Bradford District Care NHS Foundation Trust

Little Minds Matter: Bradford Infant Mental Health Service

Woodroyd Medical Centre

Woodroyd Road

Bradford

BD5 8EL

01274 251298

Email: LittleMindsMatter@bdct.nhs.uk

Website: <https://www.bdct.nhs.uk/services/little-minds-matter/>

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| --- | --- |
| **For LMM Office Use** | |
| TC# |  |
| R# |  |
| Date received |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Details** | | | |
| Your Name |  | Your Profession |  |
| Your Telephone Number |  | Your Email Address |  |
| Address |  | Your Signature |  |

Guidance for Referrers:

Little Minds Matter aims to support the relationship between the parent and their infant when there is a risk to this relationship.

* We no longer have any restrictions aside from **geographical (Bradford Local Authority) and age of infant (conception to 2nd birthday).**
* However, we carefully consider whether a referral would be in the best interests of the baby if, for example, the baby and carer may not remain together. In these instances, consultation with the professional network is required first.

Please call us to discuss this.

If you have any questions about completing or submitting a referral, contact a member of the team on 01274 251298.

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| **Family Details** | | | |
| **Baby’s Details** | | | |
| Baby’s Name |  | DOB / Due Date |  |
| NHS Number |  | Address |  |
| Ethnicity |  |  | |
| **Caregiver’s Details** | | | |
| Name of Mother / Main Carer |  | Name of Father / Main Carer |  |
| DOB |  | DOB |  |
| NHS Number |  | NHS Number |  |
|  |  |  |  |
| Tel number |  | Tel number |  |
| Address |  | Address |  |
| Ethnicity |  | Ethnicity |  |
| Interpreter needed?  If so, what language |  | Interpreter needed?  If so, what language |  |
| Has consent been gained for this referral? |  | Has consent been gained for this referral? |  |

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| --- | --- | --- | --- | --- |
| Other children living in the house? | Yes |  | No |  |
| If so, please provide details |  | | | |
| Please provide details of any other significant or supportive adults |  | | | |

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| **Professional involvement** | | | | | | |
| Service | Name | | Address | | Contact details | |
| GP |  | |  | |  | |
| Midwife / Health Visitor |  | |  | |  | |
| Key Worker |  | |  | |  | |
| Adult Mental Health Services |  | |  | |  | |
| Paediatrician |  | |  | |  | |
| Social Worker |  | |  | |  | |
| Other: |  | |  | |  | |
| Are there any safeguarding concerns? | Child Protection |  | | Looked After Child | |  |
| Child in Need |  | | Early Help | |  |
| If so, please provide details |  | | | | | |
| State any issues that may affect home visiting (e.g. no lone visiting) |  | | | | | |

Little Minds Matter aims to support parent-infant relationships. Please use the box below to explain your reason for referring the family.

A list of risk factors for parent-infant relationship difficulties is also below (table goes over page). Please use this list to consider if Little Minds Matter is the appropriate service for this family and tick the factors that apply.

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| **Reason for Referral** |
| (Please give details of what you have observed in the parent-infant relationship, responses if Bradford prompts used, what are you worried about, what support has been offered?) |

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| **Parent-infant relationship risk factors** | | |
| Parent factors | Caregiver one, name: | Caregiver two, name: |
| History / current anxiety or depression |  |  |
| History / current alcohol and / or drug misuse |  |  |
| Serious medical condition |  |  |
| Learning Disability |  |  |
| 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 |  |  |
| Current / historical experience of abuse, neglect or loss |  |  |
| 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 |  |  |

***Table continues over page***

|  |  |  |
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| 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 |  |
| 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 |  |

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| Additional Information- For office use only |

Please return this form using a **secure** method: via SystmOne; by post; or via email to [LittleMindsMatter@bdct.nhs.uk](mailto:LittleMindsMatter@bdct.nhs.uk) using a secure email address and / or encryption.