

CARERS' POLICY

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Version 2

Quality, recovery and wellbeing will be at the heart of everything we do

Carers' Policy

Further information about this document:

Document name	Carers' Policy
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Version Control:

		Version History:
1	Updating existing Carers' Policy	September 2012

Terminology Used in this Framework:

Carers	<p>Carers can be family members, neighbours or friends. They (excluding those with service users in secure services) provide unpaid support for people with mental health problems. Some people who “care” do not see themselves as “carers”. If someone is involved with and gives significant support to a trust service user, irrespective of whether they live with that person or not, they should be considered to be a carer and be actively engaged by the care team. This applies even if the cared for person is unable, or unwilling to acknowledge the carer’s involvement or chooses someone else to be designated as their nearest relative</p>
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1 BACKGROUND

1.1 This is an updated corporate policy which aims to ensure that the role of carers is recognised and that carers are seen as being an important part of a “Triangle of Care” between service users, staff and carers. This policy and procedure does not apply to Young carers. The Policy and Procedure for Young Carer’ Assessment and Care Planning (SD23) should be followed whenever young people and children aged 17 years or below are identified as carers.

1.2 The Care Act 2014 defines a carer as: **“an adult who provides or intends to provide care for another adult (“adult needing care”)**

However an adult is not be regarded as a carer if the adult provides or intends to provide care:

- a) under or by virtue of a contract, or
- b) as voluntary work

However there may be specific cases in which it may be appropriate for someone in this position to be regarded as a carer –for example a family member who receives some payment through a direct payment for providing care. This means they would not therefore be excluded from being regarded as a carer

1.3 Carers can be family members, neighbours or friends. They (excluding those with service users in secure services) provide unpaid support for people with mental health problems. Some people who “care” do not see themselves as “carers”. If someone is involved with and gives significant support to a trust service user, irrespective of whether they live with that person or not, they should be considered to be a carer and be actively engaged by the care team. This applies even if the cared for person is unable, or unwilling to acknowledge the carer’s involvement or chooses someone else to be designated as their nearest relative.

1.4 During the last three years the Trust has made substantial progress in implementing the Triangle of Care action planning process across all services. In April 2014 Mersey care became the first statutory provider of mental health services to achieve the double gold star Triangle of Care standard and the Trust has now achieved 80% compliance. However, this is a Perfect Care aspiration and so we recognise that much more is to be done in order to ensure that our carers are fully engaged and supported by the organisation. Carers must be regarded as full and active partners in care. They need to be recognised for their expertise and knowledge and the fact that they can make an essential contribution to the assessment, treatment and recovery of service users. Listening to carers and providing them with help, advice and support can be one of the best ways of helping service users.

1.5 Carers should be meaningfully involved in care planning and offered the information and support they need to care safely and effectively. They should not be forced into the position of offering more care than they wish to or can safely provide. This is why it is vital for carers to be identified and agreement reached with them as to their contribution to care.

- 1.6 The need to support carers was recognised as long ago as the Mental Health National Service Framework (1999) (Section 10 ref c) and the NHS Plan (2000) (Section 10 ref d). It was required that by and from April 2002 all regular carers of people in secondary mental health services be offered an assessment of their own physical, mental health and social care needs and a care plan written in an appropriate format which is reviewed at least annually.
- 1.7 There was concern that carers of people using mental health services were not always being offered an assessment and the important role of carers as partners in care was highlighted in July 2009 at an Acute Care Summit involving a number of key national organisations including the National Mental Health Development Unit (NMHDU), The NHS Confederation Mental Health Network, other professional organisations and service user and carer representatives. The resulting *Acute Care Declaration* (2009) was developed with a commitment from those involved to work together to champion the development of high quality acute care services which show respect for people who use acute mental health services and to their families and carers and to include carers as partners in care including the provision of support when needed.
- 1.8 The resulting guidelines, “The Triangle of Care” set out best practice and advocates a collaborative and therapeutic alliance between service user, staff and carer that promotes safety, supports recovery and sustains well being. A three way partnership.
- 1.9 Although the “Triangle of Care” was developed specifically with acute mental health care in mind, it was adapted in 2013 to include within its scope the needs of those caring within a community context. Its approach is an essential cultural component for all Trust services as the importance of collaborative working with families and carers is recognised as underpinning recovery, personalisation and social inclusion.
- 1.10 The Trust also has obligations in law to enable carers to access assessments and resources in their own right and to ensure the safety and wellbeing of family members, especially children and vulnerable adults, living with people using Trust services.
- 1.11 This Policy is a response to the challenge laid down by ‘Triangle of Care’ to meet the needs and aspirations of carers as well as those using Trust services.

2 INTRODUCTION

2.1 Rationale

There are three main reasons for having a Carers policy:

2.1.1 To meet Mersey Care's objectives

The strategic objectives of Mersey Care NHS Trust include enhancing partnerships and building on involvement with stakeholders, including carers. The Trust takes a human rights based approach to the involvement of service users, carers, staff, partners and the public in the development of its services and recognises its obligation to protect and promote human rights including the right to family life. (Human Rights Act) (Section 10, ref j)

2.1.2 To meet Legal Requirements set out in the Care Act 2014:

The Care Act 2014 sets out carers' legal rights to assessment and support. It came into force in April 2015 and replaces a complex legal framework that proved difficult for carers to understand and navigate.

