**This form is used to collect data and summarise contacts with professionals for reflective discussions, ongoing consultations, and drop-ins. A separate form is used for triages.**

**PART A**

|  |  |
| --- | --- |
| **Consultation details** | |
| Date |  |
| Duration |  |
| Professional / service |  |
| Number of attendees |  |
| Little Minds Matter practitioner(s) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Method (please select one form each column)** | | | | | |
| Reflective Discussion |  | Telephone conversation |  | Group |  |
| Ongoing Consultation |  | Face-to-face conversation |  | Individual |  |
| Drop-in |  | Video conversation |  |  |  |
|  |  | Meeting attended |  |  |  |

**Is this consultation related to a specific family?**

**If yes, complete PART B. If no, continue to PART C.  
PART B** Unless parental consent has been gained then no other identifiable demographics should be collected.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Data collection (required for innovation hub)** | | | | | | | | | |
| Ethnicity |  | | | | | | | | |
| Interpreter required? | Yes |  | Language: | | | | | No |  |
| Is the family in the BSB area? | Yes |  | No |  | | | | | |
| If no, is the family in postcodes BD1, 2, 3, 5, 7, 8, or 9? | Yes |  | No |  | | | | | |
| Is the infant under 24 months? | Yes |  | No |  | Currently pregnant | | | |  |
| Other children living in the house? | Yes |  | No |  | | | | | |
| Are there any safeguarding concerns? | Looked After Child | |  | Child Protection | |  | Child in Need | |  |
| Early Help | |  | Assessment stage | |  | None identified | |  |

**PART C**

|  |
| --- |
| **Discussion** |
| Professional presenting the case / topic |
|  |
| Reason / hopes for bringing case / topic |
|  |
| Overview of conversation |
|  |
| Action and agreement |
|  |

|  |  |  |
| --- | --- | --- |
| **Parent-Infant Relationship Risk Factors** | | |
| Parent factors | Caregiver 1: | Caregiver 2: |
| History / current anxiety or depression |  |  |
| History / current alcohol and / or drug misuse |  |  |
| Serious medical condition |  |  |
| Learning Disability |  |  |
| Single teenage parent without family support |  |  |
| Past criminal or young offender’s record |  |  |
| Previous child has been in foster care or adopted |  |  |
| Violence reported in the family |  |  |
| Acute family crisis or recent significant life stress |  |  |
| Ongoing lack of support / isolation |  |  |
| Inadequate income / housing |  |  |
| Previous child has behaviour problems |  |  |
| Parent has experienced loss of a child |  |  |
| Parent experienced episodes of being in care as a child |  |  |
| Current / historical experience of abuse, neglect or loss |  |  |
| Chronic maternal stress during pregnancy or ambivalence about the pregnancy (unplanned or rigorous planning) |  |  |
| Disappointment / unrealistic parent-infant relationship expectations |  |  |
| Factors observed in parent-infant relationship | Caregiver 1: | Caregiver 2: |
| Lack of sensitivity to baby’s cries or signals |  |  |
| Negative / ambivalent / indifferent feelings towards baby |  |  |
| Physically punitive / rough towards baby |  |  |
| Lack of vocalisation to baby |  |  |
| Lack of eye-to-eye contact |  |  |
| Infant has poor physical care (e.g. dirty or unkempt) |  |  |
| Does not anticipate or encourage child’s development |  |  |
| Lack of consistency in caregiving |  |  |
| Infant factors | Infant: |
| Developmental delays |  |
| Exposure to harmful substances in utero |  |
| Traumatic birth |  |
| Congenital abnormalities / illness |  |
| Very difficult temperament / extreme crying / hard to soothe |  |
| Very lethargic / nonresponsive / unusually passive |  |
| Low birth weight / prematurity |  |
| Resists holding / hypersensitive to touch |  |
| Severe sleep difficulties |  |
| Failure to thrive / feeding difficulties / malnutrition |  |