

# Dochas Family Centre: Referral Form 2023-2024

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Parents/Carers Name:</b>	
<b>Address:</b>	
<b>Contact Numbers:</b>	
<b>Childs Current School/Educational Placement:</b>	

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 & Family Support Referral**  **Play Therapy**  **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 etc):

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

Provide a detailed outline of the concerns/issues:

**WHY** are you referring your/the Child to Dochas: (be precise)

Provide a detailed outline of concerns:

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

## Family Needs Information:

### SECTION 1:

**Child Support Referral** - Complete the table, providing us with as much details as possible of needs (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 Concerns		
School e.g., how are they doing academically		
Well-Being e.g., mood, behaviour		
Interpersonal e.g., friendships, social groups		
Developmental Need(s)		
Other Useful Information for this Referral		







### SECTION 2:

**Family Psychotherapy Referral** Priority for the Dochas Family Therapy Service is those who have been allocated a Dochas Family Centre Child & Family 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: Play Therapy Referral**

If you are making a referral for Play/Art Psychotherapy, provide reasons for this below and **complete a separate application & initial assessment form (attached)**:

**SECTION 4:**

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

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

**SECTION 5:**

**A) Parent/Legal Guardian Signature(s):** ...../..... **Date:** .....  
 (Family Signature for the Referral [or Tusla Consent letter])

**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 party<sup>1</sup> without consent and will be securely stored at Dochas Family Centre. You also consent to participating in a quarterly Review process with the Director and Child & Family Case Worker.

**Parent/Legal Guardian Signature(s):** ...../..... **Date:** .....  
 (Informed Consent MUST be signed by the family member [not the referring agency, with the exception of Tusla [see below]])

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

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**Name of Person Referring:** .....

**Referring Agency:** .....

**Contact Telephone:** .....

**Relevant Additional Information:**



This form will be kept strictly confidential and secure at Dochas Family Centre.

For any concerns about the service contact:

**Claire McEwen, Director on 01 623 4531 or email: [clairemce@dochasfamilycentre.ie](mailto:clairemce@dochasfamilycentre.ie)**

## **Referral Criteria/Process:**

Dochas Family Centre is a referral based, trauma informed community organisation working with children & families living in the North Clondalkin area. We accept referrals where children are experiencing traumatic social, emotional and behavioural challenges and work with families for between 12-24 months.

- Agencies/parent(s) or legal guardian(s) and schools identify a number of needs which require support.
- Child lives within the **North Clondalkin** geographic area.
- **Child is minimum aged 7 and referred before they are aged 12.**
- If the referral accepted following Assessment; parents/legal guardians 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 **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/legal guardian needs.
- If accepted, Dochas Family Centre will initially provide support matched to priority needs identified on referral form so please provide as much information as possible.
- Referrers should always involve parent(s)/legal guardian(s) in completion of the referral form.
- Dochas will arrange an assessment meeting which will last for up to 2 hours.
- Meeting with parent(s)/legal guardian(s) does not mean the referral is accepted. Dochas might refer a parent(s)/legal guardian(s) onto another suitable service for support.

## **Responding to a Referral/Meeting with Parents/Legal Guardians:**

- Initial home visit with parent(s)/legal guardian (s) will be arranged to discuss a Child Support Referral.
- Additional information gathered and discussed at initial home visit/ initial meeting.
- A second meeting with parent(s)/legal guardian (s) may be required.
- If accepted, an introduction is arranged for child and parent(s)/legal guardian(s) to meet with the allocated Dochas Child & Family Case Worker.
- If Dochas offers Family Psychotherapy, 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.
- Play/Art psychotherapy will involve a separate application and self- assessment form.

## **How Support is Provided:**

- Support is matched to presenting needs of child and parent(s)/legal guardian(s).
- Individual work and individual support for parent(s)/legal guardian(s).
- Individual work for child, group support for child and parent(s)/legal guardian(s).
- 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 if required).
- We involve other agencies to provide additional support to parent/legal guardian and child if required.

## **Sharing Information, Collaborating and Being Open:**

- Parent(s)/legal guardian(s) must consent to information provided on the referral form.
- Parent(s)/legal guardian(s) must sign the form twice at point A) and B) (With the exception of Tusla who can provide separate written family consent).