

Dochas Family Centre: Referral Form 2023

Childs Name:	Date of Birth:
Parents/Carers Name:	
Address:	
Contact Numbers:	
Childs Current School/Educational Placement:	

NOTE: Dochas Family Centre works to **Child Safeguarding** standards which means if we believe that your child is at risk of harm or serious neglect we are obliged by law to make a report to the necessary agency (Tusla) and seek additional support for your family.

Child Support Referral

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Family Therapy Referral

[]

Family Details: Include all relevant family/adults (parents, siblings, extended family members if relevant, new significant partners involved in the care of the child, grandparents, aunts/ uncles):

Name	Connection to Child	Level of Contact/Support	Comments/Other info

Provide a broad outline of concerns:

WHY are you referring the Child to Dochas: (please be precise)

Provide a broad outline of concerns:

What are your **MAIN** concerns for the child & family: (please be precise)

Family Needs Information:

SECTION 1:

Child Support Referral - Complete the table, providing us with an outline of need (you must involve the family when completing this form). **TYPED answers will expand boxes.**

Prioritisation: 1 = low | 5 = high

Support Required	What Do We Need to Know	Priority Level
Parenting Support		
Family Support		
Family Relationships		
Health		
School		
Well Being e.g. Mood		
Interpersonal e.g. friendships		
Growth Development Need		







SECTION 2:

Family Therapy Referral – The priority for the Dochas Family Therapy Service is those who have been allocated a Dochas Family Centre Case Worker.

What do you hope would be different from attending Family Therapy?

.....

Tick appropriate box

Describe Your Family						
In my family we talk about things that matter to us						
In my family it feels scary or risky to disagree						
In my family we seem to go from one big problem to another						
We are good at finding new ways to deal with things that are difficult						

1. What are you most proud of as a family?

2. What is the biggest problem for your family at the moment?

On a scale from 1-10 how big is this problem for your family? 1 = no problem | 10 = very big problem

SECTION 3:

Is the family receiving/have received services/supports from any other agency?

Yes [] No [] if 'yes' complete separate Agency Support Form

SECTION 4:

A) Parent/Legal Guardian Signature: **Date:**
(Family Signature for the Referral)

Print Name:

B) Parental Consent: I/we consent to information being shared in relation to any previous reports/assessments undertaken that Dochas Family Centre believes is in the best interest of the family and to assist Dochas Family Centre in meeting our needs as a family. We understand this information will not be shared with a third party¹ without consent and will be securely stored at Dochas Family Centre. You also consent to participating in a quarterly Review process with the Case Worker.

Parent/Legal Guardian Signature: **Date:**
(Informed Consent MUST be signed by the family member [not the referring agency])

Name of Person Referring:

Referring Agency:

Contact Telephone:

Other relevant additional information for this referral:



This form will be kept strictly confidential and secure at Dochas Family Centre. For any concerns about the service contact: Claire McEwen, Project Director on 01 623 4531.

¹ Dochas does have a responsibility to report any concerns in relation to Child Protection & Welfare and/or historical sexual abuse

Referral Criteria:

- Where professionals/agencies, parents/families identify that there are a number of needs which require support.
- Child/ young person lives within the **Clondalkin** geographic area.
- **Child is minimum aged 7 and referred before they are aged 12.**
- If the referral accepted following Assessment; parents are required to have regular (weekly) contact with the team through home or centre based visits.
- Completion of a referral form does not mean the referral is accepted and appropriate to Dochas.
- Referrers are advised to contact Dochas to discuss a potential referral in the first instance.
- Referral Needs Form completed in full with clear and accurate information.
- Referral information discussed with parents and parents sign referral.
- If the child is in formal **Foster Care** we cannot accept a referral without written consent from the appointed Social Worker.

Referral Needs Form:

- Referral form is based on considering child and parent's needs.
- If accepted, Dochas Family Centre will initially provide support matched to priority needs identified on referral form.
- Referrers should always involve parents in completion of the referral.

Responding to a Referral/Meeting with Parents:

- Initial home visit with parent will be arranged to discuss a Child Support referral.
 - Additional information gathered and discussed at initial home visit/ initial meeting.
 - Meeting with parent does not mean the referral is accepted. **Dochas might refer parent onto another service or type of support if indicated.**
 - A second meeting with parent may be required.
 - If accepted, an introduction is arranged for child and parent to meet with the allocated Dochas Child & Family Worker.
- If Dochas offers Family Therapy, the Therapist will assess at your first meeting to assess your readiness and ability to commit to attending sessions and ask you to sign an Agreement

How Support is Provided:

- Support is matched to presenting needs of child and parents/carers.
- Individual work and individual support for parents/carers.
- Individual work for child/Group support for children and parents.
- Parent/child or family work.
- Regular Dochas reviews of progress and support plan which involves child and parent (and will involve other agencies/professionals or family members as required).
- We involve other agencies to provide additional support to parent and child if required.

Sharing Information, Collaborating and Being Open:

- Parents/ Carers must consent to information provided on the referral form.
- Parents/Carers must sign the form twice at point A) and B)