

**Effective Date: May 2023**
**Review Date: May 2025**

St Paul's CFCC Service for Children with Autism

Respite Admission and Discharge Policy

**Policy Number: STP0002**

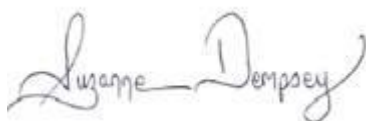
### Revision History

Date	Revision No.	Change	Reference Section(s)
December 2015	7	Service contract Regulation 24(3)	Admission process
March 2016	8	Regulations, Temporary Absence and Transfers.	7.0, 9.0,10.0
June 2018	Revised	No change	
April 2019	9	Full policy review	All sections
July 2020-March 2021	10	Full Policy review	All sections
March 2022	11	Full Policy review	All sections
October 2022	12	Full policy review	All sections
May 2024	13	Full policy review	All sections

**Revised by: St Paul's CFCC Director of Service and Medical Director.**

**Authorised by: St Paul's CFCC Executive Management Committee**

**Signature:**



**Date:** 21/08/2024

## **Purpose**

### **St Paul's CFCC Respite Service**

St Paul's Child and Family Care Centre (St Paul's CFCC) is a service for children who have a diagnosis of Autism . It provides a residential respite and day (The Willow Club) respite service to children aged 5 to 18 years with a diagnosis of Autism.

### **Catchment Area**

St Paul's CFCC provides services for children and their families from Dublin North Central, Dublin North West and Dublin North County Local Health Offices Areas (CHO 9 region).

#### **1.0 Persons Affected**

- Children and families living in the CHO9 area
- Staff working in St. Paul's CFCC

#### **2.0 Policy**

##### **2.1 Application for Admission**

Applications for admission to St Paul's CFCC residential respite and day (The Willow Club) respite service are made to the Medical Director and can be made by a child's parent(s) , external service provider (Children's Disability Network Teams/HSE/TUSLA) or St. Paul's CFCC Multidisciplinary Team by completing the "St. Paul's CFCC Respite Referral Form", see appendix E.

**2.1.1** All applications for admission to Respite must be supported by up-to-date multi-disciplinary reports: i.e. psychiatry, psychology, speech and language therapy that contain the following information, outlining that a thorough assessment screen has been undertaken. This is to help inform the service of the support requirements of the child.

- Diagnosis of Autism (ASD) based on ICD-11 or DSM-V diagnostic criteria
- Any relevant developmental and medical history
- Level of intellectual or cognitive functioning
- Level of adaptive behaviour functioning
- Level of communication and language development

**2.1.2** All applications will be reviewed on receipt to ensure that the necessary supporting documentation is complete. If there are omissions in the information requested, Administration Staff will ask the referrer to supply the required reports/information.

**2.1.3** For all Respite applications which meet referral criteria, the child's name will be placed on the waiting list and the referrer informed of the child being placed on the waiting list, on receipt of complete information. If the child does not meet the criteria

for admission to the service the referring agent will be notified of this decision in writing by the Medical Director. A standard letter will be sent to the parents/guardians of the child to confirm that a referral has been received and the outcome of same.

### **3.0 Definitions**

**Residential Respite:** will equal one overnight respite stay every 7 or 14 days. The quantum of service given will be determined based on both the assessment of the Intake team on the child and family's needs and also on the capacity of the service (based on peer suitability and staffing requirements to support the child). All families will be given a standard tool (see Appendix A) which will help inform this piece. A child may initially be given a certain quantum of service and move to another quantum depending on the family needs and services ability to support this. The tool detailed in Appendix D is used to aid a review of the quantum of service being provided to families if an increase is sought and the service has capacity to meet demand.

**Day Respite:** Will equal one day respite service every week. The hours provided may vary depending on the capacity of the service to support the child and families' needs as noted above.

### **4.0 Responsibilities**

Note: Some responsibilities are laid out throughout this policy.

