*(Please refer to referral criteria before completing)*

Team duty contact tel number insert phone number

All referrals to be emailed to insert email address

|  |
| --- |
| **Primary Carers and Childs details** |
|  | **Infant/unborn baby**  | **Primary Caregiver** | **Secondary Caregiver** |
| **Name** |  |  |  |
| **Relationship to infant/child** |  |  |  |
| **DOB / EDD (age category)** |  |  |  |
| **NHS No** |  |  |  |
| **Ethnicity**  |  |  |  |
| **Gender (male/female/non-binary, prefer not to say/unknown** |  |  |  |
| **Disability**  |  |  |  |
| **Family’s Contact Details** |
| **Address** |  |
| **Post Code (ABS ward?)** |  | **Mobile / Telephone** |  |
| **Spoken Language** |  | **Interpreter needed?** |  |
| **Other children in household? (yes or no)****Name & Age** |  |
| **Parental Consent** | **I confirm that the primary caregiver has consented to being referred to Blackpool Parent- Infant Relationship service (Y/N)**

|  |
| --- |
|  |

**Does the primary caregiver hold parental responsibility (Y/N)**

|  |
| --- |
|  |

**I confirm that the primary caregiver has consented to information being shared/collated from other agencies/services? (Y/N)**

|  |
| --- |
|  |

**I confirm that the primary caregiver understands that their clinical information may be discussed within the multi-disciplinary team, including health professionals who may not be directly involved in their care.** **(Y/N)**

|  |
| --- |
|  |

 |
| **Referrer Details**  | **Referral Date** |  |
| **Referrer Name**  |  | **Role** |  |
| **Referrer contact Tel** |  | **Email** |  |

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Contact details**  |
| **Infant’s GP** |  |  |
| **Primary caregiver GP**  |  |  |
| **Midwife / Health Visitor** |  |  |
| **Family HUB** |  |  |
| **Paediatrician** |  |  |
| **Adult Mental Health Services** |  |  |
| **Any other services?** |  |  |

|  |
| --- |
| **Risk** |
| Is the infant/child/young person supported by a current Early Help, Assessment, Child in Need or Child Protection plan?If so please attach a copy of the latest plan to referral. | Choose an item. |
| Are there concerns about domestic abuse? | Yes [ ]  | No [ ]  |
| Has DASH risk assessment been completed? If so please attach to the referral. | Yes [ ]  | No [ ]  |
| **Are there concerns regarding risk to self? (If any risk identified, please contact team to discuss)**  | Yes [ ]  | No [ ]  |
| Click here to enter details of risk to self, including what, when, why, how etc. |
| **Are there concerns regarding risk to others? (If any risk identified inc home visiting/lone working, please contact team to discuss)** | Yes [ ]  | No [ ]  |
| Click here to enter details of risk to others, including what, when why, how, who etc. |
| **Are there concerns regarding risk of self-neglect?** | Yes [ ]  | No [ ]  |
| Click here to enter details of risk to self-neglect, including what, when, why, how etc . |
| **Are there concerns regarding risk of exploitation/vulnerability?** | Yes [ ]  | No [ ]  |
| Click here to enter details of risk to exploitation/vulnerability, including what, what, when, why, how, who, etc. |

|  |
| --- |
| **Your reasons for making this referral** |
| From your observation and assessment, please tell us your specific concerns or worries in relation to the parent-child/unborn infant relationship |
| ***Additional Concerns/helpful information about the family including any disabilities, history, social care involvement?***  |
| From your discussion with the parent/s what are their concerns, what interventions would they like to receive? Question to be considered:What is the best thing about your relationship with your baby?What is your biggest fear about your relationship with your baby?Describe your relationship with your baby in 3 words. |
| With parent, tick 1 or more parent infant therapy interventions family would like to address.

|  |  |  |  |
| --- | --- | --- | --- |
| Feeding |  | Attachment |  |
| Separation |  | Bonding |  |
| Sleep |  | Play |  |
| Anxiety  |  | Behaviour |  |

 |

**Please see next page for consideration of any additional factors**

|  |  |  |
| --- | --- | --- |
| **Factors present in parent****M = mother/primary caergiver F = father secondary caregiver**  | **M**  | **F** |
| History/current alcohol and/or drug misuse |[ ] [ ]
| Serious medical condition |[ ] [ ]
| History/current anxiety or depression |[ ] [ ]
| Learning disability |[ ] [ ]
| Single teenage parent without family support |[ ] [ ]
| Past criminal or young offender record |[ ] [ ]
| Previous child in foster care or adopted |[ ] [ ]
| Violence reported in family |[ ] [ ]
| Acute family crisis or recent significant life stress |[ ] [ ]
| On-going lack of support/isolation |[ ] [ ]
| Inadequate income/housing |[ ] [ ]
| Previous child has behaviour problems |[ ] [ ]
| Parental experience of bereavement or loss including perinatal loss |[ ] [ ]
| Background of abuse, neglect, loss in childhood |[ ] [ ]
| Episode of being in care as a child |[ ] [ ]
| Chronic maternal stress during pregnancy or ambivalence about pregnancy |[ ] [ ]
| Disappointment or unrealistic expectation around the parent-infant relationship |[ ] [ ]
| Other (please describe) |[ ] [ ]

|  |
| --- |
| **Factors observed in parent-infant relationship** |
| Negative feelings towards baby |[ ]
| Physically punitive/rough towards baby |[ ]
| Lack of sensitivity to baby to baby’s cries or signals |[ ]
| Lack of vocalisation to baby |[ ]
| Lack of eye-to-eye contact |[ ]
| Infant has poor physical care (ie dirty/unkempt) |[ ]
| Does not anticipate or encourage infant development |[ ]
| Lack of consistency in caregiving |[ ]
| **Factors observed in infant** |
| Developmental delays |[ ]
| Exposure to harmful substances in utero |[ ]
| Traumatic birth |[ ]
| Congenital abnormalities/illness |[ ]
| Very difficult temperament/extreme crying/difficult to soothe |[ ]
| Very lethargic/non-responsive/usually passive |[ ]
| Low birth weight/prematurity |[ ]
| Resist holding/hypersensitive to touch |[ ]
| Failure to thrive/feeding problems/malnutrition |[ ]
| Stay on a neonatal unit regardless of duration |[ ]

Vulnerability factors to consider when developing the parent-infant mental health care plan[[1]](#footnote-1)

1. Development from risk factors analysis “stress on the Caregiving

Relationship” by Robin Balbernie, Child Psychotherapist [↑](#footnote-ref-1)