2.1.3 The Care Act relates mainly to adult carers – those over the age of 18 – but also contains a number of measures aimed at ensuring that the needs of young carers are not overlooked.

2.1.4 Previously, carers didn't have a legal right to receive support, although local authorities could provide support at their discretion. This meant that the ability to have an assessment and access a range of support varied depending on where you lived. The Care Act gives local authorities a responsibility to assess a carer's need for support, where the carer appears to have such needs. This replaced the law which said the carer must be providing "a substantial amount of care on a regular basis" to qualify for an assessment. This means more carers are now able to have an assessment.

2.1.5 The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of caring on the carer. It will also consider the things a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially. If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

2.1.6 When the carer's assessment is complete, the local authority must decide whether the carer's needs are eligible for support from the local authority. This approach is similar to that used for adults with care and support needs. In the case of carers, eligibility depends on the carer's situation. The carer will be entitled to support if

- they are assessed as having needs that meet the eligibility criteria
- the person they care for lives in the local authority area (which means their established home is in that local authority area)

If there is a charge (as there sometimes may be, as explained below), it has to be accepted by the carer (or the adult being cared for, if it falls to them).

- 2.1.7 The local authority and the carer will agree a support plan, which sets out how the carer's needs will be met. This could include, for example, help with housework or buying a laptop to keep in touch with family and friends.
- 2.1.8 It may be that the best way to meet a carer's needs is to provide care and support directly to the person they care for – for example, by providing replacement care to allow someone to take a break from caring. It's possible to do this as long as the person needing care agrees.
- 2.1.9 In most cases, local authorities don't charge for providing support to carers, in recognition of the valuable contribution carers make to their local community. But this is something the local authority can decide.
- 2.1.10 If the local authority does decide to charge a carer for providing them with support, it must carry out a financial assessment to decide whether the carer can afford to pay.
- 2.1.11 If supporting a carer involves providing care to the person being cared for and the local authority chooses to charge for that type of care, the authority must carry out a financial assessment of the person who is being cared for.
- 2.1.12 This is because the care would be provided directly to that adult, and not to the carer. The Act makes it clear that in such cases, the carer cannot be charged.
- 2.1.13 Carers should receive a personal budget, which is a statement showing the cost of meeting their needs, as part of their support plan. It will include the amount the carer will pay, if any, and the amount the local authority is going to pay.
- 2.1.14 Carers have the right to request that the local authority meets some or all of such needs by giving them a direct payment which will give them control over how their support is provided.
- 2.1.15 **To meet Standards of Best Practice**
“Triangle of Care” sets out a guide to best practice in acute mental health care but Mersey Care recognises that collaboration, partnership and co-production with carers is essential across all our services in order to promote safety, support recovery and sustain well being of service users and carers.

2.2 Scope

- 2.2.1 This policy will apply to all secondary care and statutory services provided by the Trust including inpatient and community services excluding High Secure Services which issue their own guidelines (HSS 12) ratified by the Secure Governance Board, on the provision of carer services within Forensic Services. The importance of carer involvement in High Secure Services is recognised and the “Triangle of Care” action planning process is fully integrated within the HSS governance structure and across all secure division wards and teams.
- 2.2.2 The policy applies to persons aged 18 years or above. For young persons below the age of 18 years the Trust's Policy and Procedure for Young Carer's is applicable. (See Policy No SD 23)

2.3 Principles

2.3.1 Carers can provide a substantial amount of care for service users and have the right to be treated with fairness, respect, equality, dignity and autonomy.

2.3.2 Carers should have recognition of:

- 1) The value of their contribution to health and social care for people in need.
- 2) The valuable information they can provide to professionals for assessment purposes
- 3) Their differing needs as individuals.
- 4) Their needs for a range of practical and emotional support.
- 5) Their expertise and skills.

2.3.3 Carers should have choice:

There should be positive recognition of different cultural beliefs and sexual orientation and choice:

- 1) On whether or not to take on or continue their caring role.
- 2) On whether or not to become involved in the assessment of the person they care for.
- 3) To be offered an assessment of their own needs and a care plan written in an appropriate format which is reviewed at least annually.
- 4) To be consulted on and involved in planning services that they and the person they care for receive.
- 5) To access Patient Advice and Liaison Services (PALS) and independent advocacy and mediation services.

2.3.4 Carers should have coordinated and easily accessible information available in a range of formats and languages regarding Trust services, including inpatient and community services.

2.3.5 Where necessary and appropriate, the Trust should direct carers to sources of information about housing, welfare benefits and employment.

2.3.6 Where necessary and appropriate, the Trust should direct carers to sources of practical help which promotes their health and well being including counseling organisations and carer/voluntary organisations which can support them to deal with all aspects of caring including the end of caring responsibilities.