#### **4.1 Medical Director**

##### **4.1.1 Admission**

- Referring agencies or parents make applications for admission to St Paul's CFCC Medical Director through correspondence with administration staff on [stpauls@mater.ie](mailto:stpauls@mater.ie).
- The Medical Director reviews information submitted to the service by the referring agency and/or the child's parents to assure that the service is in possession of all information, relevant to the child for admission i.e. reports.
- All contact/correspondence with the family will be documented on a log sheet at the front of the child's file (see appendix B)
- The Medical Director is a key member of the Respite Intake Team.
- The Medical Director will send a letter or email to the child's parents offering a respite place or not (depending on the outcome of the intake meeting), within one week of the respite intake meeting. This letter/email will include the quantum of respite being offered by the service and request parents to respond within two weeks to confirm if they are accepting the place.
- If no response is received from parents, the Medical Director will request that Administration staff follow up with the child's parents.

#### 4.1.2 Respite Reviews

- The Medical Director attends Respite Review Meetings (six months after first respite stay, see appendix C).
- The Medical Director attends annual reviews of respite placements for each child.
- Where parents are requesting an increase in the quantum of service they are in receipt of, this request will be reviewed by the DOS, MD and Multidisciplinary Team Social Worker. The review will involve completing the Prioritisation form, see appendix D. The review team will contact parents by telephone or in writing to inform them of the outcome of the review.

#### 4.1.3 Discharge

- In March of each year, the Medical Director will write to parents of children due to demit from the service in June to confirm this information.
- If for other reasons, a child is demitted from the service during the year, the Medical Director will also write to parents to confirm this.

### 4.2 Persons in Charge (PIC)

#### 4.2.1 Admission

- In advance of a Respite Intake Meeting, a PIC must:
  - read the child's file to familiarise themselves with the child's reports.
  - ensure there is capacity within their area to admit a child to respite,
- A Person in Charge is a member of the Respite Intake Team. The PIC takes meeting notes (**Appendix D**). The PIC must provide a copy of the Respite Intake Meeting Notes to Administration Staff. Administration Staff must then ensure these notes accompany the offer letter sent to the family, or the letter outlining no offer.
- Where a respite place has been offered, the Person in Charge must arrange for the child and their parents to visit the Designated Centre prior to officially commencing in respite. Prior to commencement of respite, the Person in Charge must provide the family with a Welcome Pack and documentation to be completed prior to the child commencing respite.

#### 4.2.2 Respite Reviews

- Respite Review Meetings (six months after first respite stay) are arranged by the Person in Charge of the Designated Centre which the child attends.
- PICs must arrange and attend the initial six month respite review and the annual reviews of the respite placement for each child within their area of responsibility.

### **4.2.3 Discharge**

- A letter confirming a child's discharge from St Paul's CFCC respite will be written by the Medical Director and sent to the child's family by Administration Staff in the month of March of the year of their planned discharge.
- Where parents are requesting adult respite service the Medical Director or Director will advise parents to link with their CDNT Social Worker to commence a referral process. Any information which may support the application can be arranged from St. Paul's CFCC.
- It is the Person in Charge's responsibility to update the Medical Director on the children due for demission the following June.
- Where unplanned discharges take place, the Person in Charge must make the Administration Staff aware of this and request that they issue a letter in line with the discharge arrangements.

### **4.3 Assistant Director of Service (ADOS)**

The Assistant Director of Service co-ordinates the Admissions and discharge process.

#### **4.3.1** In advance of a Respite Intake Meeting, the ADOS must:

- ensure Person(s) in Charge reads the child's file to familiarise themselves with the child's reports (Clinical reports and respite screening tool).
- link with Persons in Charge to ensure there is capacity to admit a child to respite.

#### **4.3.2** The ADOS in the absence of the DOS is responsible for scheduling Respite Intake Meetings.

#### **4.3.3** The ADOS is a member of the Respite Intake Team.

#### **4.3.4** The ADOS is the PICs line manager and will ensure that PICs carry out their responsibilities in terms of the admission and discharge process and will support them in this role.

