

REQUEST FOR A SERVICE

Referral for *infant-parent psychotherapy*

Au Milieu offers free, confidential infant-parent psychotherapy to families on low incomes in South West London, from pregnancy until a baby is 24 months old, so that parents can build the best possible relationship with their baby.

1

Fill this form in on screen, or print it and write in it.

2

Email it to
team@au-milieu.org

3

We reply within 48 hours.

Please complete as much as you can. We can only accept a referral once a parent or carer has signed the consent in section 9.

Who is making this referral?

☐ I am the parent or carer (self-referral) ☐ I am a professional (please also complete section 10)

1 About the baby

Baby's name	Sex	Date of birth	Or due date	Ethnicity
Second baby's name (twins)	Sex	Date of birth	Or due date	Ethnicity

2 Other children in the family

Name	Sex	Date of birth
Name	Sex	Date of birth
Name	Sex	Date of birth

Does the baby, or any child, have a medical condition it would help us to know about? If yes, please give details.

3 Parent or principal carer

Full name	Date of birth	Age
Address		
Postcode	Borough	Email
Home phone	Mobile	Ethnicity (for monitoring)
Can we leave a message? ☐ Home: yes ☐ Home: no ☐ Mobile: yes ☐ Mobile: no		

4 Partner of the parent or principal carer

Full name	Date of birth	Age
Address (if different)		
Postcode	Borough	Email
Phone or mobile	Ethnicity (for monitoring)	

5 GP and health visitor

GP name, practice and address	Health visitor name and address

6 Other agencies involved

Please tick any agency working with the family and add their contact details. Use the last two rows for any agency not listed.

AGENCY (TICK IF INVOLVED)	CODE	NAME OF CONTACT	CONTACT NUMBER
☐ Adult Mental Health	AMH		
☐ CAMHS	CAM		
☐ Children's Centre	CC		
☐ School Well-Being	SWB		
☐ Child Protection	CP		
☐ Court Welfare	CW		
☐ Domestic Violence	DV		
☐ Drugs Project	DP		
☐ Fostering / Adoption	FA		
☐ GP	GP		
☐ Health Visitor	HV		
☐ Looked After Children	LAC		
☐ Midwife	MW		
☐ Nursery	NUR		
☐ Obstetrics	OB		
☐ Probation Services	PS		
☐ Social Services	SS		
☐ Substance Misuse	SM		
☐ Teenage Agencies	TA		
☐ Voluntary Agencies	VA		
	OTH		
	OTH		

7 About this referral

Please give as much information as you can to support this referral.

We support the relationship between caregivers and their baby or toddler when it is, or is likely to come, under stress. We accept referrals from pregnancy until a baby is 24 months old.

We do not accept referrals while child protection work is planned or ongoing, including multi-agency assessments, until it has been resolved. If a caregiver has mental health difficulties, we expect support to already be in place from adult services.

Video in sessions. We routinely video sessions, because it is the best way to look at everyday play and interaction and to help parents understand what happens between them and their child. Please explain this to the parents. Nothing is filmed unless parents sign a separate permission form, they can say no, and all video stays confidential.

Main reason for referral, 1

Main reason for referral, 2

8 Stresses on the parent and child relationship

Many known risk factors put a strain on the relationship between a baby and their parent. Ticking those that apply helps us consider the referral, so we can offer support early, before the baby's attachment is affected.

BIOLOGICAL VULNERABILITY IN THE INFANT

- ☐ Mother used substances, or was on methadone, during pregnancy
- ☐ Very low birth weight or extremely premature
- ☐ Failure to thrive, feeding difficulty or malnutrition
- ☐ Mother drank alcohol during pregnancy
- ☐ Congenital abnormality, illness or serious developmental delay
- ☐ Very difficult temperament or extreme crying
- ☐ Very lethargic or unresponsive
- ☐ Resists holding or is hypersensitive to touch
- ☐ Chronic maternal anxiety or stress during pregnancy
- ☐ Mother smoked during pregnancy
- ☐ Regulatory or sensory integration disorder

PARENTAL HISTORY AND CURRENT FUNCTIONING

- ☐ Mental illness, including depression
- ☐ Serious medical condition or physical disability
- ☐ Own mother mentally ill or used substances
- ☐ Alcohol or drug misuse (current or past)
- ☐ History of physical or sexual abuse, witnessing violence, neglect or loss
- ☐ Absent parent, or step-parent in the family
- ☐ Parents seem incoherent or confused
- ☐ Parent was in care (looked after) or adopted
- ☐ Learning disability or low educational achievement
- ☐ Criminal or young offender's record, or been imprisoned
- ☐ A previous child has been in foster care or adopted
- ☐ Mother has experienced the death of a child
- ☐ A previous child has behaviour problems
- ☐ An acute family crisis

INTERACTION AND PARENTING

- ☐ Lack of sensitivity to the infant's cries or signals
- ☐ Lack of a consistent caregiver for the infant
- ☐ Physically punitive towards the child
- ☐ Little talking to the infant, few 'conversations'
- ☐ Lack of eye contact
- ☐ Negative things said about the child, even if 'jokey'
- ☐ Lack of preparation during pregnancy
- ☐ Lacks knowledge of parenting and child development
- ☐ Infant poorly cared for (for example dirty or unkempt), physical neglect
- ☐ Does not anticipate or encourage the child's development
- ☐ Partner relationship undermining or unsupportive
- ☐ Infant a victim of maltreatment, emotional abuse or neglect
- ☐ Any violence in the family, especially if a child witnessed it
- ☐ Negative feelings or verbal abuse openly shown towards the child

SOCIAL AND ECONOMIC FACTORS

- ☐ Long-term unemployment
- ☐ Inadequate income, housing or hygiene
- ☐ Overcrowding in the household
- ☐ Single teenage mother without family support
- ☐ Poor quality day care, or more than 20 hours a week
- ☐ Severe family dysfunction, now or in the past
- ☐ Lack of support or isolation
- ☐ Recent life stress (for example bereavement, racism, job loss, immigration)

Total number of factors ticked

9 Consent (to be completed by the parent or principal carer)

How we use this information. We use the information in this form to offer the right support and to keep accurate records, in line with UK GDPR and the Data Protection Act 2018. Our privacy notice is at au-milieu.org/privacy.

- I confirm the information in this form is correct.
- I agree to this referral being made on my behalf.
- I understand that a file will be opened in my child's name, and that I will be asked to consider the use of video to help me understand my child's point of view.
- I understand that information about my therapy will only be used for clinical evaluation in an anonymised form, and I consent to it being shared for that purpose.
- I will tell Au Milieu about any significant change to the information given.

☐ I have read and agree to the statements above

Parent or carer name

Signature (type your full name, or sign if printed)

Date

Second parent or carer (optional)

Signature

Date

10 Referrer details (professionals only)

Name

Job title

Organisation

Telephone

Address

Email

Signature (type your full name)

Date

Please email the completed form to team@au-milieu.org. Thank you.

FOR AU MILIEU OFFICE USE ONLY

Referral number

Consultation by

Allocated to

Date case closed