

**1.0 Policy**

This policy provides a system for the fair and accountable management of the application of the eligibility criteria and resources that are allocated based on assessed care support needs. Referrals can be made for any element of the services or in any combination. LauraLynn participates in partnership working by sharing information and assessments with other services to reduce replication and enhance the delivery of the appropriate and timely services for the children and their families.

**2.0 Scope**

2.1 This policy applies to all referrals to LauraLynn Ireland's Children's Hospice - Children's Palliative Care services.

**3.0 Definitions**

3.1 *Admission* refers to the enrolment of children who meet the eligibility criteria, for LauraLynn Children's Palliative Care Services

3.2 The *Child and Family Review Team* is the decision making body for all referrals.

Its membership includes:

- Medical Director
- Head of Care
- Head of Operations
- Clinical Nurse Specialist(s)
- Team Leader – LauraLynn@HOME (CNM2)
- Care Coordinator(s) (CNM1)
- Family Support Team (Physiotherapist, Occupational Therapist, Music Therapist, Play Therapist, Social Worker, Chaplain, Psychologist).

**4.0 Responsibilities**

4.1 This policy is implemented through the Child and Family Review Team.

**5.0 Eligibility Criteria**

5.1 If a child meets the following criteria, then the child, their family and significant others (those who are perceived to be significant to the child and/or family) are eligible to avail of services.

5.2 LauraLynn offers care to families with children who:

- They are less than 18 years of age - young people referred at 16 years of age and over are considered individually depending on whether they are entering the final phase of their life and there are no alternative services available to match their choice of place of care.
- Have a life-limiting or life-threatening condition, with no reasonable hope of cure and from which they may/will die in childhood or early adulthood.
- Have a condition (or are diagnosed with a condition in the antenatal period) for which curative treatment may be feasible but can fail, such as children and young people with cancer.
- Have recognised palliative care needs, as assessed by Child & Family Review Team.

**6.0 Decision Making Process**

6.1 The Child and Family Review Team use an interdisciplinary approach to reach all of its decisions.

6.2 The Child and Family Review Team will endeavour to use all available and relevant health care information pertaining to the individual child being referred, to ensure an informed and objective decision.

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- 6.3 If the Child and Family Review Team deem it necessary, a home visit may be arranged to allow a member of the team to carry out an assessment to help identify if the child is eligible.
- 6.4 The Helen & Douglas House Tool (Appendix 3.) is used to help identify those children with complex neuro-disabilities and who may have additional palliative care needs.
- 6.5 All decisions taken by the Child and Family Review Team must be contemporaneously updated on Vitro and explained to the family as soon as possible and the decision provided in writing to the family, the referrer, the primary paediatrician and/or G.P.

**7.0 Appealing a decision**

- 7.1 Families may appeal against a decision made by the Child and Family Review Team.
- 7.2 An appeal should be made in writing by the family or their nominated professional to LauraLynn Head of Care/Medical Director stating the reason for the appeal.
- 7.3 This appeals procedure is separate to the LauraLynn complaints procedure and does not affect the rights of any service user to make a complaint.
- 7.4 Upon receipt of an appeal, the Child and Family Review Team will review the referral again, and will seek to access any additional clinical information to help ensure as objective a decision as possible.
- 7.5 The decision made by the Child and Family Review Meeting will be final.

**8.0 Source of Referrals**

- 8.1 Referrals will be considered from any source with the permission of a person with parental responsibility for the child.
- 8.2 Consent from Primary Paediatrician and/or G.P. is required for a referral to be processed.
- 8.3 Enquires and referrals can be made directly to any member of the Hospice Care Team.
- 8.4 For all routine / non-urgent referrals, a referral form must be completed in full before the referral may be processed.

**9.0 Timing of Referrals**

- 9.1 Referrals can be made from point of diagnosis of a life-limiting condition; or ante-natally.
- 9.2 All completed referral forms will be discussed at the weekly Child and Family Review Meeting.
- 9.3 If a child is referred for end of life care or has other urgent care needs and meets the eligibility criteria, then a Care Coordinator/ CNS/ Head of Care/ Medical Director can agree immediate acceptance and care can commence as soon as required. The referral process should not delay care provided and can be completed retrospectively.

**10.0 Holistic Needs Assessment**

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Once it has been agreed at the Child and Family Review Meeting that a child is eligible for the services an HNA must be completed by two relevant LauraLynn professionals. This information is used to determine the level and combinations of supports provided.

**11.0 Review of existing services**

11.1 Children/ young people and their families will have their eligibility for service and care needs reviewed at least once a year or more frequently if a significant change occurs.

**12.0 Discharging from LauraLynn – Children's Palliative Care Services**

12.1 The decision to discharge the provision of LauraLynn services is the responsibility of the Child and Family Review Team.

12.2 In all circumstance the ending of services will be planned and undertaken with the full knowledge and participation of all relevant family members of the child.

12.3 Transition planning to adult services will commence when the child reaches the age of 14 years.

12.4 In the event of significant improvement or recovery of a child's medical condition, a child may be discharged from services.

12.5 In the event a child and family relocate and are no longer in a position to avail of LauraLynn supports, the child may be discharged from services.

12.6 A child and family may choose to voluntarily withdraw from LauraLynn services and request to be discharged.

**13.0 Appendix**

13.1 Appendix 1 – Referral Form

13.2 Appendix 2 – Referral Process

13.3 Appendix 3 – Helen & Douglas House Tool

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