### **4.4 Administration Staff**

#### **4.4.1** Administration Staff must manage the referral process- inform referrer about eligibility for respite, advise of the waiting list system, request reports for the child's file, complete a file containing all relevant information/reports, provide the file to the Medical Director for review and place the child's name on the respite waiting list. All contact/communication will be logged at the front of the child's file on a log sheet (see Appendix B).

#### **4.4.2** A letter or email confirming offer of placement, or no offer of placement, is sent to the parents/guardian by the Medical Director. Where a place has been offered, the parents must link back with the service within two weeks to confirm if they are accepting the offer or declining. Once this is confirmed the administration staff are responsible for updating the respite waiting list and associated child's file.

**4.4.3** Administration Staff must advise the Respite Intake Team of the parent's decision regarding offer of a respite place. Where a family decline the offer, the Administration Staff must remove the child's name from the respite waiting list.

**4.4.4** A letter confirming a child's discharge from St Paul's CFCC respite will be sent to the child's family by Administration Staff in the month of March of the year of their planned discharge. This letter is written by the Medical Director of the service. Where unplanned discharges take place, the Person in Charge must make the Administration Staff aware of this and request that they issue a letter in line with the discharge arrangements.

**4.4.5** Where the child being admitted to respite does not attend St Paul's Special School, St Paul's CFCC Administration Staff must assign a St Paul's CFCC Healthcare Record Number to the child.

**4.4.6** The PIC must provide a copy of the Respite Intake Meeting Notes to Administration Staff. Administration Staff must then ensure these notes are shared with the family and a copy kept in the child's file

## **4.5 Clinical Responsibility**

For children whose main service provider is not Paul's CFCC, those children continue to avail of clinical supports from their main service provider. St. Paul's CFCC MDT provides a limited support role to those children, through the PIC/care staff, for the purpose of ensuring their ability to attend respite, and for matters that arise in the context of respite only.

## **4.6 Director of Service (DOS)**

**4.6.1** The Director of Service is a key member of the Respite Intake Team.

**4.6.2** In advance on a Respite Intake Meeting, the DOS must link with the ADOS to ensure there is capacity within the service to admit a child to respite.

**4.6.3** The DOS must ensure that PICs and ADOS carry out their responsibilities in terms of the admission and discharge process and will support them in this role.

## **5.0 Procedure**

### **Criteria for Admission**

Children, aged between 5 to 17 years, with a diagnosis of ASD and living within the catchment area (Dublin North Central, Dublin North West and Dublin North County Local Health Offices Areas) will be considered for Respite. Note: St. Paul's CFCC do not currently take emergency admissions to the service.

## **6.0 Admission Process**

**6.1** On a monthly basis the Medical Director and Director of Service complete a validation review of the waiting list. Once it is clear that a vacancy is or will become

available in St Paul's CFCC Respite, the Medical Director and Director of Service review the waiting list with the space in mind (level of need of the child/family, peer group match, age, level of functioning etc.) and bring forward the next most suitable child on the waiting list.

#### 6.2 The Administration Staff:

- make contact via telephone with the parents of the next suitable child on the respite waiting list.
- If the parents express an interest in a place, the Administration Staff invite the parents and child to attend a respite intake meeting with members of St Paul's CFCC team.
- Administration staff will send out by post or email, the respite screening tool. Once parents complete and return this, the respite intake meeting is scheduled.
- Where parents decide they do not want their child to avail of respite/decline the offer of a respite intake meeting, Administration Staff ask the parent to send an email or letter to the service ASAP confirming this; the child's file is then closed and the child's name is removed from the respite waiting list.
- The Administration Staff then contact the parents of the next child on the respite waiting list appropriate for the placement available.

