

Developing secure relationships between parents and their babies

REFERRAL FORM

Child			
First name		Address	
Last Name			
Date of birth/EDD			
Gender			
Ethnicity			
NHS Number		Post code	

Details of all children in the family			
Name	M/F	DoB/EDD	Ethnicity

Details of mother		Details of father	
First name		First name	
Last name		Last name	
DoB		DoB	
Ethnicity		Ethnicity	
Language spoken		Language spoken	
NHS no		NHS No	
Address		Address	
Tel no (Home)		Tel no (Home)	
Tel no (Mob)		Tel no (Mob)	
e-mail address		e-mail address	

Reason for referral – please give a description of the problem

EPIP aims to support the relationship between caregiver(s) and baby or toddler when this is likely to become or be put under stress. The age range for referral is from bump to 18 months.

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 would expect support to already be in place from adult services. Please give as much information as possible and feel free to either write a separate supporting letter or telephone us as well.

During sessions, video may be taken as part of the work. This provides useful feedback to support parents in understanding what happens between them and their small child. We sometimes use video as it is the best way of looking at and assessing what goes on in everyday play and interaction in order to highlight different aspects of parenting. *If you can, please explain this to the parent (s). This does not imply that they have given permission in advance.* We will ask parents to sign a form to give permission before any filming takes place, and they have the choice as to whether or not they wish to do this. This video will remain confidential and a copy may be able to be given to the parents to keep.

Other Agencies Involved			
Agency	Name	Tel no	Address
GP			
Health Visitor			

Please tick any of the following stresses that may affect this parent child relationship

Biological vulnerability in the Infant	
Mother substance abused / on methadone during pregnancy.	
Very low birth weight / extremely premature.	
Failure to thrive / feeding difficulties / malnutrition.	
Mother drank alcohol during pregnancy.	
Congenital abnormalities / illness / serious developmental delay.	

Very difficult temperament / extreme crying.	
Very lethargic / non-responsive.	
Resists holding / hypersensitive to touch.	
Chronic maternal anxiety / stress during pregnancy.	
Mother smoked during pregnancy.	
Regulatory / sensory integration disorder	
Parental History and Current Functioning	
Mental illness, including depression.	
Serious medical condition/ physical disability.	
Own mother mentally ill/ Substance abused.	
Alcohol and / or drug abuse (Current/Past).	
History of Physical or Sexual abuse, Witnessing violence, neglect or loss.	
Absent parent or step parent in family (i.e. non- biologically related).	
Parents seem incoherent or confused.	
Parent was in care (looked after) / adopted.	
Learning disability / low educational achievement.	
Criminal or young offender's record / been imprisoned.	
Previous child has been in foster care or adopted.	
Mother has experienced the death of a child.	
Previous child has behaviour problems.	
Presence of an acute family crisis.	
Interactional or Parenting Variables	
Lack of sensitivity to infant's cries or signals.	
Lack of consistent caregiver for infant.	
Physically punitive towards child.	
Lack of vocalisation to infant, few 'conversations'.	
Lack of eye-to-eye contact.	
Negative attributions made towards child, even if 'jokey'.	
Lack of preparation during pregnancy.	
Lacks knowledge of parenting and child development.	
Infant has poor care (e.g. dirty and unkempt), physical neglect.	
Does not anticipate or encourage child's development.	
Quality of partner relationship; may be undermined or unsupported.	
Infant a victim of maltreatment, emotional abuse or neglect.	
Any violence reported in the family, especially if witnessed by child.	
Negative affect /verbal abuse openly shown towards child.	
Socio-demographic Factors:	
Chronic unemployment.	
Inadequate income / housing / hygiene.	
Overcrowding in household.	
Single teenage mother without family support.	
Poor quality / more than 20 hours per week day-care.	
Severe family dysfunction, current and in background.	
Lack of support / isolation.	
Recent life stress (e.g. bereavement, racism, job loss, immigration).	

Referrer Details			
Name		Job title	
Organisation		Tel No	
Address		Email	
Signed		Date	

Data Protection Act 1998			
[to be signed by parent wherever possible]			
The information provided by you is required to enable staff to offer the appropriate support to maintain accurate records of individuals with whom the service is involved.			
<p>I declare the information contained in this request for services form is correct. I am in agreement with this referral having been made on my behalf. I understand that a file will need to be opened in my child's name, and also that I will be asked to consider the use of video to help me understand my child's point of view. I understand that any personal data in respect of clinical therapy will only be used in an anonymised form and I consent to the sharing of this data for the purpose of clinical evaluation. I will notify staff of any significant change to the information given.</p>			
Signed			
Name		Date	

Please return this referral to:
Carol Levine, EPIP Co-ordinator, Enfield CAMHS, Baytree House, Christchurch Close EN2 6NZ
Tel: 0208 702 5560 / 07826 765845
Email: carol.levine@nhs.net
Copy to Team Secure Email beh-tr.epip@nhs.net