TREEHOUSE PRACTICE





Annual Report 2025

VISION FOR 2025-2028



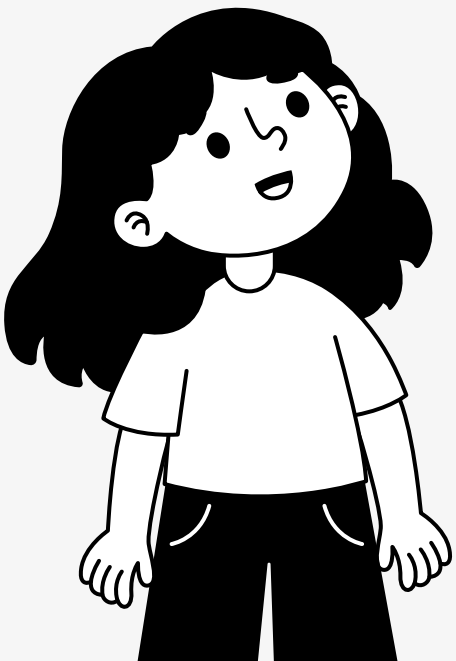


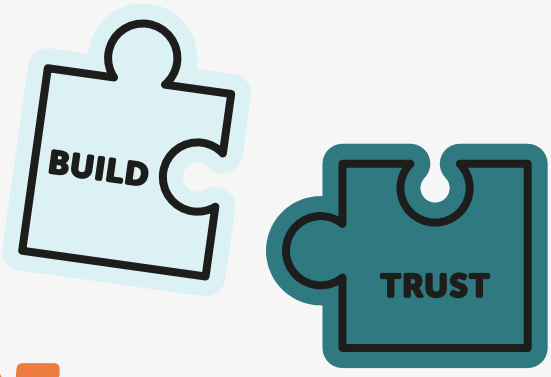
CONSOLIDATION, PURPOSEFUL GROWTH AND SUSTAINABLE IMPACT

FLOURISH

SAFE

SHINE





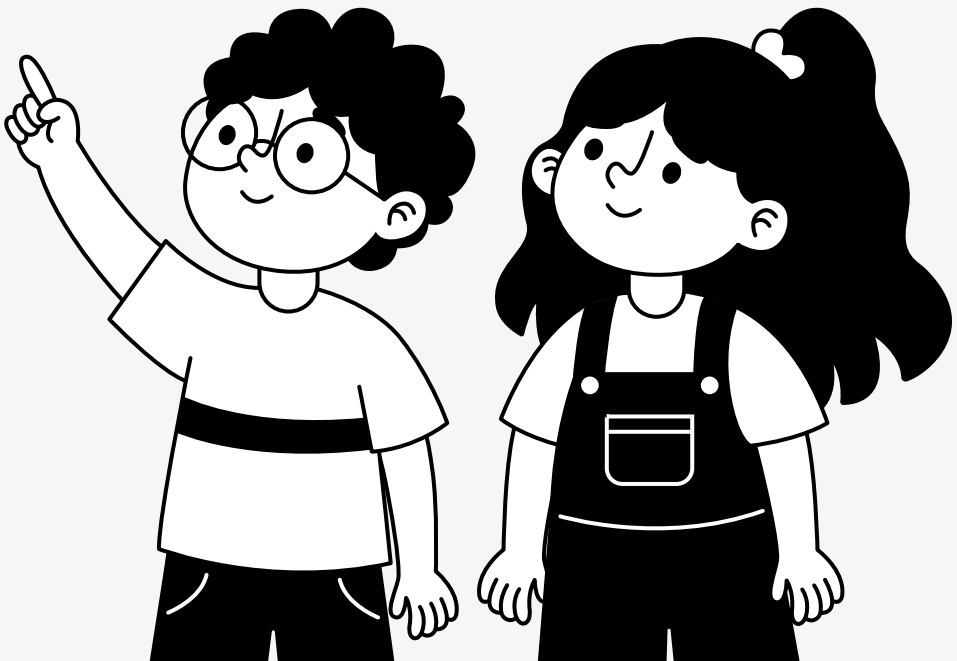
OUR 2025 FOCUS

Strengthening integrated trauma and neurodevelopmental practice, establishing specialist FASD and placement stability pathways, and building a sustainable foundation for future impact.