6.3 The intake team will consist of the Medical Director, Director of Service or Assistant Director of Service and a Person in Charge. The team will use St Paul's Respite Admission Meeting Template (See Appendix D) to assist with collecting the necessary information in the admissions meeting and help inform the suitability of the child to a respite placement here in St Paul's CFCC.

6.3.1 As part of the admission process, a member of the team may request to visit the child at home, in the child's pre-school or school setting. Preschool/school reports may also be sought.

6.3.2 If, following the admission process it is considered, by both the child's family/guardian and within the team consensus, that St Paul's can address the child's needs, the child will be offered a place. At this point, the quantum of respite will be decided by the Intake team.

6.3.3 Parents and child will be invited to visit the Designated Centre (respite house or day service) to meet with some of the staff who works there prior to commencing in respite.

6.3.4 Offers of a place will be made in writing one week from intake meeting by the Medical Director and parents/guardians will be required to accept the offer in writing **within two weeks**. If no written acceptance is received within the specified time frame, the front office administration staff will follow up with the parents/ guardian to determine if they would like to accept the place or not.

6.4 On admission, all guardians/families will be issued a service contract (by the Person in Charge) which outlines the terms and conditions of the child's respite placement and the area of consent. Parents will also be issued with requirements where their child is actively taking medications, which include provision of up to date prescriptions with associated labeling and kardex ( all

need to mirror each other).

An initial trial period applies to all children (approx. 6 initial afternoon/evening visits and approx. 6 overnight stays). At this review meeting it is decided if respite can continue to be provided to the child/family. An annual review of the respite placement will take place each year or sooner if required. This annual review should be attended by the PIC, Medical Director and Assistant Director of Service/Director of Service.

For those children who are not offered a place, the parents and referral agent will be informed within one week of the respite intake meeting.

#### **Possible Reasons for refusal:**

- Unavailability of a suitable peer group i.e. age –note that if this is the case, the child's name can remain at the top of the wait list and the child should be considered for respite once a suitable peer group can be offered. It is the responsibility of the Respite Intake Team to nominate a meeting of the Intake Team to communicate this to the family, and to Administration Staff who will ensure this decision is reflected within the waiting list.
- Complex medical condition or allergy that needs familiarity and expertise outside of the scope of staff member's skills/service.
- If medical reports/documents and or clarity from a Medical Practitioner on a particular condition were sought and not provided within four weeks from the Respite offer.
- Parents decline Respite – in this case, the child's name will be removed from the waiting list by Administration Staff.
- After the set trial period, the child has been unable to settle into Respite despite support provided to aid settling. Parents are advised that a re-referral can be made in the future if the situation changes.
- Failure to attend respite on a recurrent basis and/or respite staff unable to contact family as outlined in the service contract.

**7.0** St Paul's CFCC will endeavour to assure that it is in possession of all information, relevant to the child for admission. This information will aim to assure that the child for admission will be kept safe from abuse in the service and that he/she is compatibility with the children already in the service. The impact of a new admission on an existing group will be considered by the Person in Charge as part of the admission planning. The Person in Charge will



take a lead in assessing each child's individual support needs, peer mix, risks and any other health and safety consideration when placing new children.

- 8.0** Applications are taken on a first come basis and a transparent waiting list applies for all children.

## **9.0 Absences**

Where there are attendance issues, a respite review meeting will be arranged by the Person in Charge to discuss and decide whether the respite placement will continue to be offered. The Medical Director, Director of Service/Assistant Director of Service, the Person in Charge and the child's parents should attend the meeting. Long or frequent absenteeism will directly result in an immediate discontinuation of a respite placement. I.e. discharge from the service. Exceptions: illness of child or immediate family members, or an unforeseeable event.

## **10.0 Discharge**

Children are discharge from St Paul's CFCC's respite once they graduate from secondary school.

A letter confirming their discharge from St Paul's CFCC respite will be sent to the child's family by Administration Staff in the month of March of the year of their planned discharge. This is signed by the Medical Director.

