



REQUEST FOR DORPIP SERVICES

SUPPORTING FIRST RELATIONSHIPS
CONFIDENTIAL

Please complete as much information as possible, it will help us to assess eligibility for accessing our service.
We do not accept referrals unless signed by parent(s).

DETAILS OF YOUR CHILD WHO WILL BE UNDER 2 AT THE END OF OUR WORK.

Childs Name:

GENDER:

DOB:

Expected Due Date:

Ethnicity:

PLEASE PROVIDE DETAILS OF OTHER CHILDREN IN THE FAMILY.

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT YOU THINK WOULD HELP US TO KNOW ABOUT?
IF YES, PLEASE GIVE DETAILS.

DETAILS OF PARENT OR PRIMARY CARER

TITLE:

GENDER:

DOB:

ETHNICITY:

SINGLE PARENT:

SURNAME:

FIRST NAME:

Relationship to Child:

EMAIL:

ADDRESS 1:

ADDRESS 2:

TOWN:

POSTCODE:

TELEPHONE:

PREFERRED CONTACT METHOD: Email Telephone



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PARTNERS DETAILS (IF APPLICABLE)

TITLE:

GENDER:

DOB:

ETHNICITY:

SURNAME:

FIRST NAME:

Relationship to Child:

EMAIL:

ADDRESS 1:

ADDRESS 2:

TOWN:

POSTCODE:

TELEPHONE:

PLEASE PROVIDE DETAILS OF OTHER PEOPLE LIVING IN HOUSEHOLD AND THEIR RELATIONSHIP TO YOUR CHILD:

REFERRER DETAILS

Name:

Job Title:

Organisation:

Address:

Telephone contact:

Email:

Signed:

I give consent for my email to be added to a database, in order to receive the DorPIP E-Newsletters from time to time (please tick)

At this time, we do not accept referrals where there are planned or ongoing child protection issues, including multi-agency assessments, until these have been resolved.



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PARENTS, PLEASE TELL US YOUR REASONS FOR ACCESSING SUPPORT AT THIS TIME?

What are your main concerns or worry?

What is the thing that you most want to be different?

DETAILS OF ANY PRIOR PROFESSIONAL INVOLVEMENT OR ANY OTHER INTERVENTION?

REFERRING PERSON, PLEASE GIVE YOUR REASON FOR REFERRAL AT THIS TIME:

Please tell us what specifically it is about the relationship between this parent/carer and infant that you are concerned about.



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CRITERIA FOR REFERRAL

There are many known factors that can put strain on the baby-parent relationship, some of these are listed below. To help us assess the best way forward, please tick/cross all appropriate factors.

In accordance with PIPUK, the presence of four to six factors indicates that a family is eligible for a fully funded service. There are certain serious conditions that, in some circumstances, call for interventions on their own. These have been shown in red below.

If a family does not meet PIPUK's eligibility criteria we can offer them a self-funded service, please get in touch for details. (Concessional rates for those on income related benefits).

If self-referring, please feel free to complete the below with your HV, Midwife or FOW.

BIOLOGICAL VULNERABILITY IN THE INFANT:

- Parental substance or alcohol misuse during pregnancy/within infant's lifetime
- Infant was premature or small for gestational age
- Failure to thrive / feeding difficulty / malnutrition
- Infant has experienced significant illness
- Infant has physical disability and/or genetic abnormality
- Baby experiencing emotional distress / physical discomfort and/or prolonged crying
- Baby is lethargic / non-responsive
- Resists holding / hypersensitive to touch
- Chronic maternal anxiety / stress during pregnancy / birth trauma
- Smoked during pregnancy
- Regulatory / sensory integration disorder

PARENTAL HISTORY AND CURRENT FUNCTIONING:

- Parental Mental illness in or after the pregnancy (perinatal)
- Serious medical condition / physical disability
- Experience of own parent/s being mentally ill / having a history of substance misuse
- Alcohol and / or drug misuse (current or past)
- History of physical or sexual abuse, witnessing violence, neglect or loss
- Parents feeling confused and/or is incoherent
- Parent was in care (looked after) / adopted
- Lack of appropriate preparation & support during pregnancy
- Parental learning or physical disability
- Parent in prison
- Previous child has been in foster care or adopted
- Family has experienced a previous infant loss (miscarriage, stillbirth or neonatal death)
- Previous child has behaviour difficulties
- Presence of an acute family crisis