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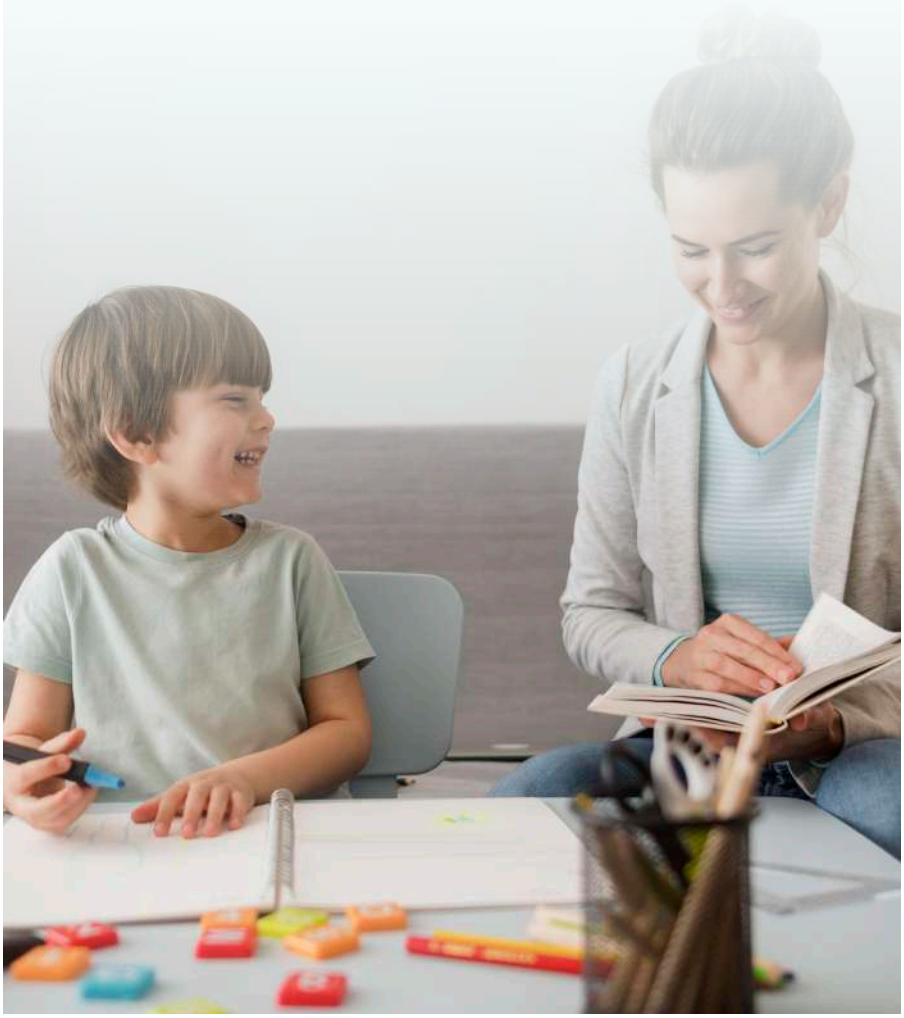
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1 Introduction

2025 was a year of consolidation and purposeful growth for Treehouse Practice. Building on the foundations established in 2024, the Practice continued to provide specialist, multidisciplinary assessment, intervention and systemic support to children and young people who have experienced trauma and/or present with neurodevelopmental differences.

