

REFERRAL FORM

What does Jessie May do?

Jessie May provides a Palliative Care Service for babies, children and young people who are not expected to live beyond the age of 19. The Jessie May Nursing Team (which includes qualified Children's Nurses and Nursery Nurses) visit the family at home to provide short periods of respite, support, advice, terminal nursing care and bereavement support. Each child's care is planned specifically to meet the needs of the individual child and family, working in partnership with both the family and with other professionals involved in supporting them.

Jessie May was established in 1996 and is a registered charity. It receives limited statutory funding and is reliant upon charitable donations to provide its service. No charge is made to families receiving the service.

Who can refer to Jessie May?

Anyone, including parents, involved in the care of a child (or young person) can refer to Jessie May provided that:

- the child (or young person) is not expected to live beyond the age of 19 years
- parental permission for a referral must be sought, together with consent to obtain information about the child (or young person) from a paediatrician.
- the child (or young person) lives within the geographical boundaries of one of the following Clinical Commissioning Group (CCG) areas: Bath and North East Somerset, Bristol, South Gloucestershire, North Somerset, Swindon and Wiltshire*

*Area to include all SN postcodes, BA12-15 and the top half of SP3, SP4, SP9, & SP11 within the county of Wiltshire using the A303 as a boundary.

For further information on the Jessie May referral criteria or process, please contact the Jessie May Nursing Team who will be happy to discuss any queries or concerns with you on 0117 958 2172 or you can e-mail careteam@jessiemay.org.uk

How to make a referral to Jessie May?

- The person making the referral ("the referrer") will need to be responsible for ensuring that parents/carers and paediatricians complete and sign the form **before** it is returned to Jessie May. Some parents may wish to ask their paediatrician to complete the form when they have a clinic appointment and can then forward the form to Jessie May themselves if they prefer.
- The form is divided into four sections as follows:
 - Section One – Details of the child & family
 - Section Two – Permission from parents
 - Section Three – Details of person making referral
 - Section Four – Medical information from paediatrician

Additional forms attached include Ethnicity Monitoring Information and Home Environment Initial Risk Assessment, both of which should be completed as fully as possible as part of the referral process by the referrer and/or parents.

- The referral form must be completed **in full** before being returned to Jessie May at the address below. Referrals cannot be accepted unless both sections two and four are completed and signed.

Jessie May
35 Old School House,
Kingswood Foundation Estate,
Britannia Road,
Kingswood,
Bristol BS15 8DB.

Telephone: Care Team 0117 958 2172
Admin/Fund-raising 0117 961 6840
Fax: 0117 960 7783
E-mail: ubh-tr.JessieMay@nhs.net
Web: www.jessiemay.org.uk
Charity No. 1086048

SECTION ONE: DETAILS OF CHILD & FAMILY

THIS SECTION CAN BE COMPLETED BY THE FAMILY AND/OR PERSON MAKING REFERRAL

Child's First Name(s):		Last Name:	
Child's Date of Birth:		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Diagnosis:			
CCG Area Child lives in:			
Child's Address:			
Post Code:			
Parents email address:			
Home telephone no:		Parents' mobile no's:	
Names and dates of birth of any siblings:			

Mother's Name:	Title:	First Name:	Last Name:
Father's Name:	Title:	First Name:	Last Name:
Who has parental responsibility?			
Address of mother and/or father (please indicate which) if different to the address given above for child		Post Code:	Tel. No.

Are there or have there been in the past any Child in Need or Child Protection concerns in association with this child and family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT KNOWN <input type="checkbox"/>
Is the family's first language English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	First language if not English:

Name of Child's GP:	
Address of Child's GP:	
Post Code:	Tel. No.:

SECTION TWO - PERMISSION FROM PARENTS

THIS SECTION MUST BE COMPLETED BY THE CHILD'S PARENTS

PARENTAL PERMISSION IS REQUIRED TO MAKE A REFERRAL TO JESSIE MAY, TOGETHER WITH CONSENT TO OBTAIN INFORMATION ABOUT THE CHILD (OR YOUNG PERSON) FROM A PAEDIATRICIAN.

I/We give permission that medical information relating to my/our child may be provided to Jessie May (see section four) in connection with this referral from the paediatrician detailed below **YES** **NO**

Name of child's paediatrician:

Address of paediatrician:

Telephone number:

I/We would like the medical information on this form to be obtained from the paediatrician by

a) myself / ourselves, OR **YES** **NO**

b) the person making this referral ("the referrer") **YES** **NO**

I am / We are happy for a copy of this referral form to be sent to our GP **YES** **NO**

I/We give permission for a referral to be made to Jessie May

Parent/s Signature: **Date:**

SECTION THREE - DETAILS OF PERSON MAKING REFERRAL

THIS SECTION MUST BE COMPLETED BY THE PERSON REFERRING THE CHILD TO THE TRUST

Name of Referrer:

Relationship to Child:

Contact Address:

Post Code:

Telephone No.

Mobile Tel. no. or Pager No.

Referrer's Signature: **Date:**

SECTION FOUR - MEDICAL INFORMATION FROM PAEDIATRICIAN

THIS SECTION MUST BE COMPLETED BY THE CHILD'S PAEDIATRICIAN

PLEASE NOTE THAT JESSIE MAY PROVIDES ITS NURSING AND PALLIATIVE CARE SERVICES ONLY TO THOSE CHILDREN WHOSE LIFE EXPECTANCY IS LESS THAN 19 YEARS OF AGE.

