	Decrease maternal depression and increase positive parent-child interactions.	Highland Council (Children's services)	Identify trained group leaders and ensure capacity to run groups.
Video Interaction Guidance (in collaboration with Tier 4 services).	Increase positive parent-child interactions.	Highland Council (Children's services- Educational Psychology)	

Warning – document uncontrolled when printed

Version:1	Date of issue: September 2012
Page: 31	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

Tier 4 clinical services will be delivered in accordance with the Perinatal Mental Health Best Practice Guidelines for women with severe or enduring mental health issues.	To provide evidence based specialist services for those mothers who are in need of them.	NHS Highland (Adult Mental Health Services)	Link to the reviewed Perinatal Mental Health Best Practice Guidelines where the impact of parenting capacity for women identified with mental health issues must be assessed.
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Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 32	Date of Review: September 2014

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Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 33	Date of Review: September 2014

Appendix 1

Link to other national and local policy

A Pathway of Care for Vulnerable Families (0-3), (Scottish Government 2011)

This guidance details the development of a multiagency programme of work to support vulnerable children and families from conception to age 3 as part of the implementation of the Early Years Framework and the implementation of 'Getting it right for every child' through continuous assessment and a continuum of support

It is a resource to be used alongside critical judgement to support women, children and families who may have identified additional needs.

The pathway gives examples of criteria/factors that may make a woman more vulnerable to poorer outcomes and is a tool used to support a common approach to reducing health inequalities in the very early years, age 0-3. See appendix 2.

Domestic Abuse: Pregnancy and the early years revised protocol (NHS Highland 2010)

Domestic abuse is a serious health issue and will affect one in four women at some time in their life. This protocol offers advice to staff who undertake routine enquiry of domestic abuse and to those who provide support to women and their babies during pregnancy and the early years. Pregnancy does not offer any protection to women who are subject to abuse and it can often begin or escalate during this time.

Equally Well (Scottish Government 2008)

The Scottish Government's Ministerial Task Force on health inequalities published its *Equally Well* report and implementation plan in 2008. These include a range of outcomes and recommendations related to the priority areas of: early years; mental wellbeing; alcohol, drugs and violence; cancer, heart disease and stroke. The health inequalities outcomes for Early Years, as set out in the *Equally Well Implementation Plan* include:

- reduction in child poverty
- healthier lifestyles among younger women
- reduction in vulnerable pregnancies
- improved breastfeeding rates
- improved parent-child relationships through positive parenting approaches and skills
- children's mental wellbeing/resilience
- reduced % of children overweight or obese
- improved health and wellbeing of looked after children
- children have more active lifestyles, access to green space and opportunities for play

Guidelines for practitioners working with pregnant women and new mothers with learning disabilities (NHS Highland 2011)

Having a learning disability is not in itself an indicator of poor parenting capacity however, when this is coupled with inadequate early and effective support then developing insecure attachments and family breakdown is a real possibility. These guidelines offer practitioners within maternity and early years services good practice points to consider when working with people with learning disabilities who are to become parents.

Health for All Children (Hall 4, 2003)

Is the UK child health programme of screening, surveillance and health promotion, primary prevention and targeted intervention for vulnerable families.

Highland practice model guidelines: Getting it right for every child (Children's services, 2010)

This guidance offers all staff working across services in Highland with information on how the Highland Practice Model can shape the delivery of all services to children. It can be accessed at: <http://www.forhighlandchildren.org/5-practiceguidance/>

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 34	Date of Review: September 2014

Infant mental health: A guide for practitioners' (Heads Up Scotland, 2007)

This paper provides guidance on good practice identified as being most likely to promote the improvement of infant mental health. Recommendations are made regarding strategy which could be adopted across NHS Boards and are included in the Framework within this document.

It highlights that midwives and PHN/HVs are in a unique position to assess and support good infant mental health as they are the named persons for the woman and her baby and have contact with all families through Universal services.

The risks to positive mental health of the baby are described including prematurity, illness obstetric/congenital conditions and personality and temperament of the baby. It also highlights the impact of the vulnerability of the adult carer due to mental or physical ill health, the environment, and poverty and describes how these are often multifactorial, and due to health and social inequalities.

Mentally healthy infants, children and young people: Principles for effective interventions. Briefing paper for service managers and planners (NHS Health Scotland 2011)

This briefing paper describes the importance of promoting children's social and emotional wellbeing in order to support positive mental health. It supports the recommendation for early interventions particularly around key transition points for families including the first year of life.

