



Supporting children when someone in the family has a serious illness

LOROS

Hospice Care for Leicester, Leicestershire & Rutland

loros.co.uk

Being there for *you*
and *your family*

Introduction

When someone in the family has a serious illness, everyone is affected in some way. No matter what age they are.

Families tell us it can be difficult to know where to start with supporting their children. There are different resources available, but it is not always easy to know where to find them, or when and how to use them.

This booklet combines clinical experience of supporting children and their families with resources which are already out there and aims to help you identify practical ways to support your children at home and at school. It has been put together from resources available from the following groups and organisations:

Fruit Fly Collective: A group of scientists and artists working together to help children, adults and families understand challenging scientific and health related ideas. They produce age-appropriate resources and use creative practices to provide evidence-based practical solutions to problems that surround the communication and understanding of health and its impact on families.

fruitflycollective.com

Winston's Wish: Winston's Wish began in 1992 out of concern to provide continuing support for children whose parents were referred to palliative care and oncology teams. Their publication 'As Big as it Gets: supporting a child when a parent is seriously ill', has been used to help put this booklet together.

winstonswish.org

MacMillan Cancer Support: MacMillan provides information, advice and support to people living with cancer, their families and healthcare professionals. Their publications include 'Talking to children and teenagers when an adult has cancer', which has been used to help put this booklet together.

macmillan.org.uk

What's in this booklet?

We cannot stop children feeling sad, but by sharing our feelings and giving them information which they can understand, we can support them in their sadness.

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Supporting children affected by illness in the family

By acknowledging that a family member has a serious illness we can also talk about our own feelings and thoughts about that illness, and help children make sense of what is happening.

Each family's need (and want) for support will differ. Each one will respond to a serious illness and its impact on the family in different ways. Our instinct as adults is to protect children, and concentrate on maintaining hope, but living with uncertainty about the future can make this feel challenging at times.

You know your child best, and may have already starting thinking about how to support them. To help us to understand what impact illness in a parent or other family member has on a child, and what support they may need, there are three areas to consider:

1. The level of understanding the child has about the family member's illness, and the beliefs they hold about the disease.
2. To what extent the child's home-life has changed because of the family member's illness.
3. How the illness and its treatment has affected how the family member is able to provide care and support to the child.

Sometimes a child in a family is called a 'Young Carer'. The term Young Carer refers to children and young people from the age of 5 to 18 years old who care for a parent or relative at home who is ill. This care may mean they are providing practical or emotional support to the person who is ill or other family members. The level of care they give would usually be carried out by an adult, and therefore it can have a significant impact on their childhood.

Maintain clear rules and expectations. Try to keep your child's routines and schedules consistent where possible, and explain any changes which occur – in advance if possible.

Very young children are unlikely to understand what is happening but will recognise that there is something different, and will notice when a caregiver is absent. They need to have routines maintained and to feel secure, so where possible stick to routines around nursery, meals, sleep and bedtimes.

For school-aged children, try to maintain the activities they enjoy. Create opportunities for them to ask questions, or to talk about how they feel - they may find it easier to do this whilst engaged in another activity. Making time for play can be an important part of helping them cope with what is happening around them.

Teenagers vary in how they react to illness in a family member, and you may notice a change in their behaviour as well as how they communicate with you. They may find it hard to talk to you, and may choose to talk to another family member (adult or siblings), or family friend instead. Friends are an important source of support for teenagers, but some friends will not know what to say, or think it is rude to ask questions. This may result in your child believing their friends do not care anymore. If this does happen, and your child talks to you about it, explain that their friends are not facing the same situation, so it may be hard for them to relate.

If your child has questions, encourage them to ask them. They may have questions for someone who is involved in caring for the person who is ill – reassure them it is ok to ask these and they will be taken seriously. This will help them feel involved and trusted to know what is happening.

Impact on a child when someone in the family has a serious illness

Each child is different. For some children, a change within their home life occurs suddenly, but for others this happens more gradually. These changes when they do occur may be emotional, practical, or both.

Some illnesses are associated with repeated stays in hospital (or a hospice) which may bring added stress for both child and family member because they are spending time apart from each other.

Children's age, emotional maturity, coping styles, their relationship with the family member and their understanding of an illness all contribute to how they will behave and feel.

