

## Clarifying Bliss Baby Charter standard 2.3: Psychosocial support

### Why we're doing this work

Designed to standardise high quality family-centred care across the UK, the Bliss Baby Charter is a practical framework for units to self-assess the quality of family-centred care they deliver. It enables units to audit their own practice and develop meaningful plans to achieve changes that benefit babies and their families. The Baby Charter gives units a clear focus that is based on, and supports, national standards. Bliss' Baby Charter team is supporting 180 neonatal units across the UK to use the Baby Charter.

Through supporting units to use the Baby Charter and work towards accreditation, the Baby Charter team have become aware that units' practice on psychological support for families varies significantly, with some unable to offer formal psychological support at all. Research shows that parents whose baby is on a neonatal unit are more likely to suffer with their mental health than other parents of new-borns. This can also dramatically affect their relationship with their baby and their baby's outcomes. We have therefore undertaken further work to review and identify what the national standards require as a minimum on psychological support.

Our aim, in line with the overall objective of the Baby Charter, is to digest the national standards and place them within the framework of the self-audit tool to assist units in meeting these. Whilst there is some variation within the different national standards and guidelines for best practice on psychological support, we have identified what they require as a minimum. We have translated this into a series of pointer questions for units to assess their own practice and help them demonstrate how they meet the standards and guidelines.

Please note, the Bliss Baby Charter also asks for evidence of both spiritual and social support for families. This should be included within the evidence submitted for standard 2.3.

### **Availability of a specialist**

While the national standards vary, they are all clear that parents should have access to psychological support provided by a *trained professional* such as a clinical psychologist, counsellor or mental health worker.

Pointer questions:

- Do you provide support for families on the unit through a specialist? If so, please provide details (job title of specialist, their relationship with unit)
- What is their availability? / What is the waiting time?
- What happens if they are not available (e.g. during annual leave?)
- How do parents/families know about their availability?
- Is this support available to all parents on the unit or do you have referral criteria? Please explain criteria if this is used.
- If your unit **does not** have access to a mental health professional or access to an external service, how are you currently trying to meet the emotional support needs of parents on your unit?

National standards outline that trained professionals can help to upskill the other members of neonatal staff (such as nurses and doctors) so they are able to provide some support, sometimes referred to as *indirect* support. If your unit has access to specialist support:

- Do the specialists/service provide any training or ongoing support/supervision sessions to other members of staff on the unit?
- How many members of staff on your unit have received this training/support?
- How frequently does this training/support take place?
- How do you evaluate if staff are providing the right support to families?

### **Lead**

The national standards state that there should be someone on the unit who is the *dedicated lead* to review and oversee the support available for parents/families on the unit.

Pointer questions:

- Who is the dedicated lead?
- What responsibilities do they have?
- What is their availability for families?
- How are parents/families informed about their role?
- What happens if they are not available (e.g. during annual leave)?

### **Timeframe**

The national standards state that families should be able to access support on *admission, during their time on the unit and at discharge*.

Pointer questions:

- What is the pathway/journey?
- Are parents/families able to access services at any point during their time on the neonatal unit?

### **Other areas to consider:**

Staff wellbeing is vital to providing the best possible support for families. Please also tell us how staff members are being supported emotionally.

- What is available for staff for their own emotional wellbeing?
- How do staff know how to access this service?
- What is the waiting time for staff to access emotional support?

### References

All Wales neonatal standards (V3)

BAPM Quality Standards (2017)

BAPM Service standards (2011)

Neonatal care in Scotland: A Quality Framework (2013)

The British Psychological Society (2016)