It describes the most effective approaches are based on intensive health led home visiting programmes to improve parenting and address cognitive development. The most effective programmes designed for parents at greater risk of health inequalities begin antenatally, are of high intensity and of medium to long term duration (at least 12 months). Peer led interventions with trained volunteers that use an empowerment model of parent support is also suggested.

NHS Quality Improvement Scotland Pathways for Maternity Care (NHS QIS 2009)

These guidelines are a strand of the Keeping Childbirth Natural and Dynamic programme, and provide a framework for delivering maternity care in Scotland. The pathway of care for normal pregnancy supports on-going risk assessment and ensures evidence based care across Scotland. It addresses medical, obstetric and social needs and risks which offers principles of care relevant to level of need.

Perinatal Mental Health: Good Practice Guidelines (NHS Highland 2008)

Presently being reviewed, they recognise the importance of ensuring women with risk factors for mental health problems, are provided with effective care and treatment with early assessment and identification of risks and needs in pregnancy. They include the recognition that mothers and babies stay together whenever possible and describe the services women with differing levels of need must be given.

Pre-Birth to three: positive outcomes for Scotland's children and families (Learning and Teaching Scotland 2010)

This document provides national guidance to inform and support students and staff working with and on behalf of our youngest children and their families. It includes important information on pre-birth and brain development and it reflects the principles and philosophy which underpin the Early Years Framework and Curriculum for Excellence. Toddler groups do not require to be registered but in Highland most are members of the Care and Learning Alliance and receive support from trained staff who promote the *Pre-Birth to Three* principles.

Public Health Nursing – Early Years, Best Practice Guidance (North NHS Highland version) (NHS Highland 2011)

These local guidelines set out the core role and responsibilities of PHN/HVs, including assessment, record-keeping, delivering early interventions, information sharing and health promotion.

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 35	Date of Review: September 2014

Refreshed Framework for Maternity Care in Scotland (Scottish Government 2011)

This provides the main policy document for maternity care in Scotland and has been reviewed to embrace a broader approach to addressing health inequalities through health assets approaches. It highlights how high risk activity (smoking, alcohol, drugs, and nutrition/obesity) will impact on health outcomes at babies at birth, in infancy and across the whole life course.

It describes the strong link between antenatal anxiety and maternal depression and poor outcomes for children including development, attachment and behavioural problems. It focuses on the role of maternity services working in collaboration with partners in other services

The Early Years Framework (Scottish Government 2008)

Pregnancy and the early years of a child's life has a huge influence on their future mental health and wellbeing. This framework describes that strategies that can be put in place through early assessment, support and intervention have the most potential to have a positive impact and improve long term outcomes for all children.

'The Matrix' A Guide to delivering evidence-based Psychological Therapies in Scotland (2008)

Is a summary of the most up to date evidence based psychological interventions for a range of mental health difficulties. Its aim is to provide guidance on service delivery, allow recognition of staff training and supervision needs and consider how interventions can be delivered across a range of problem severity and by a range of staff.

The Mental health of Children and Young People: A Framework for Promotion, Prevention and Care (Scottish Executive 2005)

Interventions delivered in pregnancy and at the time around birth are most effective in preventing mental health problems in a child. These include interventions to promote the wellbeing of mother and baby and the bond between infant and mother. Mental health promotion for children and young people should be an underpinning principle for all services who have contact with them. The framework also recognises the important role of fathers.

Women, pregnancy and substance misuse: good practice guidance (NHS Highland 2010)

These guidelines offer practitioners who work with pregnant women and new mothers who smoke, drink alcohol or take drugs with advice around best practice. They take account of the various health issues associated with maternal substance use and how they can impact on the woman and her family.

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 36	Date of Review: September 2014

Extract from *A Pathway of Care for Vulnerable Families (0-3)*, Scottish Government, 2011

