

THERAPEUTIC SUPPORTS FOR CHILDREN

INFORMATION SHEET

Kells Family Resource Centre (Kells FRC) has provided affordable therapeutic supports to the community of Kells, Co. Meath since 2007 and currently provides low-cost adult and youth counselling, creative arts/play therapy and therapeutic group programmes for children. Services for children are subsidised with funding from the HSE via the Family Resource Centre National Forum to provide therapeutic support to children who are presenting with additional support needs due to the impact of the Covid-19 Pandemic.

Services Available to Children:

1. One to One Therapeutic Support / Play Therapy (see details below)
2. Therapeutic Group Programmes (see details below)

One to One Therapeutic Support / Play Therapy: One to one 'play' or 'creative' therapy and psychotherapy can be delivered through play, art, music or drama. All therapists are fully qualified, insured, have been reference checked and Garda vetted.

In order for a child to avail of this service we need the consent of both parents.

Contribution: Parents/Guardians are expected to pay a contribution per session (min €10 for unwaged households through to €40 for waged household). Each child is allocated 8 therapy sessions and 2 parent sessions (intake & review). Additional sessions may be approved pending funding availability and the level of need.

IMPORTANT: Play Therapy sessions are not assessments and are not consistent with investigations, validations or gathering information regarding the impact of trauma or parental separation. Children and adolescents need to have an identified supportive and protective ally and stabilised living arrangements before beginning the therapeutic process. Therapy cannot provide a protective function and will not be beneficial to a child who is currently undermined by abuse or intimidation. Protection must always come before therapy.

Therapeutic Group Programmes: are 6-week programmes designed for children aged from 7 to 12 years depending on the programme and the target age group.

Confident Me! Encourages the children to have a greater awareness of their emotions, communication with others and to further develop in managing emotions, self-esteem and identifying supports.

Creative Mindfulness: Offers a tool-kit that builds resilience and coping mechanisms for children and young people. It teaches mindfulness as a life-skill, building strong foundations in mental health.

Anxiety Workshops: Helps children to manage anxiety and promotes relaxation.

Contribution: Parents/Guardians are expected to pay a contribution of €25 for the 6-week programme. This can be paid as a lump sum or in 5 payments of €5.

Strengths and Difficulties Questionnaire

In order to evaluate the success of this service, parents and children (11 years and over) are asked to fill in a Strengths and Difficulties Questionnaire prior to availing of any services and then again when they have finished. This will allow us to evaluate the impact this service has had and may help us to apply for further funding in the future. They will not be used to assess your child on an individual basis.

How to Apply: If you think your child could benefit from the services being offered please feel free to contact Kells Family Resource Centre on **046 9247161** or email info@kells.ie

You can also download forms from our website www.kellsfrc.ie and return them to info@kellsfrc.ie or drop in or post to **Kells Family Resource Centre, Old Carrick School, Lord Edward St, Kells, Co. Meath A82XN75**

CLIENT INDUCTION INFORMATION

Parent's Name: _____ Child's Name _____

☐

Confidentiality & Child Protection: Our work with you and your child is confidential. However, under the Children First Act 2015, if we become aware of children at risk of neglect, harm or abuse we are duty bound to contact the Child Protection Social Work Department and or the Gardaí. Where appropriate we will discuss our concerns with you ahead of contacting the Social Workers and or the Gardaí. Our Child Protection and Confidentiality policies are available upon request. **I understand and accept the terms of confidentiality.** ☐

Your Information: [Our Data Protection Policy that is available on request]

Where: All details of our work are stored on a secure electronic filing system.

What: Records are kept of calls, visits and any communications made in relation to our work with your family. In relation to therapy, we keep a record of appointments, NOT therapy notes.

Why: Your information is utilised to provide an effective, focused and supportive service to your family, to keep accurate records, contact referrers and to verify the quantity of work carried out by our service to our funders.

When: We keep these electronic records for 3 years from date of closing (if only working with parent) or when a child reaches 21 years of age (if working directly with children).

Sharing your information: Occasionally, we will support you or your family in working with other organisations e.g. county council, schools, primary care services, Child and Adolescent Mental Health Services. Information is only shared with other agencies as a part of supporting you in achieving your goals and with your consent.

Strengths & Difficulties Questionnaire: The questionnaires are completed at the beginning and end of your child's involvement in order to track the effectiveness of therapeutic support services provided as a response to the emerging needs in children. They will not be used to assess your child on an individual basis. When both questionnaires are completed and paired together, identifying information will be removed from them.

Data Protection: We treat your information with the utmost respect and adhere to General Data Protection Regulations 2018. **I understand and agree to the processing of my personal information.** ☐

Social Media, Photographs: (in respect of group work only)

Photographs: I give consent for my photograph and photographs of my children (if they are participating in group activities) to be taken and used on social media or displayed in the premises with the understanding that I will not be tagged in any photograph. I can withdraw my consent to this at any stage. **I consent.** ☐

Parent Commitment Statement: I have reviewed this document and I am satisfied with its content. I agree to work and co-operate to the best of my ability with the service and with other professionals I may be linked in with through this service. **I agree.** ☐

Client Contribution: I commit to contributing to the cost of the therapeutic services for my child in accordance with my means. Contribution guidelines:

Group Programme: The cost of group programmes is €25

Paying €25 lump sum ☐ or Paying 5 weekly instalments of €5 ☐

Please make payment directly to service facilitating the programme

One to One Therapy: Cost of one-to-one therapy is €60. Subsidies are applied to the cost to ensure affordability. Client contribution is based on income and ability to pay. After discussion with the Support Worker, I agree to pay the following amount per session to the therapist:

☐ €10 Social Welfare Recipient

☐ €20 Low Income

€30 ☐ Employed (part-time or low income/high outgoings)

€40 ☐ Employed (full-time /high outgoings)

Agreed in discussion with: _____ (Support Worker)

Other Arrangements: _____

Signed: _____ (Parent)

Date: _____

PARENT DETAILS & CONSENT FORM FOR PLAY THERAPY AND COUNSELLING

Parent #1 – Mother / Guardian

Name of Mother/Guardian: _____

Address of Mother/Guardian: _____

Eircode: _____

Contact Number of Mother/Guardian: _____

Email Address of Mother/Guardian: _____

Name of child(ren) to avail of service: _____

Are you the child(ren)'s Legal Guardian: YES ☐ NO ☐

Who do child(ren) reside with: _____

I _____, Mother/Guardian of _____ (child's name),
give consent for the child named to attend Play Therapy/Counselling.