Diagnosis: (If known)			
Brief summary of child's condition & medical needs:			
Prognosis:			
Is this child expected to live beyond the age of 19 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>(Jessie May cannot accept a referral unless the parents are fully aware that their child is not likely to survive into adult life)</i>			
Has this been discussed with parents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Has this been discussed with child/young person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are there any Child in Need or Child Protection concerns in association with this child and family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT KNOWN <input type="checkbox"/>
<p>Please provide photocopies of any other additional information from the child's hospital/medical notes which you feel may be of assistance in caring for this child at home. Please tick if you are enclosing any of the following items:</p> <p style="text-align: center;"> <input type="checkbox"/> discharge summary <input type="checkbox"/> list of current medication <input type="checkbox"/> copy of clinic letter </p>			
Paediatrician's Signature & Name:	Signed:		Print Name:
			Date:
Address: (if different from that in Section Two)			

WHAT HAPPENS NEXT?

On receipt of a completed referral form a member of the Jessie May Nursing team will contact the family to arrange an assessment visit to discuss their needs. A Care Agreement will be drawn up in partnership with parents/carers and/or the young person. The Trust will complete a Home Record Book, which will contain details of the child's routines, drugs and emergency procedures, and which should remain in the home for all future Jessie May visits.

Information provided will be treated in the strictest confidence in accordance with the Data Protection Act.

How do I classify myself? - Guidance on ethnic codes

White

- **British:** a white person who was born in, or whose forbears originated in the United Kingdom (Scotland, England, Wales, Northern Ireland).
- **Irish:** a white person whose forebears originated in Eire (Southern Ireland).
- **Traveller of Irish Heritage:** a Traveller whose forebears originated in Eire.
- **Gypsy/Roma:** a person with Gypsy Roma descent only.
- **Any other White background:** a white person whose forebears originated in countries other than Britain such as other European countries, Australia, Canada etc.

Mixed

- **White and Black Caribbean:** a person whose forebears originated in the categories defined as 'White' (see above) and categories defined as 'Black Caribbean' (see below).
- **White and Black African:** a person whose forebears originated in categories such as 'White' (see above) and categories defined as 'Black African' (see below).
- **White and Asian:** a person whose forebears originated from categories defined as 'White' (see above) and categories defined as 'Asian' (see below).
- **Any other Mixed background:** a person whose forebears are from any two distinct ethnic groups not previously identified as the 'Mixed' category.

Asian or Asian British

- **Indian:** a person whose forebears originated in India
- **Any other Asian background:** a person whose forebears come from any part of Asia not previously identified in the 'Asian' categories.

Black or Black British

- **Caribbean:** a black person whose forebears originated in a Caribbean country such as Jamaica, St. Vincent or Trinidad.
- **African:** a black person whose forebears originated in an African country.
- **Any other Black background:** - a black person whose forebears originated in any 'Black or Black British' background other than 'Caribbean' or 'African'.

Chinese

- **Chinese:** a person whose forebears originated in China or Hong Kong.

Any Other Ethnic Group

- **Any Other Ethnic Group:** a person who feels the above categories do not adequately define their ethnic origin

Ethnicity Monitoring Information

Private and Confidential

Ethnicity Groups	
White	
A	British
B	Irish
C	Any other White background*
Mixed	
D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background*
Asian or Asian British	
H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background*
Black or Black British	
M	Caribbean
N	African
P	Any other Black background*
Other Ethnic Groups	
R	Chinese
S	Any other ethnic group*
Z	Not stated

The information requested aims to assist The Jessie May Trust in identifying individual needs, ensuring that the service we provide will be culturally appropriate.

It also allows us to monitor that the service provided is accessible to all children and their families, thus ensuring that the referral process does not exclude or discourage participation.

Please record the following details:

Child's Name: _____

1. **Child's ethnicity group** _____
2. **Parent/carer ethnicity group** _____
3. **Parent/carer ethnicity group** _____

Please state main parents/carers preferred first language:

Please state if an interpreter is needed: Yes / No

If Yes, please state the language requested:

Home Environment - Initial Risk Assessment

Name of Child: Address:

Form completed by: Date:

The following checklist is intended to assist Jessie May to identify the various hazards that may exist for Jessie May Nurses doing respite visits.

Who lives in the house?			
Home Visit Initial Assessment	YES	NO	COMMENT
Does the area present a specific risk to the lone worker or any specific environmental factors such as poorly lit streets or is it a high-risk crime area?			
Is there off street parking available?			
If not, is there ample street parking available?			
Are women especially at risk if they work alone?			
Does the family to be visited or any other person been associated with the address have significant history?			
Is there a risk of violence in relationship to this family?			
Do staff have a clear indication of what to do if the child/carer becomes ill has an accident, or there is an emergency? (Availability of JMT Home Record Book (Purple Folder))			
Is there a working telephone available - home phone or mobile?			
Are there clear exit routes, could the home be evacuated quickly?			
Is any training required to ensure competency in safety matters and the respite care of the child?			
Can one person safely handle all the lifting involved?			
Has any equipment, which may be used during the respite visit, been regularly tested?			
Does limited space around equipment etc present any additional health and safety issues?			
Are all the medicines/equipment clearly stored in the family home?			
Are there any pets that staff should be made aware of?			
Are there any family members who are likely to enter the house during respite visits e.g. teenage siblings?			
Do any members of the family smoke?			