## **Appendix A: St Paul's CFCC Respite Information Tool**

### **St. Paul's Child and Family Care Service** **Respite Information Form**

#### **Personal Details**

- **Child's Name:** \_\_\_\_\_
- **DOB:** \_\_\_\_\_
- **Parents Names & Contact Number/Email:** \_\_\_\_\_
- **Home Address:** \_\_\_\_\_
- **School:** \_\_\_\_\_
- **Family Composition:** \_\_\_\_\_

---

---

#### **Child's Support Needs**

1. Please details the supports necessary regarding the child's medical needs (Epilepsy, Diabetes, allergies).

---

2. Please details the supports necessary regarding the individuals behavioral needs.

---

3. Please detail the supports needed regarding the child's activities of daily living e.g. intimate care, toileting, eating, dressing.

---

4. Please detail the supports necessary regarding the individuals Health and Safety (risk of absconding, road safety, and fear of animals).

---

5. Please outline your child's sleep pattern.

---

#### **Family Impact Assessment**

1. Please detail the current family supports in place e.g. two careers, support from extended family, single career

---

2. Please detail of other family members that require support within your family

---

**3. Please give brief detail of the health of the carer if there are any issues.**

---

**4. Is your family's ability to engage in everyday social, family, leisure activities affected?**

---

**5. Does your child receive any other supports e.g. home support, other respite**

---

**Appendix B: Referral St Paul's Overnight Respite Communication Log**

<u>Date Received</u>	<u>Name &amp; DOB of Child</u>	<u>Referral Accepted</u>	<u>Referral declined</u>	<u>Comments</u>

### **Appendix C: St Paul's CFCC Respite Intake Meeting Template**

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Meeting Attended by: \_\_\_\_\_

Apologies: \_\_\_\_\_

Meeting Venue: \_\_\_\_\_ Note Taker (PIC): \_\_\_\_\_

Chair: \_\_\_\_\_

**DOS/ADOS commences the meeting by welcoming the family and providing an overview of the respite service that is provided by St Paul's CFCC. The MD will clarify the guardianship of the child in line with information sought on the service screening tool.**

- 1. What are the reasons you are seeking Respite?**
  
  
  
  
  
  
  
  
  
  
- 2. How will Respite improve your situation?**
  
  
  
  
  
  
  
  
  
  
- 3. Does [Name] display any behaviour that challenge that we should be aware of?**
  
  
  
  
  
  
  
  
  
  
- 4. Does [Name] have difficulty sleeping?**
  
  
  
  
  
  
  
  
  
  
- 5. Does [Name] have any medical conditions or allergies? *(Make clear to family that all paper work regarding medical intervention should be sent to***

**6. Does your child have any specific requirements in relation to fire safety or evacuation in relation to fire drills? How much support would your child require to evacuate from the respite house?**

**8. What natural supports does the family have at present? (Siblings, Grandparents, friends)**

Page 14 of 19

**10. Opportunity for members of the admissions team to ask any other relevant questions**

**11. Note any other information that was shared at the meeting:**

**12. Decision made regarding respite placement and rationale for this decision:**

**Signed and dated by members of the Admissions Team:**

Signature 1. \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date: \_\_\_\_\_

Signature 3: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 4: \_\_\_\_\_ Date: \_\_\_\_\_

***The PIC must provide a copy of the above meeting notes to Administration Staff. Administration Staff must then ensure these notes accompany the offer letter sent to the family, or the letter outlining no offer.***

## **Appendix D: St. Paul's Respite Priority Rating Form**

### **St. Paul's Child and Family Care Service** **Respite Priority Rating Form**

**Date of Review:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

#### **Rating Scale**

##### **1. Characteristics of child's presentation**

<b>3</b>	Repeated physical aggression towards carer/family members, significant self – injurious behavior, constant level of care and attention required, child with significant mental health issues, child with significant personal care needs, child with a major risk of absconding
<b>2</b>	Substantial level of care & attention required, episodic incidents of behavior that challenges, child has a moderate level of personal care needs
<b>1</b>	Enhanced level of care and attention required, competing care needs in the family, restricted access to the community
<b>0</b>	No support required
	<b><u>Score Assigned:</u></b>