2.3.7 Carers should be involved in the planning, development and monitoring of Trust services to ensure they take their needs into account. Carers views should be listened to recorded and feedback given on contributions and what has happened as a result.

2.3.8 Carers are entitled to confidentiality wherever possible subject to relevant information sharing between agencies. (Trust Policy IT10)

3 STANDARDS

3.1.1 Six key elements set out in Triangle of Care to assess the quality of services provided for carers are embedded within Trust culture and systems. These are summarised below and set out in more detail in Appendix A:

3.1.2 **Element 1: Carers and the essential role they play will be identified at contact or as soon as possible thereafter.**

1) Carers views and knowledge will be sought, shared, used and regularly updated as overall care plans to support treatment and recovery of service users take shape.

3.1.3 **Element 2: Staff will be carer aware and trained in carer engagement strategies.**

1) Staff should be aware of and welcome the valuable contribution carers can make and be mindful of carers own needs.

2) Staff need knowledge, training and support to become carer aware.

3.1.4 **Element 3: Policy and practice protocols re confidentiality and sharing information will be in place including:**

1) Guidelines on confidentiality and for sharing information – a three way process between service users, carers and professionals (Trust Policy IT10)

2) Information release forms and protocols – currently in development

3) Advance statement forms and protocols. (Trust Policy SD19)

3.1.5 **Element 4: Defined posts responsible for carers will be in place including:**

1) Carers lead or champion for the ward or team.

2) Carers links delegated for each shift.

3.1.6 **Element 5: A carer introduction to the service and staff will be available with a relevant range of information including:**

1) Information about the nature of the service provided and who to contact, including out of hours.

2) An appointment with a named member of the team to discuss their involvement

3) Ward orientation/induction procedure and leaflet.

4) Carer information packs.

5) Discharge planning and after care support.

3.1.7 **Element 6: A range of carer support services will be available Including:**

1) Access - Local single points of access to the support and resources of

both health and social care (although some small services may operate independently of this system).

2) Assessment - Local Authorities have responsibility for ensuring that carers are offered an assessment of their needs. How this responsibility will be carried out will vary across the footprint of the trust and may sometimes involve trust staff.

Such assessment may be required to be done urgently in the case where a service user is admitted to acute services and some carers may not be aware of their right to a carer assessment. Trust staff should signpost them as required. Some carers may decline an assessment and where appropriate the Trust should offer relevant information and contact details.

There should be a unified health and social care assessment process and, where the carer has mental health needs, the Trust may be asked to contribute to the carer assessment.

3) Care Plan

Following assessment, eligible carers will have a care plan, written with them, detailing interventions and anticipated outcomes including who will carry them out. These may include mental health interventions by the Trust.

These care plans are the responsibility of the relevant Local Authority but may, in whole or in part, be carried out on their behalf by Trust staff. All care plans will be subject to regular planned reviews and performance monitoring by the organisation responsible for carrying out the assessment.

4) Support

As many services for carers are commissioned from/provided by independent sector organisations, it is important that, as far as possible, Trust staff have up to date knowledge of the services available.

It is recognised that admission of a service user to an in patient mental health service can be distressing for carers. Admission procedures will be carer friendly and a family room will be provided for young carers under the age of 18 so as to enable children to visit.

5) Community Engagement

Participation in the local community through engagement in leisure pursuits (including physical activity and life long learning opportunities) will be promoted and supported.

6) Respite

Timely access to a choice of flexible short break services responsive to carer needs and circumstances will be promoted subject to available resources.

- 3.1.8 The Trust is part of Local Strategic Partnerships and local shared provider agreements with primary care, social services and other agencies to facilitate multi-agency planning and commissioning of carer services.

4. DUTIES

4.1. Divisional Governance Boards

- 4.1.1 The Governance Boards in each clinical division will be responsible for regular assessment and evaluation to ensure the six key elements of carer engagement are embedded within culture and practice.

4.2 Trust Board and Accountable Director

- 4.2.1 The Executive Director of Corporate Governance & Communications is the 'Accountable Director' and will be responsible for ensuring that progress is monitored from within the Care at Glance Report made to the Executive Committee and the Performance and Investment Committee. The Accountable Director is also responsible for ensuring that Triangle of Care progress is monitored through the Quality Dashboard Report made to Quality Assurance Committee.

- 4.2.2. The Trust Board will monitor and scrutinise progress through the receipt of both the Care at a Glance and Quality Dashboard Reports as well as through the minutes of the relevant Board Committees.

4.3 Director of Social Inclusion and Participation

- 5.3.1 The Director of Social Inclusion & Participation is responsible for ensuring that the quarterly monitoring and reporting processes are in place and fit for purpose.
- 5.3.2 The Director of Social Inclusion and Participation will scrutinise and review progress across the clinical division.

4.4 Service Managers

- 4.3.1 Service Managers are responsible for ensuring that:
- 1) Performance against "Triangle of Care" standards is monitored and standards maintained and improved as required
 - 2) Staff for whom they have responsibility are aware of all procedures and documentation pertaining to the assessment, care planning and support of carers and that they understand and use them. This information must be provided to all new staff on induction including bank and agency staff.