INTERACTIONAL OR PARENTING VARIABLES:

- Struggles to understand and/or respond to baby's cries and/or cues
- Consistently struggles to offer adequate care and nurturing for baby
- Parent appears to be feeling or is being physically punitive towards child
- Struggles to communicate with baby, few serve and return 'conversations'
- Struggles to make and maintain eye-to-eye contact
- Makes negative attributions towards child, even if 'jokey'
- Has a lack of parenting knowledge and understanding of child development
- Baby has poor care (e.g. dirty and unkempt), signs of physical neglect



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- Struggles to anticipate or encourage child's development
- Quality of partner relationship; may be undermined or unsupported
- Baby a victim of maltreatment, emotional abuse or neglect
- Any violence reported in the family, especially if witnessed by a child
- Negative affect / verbal abuse openly shown towards child

SOCIO-DEMOGRAPHIC FACTORS:

- Chronic unemployment
- Inadequate housing (temporary/poor condition)
- There is overcrowding in household
- Teenage parent without adequate support network
- Absent parent or stepparent in family (i.e. non-biologically related)
- Poor quality / more than 20 hours per week day-care
- Child protections involvement (current or recently)
- Isolation from other family members/friends
- Other siblings with learning or physical disability
- Recent life stress (e.g. domestic abuse, bereavement, refugee/asylum seeker, financial)
- Number of stress factors (RED)
- Number of stress factors (Other)

PLEASE LET US KNOW WHICH OF THE FOLLOWING SERVICES ARE YOU CURRENTLY IN CONTACT WITH.

- | | |
|--|---|
| <input type="checkbox"/> Adult Mental Health | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> CAMHS | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Children's Centre | <input type="checkbox"/> Obstetrics |
| <input type="checkbox"/> Child Protection | <input type="checkbox"/> Probation Services |
| <input type="checkbox"/> Court Welfare | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Substance Misuse |
| <input type="checkbox"/> Drugs Project | <input type="checkbox"/> Teenage Agencies |
| <input type="checkbox"/> Fostering / Adoption | <input type="checkbox"/> Voluntary Agencies |
| <input type="checkbox"/> GP's | <input type="checkbox"/> OTH |
| <input type="checkbox"/> Health Visitor | |
| <input type="checkbox"/> Looked after Children | |

Please provide name and contact details for any services you have checked.

It is standard DorPIP procedure to inform GP's that we are working with a family; and to inform them when work comes to a close.



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NOTES TO PARENTS AND REFERRING SERVICE.

DorPIP aims to support the relationship between caregiver(s) and baby or toddler when this is likely to become or put under stress. Using the known stress factors check list on page 4 of this referral form to clarify potential stressors on the caregiving relationship.

The age range for referral is from bump to 24 months at the end of therapy.

If a caregiver has current mental health difficulties we would expect support to already be in place from adult services.

We are a small charity and aim to support as many babies and parents as possible. We do rely on parent's agreement to complete regular evaluation and monitoring forms whilst using the service as well as afterwards. This helps us to ensure that we are providing the care that they need and to make sure we continue to deliver the best possible service.

During sessions a short video will usually 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 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.

After the initial assessment if Parents are happy to engage in therapy 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 will be given to the parents to keep as a digital download.

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DECLARATION TO BE SIGNED BY PARENT(S):

General Data Protection Regulations 2018 - The information provided by you is required to enable DorPIP to offer the appropriate support to maintain accurate records of individuals with whom the service is involved.

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 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 for clinical evaluation.

I consent to the sharing of information with other services if this is necessary for the health and safety of me and or my child.

I will notify DorPIP of any significant change to the information given.

Name:

Date:

Signature:

Signature:

FOR OFFICE USE:

Date Received:

DorPIP Associate:

Funded Self Funding

IM PiP