The year was marked by strong service activity, with 4,825 appointments delivered. Treehouse Practice also achieved its two major planned strategic projects: establishing the foundation of a dedicated multidisciplinary FASD assessment and intervention service with a view to launching in January 2026 and embedding pathways focused on preventing placement disruption for children and young people in care.

Across all areas of work, Treehouse Practice continued to hold trauma, neurodevelopment, relationships and environment together. This reflects a central principle of the Practice: children rarely present with a single story, and effective assessment and intervention require multiple perspectives, collaborative formulation and practical support around the child.



2025 AT A GLANCE

- 4,825 appointments delivered
- 56 new trauma referrals
- 103 neurodevelopmental referrals recorded
- Two major strategic projects delivered
- €1.448 million service income

A sustainable foundation

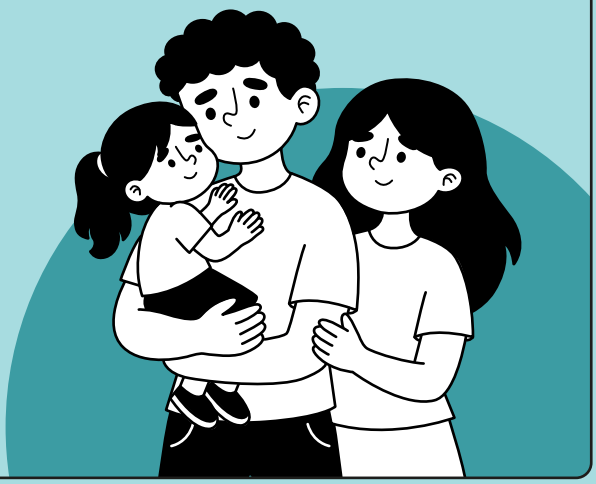
2025

2025 was also the first year in which Treehouse Practice achieved a substantial operating surplus. Profit-making is not the purpose of the Practice. Financial sustainability allows Treehouse Practice to retain specialist staff, maintain high clinical standards, respond to changing referral needs and invest carefully in service development, research and areas of unmet need.

2 Mission, Purpose and Values

OUR MISSION

To strengthen the system of support around a young person and their family through tailored therapeutic pathways and collaboration with parents, carers, schools and wider systems.





