**Criteria for referral:**

* Families must be registered within the LEAP Wards: Coldharbour, Stockwell, Tulse Hill, Vassall.

Check the ward by entering a postcode on LEAP’s website:

<https://www.leaplambeth.org.uk/are-you-leap-family>

* Referrals will be accepted for all infants and children 0 – 4 years old, including during pregnancy, where there are concerns about the parent-infant relationship.
* **PLEASE NOTE**: The Appendix is guidance for professionals when considering referrals. You do not need to complete it as part of the referral process.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent / Primary Carer and Child details** | | | | | | | | | |
|  | | **Mother / Primary Carer** | | | **Father / Partner** | | | **Infant/unborn baby** | |
| **Name** | |  | | |  | | |  | |
| **DOB / EDD** | |  | | |  | | |  | |
| **NHS No** | |  | | |  | | |  | |
| **Ethnicity** | |  | | |  | | |  | |
| **Family’s Contact Details** | | | | | | | | | |
| **Address** | |  | | | | | | | |
| **Post Code** | |  | | | **Mobile / Telephone** | | |  | |
| **Spoken Language** | |  | | | **Interpreter needed?** | | |  | |
| **Other children in household?**  **Name & Age** | |  | | | | | | | |
| **Parental Consent** | | |  | | --- | |  |   **I confirm that I consent to being referred to this support service** (Y/N) | | | | | | | |
| **Referrer Details** | | | | | **Referral Date** | | |  | |
| **Referrer Name** | |  | | | **Role** | | |  | |
| **Referrer contact Tel** | |  | | | **Email** | | |  | |
| **Professionals involved with Parent and Infant (including unborn)** | | | | | | | | | |
|  | | **Name** | | | **Contact details Consent to contact (Y/N)** | | | | |
| **Parent and Infant’s GP** | |  | | | |  | | --- | |  | | | | | |
| **Midwife / Health Visitor** | |  | | | |  | | --- | |  | | | | | |
| **Children’s Centre** | |  | | | |  | | --- | |  | | | | | |
| **Paediatrician** | |  | | | |  | | --- | |  | | | | | |
| **Adult Mental Health Services** | |  | | | |  | | --- | |  | | | | | |
| **Any other services?** | |  | | | |  | | --- | |  | | | | | |
| **Are there any safeguarding concerns?** | |  | | | | | | | |
| **Named Social Worker & Team** | | |  | | --- | |  | | | | | | | | |
| **CP** |  | **CIN** |  | **Early Help** | |  | **Other** | |  |
| **Any immediate concern due to misuse of drugs or alcohol?** | |  | | | | | | | |
| **Any potential risks to home visiting?** | |  | | | | | | | |

|  |
| --- |
| **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  \*Please see appendix checklist for guidance |
| ***Additional Concerns/helpful information about the family including any disabilities, history, social care involvement?***  **elpful information about the family** |
| 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 |  | |

***Many thanks - we will get back to you as soon as possible to discuss your referral.***

**Please return this form to us via email:** [pairs\_lambeth@slam.nhs.uk](mailto:pairs_lambeth@slam.nhs.uk)

**Alternatively, you can post to us at:**

William Geoffrey House, Lambeth CAMHS, 35 Black Prince Road, London SE11 6JJ

**Contact Details:**

**Telephone:** 0203 228 6771

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***(Office use Only)*** | | | | |
| ***Date Referral received:*** |  | ***Leap Ward*** | ***Yes*** | ***No*** |

**Appendix**

**Stresses on the parent child relationship**

There are many risk factors that may put a strain on the baby-parent relationship.

Use the checklist below as a guide to think about potential stressors and vulnerabilities. It helps the team when considering your referral.

Four to six risk factors/stressors is significant. Individual factors can also merit preventative intervention, before the infant’s quality of attachment has been compromised.

|  |  |  |
| --- | --- | --- |
| **Biological Vulnerability in the Infant:** | **Infant** | |
| Traumatic birth |  | |
| Very low birth weight / extremely premature |  | |
| Failure to thrive / feeding difficulty / malnutrition |  | |
| Exposure to harmful substances in utero (alcohol, drugs, smoking) |  | |
| Congenital abnormalities / illness / developmental delay |  | |
| Very difficult temperament / extreme crying / difficult to soothe |  | |
| Very lethargic / non-responsive / passive |  | |
| Resists holding / hypersensitive to touch |  | |
| Regulatory / sensory integration disorder |  | |
| **Parental History and Current Functioning:** | **Mother** | **Father** |
| History/ Current mental illness, including depression and anxiety |  |  |
| Serious medical condition / physical disability |  |  |
| Learning disability / low educational achievement |  |  |
| History/ current alcohol and / or drug misuse |  |  |
| Background of abuse, neglect or loss in childhood |  |  |
| Absent parent or stepparent in family (i.e. non-biologically related) |  |  |
| Chronic maternal stress during pregnancy or ambivalence about the pregnancy |  |  |
| Parent was in foster care / adopted |  |  |
| Previous child has been in foster care or adopted |  |  |
| Criminal or young offender’s record / been imprisoned |  |  |
| Violence reported in family |  |  |
| Mother has experienced the death of a child |  |  |
| Previous child has behaviour problems |  |  |
| **Factors observed in Parent Infant relationships:** | | |
| Lack of sensitivity to infant’s cries or signals |  |  |
| Lack of consistency in caregiving |  |  |
| Physically punitive/ rough towards child |  |  |
| Lack of vocalisation to infant, few ‘conversations’ |  |  |
| Lack of eye-to-eye contact |  |  |
| Negative feelings towards the child |  |  |
| Lack of preparation during pregnancy |  |  |
| Lacks knowledge of parenting and child development |  |  |
| Infant has poor physical care (e.g. dirty and unkempt) |  |  |
| Does not anticipate or encourage child’s development |  |  |
| **Socio-demographic Factors:** | | |
| Chronic unemployment |  |  |
| Inadequate income / housing / hygiene |  |  |
| Overcrowding in household |  |  |
| Lack of support / isolation |  |  |
| Severe family dysfunction, current and in background |  |  |
| Recent life stress (e.g. bereavement, racism, job loss, immigration) |  |  |