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| Parent And Infant Relationships Team¯For expectant parents/carers, and parents/ carers of infants aged 0-2 years¯ |
| PROFESSIONALS’ REFERRAL FORM |

**Please ensure the risk factor questionnaire is completed within this referral form.**

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| ConfidentialityIf you are a professional, please discuss this referral with the parent(s)/carer(s). It may be necessary to share information with other professionals if the PAIR Team is deemed inappropriate at triage; this is so we can offer the best service to the family. During their care, some details may be recorded digitally. For your protection, the use of this data is controlled in accordance with the Data Protection Act, 1998. |
| **SECTION 1 – FAMILY INFORMATION** |
| **1st PARENT/CARER’S NAME** |
| Name: |  Date of birth: | Parental responsibility: Yes/No |
| Gender: | Ethnicity: | Religion: |
| Relationship to infant: | Mobile number: |
| Address: | Email address: |
| Gestation:  | Estimated Due Date: |
| **2nd PARENT/CARER’S NAME** |
| Name: | Date of birth: | Parental responsibility: Yes/No |
| Gender:  | Ethnicity: | Religion: |
| Relationship to infant: | Mobile number: |
| Address: | Email address: |
| **INFANT’S NAME & DATE OF BIRTH** |
| Name: | Date of birth: Age in months: |
| **ADDITIONAL CHILDREN IN THE HOUSEHOLD** |
| YesNo If yes complete the child/ren’s details below. |
| Child’s name: | Childs age: |
| Child’s name: | Child’s age: |
| Child’s name: | Child’s age: |
| Please provide details of any additional people in the household. |

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| **SECTION 2 - REFERRAL CONSENT** |
|  | If no, please give a reason why: |
| Does the parent/carer consent to the referral?  | Yes | No |  |
| Hampshire and Isle of Wight ICB commission a number of organisations to support and treat adult and children’s mental health and well-being. To ensure that your referral reaches the right service to meet your needs, we may need to share your information with other organisations, which could be the Isle of Wight NHS Trust, Youth Trust or Barnardo’s depending on age. *If you* ***Do*** *want us to share your information, please tick here.* | Yes | No |  |

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| **SECTION 4 – REFERRER DETAILS** |
| Name: | Job Title/Profession: |
| Organisation: | Email address: |
| Contact number: | [Barnardo’s staff – Content Server link to family file] |
| Date of referral: |
| **SECTION 5 – MIDWIFE DETAILS** | **SECTION 6 – HEALTH VISITOR DETAILS** |
| Name: | Name: |
| Email: | Email: |
| Contact number: | Contact number: |

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| **SECTION 6 – INFANT DETAILS** |
| Subject to Child Protection PlanCurrentHistoricalNone | Subject to Child in Need Plan-CurrentHistoricalNone | Early Help AssessmentCurrentHistoricalNone | Other-Please provide details… |
| Does the infant have a disability/condition or any specific needs?Yes No If yes, please provide additional information about the type of condition/disability: - |
| **SECTION 7– HOW CAN WE SUPPORT THE PARENT/CARER?** |
| Expecting a baby or becoming a parent can be a wonderful time but it can also be a really difficult time. Below are some of the difficult feelings new parents might experience that we as a service may be able to support with. Please tick all that apply and / or use the space in the next question for parents/carers to tell us in their own words. |
| I am feeling low in mood or anxious I am feeling worried or stressed I am feeling lonely or overwhelmed I am not feeling confident as a parent I am not enjoying being a parent (I am not feeling joy) I am finding it difficult getting to know my baby and how they communicate I am worried about my relationship with my baby of child I am worried about my baby or child’s mental health or emotional wellbeing I would like to learn strategies to improve coping as a parent  |
| **SECTION 8 – ADDITIONAL INFORMATION** |
| This space is for telling us anything else. For example, a little bit about what the parent/carer is worried about or would like support with: |
| **SECTION 9 - CURRENT SUPPORT** |
| Has the parent/carer recently been referred to or are they currently receiving support from any of the following, please tick those that apply: - The Specialist Perinatal Mental Health Team? XPerinatal Mental Health MidwifeHome-Start Talking TherapiesAny other services that are not listed above, please give details: - |
| **SECTION 10 – PRESENTING RISK TO SELF** |
| Presenting risk to self:*Please give details regarding the parent/carer’s risk to themselves e.g., Self-harm, Suicidal thoughts or actions, risk to others, risk from others.*  |
| **Preferred Method of Contact** *(Tick all that apply)* | Home phone | Mobile | Text | Letter | Email | Other |
| **Can parent/carer travel?** | Yes | No |