3) A local system is in place for their area of responsibility that keeps staff involved in and up to date with new procedures and documentation and any changes made to these. This includes a capacity to record and track the introduction of individual members of staff to the above on induction to the service.

4) That an infrastructure is in place to support the training of all staff on “Triangle of Care” and new carer’s procedures and documentation and that only up-to-date versions are utilised.

4.4 Staff

4.4.1 Staff are responsible for:

1) Familiarising themselves with the Carers Policy and Carers Care Planning documentation; and know where to locate them.

2) Adhering to the standards set out in the Policy and implementing the procedure.

5. PROCEDURE

5.1 Clinical Divisions will be responsible for implementing necessary procedures for compliance with the policy.

5.2 Carer assessments are currently carried out by the delegates of the Local Authorities within the Trust footprint. Where they are carried out jointly with Mersey Care they will be carried out using the jointly agreed forms available on clinical information systems.

5.3 Carer care plans will be written on the jointly agreed forms available on the trust clinical information systems

6. DEVELOPMENT AND CONSULTATION PROCESS

6.1 This policy was originally developed by the CPA Implementation Manager and the former Director Service Users and Carers in response to legal requirements and best practice guidelines. It was updated by the Director of Participation and Inclusion in light of the Care Act 2014.

6.2 The following individuals and groups were consulted:

- Service User and Carer Lead Officers across the Trust
- Carers groups
- Equality and Human Rights Lead
- Director of Patient Safety
- PALS Manager/Patient Experience Manager
- Strategic Social Care Lead
- Head of Forensic Social Care
- Director of Nursing
- Service User and Carer Assembly

- Secure Division Service User & Carer Governance Group
- Local Division Patient Experience Governance Sub-Group

6. PROCESS FOR MONITORING COMPLIANCE AND EFFECTIVENESS

- 6.1 The Director of Social Inclusion and Participation will ensure that quarterly monitoring arrangements are in place and this will be monitored within the Care at a Glance Framework.

7. REFERENCE DOCUMENTS

(Ref a) "Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care". (2nded) Carers Trust (2013)

(Ref b) The Care Act 2014

THE TRIANGLE OF CARE

Key Elements

The “Triangle of Care” sets out some important elements that need to be in place to achieve good collaboration and partnership with carers to the benefit of service users, staff and carers themselves. A full copy of the Triangle of Care and Guidance on using the self assessment tool can be found at:

<https://professionals.carers.org/sites/default/files/media/the-triangle-of-care-carers-included-final-6748.pdf>

The Trust has adopted Triangle of Care standards and action planning processes for all its services including High Secure Services.

Carers Play an Essential Role

Staff need to identify the carer, the people who provide significant support. They need to listen and respect carer’s views and ensure this knowledge is recorded and shared within the team providing care.

Carers often possess critical information. Their early involvement will help provide the most accurate assessment on which to plan treatment and assess risk.

The carer needs to be part of giving and receiving information and be helped to develop coping strategies.

Staff should give positive recognition of differing cultural beliefs, and sexual orientation which may influence the caring role.

Staff are “Carer Aware” and trained in carer engagement strategies

Underpinning the effective delivery of a “Triangle of Care” is the ability of staff to listen empathetically to the experiences and concerns of carers and discuss with the carer the best ways of dealing with them.

All staff should take a whole person approach and should have received carer awareness training. Staff undertaking assessment and care planning should undertake specific training in how to involve patients and carers.

Staff need to be aware of the valuable contribution carers can make to the assessment and care of the service user, be mindful of carers own needs and confident when talking to carers.

Policy and practice protocols re confidentiality and sharing information are in place

Confidentiality is often seen as a problem when creating a “Triangle of Care”. The therapeutic relationship between worker and service user is based on having confidence’ or trust that what is said will not be disclosed without their agreement. (Trust Policy IT10)

This agreement needs to be considered in the context that the carer may have key information relevant to safe and effective service user care planning. They may also need to

take on roles and responsibilities to achieve the best care plan either in the home, or once the service user is discharged.

Carers are likely to know the history of the crisis, and have known the 'well person'. They are aware of what may influence recovery. They should be encouraged to share this information to help clinical assessment and treatment, and to give them a positive role and confidence in the treatment.

It should be remembered that crisis, especially involving the need for compulsory treatment and / or admission, may provoke user / carer conflict, temporarily preventing consent to sharing information.

Carers may find staff understandably reluctant to engage with them in a no disclosure situation; i.e. withholding of patient identifiable information such as diagnosis, treatment options and other personal details. In these circumstances, staff should be careful not to withhold general information; i.e. information already in the public domain about mental health conditions; the workings of the Mental Health Act; local services available for both carers and service users, as this can inhibit carers from sharing valuable information and insights.

If it becomes inappropriate for a care co-ordinator to maintain contact with a carer for a service user, then the carers are provided with an alternative source, or contact and support. And information about how to make direct contact with the service user's care team if there are any concerns.