OUR PURPOSE

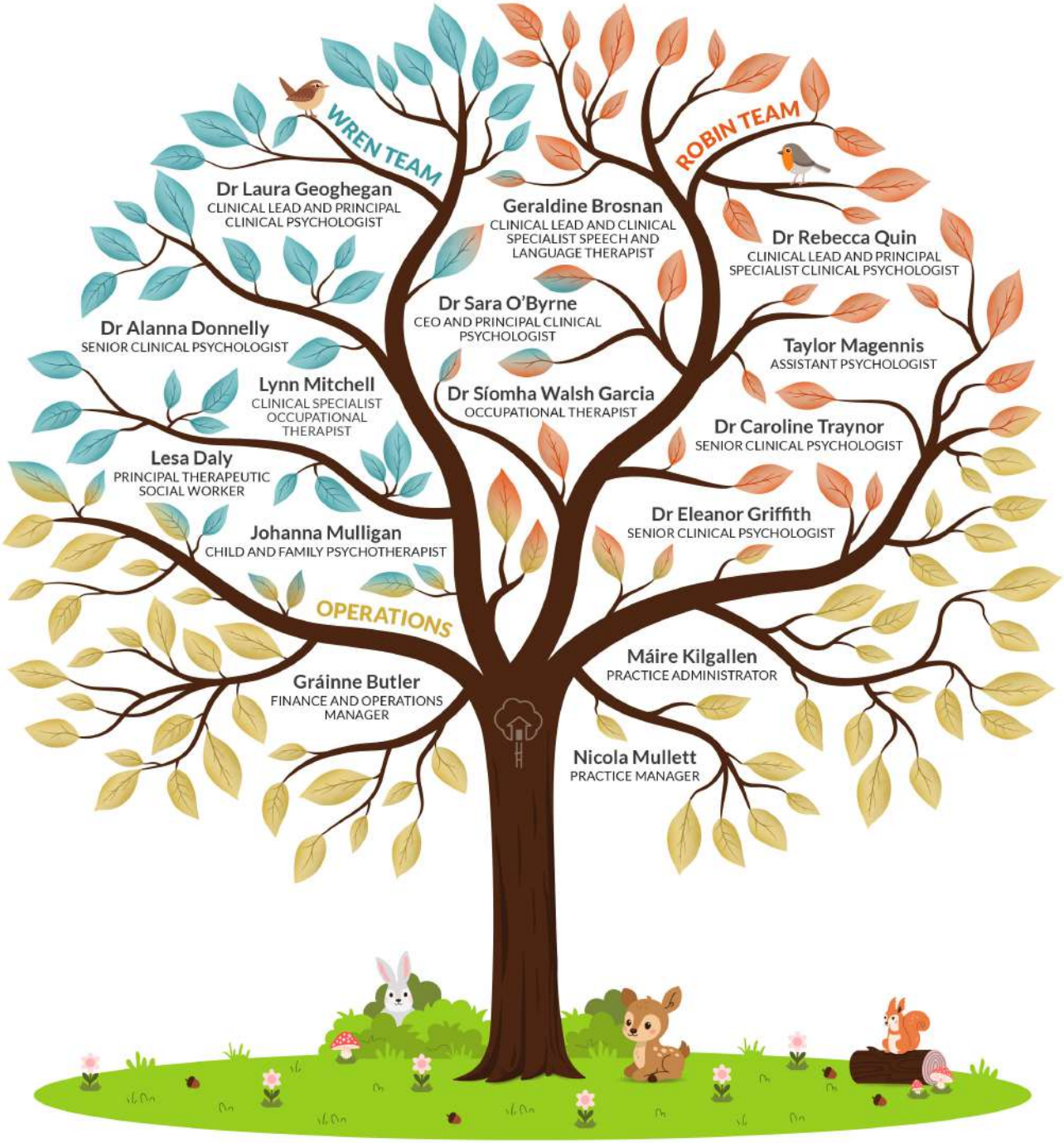
To empower systems and promote connection for children and families.

OUR VALUES

- **Put Yourself in the Child's Shoes**
  We hold space for the voice of the child and act with advocacy and empathy.
- **Sustainability Through Balance**
  We take ownership of the impact of our work and care for those who deliver it.
- **Nurturing Trust**
  We meet people as we would like to be met, recognising growth and learning as continual processes.