##### **2. Network of Support (e.g. Family members, HSE funded supports)**

<b>3</b>	No informal or formal network of support
<b>2</b>	Inconsistent or limited network of support
<b>1</b>	Low level of informal/formal network of support
<b>0</b>	No support required
	<b><u>Score Assigned:</u></b>

##### **3. Factors impacting on carer's/parental capacity**

<b>3</b>	Chronic mental health issues experienced by the parent or family members in the household, chronic physical health issues experienced by the parent or family members in the household, Other siblings with a disability within the household
<b>2</b>	Ongoing carer/parental health issues, elderly carer, carer with multiple stressors, low emotional resilience, single parent



<b>1</b>	Competing family demands (e.g. elderly grandparents)
<b>0</b>	No supports required
	<b><u>Score Assigned:</u></b>

#### **4. Safeguarding/Welfare Concerns**

<b>3</b>	Unexplained series injury, serious concern of physical or sexual abuse where immediate risk is present, chronic neglect, home alone, abandonment.
<b>2</b>	Unexplained reoccurring marks or bruising, domestic violence, emotional abuse
<b>1</b>	Poor hygiene impacting on the dignity of the child
<b>0</b>	No supports required
	<b><u>Score Assigned:</u></b>

Note: Two different quantum's of overnight respite ( 1 night every week or 1 night every second week) can be assigned by St. Paul's CFCC which is offered based on this assessment of need alongside the services capacity to offer this at any one time. For a parent to fall into the category to qualify for weekly respite they would receive a score of 7 – 12.

<b><u>Carer needs</u></b> <b><u>maximum support</u></b>	<b><u>Carer needs</u></b> <b><u>moderate support</u></b>	<b><u>Carer needs</u></b> <b><u>minimal support</u></b>	<b><u>Low/no support</u></b> <b><u>needed</u></b>
7 - 12	4 - 6	3 - 4	1 - 3

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

## Appendix E: St. Paul's CFCC Respite Referral Form



### **St. Paul's CFCC Respite Referral Form** **(Overnight & Day Respite)**

Child's First Name	Child's Surname:	DOB:	Gender: F / M
--------------------	------------------	------	------------------

Referral Details	
<b><u>Person Referring</u></b> Children's Disability Network Team/St. Paul's CFCC Clinical Team:  Parent:  TUSLA: Key Contact Person:	
Name of Person making referral:	
Reason for seeking respite:	
How do you think this family would benefit from overnight respite?	
How do you think the appropriate child would benefit?	
Contact Details	
<b>Parent/Guardian 1</b>	Full Name:
	Phone Number:
	Email:
<b>Parent/Guardian 2</b>	Full Name:
	Phone Number:
	Email:
Child's Home Address	

Child's Diagnosis	
	(Tick all that apply)
1. Intellectual Disability	
2. Autism Spectrum Disorder (ASD)	
3. Other (give brief summary)	

Child's current clinical team	
Dietician	
Physiotherapist	
Social Worker	
Occupational Therapist (OT)	
Psychologist	
Psychiatrist	
Speech and Language Therapist (SLT)	
Other	

Confirmation and Consent	
<p>1. I give my consent for my child to be referred to St. Paul's CFCC overnight respite service.</p> <p>2. I give my consent that relevant clinical reports are shared with St. Paul's CFCC respite service for the purposes of support.</p> <p>3. I give consent that this referral is shared with the HSE for respite referral purposes only.</p> <p>By signing the below you are confirming you give consent to the above three statements.</p>	
Parent/Guardian 1	Parent/Guardian 2
Signature	Signature
Date	Date