Staff can build stronger relationships with carers by offering and sharing non-confidential information, even if the service user does not wish the carer to have any information about their care and treatment. With support from a Carer Support Worker (or other advocate) the carer can be helped to focus on general issues and alternative sources of help.

Carers have similar rights to confidentiality about information they disclose. It is vital that staff understand and respect carers rights in the same way as they would those of service users.

It is good practice to hold notes and letters from carers in a separate section of the patient's notes. This can reduce the risk of disclosure of carer or service user confidences.

The Trust promotes the use of Advance Statements (Policy SD19). These set out in clear detail the service user's wishes about what should happen and which carer(s) to contact should they become too unwell to engage in discussion.

Staff and carers should make a point of knowing if a service user has made an Advance Statement which should be flagged up on EPEX.

Where service users have not prepared Advance Statements, staff should explain to carers the benefits of encouraging service users to consider such an option.

The writing of Wellness and Recovery Action Plans and Recovery Stars for service users is promoted in some parts of the Trust. These identify relapse symptoms and develop and record contingency plans for relapse management. They should identify, where appropriate, who the main carer is and how they are to be engaged in the case of potential relapse.

Defined posts responsible for carers

The Trust has a network of lead officers who promote the involvement of service users and carers in decision making. “Triangle of Care” suggests that carer leads in wards and teams can promote good practice among colleagues and improve relationships between staff and carers.

In addition to the carer lead, wards should appoint a member of staff to act as a carer lead for each shift. This person would provide additional continuity in receiving and sharing information and be a clear point of contact.

A carer introduction to the service and staff is available, with a relevant range of information across the care pathway

To meet the standards set out in “Triangle of Care”, the Trust should, in times of crisis/hospital admission provide the carer with:

- An introductory letter from the named nurse or responsible team member to provide reassurance and give the carer much needed basic information such as the names and contact details of key staff and other local sources of advice and support. It is important this is provided as carers may not be able to retain verbal information which may need to be repeated later.
- An appointment with a named member of the staff team to enable the carer to provide information, share concerns and ask questions.
- A ward orientation/carer induction – including a friendly meeting and greeting protocol; a private place where they can discuss any pressing concerns in confidence and be offered refreshments; a leaflet containing basic information about the ward including building layout, and services, rules and regulations, ward routines, and information on the roles of staff involved and how and when they can be contacted.
- Carers leaflets should also include details of items service users will need in hospital, visiting arrangements, if there are any available facilities for seeing service users in private including Family Rooms and an explanation of ward procedures such as locked doors, prohibited items, smoking, mobile phones and safety procedures.
- A more in depth carer information pack which provides carers and families with information needed to understand mental health conditions, the likely consequences, what the carer and family can do to help, their rights as carers and the services and supports locally available to them and the person they care for.
- A coordinated approach to discharge planning and aftercare support.

A range of carer support services are available

Carer support services should be in place and should include:

- Access to PALS and signposting to independent carer advocacy services.
- Signposting to carer support workers and ward or team staff with designated carer responsibilities.
- Signposting to carer support groups.
- One to one support.
- Offer of an assessment of carer’s own needs – CRHT and ward staff should confirm that the carer is aware of the “right to an assessment” and, if necessary, refer them.
- Family work (subject to local availability).

THE IMPORTANCE OF CARER ENGAGEMENT IN PREVENTING CRISIS AND AT TIME OF CRISIS

Preventing a Crisis

Carers are usually the first to be aware of a developing crisis at times when professional help has not yet been established or is unavailable. They are often best placed to notice subtle changes in the person they care for and first to recognise early warning signs of relapse. Their views should be valued and respected.

Carers need to be involved as part of the “Triangle of Care” and informed throughout the service user assessment, treatment and aftercare planning process, particularly during periods of crisis and acute care. Any risk factors they are aware of should be properly evaluated and acted upon. Carer involvement is fundamental to informed risk management and good care planning.

Crisis events often begin the patient journey and may be pivotal in commencing recovery. Carers need to be kept informed at all times, especially during a crisis.

Managing a Crisis with Carers

Admission to hospital can be a traumatic and troubling time for carers, involving conflicting emotions of guilt and relief, particularly during compulsory admission. Carers should be offered a range of support (see 12.2.6) at this difficult time.

Providing Home Treatment in order that acutely unwell service users remain at home has considerable implications for carers. Given that they carry the principal burden of care when professionals are not there, carers should be able to make an informed decision and choice about whether they can continue to care at home or not and receive the full support and expertise of all staff whatever their decision.

Carers Rights

It is the responsibility of staff to promote awareness amongst carers about their rights.

Following a service user’s admission to acute services any primary carer(s) should be identified and their contact details recorded. They should be offered a Carers Information Pack.

If the carer is a parent with a young family then any burden on the children needs to be recognised and the right to a referral to Children’s Social Services discussed.

Many carers do not realise that as a carer they have rights to both information and support. Some may, for example, qualify for equipment and financial resources.

All carers should be offered an urgent carers assessment by the Local Authority, or member of trust staff acting on its behalf, (or reassessment if they have a current care plan) to be conducted by an appropriate practitioner. (Appendix 4)

Pre-admission

A patient may be assessed at home under the mental health act. This needs to be considered and handled in a sensitive manner by the mental health professional taking into account the stress of the situation for both carer and patient.

