



Wicklow Child and Family Project

Referral Form for Families

Family Composition:

1. Parent/Guardian/Carer

Mother's Name _____ Father's Name _____

Address: _____ Address: _____

Contact Tel: _____ Contact Tel: _____

Currently Employed: Unemployed: Currently Employed: Unemployed:

Is the child/children's father their Legal Guardian Yes No

If separated are legal arrangements in place re the child/children Yes No

2. Child/Children:

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Name: _____ D.O.B. _____ Gender: _____ At Home In Care

Additional family information _____

3. Does anyone else live in the home, if so what is the relationship to the parent and children? _____

The Mall Wicklow Town Co. Wicklow Phone: 0404 64725 Fax: 0404 64720

email: adminwc&fp@wicklowpartnership.ie

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5. What are your reasons for referring the family at this time? (Any additional information and/or relevant reports please note below or attach to form)

6. What are your desired outcomes from the Wicklow Child & Family Project for the parents:

7. What are your desired outcomes from the Wicklow Child & Family Project for the child/children:

8. Has there been any other previous intervention with this family by your agency?

Yes No

If yes please give details: _____



9. How does the parent/guardian/carer feel about this referral? _____

10. How do the child/children feel about this referral? _____

Would you consider a Meitheal suitable for any of the above child/children Yes No

If yes please identify which child/children: _____

Signed: Parent/Guardian/Carer _____ Date: _____

_____ Date: _____

Signed: Referring Agent _____ Date: _____

FOR WC&FP USE ONLY: Date referral received: _____ Date referral accepted: _____ Date referral allocated: _____ Allocated to: _____ Family No: _____ Closure date: _____



Wicklow Child and Family Project **Referral Policy**

The Wicklow Child and Family Project aims to offer support to children, young people and families, in order to reduce the risk of neglect or abuse. We will work with families to increase their capacity to provide a safe and caring environment for their children and also promote the personal and social development of children and young people.

The primary focus is to work intensively with children in the 0-12 year old age group and their families, but not excluding other age groups where an assessment of risk indicates that they can benefit from our support. As the Project is a resource to other relevant agencies referrals will be taken from any of the following:

- Social Workers
- Public Health Nurses
- HSE Departments
- Schools
- General Practitioners
- An Garda Síochána
- Any other sources of referrals agreed to be appropriate by the Project Manager.

The Referral Process

- Families fulfilling the relevant criteria will be identified by the appropriate agencies.
- The Referrer will complete the referral form with the family.
- The Project Manager will assess the family referral and decide on the suitability of the Project in meeting their needs. If the Project Manager decides not to work with the family the reasons will be given in writing to the Referrer.
- If applicable a Meitheal will be initiated at this stage.
- The Project Manager will allocate a key worker to each family referral accepted by the Project.
- An initial meeting will be arranged with the Project Manager, Key Worker, the Referrer and the family where appropriate.
- A Family Programme will be drawn up in consultation with all members of the family, the Key Worker and other relevant agencies.
- Regular updates & review meetings will be held with all relevant parties to assess progress and decide on future action.

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