**INFANT MENTAL HEALTH SERVICE**

**OVER 2’s REFERRAL FORM**

**Infant Mental Health Service**

Hunslet Health Centre

24 Church Street

Hunslet

Leeds

LS10 2PT

**🕿 0113 84 30841**

**“Understanding your Toddler” Referral**

**Referral form for children aged 2 years to 5th birthday**

***NOTE: You must speak to the 0-7 SCPHN case***

***holder and an IMHS clinician before referring.***

***Referrals only accepted from 0-19 PHINS.***

**SystmOne Users:**

TASK User Group ‘IMH Administration’ to inform referral is on S1

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| **REFERRAL INFORMATION:** | | | | | | | | |
| **Discussed with IMHS clinician (name)**: | | | **Date of Referral**: | | | | | |
| **Discussed with 0-7 SCPHN caseholder (name):** | | |  | | | | | |
| **Has the parent/carer consented to this referral?** NOTE: We cannot accept referrals for direct work without the parent / primary caregiver’s consent | | | | | **Yes** |  | **No** |  |
| **FAMILY DETAILS:** | | | | | | | | |
| **Primary Carer’s Name**: |  | **Child’s Name**: |  | | | | | |
| **DOB**: |  | **Child’s DOB (Or EDD)**: |  | | | | | |
| **NHS No.** |  | **NHS No.** |  | | | | | |
| **Relationship to Child**: |  | **Gender**: |  | | | | | |
| **Ethnicity**: |  | **Ethnicity**: |  | | | | | |
| **Address**: |  | **Address**:  **(If different)** |  | | | | | |
| **Postcode**: |  | **Postcode:** |  | | | | | |
| **Mobile No**. |  | **Home/other No** |  | | | | | |
| **Communication requirements:** | (e.g. Interpreter, Easyread) | | | | | | | |
| **OTHER FAMILY MEMBERS (if applicable):** | | | | | | | | |
| **Name:** | **DOB:** | **Relationship (i.e. parent / sibling):** | | | | | | |
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| **REFERRERS DETAILS:** | | | | | | | | |
| **Name:** |  | **Service:** |  | | | | | |
| **Role:** |  | **Contact Tel No/mobile:** |  | | | | | |
| **Address:** |  | **Email:** |  | | | | | |
| **OTHER PROFESSIONALS INVOLVED:** | | | | | | | | |
| **Service/role:** | **Name:** | **Base & address:** | | **Tel and Email:** | | | | |
| GP **(must include)** |  |  | |  | | | | |
| Health Visitor (if not referrer) |  |  | |  | | | | |
| *Social Worker (if applicable)* |  |  | |  | | | | |
| *Family Outreach Worker* |  |  | |  | | | | |
| *Mental health service (if applicable)* |  |  | |  | | | | |
| *Other(s)* |  |  | |  | | | | |
| **REASON FOR REFERRAL** | | | | | | | | |

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| **Professional concerns:**  *E.g., Do you have any different concerns to caregiver(s)? What are the family’s strengths?* |  |
| **Parent/Caregiver concerns (if different):**  *E.g., What the caregiver is concerned about? What is the caregiver’s hope/goal?* |  |
| **Voice of the Child:**  *Share your observations of what the toddler is telling us. E.g., how does the toddler interact with their world? How do they respond to their caregiver? How does the caregiver respond? What is the relationship like for the toddler? Any known significant early history?* |  |
| **Readiness:**  *E.g., Is the caregiver ready to think about what* **they** *can do to help their toddler? Are they emotionally able/ready to engage in the work? Are there any significant stressors (e.g., DV, mental health concerns) that would prevent engagement in a three session offer?* |  |
| **Risk:**  *Is the toddler at risk of emotional or physical harm or neglect? Are there risks to the caregiver due to self-harm, neglect, suicide attempts or risks from others?* |  |
| **Any previous work:**  *E.g., Have the family attended HENRY? Other parenting groups? Received Family Outreach support?* |  |

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| **Thank you for your referral.**  **Our Referral Management Group will review the referral and you will be updated with the final decision.** |
| Referral Form Updated: August 2023 |

Prompts to consider attunement and responsiveness in the parent-child relationship (ages 0-5 years):

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| --- | --- |
| **Does the child…?** | **Does the parent…?** |
| * **Explore their surroundings?** * **Check in regularly with their parent – visually and physically?** * **Respond positively to their parent?** * **Keep themselves occupied?** * **Show signs of reciprocity?** * **Seem happy and relaxed?** * **Look at people when communicating?** * **Show emotions in a recognised manner?** * **React to varied emotions i.e. pain and pleasure?** * **Engage in age appropriate activities?** * **Use speech appropriately?** * **Respond to parental limit setting?** * **Demonstrate developmentally typical fears?** * **Respond positively to physical closeness?** * **Show a response to separation from caregiver?** * **Note the parent’s return?** * **Show signs of pride and joy?** * **Show signs of empathy?** * **Show signs of shame, guilt or embarrassment?** | * **Respond to the child’s cues or overtures?** * **Initiate affection?** * **Provide effective comforting?** * **Initiate positive interactions with the child?** * **Accept expressions of autonomy (gives space when wanted)?** * **Sees the child as positively ‘taking after’ a family member?** * **Seem aware of the child’s cues?** * **Enjoy reciprocal interactions with the child (a meaningful to and fro in the interaction)?** * **Respond to the child’s affection?** * **Set age appropriate limits?** * **Respond supportively when the child shows fear?** * **Use disciplinary measures appropriate for the child’s age?** |