Time and appropriate opportunity should be given to carers in order that they have an opportunity to convey to staff any information they deem relevant. This may need to take place in another room due to the urgency of the situation and also so as not to antagonise the service user who may not agree with the carers comments.

Inpatient Treatment and Carer Support

Inpatient treatment, particularly under the Mental Health Act, can produce anger and frustration in service users. The carer may become the butt of hostile feelings whilst having to deal with their own feelings of confusion, anger, guilt and sadness.

Carer support workers, or ward staff with designated carer responsibilities, should ensure opportunities exist for families and other carers to meet through educational or carer support meetings which provide opportunities for mutual support.

Carer support groups that cover both inpatient and home treatment may provide better opportunities to develop strategies to deal with difficult situations that may arise following discharge.

Some services use an appointment system to organise one-to-one support for carers, especially those new to the service/ward. Having someone to talk to who is well versed in carer issues is an effective way of addressing the trauma of being a carer of someone who has become acutely ill.

Carer support workers or carer advocates may helpfully attend ward round or review meetings when carers are in attendance and need support. This option should be discussed with carers and the agreement and consent of service users sought.

Discharge Planning and Carer Support

Service user and carer input is central to all aspects of discharge planning arrangements. There is a need to maximize the potential of Direct Payments, Advance Statements and Advocacy for both service user and Carer.

Co-ordination between the relevant community teams, families, carers and service user's needs to be established before discharge. Both service user and carer should know what support is available and how it can be accessed.

Where possible, the support to be provided should be written into the Carers Care Plan or amendments made to any previous plan. The Carers Care Plan must be completed before discharge.

Crisis Resolution and Home Treatment – Carer Involvement

The practical help offered by carers and Home Treatment allows service users to maintain or resume normal life by avoiding inpatient admission or enabling earlier discharge thereby making it easier to fit back into and cope with everyday life.

Service users in the acute phase of their illness require more intensive input and support. Home treatment can have considerable implications for carers which can be outweighed by the service user remaining within the family environment.

Where possible, service users and carers should be made aware of the name of the team member intending to visit, making the intervention more personal and lowering anxiety. Continuity gives the benefit of knowing individual team members from previous visits.

Close relationships between service users, carers and team members encourages two-way flows of information. Where service users and carers trust team members they are more likely to express their own concerns, suggestions or worries and to respond positively to suggested treatment strategies or requests for information.

It is important that carers are involved in the service user's treatment and care plan; their close understanding and experience make them the most aware of service user's behavior's, needs and relative state of mental health.

Team members should instruct and guide carers on issues, side-effects or changes they should watch out for, thus making them more effective in working with the team to manage acute phases.

It is important for carers that expected visits by staff are made on time allowing them to fit other activities around the visit and not having to cancel or re-arrange prior engagements. Early notice should be given where cancelled or delayed home visits are unavoidable.

Where visits are in response to a phone call, carers appreciate prompt visits because it affirms their belief in the service, provides prompt help and lowers anxiety.

Modes of contact between the team and carers should be agreed in advance as this helps to manage expectations on all sides and ensures that telephone contact is not seen as a substitute for visits.

CARER ASSESSMENTS

Who Undertakes Carers Assessments?

An effective “Triangle of Care” will only be complete if there is a willingness by the professional and carer to engage. Most carers recognise that this three-way partnership between service user, carer and clinicians, with all the voices being heard and influencing care and treatment decisions will produce the best chance of recovery. This places an onus on professionals and services to actively encourage such a partnership.

The right to a Carers Assessment is triggered once a carer has requested that one take place. This should be carried out as soon as reasonably practicable or immediately in urgent cases. Of course the ability to request an assessment depends upon knowing such a right exists. There is accordingly a duty on all services to identify carers at the time service users are first assessed and to promptly inform them of their right to an assessment.

To promote partnership working it may be preferable for the service user’s care co-ordinator to conduct the carer’s assessment, care planning and review.

However, in many instances, for operational reasons, this may not be practical. Designated carers assessment workers have been appointed to some CMHTs to carry out carers assessment, care planning and review in liaison with care co-ordinators, and to link carer’s into support networks.

In other parts of the Trust, ‘Making Space’ Family Support Workers based in CMHTs may contribute to and assist in the delivery of carers assessments/care plans.

If a carer *chooses* to be assessed as part of the service users Community Care assessment then it is their right to do so and does not affect their eligibility for services.

A Carer-Centred Approach to Assessment

A carer-centred approach can be achieved by listening to carers and aiming to achieve outcomes which, while helping the carer to care, take account of the carer’s life beyond their caring.

For some, caring can be a life long commitment, for others it is sporadic or cyclical. Whilst carers may not be physically caring at all times, they can still be anxious and stressed waiting for, or actively seeking to prevent, the next crisis.

In looking at carers willingness and ability to care, consideration should be given to their attitude and mental capacity rather than just their physical ability. Some people can feel morally obliged to provide care; others trapped and depressed.