3 Staffing

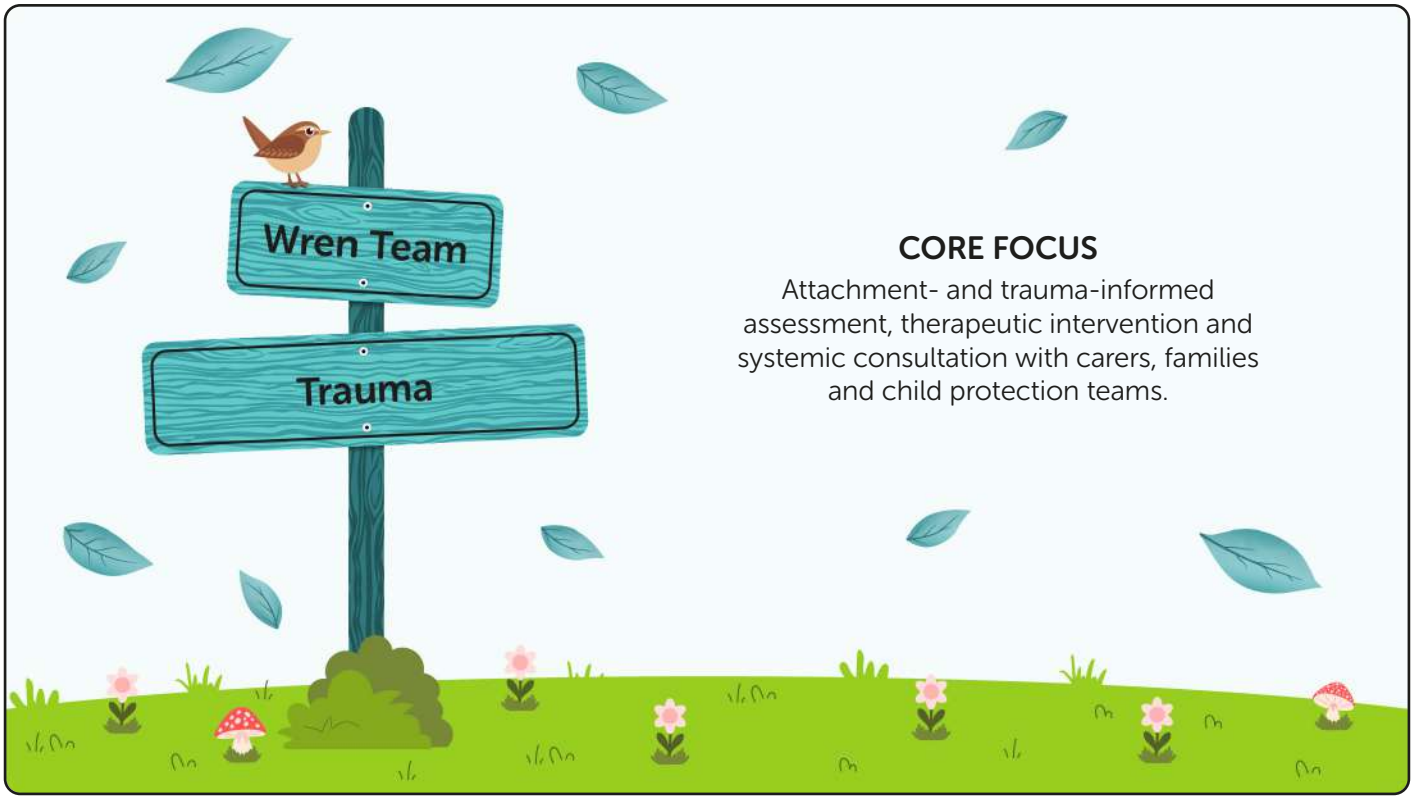


- The **Operations Team** are responsible for the day-to-day running of the practice.
- The **Wren Team** provide supports to young people with a history of childhood trauma and the support system in their lives.
- The **Robin Team** provides services to neurodivergent young people and the support system in their lives.
- All 3 teams work in harmony with each other, with some clinicians working across both the **Wren** and **Robin** Teams.

There are 15 members of the team at Treehouse Practice, each of whom work in collaboration and partnership with other members of the team. Treehouse Practice clinical teams are made up of Principal and Senior Clinical Psychologists, specialized occupational therapist, clinical specialist speech and language therapist, child and family psychotherapist, principal therapeutic social worker and assistant psychologist.

4 Organisational and Service Overview

Treehouse Practice is a specialised multidisciplinary service providing assessments, interventions and systemic supports across Ireland. Its dual-team model brings together two specialist areas within one integrated system of care.



CORE FOCUS

Attachment- and trauma-informed assessment, therapeutic intervention and systemic consultation with carers, families and child protection teams.



CORE FOCUS

Psychological, intervention, occupational therapy and speech and language assessment for children with suspected or confirmed neurodevelopmental differences.

SERVICE ACTIVITY

A total of 4,825 client contact hours were recorded in 2025. Monthly activity was highest in May, with 476 hours, and March, with 475 hours. As in a clinically appropriate annual cycle, activity reduced during August and December.



