

1 Summerhill Parade

Sandycove, Co Dublin

A96 T180

01 2937882

info@treehousepractice.ie

**Referral form for Assessment, Therapy or Consultation for Tusla / HSE**

1. **Demographic Information**

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| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Parent/carer tel/email** |  |
| **Parent/carer tel/email** |  |
| **Care Status** |  |
| **Who consents for this intervention?** |  |
| **School Details** |  |
| **GP Details** |  |

1. **Referrer information**

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| --- | --- |
| **Referrer Name** |  |
| **Work Address** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **How long allocated** |  |
| **Years known to CFA** |  |
| **Team Leader** |  |
| **Mobile Number** |  |
| **Email Address** |  |

1. **Family Composition**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **D/O/B** | **Position in Family** | **Address and Contact Details** | **Part of this Assessment (Y/N)** |
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1. **Care and Placement History.**

*Please detail date of entry to care, number of placements and include initials, age, and placement details i.e. with parents, foster care, residential care.*

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1. **What has prompted this referral?**

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1. **What are the main presenting issues that you would like to be considered?**

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1. **Please detail any health, mental health, or neurodevelopmental diagnosis that the child has**

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1. **Do any members of the family (birth or foster family) have any health concerns, mental health difficulties or disabilities?**

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1. **Are the child / family in receipt of assessments or interventions with any other service? If so, please include full details and a contact name**

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1. **If the referral is for therapy, please outline the reason for referral (if not detailed above) and details of any assessments that have recommended a referral for therapy** (*Please note that in some cases where a specific type of therapy is requested, we will need to undertake a therapeutic assessment to ensure the right fit for therapy at the time of referral)*
2. **Social Work History. Please provide a detailed account of the child’s history including as much detail as possible about their experience in their birth family *(if they are no longer in their care)* and comment on the frequency and experience of access presently *(including whether it is supervised / supported / directed)*.**

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1. **Child’s experiences of potential adversity / maltreatment *(please include any trauma/abuse experiences during pregnancy)***

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| **Type of adversity /abuse** | **Y/N** | **Age (approx.) experienced** | **Extent to which this has been experienced** |
| **Physical abuse** |  |  |  |
| **Child sexual abuse** |  |  |  |
| **Emotional abuse** |  |  |  |
| **Neglect** |  |  |  |
| **Emotional neglect** |  |  |  |
| **Domestic violence** |  |  |  |
| **Homelessness** |  |  |  |
| **Parental criminal activity** |  |  |  |
| **Parental mental health difficulties** |  |  |  |
| **Other:** |  |  |  |
| **Other:** |  |  |  |

1. **Is there anything that could impact on this assessment / therapy being completed? (*Some examples include: Risk of placement breakdown, recent disclosure of abuse that is being investigated, changes to care status, child reluctant to engage)***

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1. **Please note any additional details or comments of importance**

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1. **Professional Contact Details *(Please include GAL, fostering link workers, social care workers, youth workers, and any others involved)***

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| --- | --- | --- | --- |
| **Name** | **Organisation / Role** | **Contact Details** | **Aware of Referral** |
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1. **PO number (work cannot commence without this): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Only on receipt of PO number will a case be allocated / listed on our waiting list)**

1. **List of Documents that will be made available to the clinical team:**

**(*Please ensure all previous assessments completed are included. All documents listed must be received prior to the commencement of any consultation for assessment/therapy. Please include a recent Care Plan for each child. Reports pertaining to the child’s early years (incl birth records where possible) are an important source of assessment information and efforts should be made to source these by the CFA*)**

A picture containing logo

Description automatically generated

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**Consent Form (Required in advance of any sessions)**

**About the Service**

Treehouse Practice is a specialised team that provides services to children and families. We take a particular interest in understanding family relationships, children’s experiences of adversity and trauma and the therapeutic needs of children and families. We ask that parents / social workers / legal guardians read this information and provide consent before the child/ren attend.