Caring responsibilities may also conflict with other family responsibilities such as parenting and whether the carer works or wishes to work, or to undertake education, training or any leisure activity. Assessments must therefore look at the impact of the whole caring situation.

Assessments should recognise the carers knowledge and expertise. The assessor should listen to what the carer is saying and offer opportunities for private discussion in which the carer can candidly express their view.

Conducting the Carers Assessment

Before starting assessments the carer should be reassured that it is not about their abilities, but to help services to help them in their role.

Using the jointly agreed Mersey Care assessment form (Appendix 9) the person undertaking the assessment should consider, together with the carers:

- 1) The carers perception of the situation.
- 2) Their understanding of the illness or disability of the user and its likely / possible progress.
- 3) The nature of their relationship with the service user.
- 4) The tasks undertaken and consequent impact on the carers.
- 5) Contingency arrangements to cover emergencies unforeseen circumstances.
- 6) Other responsibilities, i.e., education, family / child care commitments.
- 7) Their disability and physical / mental health and wellbeing needs with specific attention paid in relation to age
- 8) Accommodation, employment and financial issues (including benefits).
- 9) The support received from family, friends and neighbours.
- 10) Stress factors and/or aspects of the caring task that the carer finds particularly difficult.
- 11) Carer's strengths and ways of managing.
- 12) Tasks the carer(s) would like help with.
- 13) Information the carer would like.
- 14) The carers wishes in relation to leisure, education, training and work activities.

The assessor should take into account the results of the carers assessment and decide whether the carer is an eligible carer under the Acts and therefore entitled to a care plan.

On assessment if the carer is found to be frail, sick or disabled they may be eligible for community services in their own right. If this is the case, a separate referral should be made to the appropriate community team.

Carers should be informed of their right to receive Direct Payments as an alternative means of meeting their needs. Direct Payments are local authority payments available for anyone who has been assessed as needing help from social services. Practitioners should facilitate any carer wishing to apply for direct payments, to do so.

Carers receiving Direct Payments are able to write their own carer support plans with help and advice from local authority care managers. This allows for flexibility in the way support is provided on a day-to-day basis.

Copies of carers assessments should be provided to the carer and any other relevant person with the agreement of the carer.

Assessments should be reviewed / re-assessed with the carer at least annually. (Section 10, ref b)

Information Given to Carers at Assessment

At the time of assessment carers should be given the following where applicable:

- 1) Mersey Care CPA Carers Information Leaflet
- 2) Local Carers Information Pack
 - Sefton Carers Centre
 - Liverpool Carers Centre (Local Solutions)
 - Knowsley Carer's Centre
- 3) Making Space Information Pack
- 4) Sefton or Liverpool Directory of Mental Health Services
- 5) PALS Leaflet
- 6) Complaints Leaflet (Trust and/or Local Authority)

CARERS CARE PLANNING AND REVIEWING

Carers Care Planning

Eligible carers not receiving Direct Payments should be given a Carers Care Plan using the jointly agreed Mersey Care form (Appendix 10).

Subject to rules on confidentiality and information sharing, the care plan should include:

- 1) Information about the mental health needs of the service user, including about medication and any side effects that can be predicted. Confidentiality needs to be taken into consideration here, as information relating to the service user cannot be given to the carer without the service user's permission.
- 2) Information on the treatments and services provided to support the service user, names and contact details of mental health staff responsible for providing or co-ordinating treatment and services.
- 3) Information about what to do and who to contact in a crisis.
- 4) Actions to take to meet defined contingencies.
- 5) Details of any help, formal or informal, to be provided, and by whom, in carrying out tasks which support the service user.
- 6) What will be provided to meet the carers own mental and physical health needs, and how it will be provided.
- 7) Who will provide advice or support on money matters, housing, education, training and employment matters, as required.
- 8) Information about respite and short breaks.
- 9) Information and arrangements for social supports, including access to carers' support groups and Family Support Workers.
- 10) Information about the complaints procedure.
- 11) With the carers agreement, the assessment details and signed care plan should be shared with Primary Care, as GP's and community nurses are in a key position to detect signs of stress or deteriorating health in carers.
- 12) The care's assessment, care plan and reviews should be held on the service users file.
- 13) With the agreement of the service user, the carer should be given a copy of the service user's care plan and have the nature of the distress explained to them.

Copies of carers Carer Plans should be provided to the carer and any other relevant person with the agreement of the carer.

Reviewing the Care Plan

The care plan should be reviewed at least annually or:

- 1) At the request of the carer.
- 2) Following significant changes to the circumstances of the carer.
- 3) Following significant changes to the circumstances of the service user affecting the level of support required.

With the agreement of the carer, the views of all persons involved in the care plan should be sought including those of the service user.

The reviewer should review the care plan with the carer, noting any significant changes or disagreements. If changes are necessary, a new care plan should be compiled together with the carer.

Copies of Carers Review should be provided to the carer and any other relevant person with the agreement of the carer.

