Growing Well Together

Parent-Infant Relationship Service Referral Form

The Navigo Parent-Infant Relationship Service is a new team being set up as part of the Start for Life programme in North-East Lincolnshire.

The service is for pregnant parents/caregivers and their babies (from conception to two years old), who would like support with building a relationship with their baby. We can work with families who feel they might need some additional support to help them bond with their baby. We know that there are many different reasons why bonding with your baby can be difficult and we can support parents/carers and/or the professionals supporting these families to consider what might help parents/carers develop close secure relationship with their baby. We also know that the perinatal period can be a time of feeling vulnerable, overwhelmed, stressed, and worried and it can feel very daunting for parents/caregivers to ask for support for their own emotional wellbeing. Our service can also support parents/caregivers to think about what help might be the best fit for them and how we can support them to access this help.

We will work flexibly with the caregiver and baby and meet them where they feel most comfortable, which might be their home, a local community centre, a family hub, or at our base in Freshney Green Primary Care Centre. As a service we committed to supporting dads, LGBTQ+ parents/caregivers, and families that might find traditional services more difficult to access. The support might be delivered in a group, one to one or through a trusted professional already working with the family. In additional to direct support with caregivers and babies, we also offer one off and ongoing support and advice to professionals working with the family. Please don't hesitate to pick up the phone and speak to us!

Please, consider using these conversation prompts derived from Leeds early attachment observation tool when discussing the parent-infant relationship with caregivers:

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.

Please read the following before proceeding with your referral:

- This service operates Monday to Friday 9am – 5pm.
- We ask that you ring to discuss your referral prior to send it by calling 01472 252 570 and booking in a suitable time with a member of our team to talk through why you think this might be a helpful service to receive support from.
- Please complete **all fields of the form** as it may delay the processing if information is missing. Only referrals received on this form will be processed and other documentation should only be sent as supplementary to this.
- Once complete, please email to navigo.growingwelltogether@nhs.net

Referrer Details (If self referring, please complete using your own details)		Referral Date	
Referrer Name		Role	
Referrer contact Telephone		Work address & Email	
Names of referred caregiver-infant		Contact details for referred caregiver	

Primary Carers and Childs details – *if there are more than two primary caregivers, further details can be collected on a separate sheet.*			
	Infant/unborn baby	Caregiver 1	Caregiver 2
Name (include title, preferred name and pronouns)			
Relationship to infant/child			
Parental responsibility held for infant?	N/A		
DOB /Estimated due date			
NHS No (not required for self referrals)			
GP			
Ethnicity			
Gender			
Other professionals involved in care e.g social worker, talking therapies			
Any adaptations or adjustments that would help moving forwards?			
Address			
Post Code		Mobile / Telephone	
Preferred Language		Additional language needs?	
Other children in household? (yes or no) If yes, Name & Age of each child			

Primary Carers and Childs details – *if there are more than two primary caregivers, further details can be collected on a separate sheet.*			
	Infant/unborn baby	**Caregiver 1**	**Caregiver 2**
Preferred days/times/means to make contact			
Consent	**I confirm that the referred caregiver(s) is aware of this referral and has consented to being referred to Navigo Parent- Infant Relationship service (Y/N)** ☐ **I confirm that referred caregiver(s) has consented to information being shared/collated from other agencies/services? (Y/N)** ☐ **Provide details if No:** **I confirm that the referred caregiver(s) 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)** ☐		

Please tick any relevant risk factors:

Parent-Infant Relationship Risk Factors		
Parent factors	**Caregiver 1:**	**Caregiver 2:**
History / current anxiety or depression	☐	☐
History / current alcohol and / or drug misuse	☐	☐
Serious medical condition	☐	☐
Neurodivergence (such as learning disability, autism, ADHD)	☐	☐
Single teenage parent without family support	☐	☐
Past criminal or young offender's 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	☐	☐
Parent experienced episodes of being in care as a child	☐	☐

Parent-Infant Relationship Risk Factors		
Parent factors	**Caregiver 1:**	**Caregiver 2:**
Current / historical experience of abuse, neglect, or loss	☐	☐
Chronic caregiver stress during pregnancy or ambivalence about the pregnancy (unplanned or rigorous planning)	☐	☐
Disappointment / unrealistic parent-infant relationship expectations	☐	☐
Factors observed in parent-infant relationship	**Caregiver 1:**	**Caregiver 2:**
Lack of sensitivity to baby's cries or signals	☐	☐
Negative / ambivalent / indifferent 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	**Infant:**	
Developmental delays	☐	
Exposure to harmful substances in utero	☐	
Traumatic birth	☐	
Congenital abnormalities / illness/ SCBU admission	☐	
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	☐	
Protective Factors		
Support Network	☐	
Parental Insight	☐	
Engages with Services	☐	

YOUR REASONS FOR MAKING THIS REFERRAL *Please use table above to aid the information discussed here*
From your observation and assessment, please tell us your specific concerns or worries in relation to the parent-child/unborn infant relationship:
Information gathered from caregivers: Information gathered from baby (voice of the baby): *What is baby communicating about their feelings and views? What is it like for baby in this relationship? What did you notice about baby's feelings, ideas and preferences through their gaze, body language and vocalisations* see The Voice of the Infant Best Practice Guidelines* *Voice of the Infant: best practice guidelines and infant pledge - gov.scot (www.gov.scot)* Information gathered from your own observation of the relationship:
How long have these difficulties been experienced for? What triggered these difficulties? What makes these difficulties worse or better?
What other support/ services has been accessed previously? E.g., Family Hubs groups, Solihull approach, Family Help, Butterfly Mums, Maternal Wellbeing Service, Safe Families, other parent groups, NSPCC, Perinatal Mental Health Service, NHS Talking Therapies, 1-1 Antenatal Support, Pre-birth Pathway, Health Visiting Proactive Offer?

YOUR REASONS FOR MAKING THIS REFERRAL
Please use table above to aid the information discussed here

From your discussion with the primary caregiver(s) what are would they like support with?

Risk

Is the infant/child/ 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?	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)	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.

Thank you for completing this referral form; please email to navigo.growingwelltogether@nhs.net and telephone call 01472 252 570 for any questions.