**Confidentiality**

* Treehouse Practice takes the need for, and importance of, confidentiality very seriously. The following confidentiality issues should be noted:
  + In general, there will be no discussion of the child’s assessment/case with anyone who is not relevant to the assessment. People who are relevant to your child’s case include other clinicians in Treehouse, the child’s social worker (if appropriate) and Guardian ad Litem (if appropriate). It may also be necessary to liaise with other professionals as relevant (e.g., the child’s teacher or former clinicians).
  + Where issues of safety arise, the clinician involved with the case will act according to best practice guidelines even if this means breaking confidentiality. If a clinician is concerned for your safety, the safety of your child or the safety of somebody else s/he may be obliged to alert the Gardaí, Tusla Social Services, the child/parent’s GP or a partner / close friend as relevant. If this were to be an issue, the clinician would endeavour to discuss it with the person who disclosed the concerns in advance. Concerns around child safety are of particular concern and clinicians are mandated to follow up any concerns in accordance with child protection procedures and legislation. Examples would include abuse (i.e., physical, emotional or sexual abuse) or neglect of a child (either current or historic)
  + Treehouse Practice maintains a file on each child, which is kept in a locked filing cabinet. This file will be kept securely for the requisite number of years and will be accessible to no-one other than the clinicians involved in the child’s care. In some cases, the Court may request certain information from the file if there are ongoing Court proceedings.
  + Treehouse Practices uses an external data storage provider (Glenbeigh Records Management) for storage of closed files. Each child’s file will be stored in a secure location once closed.

**Video / Audio Recording**

At Treehouse Practice video recordings are often used in assessment or treatment with children and families. This allows for either post session analysis that is helpful to guiding therapeutic work, or joint analysis with parents or carers (if working therapeutically with them). The recordings may also be used in supervision with a qualified supervisor. Supervision will take place in a one-to-one format in person or online. These videos and the content of these sessions are confidential (the exception being that if something harmful occurs during a recording session the details of that event will be shared with the appropriate agency). The videos will only be viewed by trained clinicians within Treehouse Practice or by their supervisors on occasion. Video recordings are stored in a password protected format on the child’s electronic file and are destroyed beyond the duration of the assessment / therapy. Written/ electronic notes from recordings are stored in lieu for a longer period of time. Consent to video record sessions can be withdrawn at any time by notifying the clinician. The consequence of not giving permission for videotaping is that the practitioner and the family will not be able to review assessment sessions and therefore may impede optimal treatment, but it does not preclude treatment occurring.

**Treehouse Practice would ask the adult attendees to be considerate of the following needs:**

* That you attend and leave your appointment on time.
* If you cannot attend an appointment or if you are late, please telephone the service on 01-2937882 or email [info@treehousepractice.ie](mailto:info@treehousepractice.ie)
* Appointments can be rearranged with 48 hours’ notice
* If less than 48 hours notice is given, the full fee will apply and either you or the organisation responsible for funding will be liable for this at the next appointment. This procedure is in place as the practice operates a waiting list policy and late cancellations cannot usually be filled by other clients.

We would appreciate if you would sign the following indicating that you understand / accept the following points:

|  |  |
| --- | --- |
| Please circle |  |
| Yes / No | I consent to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being assessed /having treatment at Treehouse Practice |
| Yes / No | I give permission to Treehouse Practice staff to contact the following professionals/services (please list the names of individuals or services involved with your child: |
| Yes / No | I give permission to video or audio record sessions if necessary. |
| Yes / No | I understand that recorded data is not stored and cannot be released. This includes recordings being released for court proceedings |
| Yes / No | I indicate that I understand the limits of confidentiality |
| Yes / No | I have read the Treehouse Data protection guidelines and provide consent for data in relation to my child and myself to be stored and processed as outlined |
| Signature  (Legal guardian) |  |
| Printed name |  |
| Date |  |