TOTAL CLIENT CONTACT HOURS

4825

Client contact hours include appointments and clinical time devoted to report writing and case reviews.

5 Referral Activity and Reach

The trauma pathway recorded 56 new referrals in 2025, while the neurodevelopmental database recorded 103 referrals.

PATHWAY	2025 REFERRAL ACTIVITY	PRIMARY SOURCE
Trauma pathway	56 new referrals	89% from Tusla Children in Care teams; remaining referrals from CAMHS, CDNT and Aftercare services
Neurodevelopmental pathway	103 referrals recorded	HSE pathway



6 Trauma Pathway

REFERRAL ACTIVITY AND CONTINUITY

- 56 new referrals were received during 2025.
- A further 15 young people who attended in 2024 remained engaged for intervention in 2025.
- Referral activity was highest in Q1, at 32.1%, followed by Q2 and Q4 at 25.0% each, and Q3 at 17.9%.



REFERRAL SOURCES AND NATIONAL REACH

Eighty-nine per cent of trauma referrals came from Tusla Children in Care teams. The remaining referrals came from CAMHS, CDNT and Aftercare services. Referrals were recorded across 12 Tusla areas, demonstrating a broad national reach.



Referrals

56

CARE AND PLACEMENT PROFILE

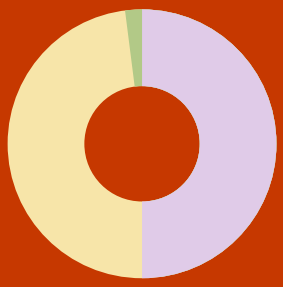
CARE STATUS AT REFERRAL	NUMBER	PERCENTAGE
Full Care Order	22	39.3%
Interim Care Order	14	25.0%
Birth family on Child Protection Notification System	6	10.7%
Voluntary Care Order	4	7.1%
Adopted	2	3.6%
Separated child seeking international protection	1	1.8%
Aftercare	1	1.8%
Not recorded	6	10.7%
Total	**56**	**100%**

PLACEMENT STATUS	NUMBER	PERCENTAGE
Long-term placement	31	55.4%
Birth family	8	14.3%
Not recorded	6	10.7%
Short-term placement	5	8.9%
Residential placement	4	7.1%
Adoptive family	2	3.6%
Total	**56**	**100%**

PLACEMENT TYPE	NUMBER
General placement	22
Relative placement	14
Residential	8
Birth family	8
Adopted	2
Aftercare services	1
Not recorded	1
Total	**56**

DEMOGRAPHIC PROFILE

Gender



28 FEMALE (50.0%)

27 MALE (48.2%)

1 OTHER (1.8%)

Age Groups

0–5
21.2%

6–11
40.4%

12–17
36.5%

18 or older
1.9%

Age at Referral

AVERAGE
10.5 years

MEDIAN
9.7 years

RANGE APPROXIMATELY
1.7 to 19.9 years

REFERRAL REQUESTS AND COMPLEXITY

- 68% of new referrals explicitly required differential diagnostic consideration integrating trauma and neurodivergence.
- Autism was queried or already diagnosed in 28.6% of referrals.
- ADHD was queried or already diagnosed in 14 referrals, or 25.0%.
- Intellectual disability was queried or already diagnosed in 44.6% of referrals.
- Sensory needs were recorded in 53.6% of referrals.
- The possible neurodevelopmental effects of drug and alcohol exposure were specifically queried in 11 referrals.
- Family access or relational concerns were identified in 38 referrals.

Analysis also identified a high level of safeguarding, emotional and behavioural complexity, including self-injurious behaviour and suicidality in a minority of referrals. This reinforces the need for careful risk assessment, integrated formulation and close collaboration with the wider professional network.

7 Neurodevelopmental Pathway

The neurodevelopmental database recorded 103 referrals were received for neurodevelopmental assessment. Referral requests frequently involved more than one discipline, so the assessment categories overlap and should not be added together.