Example of family need		Evidence of strength/asset in relation to (or knowledge of)
Birth to around 10 days	<ul style="list-style-type: none"> • First-time parents • Mother recovering from a difficult delivery • New babies up to eight weeks • All children in neonatal unit until completion of SOGS assessment • Breastfeeding mothers depending on need 	<ul style="list-style-type: none"> • Pram and cot safety • Sleeping pattern, bed sharing, position, temperature • Feeding preparation safety • SIDS (sudden infant death syndrome) • Animal safety • Carer's routine/lifestyle
Around 10-28 days (handover from midwife to public health nurse/health visitor)	<ul style="list-style-type: none"> • Families new to area • Children whose main carer is isolated, unsupported partner • Previous history of child bereavement • Serious illness of parent/child • Children isolated from services due to geography, resources or parenting capacity • Children recently removed from child protection register 	<ul style="list-style-type: none"> • Skin care - bathed and nappy changed regularly • Smoke-free home • Parent/carer expresses love and emotional warmth towards the baby • Parent/carer seeks appropriate help and advice if experiencing difficulties managing baby • Parent/carer calm and consistent when dealing with baby's distress
From handover - 6 months	<ul style="list-style-type: none"> • Parents with complex needs • Significant life events, such as bereavement or homelessness 	<ul style="list-style-type: none"> • Baby is calm and comfortable with parent/carer • Siblings show obvious love and affection towards the baby

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 37	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

	<ul style="list-style-type: none"> • Children with disabilities, including communication disorders • Children with complex care needs, chronic ill health or terminal illness • Chronology frequent no access 	<ul style="list-style-type: none"> • Physical needs of baby attended to by parent/carer • Appropriate play (singing, talking, reading, floor play etc.) • Parent/carer may attend local groups • Taken out to visit family/friends/shops/local community • A limited number of safe adults deliver intimate care • Feeding appropriate for age and stage • Appropriate sleeping pattern
6 months to 1 year	<ul style="list-style-type: none"> • Children with emotional, behavioural, developmental or mental health issues • Families with literacy issues • Children whose development may be affected by a succession of carers • Specific behavioural problems such as sleep difficulties • Children in families where there is poor hygiene • Children subject to supervision requirement • Chronology indicating high mobility • Chronology failed health appointments 	<ul style="list-style-type: none"> • Appropriate home safety precautions • Infant is normally well • Developmental milestones reached • Appropriate use of language and tone of voice (by parent/carer) • Taking cues and responding appropriately • Support from family and friends • Gross motor skills age appropriate • Vision and fine motor skills age appropriate • Development of secure attachment • Child understands simple commands
1 year to 3 years	<ul style="list-style-type: none"> • Obesity and/or other weight issues (with parent/carer and/or child) • Children experiencing a crisis likely to result in a breakdown of care arrangements 	<ul style="list-style-type: none"> • Parent/carer ensures child has plenty of opportunity and encouragement to develop motor skills • Appropriate modelling of behaviour • Child expects to be liked by parents/carers • Child is outgoing, smiles and "talks" - responds

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 38	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

	<ul style="list-style-type: none"> • Parents who self-refer for additional support • Looked after and looked after and accommodated children • Young carers in the family unit • Children involved in contact/residence disputes • Failure to thrive/developmental delay • Children on child protection register 	<ul style="list-style-type: none"> • appropriately to parents/carers • Child's sense of self begins to develop • Child explores their environment with parent/carer in close proximity • Child has a range of safe toys to play with • Accidental injuries appropriately dealt with by parent/carer • Parent/carer responds appropriately to any symptoms of illness • Infant has age-appropriate diet
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* Examples of HPI additional categories from a number of NHS Boards

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 39	Date of Review: September 2014

Appendix 3

Resources & Training

Resources

Solihull leaflets for parents, available in Solihull Resource Packs about:

Pregnancy; The role of the health visitor; being a parent; Child development – emotional and physical; Sleeping; Toileting; Behavioural difficulties and management; Play; Safety; Dental hygiene; Using a dummy.

NHS Highland Information Trail

This leaflet outlines the written material that must be offered to parents during the first five years and suggests recommended additional material.

Play @ home

All new parents in Highland are offered the play @ home Baby and Toddler booklets containing suggestions for age appropriate activities that promote communication through active play, with accompanying songs and rhymes. The booklets also give instructions for infant massage techniques.

Baby Book (0-12 months) is offered by the PHN/HV at the first visit.

Toddler Book (1-3 years) is sent by post approximately 6 weeks after the 1st birthday.

Baby and Toddler DVDs are lodged with PHN/HV bases to show to families.

Bookbug

Baby and Toddler bags are offered to all new parents via Highland Libraries Service and PHNs, containing a sample of appropriate books and a parent leaflet relevant to the developmental stage.

Infant massage

Most PHN/HVs, some midwives and support staff have been trained as instructors so that they can transmit infant massage skills 1:1 or to groups over a series of five sessions.

NHS Highland good practice guidelines for Infant Massage Instruction are available (Policy Ref, 21082011).

