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UNIVERSITY
of York

Supporting unpaid carers around hospital leave

Summary guidance
for practitioners



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Why should practitioners use this guidance?

The guidance was developed to assist practitioners to support unpaid carers (family members, friends) of people detained under the Mental Health Act (1983) before, during and after s.17 leave. It will also be useful in supporting carers of people who are in hospital on a voluntary basis (although the legal rules will not apply). It has benefits for practitioners, carers and patients.

Benefits for practitioners:

- ✓ Positive relationships with carers can minimise stress for practitioners, for example difficult phone calls with carers may decrease when carers feel involved and supported
- ✓ Good relationships and clear communication reduce the likelihood of miscommunication and ensuing frustrations or challenges
- ✓ Feedback from carers informs staff understanding of where the patient is on their recovery journey and patient readiness for discharge
- ✓ The provision of clear guidance for practitioners about how to include and support carers before, during and after leave could increase staff confidence in working with carers around leave
- ✓ Reports and audits for inspection can be streamlined when there is clear guidance to assess against, and organisations can assess their leave processes and learn from the feedback received

Benefits for carers and for patients:

- ✓ Improved outcomes for carers who feel valued and involved in leave
- ✓ Improved experience of leave for carers – research shows that carers' relationships with practitioners are key to their overall experiences (both good and bad) of supporting leave
- ✓ Improved experience of leave for patients, in part by reducing carer anxiety and frustration
- ✓ Consistency for patients and carers across wards, trusts and organisations creates equity and a standard set of expectations

To give the guidance the best chance of making a difference to carers, patients and practitioners, it is important that inpatient ward staff who will be working with carers understand what they need to do in relation to each of the 10 items in the guidance. This is set out on the pages that follow.

What is the guidance for practitioners?

The guidance consists of 10 items to help ward staff support and work with carers before, during and after leave:

Background knowledge

1. Be knowledgeable about leave and what it means for carers

When someone is admitted to hospital

2. Identify carers and check what support they need
3. Support carers as much as possible, give them information about other sources of support, and refer them to available support as needed
4. Tell carers about 'life on the ward'
5. Talk to carers about leave and give them written information from the very start of the admission

Planning leave

6. Involve carers in planning any leave that is happening with them
7. Discuss any changes to leave with carers as far in advance as possible

When leave starts

8. Handover care to carers for leave as you would for staff

After leave

9. Get feedback from carers within 24 hours of the leave ending
10. Support carers when they find leave challenging and refer them for support as needed

Record all discussions, actions and feedback with and from carers on the ward records in the most appropriate place

The following pages provide more detail on each item in the guidance.

For further information on the development of the guidance see the [*Supporting unpaid carers around hospital leave practice guidance document*](#) which details the rationale behind each item and the research on which the guidance is based.

Item 1: Be knowledgeable about leave and what it means for carers



What you need to do

- Attend regular training around leave which includes the importance of working with carers
- Training should be for all ward staff who have contact with carers

Regular training around leave should include when and how best to involve carers – for the benefit of patients, carers and practitioners alike.

Training should include all ward staff who have contact with carers regardless of their role on the ward. This includes staff such as Health Care Assistants, who often speak with carers but are not always involved in the planning meeting for patients.

Training should include:

- A refresher around s.17 of the Mental Health Act 1983 for those who are detained
- The importance of working with carers
- Trust policy and best practice for working with carers
- Use of the guidance and the rationale behind the items

Carers should be involved in developing and delivering staff training, which should be delivered in person where possible.



CHALLENGES: Wards can be busy places and staff don't always have the option to take time out for training as often as they would like.

SUGGESTIONS: While protected time for formal training is recommended, wards should also have easily accessible information about best practice with carers and copies of this guidance available around the ward for quick reference and as a reminder. This can include posters, prompt sheets and other easy to access information – like this guide!

Item 2: Identify carers and check what support they need

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What you need to do

- Identify and contact carers early in the admission to see if they need support for any future planned leave
- Remember this is about *identifying* support needs, rather than *providing* support
- Keep a record of any discussion with carers on your trust recording system so that you can refer back to this later if needed

Carers can find it difficult to ask for support, so you need to take the lead in talking to them about this.