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| **We offer a range of evidence-based support interventions, delivered flexibly, both individually and via group, in family hubs. Sometimes people have an idea of what might be helpful to them, and parents can let us know this by ticking the boxes below. Don’t worry if parents haven’t, one of our team will be happy to discuss parents’ needs, goals and preferences.** |
| **Welcome to the World**The Welcome to the World programme is an 8-week face-to-face group for you as expectant parents. By attending the programme from approximately 24 weeks of pregnancy, you will gain knowledge in the topics of empathy and loving attentiveness, infant brain development, healthy eating choices, breast-feeding, infant care, managing stress and difficult feelings, promoting self-esteem and confidence, and the couple relationship, delivered in a relaxed, safe space using a range of activities, demonstrations and media to suit all types of learning styles.*The parent is interested in this service*  | **Triple P for Baby**Triple P for baby aims to prepare parents for a positive transition to parenthood and the first year with baby. During the first 4 weekly sessions, offered either in a group or individually, parents engage in a range of activities to learn strategies to develop a positive relationship with their baby, support their development and look after your own emotional well-being. In addition, you receive 4 1:1 follow up contacts to support parent/carer families’ individual needs and goals. *Available during pregnancy up until your child is 12 months old.**The parent is interested in this service*  |
| **Worry & Anxiety Management**Worry & Anxiety Management for expectant parents and new parents – 5 sessions to support in understanding and managing worry and anxiety by exploring tried and tested techniques to help parents reach their goals.*The parent is interested in this service*  | **Support to Access Other Services** Sometimes we might not be the right service for your preferences, needs or goals. However, there are a range of services available for family’s emotional well-being on the Isle of Wight that we work closely with. We aim to deliver a ‘no wrong door’ policy, connecting you with the right support for you in a timely way. We can provide information and / or referrals and hope to support your journey to and between services. *The parent is interested in this service*  |
| *The parent isn’t sure* *but would like to discuss further with a member of the team*  |

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| **Parent-infant relationship risk factors**  |
| Parent factors  | Caregiver 1 | Caregiver 2 |
|  | Please tick |
| History/ current anxiety or depression |  |  |
| History / current alcohol and / or drug misuse |  |  |
| Serious medical condition |  |  |
| Learning Disability  |  |  |
| Neurodivergence |  |  |
| Single teenage parent without family support |  |  |
| Past criminal or young offenders 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 |  |  |
| Background of abuse, neglect, loss in childhood or episodes of being in care as a child |  |  |
| Chronic maternal stress during pregnancy or ambivalence about the pregnancy (unplanned or rigorous planning) |  |  |
| Disappointment or unrealistic expectation around the parent-infant relationship |  |  |
| Other: please describe |  |  |
| Factors observed in parent-infant relationship  | Caregiver 1 | Caregiver 2 |
| Lack of sensitivity to baby’s cries or signals |  |  |
| Negative 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  |  |
| 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  |  |

**Please note- all completed referrals must be sent by email and encrypted from outside Barnardo’s.**

**The PAIR TEAM are unable to assist parent/carers with severe, complex, or enduring mental health difficulties, or those at high risk, requiring specialist levels of care.**

**The PAIR TEAM service is *not* a crisis service therefore if you feel a parent/carer/infant is at risk and needs urgent mental health support then please contact:**

**NHS 111**

**Or text ‘SHOUT’ to 85258 for free, anonymous, confidential support**

 

   

Send referral by email: iowfamilycentres@barnardos.org.uk

Barnardo’s Isle of Wight