*(Please refer to referral criteria before completing)*

Team duty contact tel number insert phone number

All referrals to be emailed to [insert](mailto:bfwh.blackpooldutypairs@nhs.net) 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)