Checking carers' support needs should happen early in the admission. Look at whether the carer seems to be struggling and if there are any issues that might affect leave that need to be addressed.

Concerns about the carer and their support needs should be discussed with the carer to decide a plan where possible and this should be shared with appropriate members of the team/ward as relevant. Make sure to keep records of what has been discussed in case these are needed later.



CHALLENGES: Ward staff don't always know who the carers are, especially if they do not come to the ward. Even if they do know, there isn't always information about these carers easily available and information recorded on the trust systems can be out of date.

SUGGESTIONS: Patients themselves may be the best source of information here – talk to them about the family and friends who support them and they may be able to provide the needed details. If the patient is already under the care of the community team, check with the designated worker in the community who may also be able to provide this information.

Item 3: Support carers as much as possible, give them information about other sources of support, and refer them to available support as needed



What you need to do

- Check whether the carer has already received a carer's assessment. If not, arrange a referral for assessment using your local policies (this might mean you refer them yourself, or pass this on to someone else to do)
- Hold initial discussions with carers about options for support and liaise with community mental health teams to ensure support is ongoing
- Offer carers information about local carer support services
- Keep a record of any discussion with carers on your trust recording system so that you can refer back to this later if needed

Once you have identified that carers might have support needs, you should also give them information about what support is available and help them to access this if needed.

Carers should be given information about carer support services in the local area, whether these are provided within the trust, or by an organisation in the community. You should also tell them about their right to have a carer's assessment. A carer's assessment is a formal assessment that is done by the local authority or someone acting on their behalf (not by ward staff), which could lead to a formal offer of services for the carer.

In some trusts, carer referrals are done by staff in the community teams, so do speak with the community worker to check who is best placed to do this.

You are likely to have some knowledge of the types of difficulties carers might experience around inpatient admission and leave from hospital, and you should talk to carers about this as part of preparing for leave. Keep records of what has been talked about in case this is needed later.

CHALLENGES: It can be difficult to find time to talk to carers and complete referrals, especially when wards are busy or working shift patterns mean ward staff are working when carer support services might be closed.

SUGGESTIONS: It's usually best to have discussions to identify carers' needs in person, but there are also other ways you can share information. Have leaflets from local carer support services visible and available on the ward that can easily be shared – you could also include these in carer information packs. Some carer support agencies also have simplified referral processes for professionals that you can do online (if local services don't, you could ask for a process that will work for them and for you).



Item 4: Tell carers about 'life on the ward'



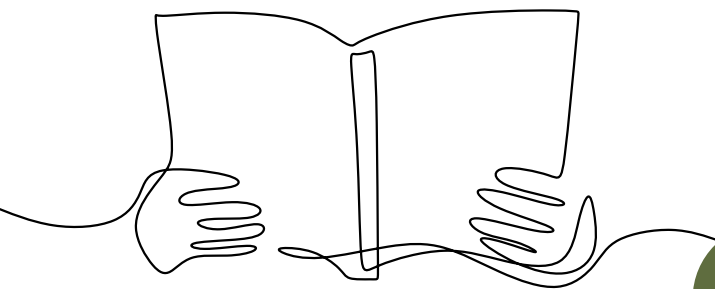
What you need to do

- Ensure carers have generic information about life on the ward (types and usual times of activities) to help them understand the ward routines so they know the best times to make contact and plan for leave (as well as the times to avoid!)
- Share information about how and when carers can be involved in ward meetings as soon as possible in the admission

Carers need information about life on the ward. This should include basic information such as mealtimes and planned ward rounds but also general information about the usual activities and sessions that the patient may be involved with. You can also use this to indicate when the best times to contact the ward are likely to be.

Information should be general (e.g. "The psychologist visits the ward on Mondays between 2pm and 5pm") rather than about individual patients (e.g. "John is seeing the occupational therapist on Thursdays at 10am"). If a patient does not want to share information about their care with a carer, you can still provide this general information.

Explain to carers about how ward rounds work and when and how they can be involved in this. It is useful to provide this information in writing so that carers can look back at it as they may not remember things they are told at the time of admission to hospital.



CHALLENGES: Ward staff don't always have contact with carers from the start of admission and don't always know how to contact them to send information out.