Children may behave differently at home and at school. Some children view school as a safe place where not everything revolves around their family member's illness, so they may not want people to talk about it. Some children may not talk about how they feel, but will express their feelings through their behaviour. Others may be too preoccupied with what is happening at home to complete their homework on time or at their usual standard.

Away from school, a child may be:

- Acting as a carer, including providing emotional support
- Visiting the hospital, be at home alone or staying in different houses
- Looking after their siblings and other family members
- Taking on household tasks (e.g. meals, cleaning, shopping)

Try to keep talking to each other, even if this is communicating via notes left around the house. You may feel helpless, and may wonder if professional help is needed, but most families are able to support each other without needing specialist help.

What do children understand about illness?

Children's understanding and beliefs are dependent on their age, previous experience of different illnesses, and their own cultural background. Children's understanding of different illnesses increases with age. Below is a general idea of what children tend to understand and believe dependent on their age.

Pre-school children:

- Notice periods of separation, but are unlikely to understand the reasons for these
- May associate specific words with being unwell e.g. 'poorly'

Children aged 4–6 years:

- Have a basic level of understanding about illness
- May believe that they have caused the illness (e.g. by being naughty or thinking bad thoughts about the person who is ill). This is called 'magical thinking'
- Tend to be focused on themselves and their needs
- May think cancer – or another illness – is contagious

Children aged 7–11 years:

- May feel responsible for causing the illness because of bad behaviour
- Start to understand that people, including parents and other adults, can die
- Older children tend to understand the finality of death and its impact
- Are able to understand more complex explanations of cancer, and understand basic information about cancer cells

Teenagers:

- May be aware of different illnesses from social media / tv / film, or when friends and their families have been affected
- Are better able to understand more complex information and may ask more questions about the illness and how it will affect them now and in the future
- May need time to work through their feelings about what is happening
- Value their independence and are growing into young adults, but will continue to look to you – or other adults – for support

Talking to your children

Talking to children about what is happening is like helping them to complete a jigsaw puzzle. The more information you can give them, the clearer and more accurate the picture will be. You don't have to give the information all at once.

If you can, choose a time when there will be enough time to talk, away from interruptions.

It is important to tell children the name of the illness as clearly as possible (e.g. cancer, Motor Neurone Disease), what it is, and your best understanding of what is happening. If you expect there to be changes in the person's appearance, or what they are able to do, then this can be an opportunity to prepare your child for this.

Encourage children to ask questions. You may not know the answer to their questions, and it is important to be honest about this. It is ok to say "I don't know". This can be followed with making a plan for how to answer their question ("who do you think we should ask?"), which can provide reassurance that you are taking them seriously.

It is OK to cry in front of your children – showing them that you are upset and feel sadness, and are willing to talk about other feelings such as fear and anger can help show that it is ok for them to express these feelings too.

It is important to maintain routine and normality as much as possible, and to enable your children to continue to play and have fun. If you know that there will be a change in who cares for your child, or that there may be periods of time where the person who is unwell is not at home, it can help children to know about this in advance.

Children may respond by being upset – and may cry and be angry – or they may seem okay and you may worry they have not taken in the information. They may want to go back to what they were doing before you started to talk to them. All are normal reactions. It can be hard for children to respond to what has been said immediately, so they may ask more questions later when they've had time to think.

How do I explain what the illness is?

It can be hard to explain an illness that isn't visible.

Spend some time thinking about what you are going to say to your child first, what you understand about the illness and how you might respond to their questions.

Use the name of the illness, and try to use clear explanations of what it is, and how it affects the person who is unwell. If your child has questions about the illness that you can't answer, say so, and reassure them that you will answer it when you have been able to find out.

The following are examples of how you might explain different illnesses:

Cancer: [Name of person] is ill because they have an illness called cancer. This happens when the cells which normally help our body work don't grow properly and grow very fast in a group to form something called a tumour. It is not something that you can catch.

Motor Neurone Disease: [Name of person] has an illness called Motor Neurone Disease – sometimes you might hear people call it MND. This means that the nerves which tell our body what to do are slow sending messages and because of that it's hard for the muscles to work properly. For [Name of person], this means that....

Kidney Failure/Kidney Disease: [Name of person] is ill because their kidneys aren't working as well as they should be and are finding it hard to do their job of removing things (sometimes called toxins or waste products) from the blood which if they build up make us unwell.