REFERRAL QUERY TYPE	NUMBER	% OF ALL REFERRALS	% WITH A RECORDED REQUEST
Autism assessment	56	54.4%	83.6%
Psychology: cognitive, emotional or behavioural	48	46.6%	71.6%
Occupational therapy	45	43.7%	67.2%
Speech and language therapy	43	41.7%	64.2%
ADHD assessment or consideration	4	3.9%	6.0%

KEY TRENDS

Autism was mentioned in approximately 84% of referrals with an identifiable request, making autism assessment, diagnostic clarification or review the most prominent referral theme.

There was substantial demand for multidisciplinary assessment. Many requests required an integrated understanding of neurodevelopment, communication, sensory and occupational functioning, cognition, emotional wellbeing and behaviour.

A smaller number of requests included ADHD, trauma history, early trauma, anxiety, selective mutism, emotional or behavioural concerns, developmental language difficulties, stammering or further assessment following an existing diagnosis.

WHAT THE REFERRAL DATA TELLS US

The referral profile supports a flexible multidisciplinary model. Children and young people often require more than a single diagnostic answer. The clinical task is to understand how neurodevelopment, communication, learning, sensory processing, emotional wellbeing, relationships and context interact.

8 Integrated Practice and Clinical Complexity



The intersection between trauma and neurodivergence remained central to Treehouse Practice in 2025. The dual-team model enables referrals to receive pathway-specific expertise while drawing on shared multidisciplinary discussion and formulation when needs cross traditional service boundaries.

The 2025 trauma referral data provides particularly clear evidence of this overlap: more than two thirds of new referrals explicitly required differential diagnostic consideration that brought trauma and neurodivergence together. The neurodevelopmental data also included referrals in which trauma, anxiety, emotional or behavioural needs and prior diagnoses formed part of the assessment question.

This integrated stance supports nuanced, non-binary formulations. It helps the team move beyond asking whether a presentation is "trauma or neurodivergence" and towards understanding the contribution of developmental profile, lived experience, relationships and environment to the child's current strengths and needs.

Prof Farhana Sharif

FASD Multidisciplinary Assessment and Intervention Service

In 2025, Treehouse Practice established a dedicated multidisciplinary service for the assessment and intervention of Foetal Alcohol Spectrum Disorder (FASD), in collaboration with Dr Farhana Sharif, Consultant Paediatrician. This delivered a major objective within the 2025–2028 strategic plan.

- Completed the full assessment pathway and documentation pack, including information sheets, consent forms, adapted measures and a new FASD intake form.
- Shared information with social workers, guardians ad litem and partner agencies to support identification and referral.
- Engaged external partners, including Barnardos GALs, and began planning wider stakeholder collaboration.
- Established an operational foundation from which the service can expand in 2026, with a view to accepting referrals formally from 2026 onwards.

Youth Engagement and Wider Capacity Building

Work continued to develop more child- and youth-friendly communication, feedback and participation. This involved a three-tier direction for youth engagement: strengthening participation in direct clinical work, improving feedback before and after service involvement, and creating opportunities for young people to influence service development. Full implementation remains a priority for 2026.

Treehouse Practice also continued its capacity-building role through consultation, shared learning and engagement with professionals across child protection, disability and related services. This wider systems focus reflects the Practice's purpose of strengthening the therapeutic network around each child.

Prevention of Placement Disruption Project

Treehouse Practice also initiated and embedded a project focused on preventing placement disruption for children and young people in care. The project draws on multidisciplinary expertise in developmental trauma, neurodiversity, family systems and systemic support.

- Emphasises early identification of relational, environmental and systemic factors that may place a placement under strain.
- Provides clearer, coordinated pathways to timely consultation and therapeutic input.
- Ring-fences clinical time so carers and professional networks can access support when it is most needed.
- Supports the wider strategic aim of strengthening placement stability through preventative rather than crisis-only responses.