Playtalkread is the national campaign for parents of very young children. The website has tips for simple activities to play <http://playtalkread.org/>

A training strategy is being developed for the new integrated children's health & social care service which began in April 2012. Currently a range of courses contribute to developing an understanding of infant mental health and to supporting parents. Below are examples of recent training, followed by main contact points.

DVDs

Health Information and Resources Service (www.nhshighland.scot.nhs.uk/hirs) and most public health nurse bases hold a range of DVDs promoting positive attachment including:

- The Social Baby
- The Social Toddler
- Baby It's You

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 40	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

- Baby & Me (includes Polish narration option).

This are suitable for using with parents (usually short clips followed by discussion) and to extend professionals' knowledge.

CHANGE Resource folders with graphic images, designed for and by parents with learning disability can be ordered from NHS Health Scotland. The folders *You and your baby 0-1* and *You and your little child 1-5* are particularly relevant. A CD with downloadable pictures for the 1-5 yrs stage is available in each area..

Useful websites

<http://www.maternal-and-early-years.org.uk/>

<http://www.netmums.com>

<http://www.educationscotland.gov.uk/> includes cpd materials for 0-3s

<http://www.parentingacrossscotland.org/> includes tips and web links

<http://www.scottishchildcare.gov.uk/LocalChis.aspx?chisid=25>

<http://www.readysteadybaby.org.uk/>

<http://www.readysteadytoddler.org.uk/>

Training

Solihull Approach Foundation Course: The First Five Years

2 day course for practitioners working with families with 0-5s, accompanied by a resource folder that includes background theory and evidence, and hand-outs for parents.

Infant Massage Instructor training

3 day course teaching the rationale for infant massage, the techniques and how to transmit confidence and knowledge to parents

Children 1st / choose life

Training has been developed by Children 1st on behalf of choose life to introduce staff to the importance of considering children's mental and emotional wellbeing. Getting it right for children and young people's mental health – an introduction to the development of mental and emotional wellbeing in children & young people information is available from: <http://www.forhighlandschildren.org/3-icstraining/3-mentalhealth.htm>

Parenting support training which is currently available can be viewed on the www.forhighlandschildren.org

Childcare and early education training calendar for all staff is available to view at <http://highland.cpdservice.net>

Mellow Parenting and Mellow

Mellow Parenting is a family of early intervention programmes designed to promote positive relationships in vulnerable, hard to reach families. Video feedback is used with

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 41	Date of Review: September 2014

Infant Mental Health (prebirth – 3 years) Best Practice Guidelines

parents to help them build on their existing skills and practice new ways of relating to the children.

Mellow Babies is a specialised version of Mellow Parenting, based on the same core principles, developed for parents and vulnerable babies under one year. The programme incorporates adult mental health, child care skills, child protection and activities suitable for parents and babies. The mellow babies programme has shown clinically and statistically significant effects on maternal depression and mother child interaction and a reduction in the need for Child Protection registration and compulsory measures. Further details are available at: http://www.mellowparenting.org/programmes/mellow_babies

Brazelton - The Neonatal Behavioural Assessment Scale

The NBAS is a neuro-behavioural assessment of the newborn, designed to document the newborn's contribution to the parent-infant system, the competencies and individual differences of the newborn, as well as any difficulties. The main feature of the NBAS is that it is an interactive assessment, which gives a clear profile of the baby's behaviour, and how it must feel to parent the baby.

The NBAS can be used with any full-term baby from birth to 2 months old. It is possible to use it with premature babies from about 35 weeks gestation, and also it can be used with developmentally delayed babies.

The concepts behind the Brazelton assessment can be applied to almost any age group:

- Assessing the strengths and abilities of the child
- Sharing the child's behaviour with the parents
- Validating the parent's observations
- Providing information on development and discussing care giving methods for the particular child
- Forming a collaborative relationship between health professional and parent

It has been used with postnatally depressed mothers, mothers of premature infants, mothers of babies with congenital problems or mothers with particular difficulties in interacting with their babies. As an intervention, it is seen as a collaboration between clinician and parents and it is not prescriptive, but is used as a mutual exploration of the infant's characteristics. It is a valuable way of creating a rapport with parents and alerting them to the newborn's behaviour, which can be seen as the baby's language. Observing the NBAS helps sensitise parents to the behavioural capacities of the newborn, and studies where parents have seen it done show improved mother-infant reciprocity scores, and enhanced paternal involvement. <http://www.brazelton.co.uk/scale.html>

Warning – document uncontrolled when printed	
Version:1	Date of issue: September 2012
Page: 42	Date of Review: September 2014