Heart Failure: To keep us well, the heart pumps blood around the body all the time. [Name of person] is ill because their heart isn't pumping as well as it should be.

Stroke: [Name of person] is ill because their brain suddenly didn't get enough oxygen to help it work properly. This happened because of a blood clot / bleeding and means that...

Changes which may make you concerned about how your child is coping

Most families can cope with a serious illness if they can talk about what is happening and how they feel about it.

A child who has a family member who is unwell may experience changes in their day to day life such as taking on extra responsibilities or having a change to their routine. For some, home life may feel more chaotic due to the impact of the illness.

Some children may not talk about these changes and their worries, but the adults around them may notice a change in their behaviour or emotions.

Pre-school children:

- May seem to go backwards developmentally; speech may change, or they may start bed-wetting
- Change in established sleep patterns, or they may wake overnight
- May show a fear of separation, or appear 'clingy'
- May appear to search for the person who is unwell
- Increased frequency or intensity of tantrums

Children aged 4-6 years old:

- May develop a fear of the dark / monsters / strangers / animals
- Sleep may become disrupted or they may develop other problems like nightmares, sleepwalking or bed-wetting
- May have changes in their language: using 'baby talk' or stuttering
- May appear withdrawn or disinterested (apathetic), or become hyperactive
- May show a fear of separation
- May develop aggressive behaviour

Children aged 7-11 years old:

- May feel scared, anxious or worried and may develop separation anxiety
- Persistently crying and feeling sad.
- Being angry or irritable, fighting or shouting.
- Complaining of physical ailments, e.g. headaches, stomach aches. These may mirror the symptoms (or side effects of treatment) the unwell family member has.
- Poor concentration or easily distracted during lessons. This may be associated with poor academic performance.
- Withdrawal from friends and family, or saying they feel left out.
- Finding it difficult adapting to changes (at home and school).
- Fear of new situations.
- Trying to be 'extra good'

Teenagers:

- May stay out late with friends or appear to be trying to avoid being at home
- May try to escape from their worries through excessive drinking and drugs ('risk taking behaviour')
- May use self-harm to cope with difficult feelings
- School performance may change – e.g. under-achieving, change in behaviour, truancy

If these changes persist, or get worse, you may need to think about getting some help.

Talk to your GP, or the professionals looking after the person who is unwell. For younger children, telling your health visitor may help with getting support. Schools may be able to provide additional support to children by giving them more one-to-one time, involving the school nurse or counselling. Sometimes talking to a helpline can be useful, and contact details are included at the end of this booklet.

Children and Resilience – helping them cope

Resilience is the capacity to 'bounce back'. Resilient individuals and families are more able to deal with the difficulties they may encounter.

Evidence shows that improved resilience contributes to healthy behaviours, higher qualifications and skills, better employment opportunities and improved mental well-being. Not everyone is resilient, but some of the skills can be developed to improve resilience.

We know that resilience and adversity is distributed unequally, and that those who face the most adversity are least likely to have the resources necessary to build their own resilience. There are five key areas in a child's life to help them build their resilience.

Basics: Children feel more resilient when their basic needs are met. This includes having somewhere to live, enough sleep and food, being able to play and feeling safe.

Belonging: Children need to develop a sense of who they are, to feel they belong, understand their place in the world and identify positive relationships and sources of support.

Learning: Children need to be supported to develop new skills, learn to cope, and have interests and hopes. Highlighting their achievements and helping them develop life skills are important.

Coping: Children need to be able to learn how to cope with everyday challenges by solving problems, being able to make themselves feel better, recognising boundaries and standing up for themselves.

Core self: Children need to have a strong sense of who they are, and how their behaviour can affect others. They need to begin to take responsibility for themselves.

Supporting children to visit the hospital or hospice

When families are affected by serious illness, there are few things which children can influence or change. Choosing whether to visit a family member if they are in a hospital or hospice is something they can have a choice about. It is our role as adults to support them in this decision.

Children can – and do – cope well with seeing family members who are in healthcare settings. You may worry about whether the person they are visiting is well enough to see them, what your child may see, their memories of the visit, and you may be worried that visiting will be frightening.

Asking your child if they would like to visit the person who is unwell can feel daunting because of these worries, but it is important that they are given a choice, and know that they can visit if they want to.