10 Our People and Investment in the Team

Treehouse Practice's work is specialist and people-intensive. The quality and sustainability of services depend on retaining skilled clinicians, providing supervision and reflective spaces, and supporting continued professional development and staff wellbeing.

In 2025, €935,307 was invested in salaries, employer social insurance, pensions, staff training and staff welfare. This represented 75.8% of administrative expenses, or 73.0% of all pre-tax expenditure when direct costs and interest are also included.



THE TREEHOUSE PRACTICE TEAM IS ITS GREATEST STRENGTH

More than three quarters of core operating expenditure was invested directly in the people who deliver and support Treehouse Practice services. This is central to Sustainability Through Balance: caring for those who provide care, while protecting service quality and continuity.

11 Financial Overview

2025 was a significant year financially. Income from clinical and multidisciplinary services reached €1.448 million, compared with €997,043 in 2024. After direct service costs, administrative expenditure, interest and tax, Treehouse Practice ended the year with a profit after tax of €127,783, equivalent to approximately 8.8% of turnover.

This was the first year in which Treehouse Practice achieved a substantial operating surplus. The goal is not profit-making, but sustainability. A stable financial base enables the Practice to retain specialist staff, maintain clinical quality, manage changes in referral patterns and invest in service development, research and areas of unmet need.

FINANCIAL MEASURE	2025	2024
Total clinical and service income	€1,447,778	€997,043
Cost of sales	(€21,801)	(€15,595)
Gross profit	€1,425,977	€981,448
Administrative expenses	(€1,234,735)	(€906,288)
Operating profit	€191,242	€75,160
Interest payable	(€25,465)	(€30,021)
Profit before taxation	€165,777	€45,139
Tax on profit	(€37,994)	(€30,163)
Profit for the year	€127,783	€14,976

12 Looking Ahead to 2026

Treehouse Practice enters 2026 from a stronger and more sustainable base. The focus will remain on careful consolidation, service quality and investment in areas where the Practice can make a distinctive contribution.

Expand Specialist FASD Practice

Deepen clinical pathways, commence medical assessments with Prof Farhana Sharif, increase interagency engagement, provide training to CDNTs, refine best-practice guidance and develop psychoeducational resources for young people and families.

Strengthen Research and Evidence

Invest in research capability, evaluate outcomes, prepare work for publication and contribute to the evidence base for FASD and placement stability practice in Ireland.

Develop Placement Stability Work

Continue to strengthen systemic supports, enhance trauma- and neurodiversity-informed approaches and embed structured preventative frameworks.

Advance Youth Engagement

Further develop youth-friendly materials, feedback structures and opportunities for young people to contribute to service development.

Build Partnerships

Deepen collaboration with Tusla, disability services, medical partners and wider national networks.

Support the Team

Continue to prioritise supervision, reflective practice, professional development, staff wellbeing and balanced, sustainable employment practices.

2026 STRATEGIC INTENT

To responsibly reinvest in clinical quality, the team, research, FASD practice and preventative support for children and families.

13 Acknowledgements and Data Notes

ACKNOWLEDGEMENTS

Treehouse Practice extends sincere thanks to the children, young people, families and carers who place their trust in us. We are grateful to our partners across Tusla, the HSE, Children's Disability Network Teams, CAMHS, Aftercare services, schools, guardians ad litem and the wider professional network.

TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Children's Disability Network Team

We also thank the Treehouse Practice board, staff, associates and operational team whose skill, care and commitment make this work possible.

OUR WORK IS ABOUT CONNECTION

Between systems, between people and within ourselves. When those connections strengthen, healing and development become more possible.





TREEHOUSE
PRACTICE





CONTACT US

1 Summerhill Parade, Sandycove
Co Dublin, A96 T180

info@treehousepractice.ie

01 293 7882

www.treehousepractice.ie