EQUALITY & HUMAN RIGHTS ANALYSIS

Title: Carers Policy SD39
Area covered: Trust wide (a part from HSS)

<p>What are the intended outcomes of this work</p> <p>A corporate policy to ensure carers are meaningfully involved in care planning and offered the health and social care support they need to care safely and effectively.</p> <p>To meet Mersey Care’s objectives</p> <p>The strategic objectives of Mersey Care NHS Trust include enhancing partnerships and building on involvement with stakeholders, including carers. The Trust takes a human rights based approach to the involvement of service users, carers, staff, partners and the public in the development of its services and recognises its obligation to protect and promote human rights including the right to family life. (Human Rights Act).</p>
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<p>Who will be affected?</p> <p>Carers of services users/patients across the Trust.</p>
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Evidence

<p>What evidence have you considered?</p> <ul style="list-style-type: none"> • The policy • The voice of a Carer and their journey/Story.
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<p>Disability including learning disability</p> <p>2.3.4 Carers should have coordinated and easily accessible information available in a range of formats and languages regarding Trust services, including inpatient and community services.</p>
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<p>Sex</p>

Race

2.3.4 Carers should have coordinated and easily accessible information available in a range of formats and languages regarding Trust services, including inpatient and community services.

Age

Young carers – Policy and Procedure for Young Carer’ Assessment and Care Planning (SD23) should be followed whenever young people and children aged 17 years or below are identified as carers.

Gender reassignment (including transgender)

No issues identified within discussions.

Sexual orientation

Considered within the policy

‘Staff should give positive recognition of differing cultural beliefs, and sexual orientation which may influence the caring role.’

Religion or belief

Considered within the policy

‘Staff should give positive recognition of differing cultural beliefs, and sexual orientation which may influence the caring role.’

Pregnancy and maternity

No issue identified within discussions.

Carers

See comment in action plan in relation to preadmission/home assessment of a patient/service user.

Cross Cutting

This policy applies to all of the protected groups.

Other identified groups

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	No Impact Human Rights based approach supported.
Right of freedom from inhuman and degrading treatment (Article 3)	Human Rights based approach supported 3.1.2 Carers can provide a substantial amount of care for service users and have the right to be treated with fairness, respect, equality, dignity and autonomy.
Right to liberty (Article 5)	No issue identified within discussions.
Right to a fair trial (Article 6)	Where concerns need to be raised. <ul style="list-style-type: none"> • Access to PALS and signposting to independent carer advocacy services. • Signposting to carer support workers and ward or team staff with designated carer responsibilities. • Signposting to carer support groups. • One to one support. • Offer of an assessment of carer's own needs – CRHT and ward staff should confirm that the carer is aware of the “right to an assessment” and, if necessary, refer them.

	<ul style="list-style-type: none"> Family work (subject to local availability).
Right to private and family life (Article 8)	<p>Human Rights Based Approach supported.</p> <p>Element 3: Policy and practice protocols re confidentiality and sharing information will be in place including:</p> <ol style="list-style-type: none"> 1) Guidelines on confidentiality and for sharing information – a three way process between service users, carers and professionals (Trust Policy IT10) 2) Information release forms and protocols – currently in development 3) Advance statement forms and protocols. (Trust Policy SD19)
Right of freedom of religion or belief (Article 9)	No issue identified within discussions.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No issue identified within discussions.
Right freedom from discrimination (Article 14)	No issue identified within discussions.

Engagement and involvement

The following individuals and groups were consulted:

- Service User and Carer Lead Officers across the Trust
- Carers groups
- Equality and Human Rights Lead
- Director of Patient Safety
- PALS Manager/Patient Experience Manager
- Strategic Social Care Lead
- Head of Forensic Social Care
- Director of Nursing
- Service User and Carer Assembly

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy relates to carers and about how they should be included in the decision making process and also about assessing and meeting their needs.

No negative impact has been identified.

Advance equality of opportunity

This policy is supportive of all carers receiving support from the Trust as they support their loved one through their mental illness.

Promote good relations between groups

What is the overall impact?

The policy is intended to have a positive impact on the experience of carers across the Trust.

For the record

Name of persons who carried out this assessment:

Robert Greenberg (Trust Assembly) and Carer.
Collette Irving People Participation
George Sullivan Equality and Human Rights

Date assessment completed: 20th October 2015

**Name of responsible Director/Lead Trust Officer
Executive Director of Corporate Governance and Communications.**

Date assessment was signed: October 2015

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Division
Inclusive statement regards The Triangle of care	Include High Secure Services in any reference to the Triangle of care.		

Consultation	Consult with carers of patients within the HSS in relation to views about the policy.		
Additions Respecting carers views.	<p>Page 15</p> <p>Add ‘ pre- admission ‘at the top of the page</p> <p>Add ‘A patient may be assessed at home under the mental health act .</p> <p>This needs to be considered and handled in a sensitive manner by the mental health professional taking into account the stress of the situation for both carer and patient.</p> <p>It may be that the carer will need to be asked for information in another room due to the urgency of the situation and also so as not to antagonise the patient who may not agree with the carers comments.</p>		
Transparency (including publication)	Add policy to Trust website along with this equality and human rights analysis.		