If a child is asking to visit, it is important that this request is taken seriously.

It can be helpful to talk to your child about what might happen when they visit, and prepare them for how the person they are visiting may look. This includes talking about some of the equipment they may see, and what the room may look like. The doctors and nurses may be able to help with explaining these.

Children – particularly young children – may only manage a short visit before they want to leave. It can be helpful to have another adult with you so they can break away from the visit with your child, and then come back when they are ready. Sometimes having something to do (such as offering a drink or drawing a picture) can help children when they visit.

Some children will not want to visit their family member. This can be upsetting, but forcing a child to visit may be counterproductive and upsetting. Instead, think about how you can support them to maintain a connection with the person who is unwell, and involve them in deciding how to do this. A child may prefer phone calls, or to send in pictures or letters. The person who is unwell should also be supported to send things back to the child to help maintain the connection. This is sometimes known as 'continuing bonds'.

We do not always need to be in the same room with a person to feel connected to them. The following are practical ways to maintain a sense of connection whether your child chooses to visit or not:

Creating a physical link: Ask your child to identify something they would like the person who is unwell to have with them when they are away from home. Teddy bears of different sizes can be useful for this. Choose 2 bears which look the same but one is large and one small. The small teddy bear stays with the person who is unwell and the large with the child.

Communication: If the person who is unwell feels able to, support them to write about what they have done or felt each day whilst in hospital / hospice and then send this information home to your child. This provides opportunities to talk to your child about what is happening, and allow them to ask questions. Encourage them to do the same for the person who is in the hospital / hospice. Postcards and notebooks work well for this.

Memories: Friends and family members will have different stories about the person who is unwell that they may not have shared. Consider asking them to write these in a journal for your child. This may be particularly important for pre-school children who may have limited opportunities to build memories.

Fingerprints/Handprints: Use ink or paints to make finger or handprints on canvas or paper which can then be turned into pictures. Air drying clay can be used to make moulds which provide a more physical copy which can be held.

Talking to your child's school

A discussion with you – or another adult involved in caring for your child – enables the school to put support systems in place for them.

Talking to the school may help lessen your anxiety about how your child is supported when they are not at home.

It can be helpful for the school to know what you have already told your child, and what you think they understand about the illness and its treatment. If you feel able to tell the school whether the illness is curable, or not, this can be really helpful.

Schools will try to respect your privacy, and that of your family as much as possible. They understand that some adults do not want to share the information about their diagnosis to avoid probing questions, and are worried about their child being upset.

If you have not already done so, your child's teacher may encourage you to talk to your child about the changes the family face. This can feel scary, but children can cope with difficult and upsetting information and talking to them will help them feel involved. Your child's teacher or the healthcare professionals caring for the person who is unwell should be able to give you guidance on how to do this.

It is important that if your child needs to help the person who is unwell with practical or emotional support, then the school is aware they are a Young Carer. This is because:

- They may appear tired, stressed, anxious or depressed and they may have times when they are late or absent from school
- They may have difficulty in joining in after school activities or completing home work
- There may be a change in their performance at school
- They may be isolated, or can be a victim of bullying
- They may appear unkempt
- They may have behavioural problems or report physical problems such as back pain
- They may seem older than their years (false maturity)

There is some information you can give to the school to help them to support your child.

Do you have any concerns about how your child is coping? When they are upset or worried, are there any particular things your child does which their teacher could look out for?

Who does your child feel comfortable talking to at school if they feel worried or frightened?

Who would you like to liaise with you (or another adult) if they are worried about your child? How can they contact you? It can be helpful to identify 1 or 2 'link' people.

What does the child know about what is happening? Discuss the words used within the family in relation to the illness so that the same language can continue to be used. This avoids the use of words your child might not know which may be confusing.

Additional information if it is a parent who is unwell:

- What are the names and roles of the people helping look after your child (e.g. relatives, friends)? Is it ok for the school to contact them, and when?
- Confirm who you should contact at the school if something happens unexpectedly like a hospital appointment running over, or an admission to hospital e.g. link person, child's teacher.
- Names and contact details of any adults who can collect the child from school if a parent cannot.
- Is your child providing any care? If so, what level of care giving they are currently responsible for.

How can the school support my child?

The changes in a child's home life can effect what they 'bring' to school each day. The routines and schedules at school gives stability and can help children feel secure, especially when their family life becomes disrupted by illness.

