

Growing Little Minds – Referral form

This referral form has been designed to be completed by practitioners who are working with an infant and family where there is a problem identified within the parent – infant relationship, and advice from the Growing Little Minds is required. We aim to support the relationship between caregiver(s) and baby or toddler. The age range for referral is from pregnancy to age 2 years. We do not accept referrals where there are planned or ongoing child protection proceedings, including multi-agency assessments, until these have been resolved. If a caregiver has mental health difficulties, we expect support to already be in place from adult services.

Your query will be triaged by the Growing Little Minds team.

Please return the completed form to the email:

growinglittleminds@locala.org.uk

Practitioner Details	
Date:	
Name:	
Agency details:	
Telephone number	
Email address	

Infant/child Details	
First Name:	DOB/ EDD:
Last Name:	Gender:
Address:	Ethnicity:
Postcode:	NHS Number:

Details of other children in the family			
Name	DOB/ EDD	M/F	Ethnicity

Caregivers	
Details of mother	Details of father
First Name:	First Name:
Last Name:	Last Name:
DOB:	DOB:
Ethnicity:	Ethnicity:
Language spoken:	Language spoken:
Address:	Address:
Postcode:	Postcode:
Phone number:	Phone number:
Email address:	Email address

Care Plans	
Child Protection	Yes / No
Child in Need	Yes / No
Early Help	Yes / No
Universal Plus	Yes / No
Universal	Yes / No

Please give a brief description of the main concern for this parent – infant relationship?

Please give a brief description of what you feel needs to change (Please consider the Caregivers capacity)

What interventions have been tried to support the parent – infant relationship and what was the outcome?

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Other Agencies

Service name	Practitioner	Contact details

Do these agencies agree with your referral?

Yes / No	Additional info:
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Vulnerability factors to consider when developing the parent-infant mental health care plan.

Factors present in parent/ carer (tick where applicable)	Mum/ primary carer	Dad/ other carer
History/current alcohol and/or drug misuse	<input type="checkbox"/>	<input type="checkbox"/>
Serious medical condition physically	<input type="checkbox"/>	<input type="checkbox"/>
History/current anxiety or depression	<input type="checkbox"/>	<input type="checkbox"/>
Single teenage parent without family support	<input type="checkbox"/>	<input type="checkbox"/>
Past criminal or young offender record	<input type="checkbox"/>	<input type="checkbox"/>
Violence reported in family	<input type="checkbox"/>	<input type="checkbox"/>
Acute family crisis or recent significant life stress	<input type="checkbox"/>	<input type="checkbox"/>
On-going lack of support / isolation	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate income / housing	<input type="checkbox"/>	<input type="checkbox"/>
Previous child has behaviour problems	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic birth parental experience of bereavement or loss, including perinatal loss.	<input type="checkbox"/>	<input type="checkbox"/>
Background of abuse, neglect, loss in childhood	<input type="checkbox"/>	<input type="checkbox"/>
Episode of being in care as a child	<input type="checkbox"/>	<input type="checkbox"/>
Chronic maternal stress during pregnancy or ambivalence about the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Disappointment or unrealistic expectation around the parent-infant relationship	<input type="checkbox"/>	<input type="checkbox"/>
Other children under the age of 3	<input type="checkbox"/>	<input type="checkbox"/>
Unplanned pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Historical negative birth and labour experiences	<input type="checkbox"/>	<input type="checkbox"/>

Consent	
Caregiver Consent	Yes / No

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