Signature of Mother/Guardian: _____

PARENT DETAILS & CONSENT FORM FOR PLAY THERAPY AND COUNSELLING

Parent #2 – Father / Guardian

Name of Father/Guardian: _____

Address of Father/Guardian: _____

Eircode: _____

Contact Number of Father/Guardian: _____

Email Address of Father/Guardian: _____

Name of child(ren) to avail of service: _____

Are you the child(ren)'s Legal Guardian: YES ☐ NO ☐

Who do child(ren) reside with: _____

I _____, Father/Guardian of _____ (child's name),
give consent for the child named to attend Play Therapy/Counselling.

Signature of Father/Guardian: _____

REFERRAL FORM

Section 1: Services You Require for your Child Counselling / Play Therapy ☐
Group Programme: _____ ☐

Section 2: All Children's Details (please tick beside the child you are referring)

Name	Date of Birth	Referred (please tick)

Section 3: Reasons for the referral

Family Background and/or Issues (anything you think the Play Therapist or group facilitators should be aware of)

What are the reasons for concern (include duration of problems)?

Have you any ideas about contributory, exacerbating or alleviating circumstances? Does your child have any diagnosis?

Any Other Relevant Information? (Please include: Name of school, recent significant events, medical, other services involved (current or past), child's talents & interests, supports available)

How would you know things were getting better? What changes would you like to see? What might the child do differently that would alleviate your concerns?

- 1.
- 2.
- 3.

If the referrer is not a member of the family, please complete the following:

Name:	Profession:
Tel:	Email:
Nature of contact with family _____ _____	

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (Parent 4-17)

(To be completed by parent of child/young person aged 4 – 17 before commencement of therapy)

For each item, mark the box for Not True, Somewhat True or Certainly True. Please answer all items as best you can even if you are not absolutely certain. Answer based on the child's behaviour over the last 6 months.

Child's Name: _____ **Date of Birth:** _____ **Male/Female**

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, cannot stay still for long			
Often complains of headaches, stomach-ache, or sickness			
Shares really well with other children (food, games, pens etc)			
Often has temper tantrums or hot tempers			
Rather solitary, tends to play alone			
Generally obedient, usually does what adults request			
Many worries, often seems worried			
Helpful if someone is hurt, upset, or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend or more			
Often fights with other children or bullies them			
Often unhappy, downhearted, or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous and clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teacher, children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets on better with adults than with other children			
Many fears, easily scared			
Sees tasks through to the end, good attention span			

Overall, do you think that your child has any difficulties in one or more of the following areas:

Emotions, concentration, behaviour or being able to get on with other people? *Please circle your answer*

No **Yes – Minor Difficulties** **Yes – Definite Difficulties** **Yes – Severe Difficulties**

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present? *Please circle your answer*
Less than a month **1-5 Months** **6-12 Months** **Over a Year**
- Do the difficulties upset or distress your child? *Please circle your answer*
Not at all **Only a little** **Quite a lot** **A great deal**
- Do the difficulties interfere with your child's everyday life in the following areas? *Please circle your answer*

	Not at all	Only a little	Quite a lot	A great deal
Home Life				
Friendships				
Classroom Learning				
Leisure Activities				

- Do the difficulties put a burden on the family as a whole? *Please circle your answer*
Not at all **Only a little** **Quite a lot** **A great deal**

Signature: _____

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (Young Person Aged 11-17)

(To be completed by the young person aged 11 – 17 before commencement of therapy)

For each item please mark the box for Not True, Somewhat True or Certainly True. Answer all items as best you can even if you are not absolutely certain. Answer based on how things have been over the last six months.

Your Name: _____ **Date of Birth:** _____ **Male/Female**

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-ache, or sickness			
I usually share with others (food, games, pens etc)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset, or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, downhearted, or tearful			
Other people my age generally like me			
I am easily distracted; I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teacher, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I am doing. My attention is good			

Overall, do you think that you have any difficulties in one or more of the following areas:

Emotions, concentration, behaviour or being able to get on with other people? *Please circle your answer*

No **Yes – Minor Difficulties** **Yes – Definite Difficulties** **Yes – Severe Difficulties**

If you have answered “Yes”, please answer the following questions about these difficulties:

- How long have these difficulties been present? *Please circle your answer*

Less than a month **1-5 Months** **6-12 Months** **Over a Year**

- Do the difficulties upset or distress you? *Please circle your answer*

Not at all **Only a little** **Quite a lot** **A great deal**

- Do the difficulties interfere with your everyday life in the following areas? *Please circle your answer*

	Not at all	Only a little	Quite a lot	A great deal
Home Life				
Friendships				
Classroom Learning				
Leisure Activities				

- Do the difficulties make it harder for those around you (family, friends, teachers etc)? *Please circle your answer*

Not at all **Only a little** **Quite a lot** **A great deal**

Signature: _____