Each child will have different needs and will require different levels of support. It is important that your child's teachers know what is happening so that they can understand when someone is struggling and be prepared to offer support. This is particularly important if there are exams or important pieces of coursework coming up.

Talk to your child about letting their school know what's happening. This means they won't be surprised if a teacher speaks to them about what's happening at home, and can be involved in identifying ways to support them. Some children worry about being different from their friends and they may worry about other people knowing. Telling them you want to talk to their school reinforces the message that you want to involve them in decisions and, asking them what they are comfortable with people knowing gives them some choice.

Benefits of talking to your child's teachers include:

- They can be alert to how they express their thoughts and feelings through speech or play, or changes in behaviour
- They can encourage physical activity. Benefits of this includes helping provide positive outlets for aggression, reduces anxiety and promotes wellbeing
- They can take time to check in with your child, especially if they are a Young Carer
- They may be able to support your child with finding safe sources of further information about the illness using websites, apps and book resources
- They may be able to help them find a 'safe space' and privacy if needed. There may be groups they can participate in as a source of support

While maintaining a sense of normality is important for many children, making a few adjustments may be key to providing help and support.

A teacher taking time to talk with a child affected by illness in the family can be invaluable in establishing what they are experiencing outside of school, and how the school can support them. The school will not force your child to talk about what is happening, but may encourage them to talk about how they are feeling about the changes going on around them.

What might my child's school ask me?

- Would setting reminders for future events or deadlines be helpful?
- Would supporting your child to do their homework whilst at school be helpful?
- Would offering priority access to after school clubs be helpful?
- At school events, can the school offer preferred seating?
- If there are any activities or assembly plans where illness is going to be discussed, would you like to know in advance so you can speak to your child about it?
- Receiving chemotherapy can increase the risk of infections – would you want to know if there are any illnesses your child may have been in contact with (vomiting, diarrhoea, flu, chicken pox, shingles)?
- If there are any changes in financial circumstances, would you like the school to consider whether support for school dinners/extracurricular activities/school trips can be provided?

The school might ask your child....

- Do they want to tell their friends what is happening?
- How they are feeling
- Who would they like to go to if they need to talk to someone, or need 'time out' of lessons?
- How has home life changed? What does that mean for them getting to school on time, completing homework, concentrating on lessons etc...
- They may ask your child whether they want to share their story with the class

Talking about Death

It is normal for children to ask questions about death. If we allow ourselves to talk about death, we can give them the information they need to prepare them for a crisis, and help them when they are upset.

Children are often more aware of death than we think. A pet or another person they know may have died, or they may be aware that people can die from some illnesses. A child's understanding of death generally depends on how old they are.

- **Very young children (under 3):** Do not understand that death is permanent and may confuse it with sleep
- **Young children (3–5 years):** May have heard of dying but do not understand what it means. They may imagine a dead person will come back
- **Older children (6–12 years):** Know about death but may not understand the emotions they feel about it and may be fearful that it will be painful or frightening
- **Teenagers:** Understand death is permanent and means a major change. They may show a wide range of responses, including refusing to talk about it

Sometimes telling your child about an illness can lead to them asking whether that person will die. Asking why they have asked that question can help you understand how best to answer it. As with talking about illness, using straight forward language and being as open and honest as you can is best. This includes saying the words 'dying' or 'died' as other common phrases such as 'lost' or 'passed away' can be confusing.

If you, or another family member, have an illness which cannot be cured you may be thinking about how to answer questions your child may have about death, and when to start to talk about this. It is important that children are able to talk about death and dying with someone they trust, and that you feel supported with this conversation.

The healthcare professionals involved in caring for the person who is unwell can all give you support and advice. This booklet also gives sources of information and support.

Sources of support and other resources

Riprap: Riprap is a website for teenagers who have a parent with cancer. The website aims to help children and teenagers learn more about cancer and its treatment. There is a discussion board and support is provided by a specialist cancer nurse.

Website: riprap.org.uk

Child Bereavement UK: Child Bereavement UK are a national charity providing information, guidance and support when a child is facing bereavement.

Website: childbereavementuk.org

Tel: 0800 02 888 40

The Laura Centre: Offers counselling for parents and carers of children who have died and to children who have been bereaved. Their website also gives information relating to needs which may be specific to bereaved children and teenagers.

Website: thelauracentre.org.uk

Tel: (0116) 254 4341

Plan If: Plan If is linked to the Child Bereavement Network as part of a campaign to help bereaved children and young people. They believe in the importance of parents making plans in case they die while their children are still young and aim to make society more prepared to talk about parental death. Their website provides guidance on things to think about and how to get started

Website: planif.org.uk

Tel: (020) 7843 6309

Widowed and Young (WAY): WAY is a self-help group created to offer support to those bereaved who are under the age of 50. Their website offers information about talking to children, the practicalities of planning a funeral and its aftermath. There is also the opportunity to join the organisation.

Website: widowedandyoung.org.uk

Sharing books on related topics can help children to explore and identify what they are feeling, and provide reassurance that they are not alone. It is worth looking at some of the resources aimed at younger children as they are simpler in content and can still help older children and adults.

Dear Grandma Bunny: Suitable for very young children, this book tells the story of what happened and how Miffy felt and coped when Grandma died.

Author: Dick Bruna

Age Group: 3 years+

Missing mummy: A book about bereavement: A picture book focusing on death and loss from the perspective of a young child, exploring the wide variety of emotions a bereaved child may experience.

Author: Rebecca Cobb

Age Group: 3 years+

Muddles puddles and sunshine: This activity book offers practical and sensitive support for bereaved children. It helps them to make sense of their experience by reflecting on different aspects of their grief using a series of activities and exercises.

Author: Diana Crossley and Kate Sheppard

Age Group: 4 years+

Always and Forever: Otter, Mole and Hare miss Fox when he falls ill and dies. They stay at home and don't want to talk about him because it makes them sadder. Then squirrel visits and reminds them of all the fun times they had together. They all find a way to remember Fox and get on with their lives. Colourful, detailed pictures in this book emphasises the importance of holding onto memories.

Author: Alan Durant (illustrated by Debi Gliori)

Age Group: 5 years+

Badgers Parting Gifts: This illustrated book can help children with a grandparent or elderly relative who is approaching death, or who has died. It emphasises the importance of remembering the person who has died.

Author: Susan Varley

Age Group: 5 years+

Michael Rosen's SAD BOOK: This book has large illustrations and small amounts of text. It is honest, talking about what makes Michael Rosen most sad is thinking about his son who died. He talks about what sad is and how it affects him and what he does to cope with it.

Author: Michael Rosen (illustrated by Quentin Blake)

Age Group: 9 years+

Vicky Angel: A novel for older primary school students about the death of a friend, tackling some of the more uncomfortable aspects around grief and bereavement for older children and teens.

Author: Jacqueline Wilson

Ages: 13 years+

A monster calls: A novel for teenagers about a boy coming to terms with the loss of his mother from cancer. It has also been made into a film

Author: Patrick Ness

Ages: 13 years+

The following Mobile Apps have been developed by specialist organisations with input from young people to help with adapting to life after the loss of a loved one.

- All are available for download on an Android or iPhone.

Grief: Support for young people: Developed for 11-25 year olds who have been bereaved of someone important to them, and created by a group of bereaved young people working directly with Child Bereavement UK. It can be used by friends, teachers, parents and professionals who would like to know how to support bereaved young people.

It has information about bereavement, grief, feelings and how others can help and aims to help bereaved young people feel less alone and to inspire others on how to support them.

Smiles and tears: This app allows children to record memories, send virtual gifts, and write thoughts, feelings and emotions. It also provides tips on how to manage emotions such as anger, guilt, confusion and loneliness.

Apart of me: A mobile gaming app developed to provide children with strength and resilience when someone is dying or has died. Developed by Bounce Works, it allows children to gather memories together. The quests and puzzles have been designed to help children to process their emotions and helps adults to begin and support difficult conversations with them

Your notes and questions

A series of 20 horizontal dotted lines for writing notes and questions.

This leaflet is updated regularly. For the most up-to-date information please visit **loros.co.uk/care**

LOROS Hospice is dedicated to ensuring equality and diversity is at the core of all our activities.

In case of comments or complaints, please contact:

Chief Executive, or Director of Care Services, LOROS, Groby Road, Leicester LE3 9QE

or, Care Quality Commission, East Midlands Office, Citygate, Gallowgate, Newcastle Upon Tyne NE1 4PA

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