SUGGESTIONS: Make sure to keep information about life on the ward easily available on the ward so that staff always have this to hand to share with carers. You could also think about displaying this information on posters in visiting rooms or similar places so that carers can see this if they do visit the ward, even if staff are not available.

Item 5: Talk to carers about leave and give them written information from the very start of the admission

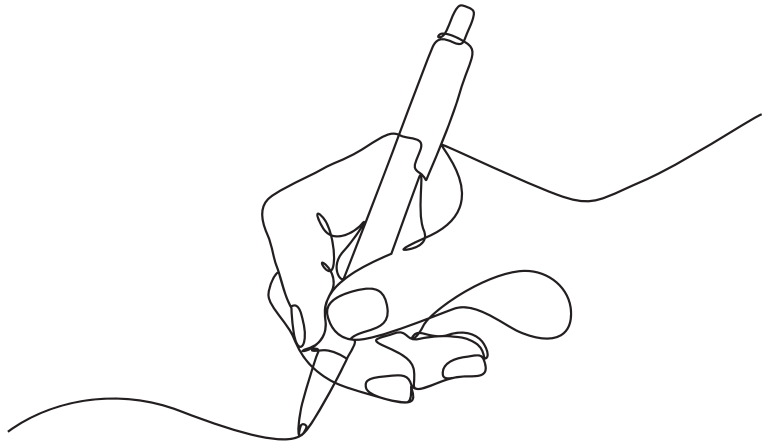


What you need to do

- Talk to carers about the possibility of leave early in the admission, even if it isn't being considered yet
- Hand out a copy of the Carers s.17 leave leaflet at admission and again at the start of leave. Whilst this has been written for carers of patients who are detained, much of the information will also be useful to carers of voluntary patients
- Keep a record of any discussion with carers on your trust recording system so that you can refer back to this later if needed

Give information to carers about leave – what it is and how it works – at the start of the admission. You can talk to carers about leave, so they have a chance to ask any questions, but it is also useful to provide information in writing so that they don't have to rely on their memory.

Conversations can be forgotten and leaflets can get lost. Make sure to provide another copy of the leaflet when leave is planned for the first time, and on the day that leave happens.



CHALLENGES: Ward staff don't always feel confident in their own knowledge of the details of leave, especially when they are not usually involved in planning and arranging this.

SUGGESTIONS: Having the information about leave in writing can be useful for staff as well as for carers. Staff can use the leaflet to answer any questions the carer may have. If staff are still unsure, they should tell carers they will check with the Responsible Clinician for an answer and get back to them later.

Item 6: Involve carers in planning any leave that is happening with them

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What you need to do

- Involve carers in planning any leave which is intended to involve them. Where patients organise their own leave, as set out in the patient plan, consider if the carer has been involved and support the patient to include them in the plan as needed
- Explain to carers why the patient is ready for leave
- Make sure that any plans consider carers' other commitments, like work and childcare
- Do not spring leave on the carer – if they are involved in supporting the leave, they should also be involved in planning it
- Discuss with the carer ideas for where to go on the leave, especially if the carer does not know the local area
- Keep a record of any discussion with carers on your trust recording system so that you can refer back to this later if needed

Leave with a carer needs to be planned with the carer. This means that the timing of the leave should be agreed with the carer to fit around other commitments they have such as work or childcare. Carers should be given the chance to speak in private about the plans, away from the patient, so that they don't feel under pressure to agree if they have any concerns, and staff should use this time to also explain why leave is currently seen as appropriate.

You are likely to have spent more time with the patient than the carer has during the admission. You are also likely to know the area local to the hospital. You are therefore in a good position to help carers plan the leave, including suggestions on where to go and what to do, providing options suitable for the weather, how the patient is, and how long the leave is for. Make sure to record these discussions with carers in the ward records so that they can be referred back to later if needed.



CHALLENGES: Ward staff don't always work locally to where they live and aren't always familiar with what might be available. Carers aren't always available to attend ward round meetings where leave is planned.

SUGGESTIONS: Keep a list of local options available on the ward for staff and carers to refer to when leave is planned. Talking to patients and carers about where they have visited during leave will help to give ideas for suggestions for future visits. When decisions are being made in ward rounds, make sure that the details are not finalised; agree a provisional plan for leave and be explicit that the details will be finalised once the ward has spoken with the carers – don't commit carers to things they may not be able to do.

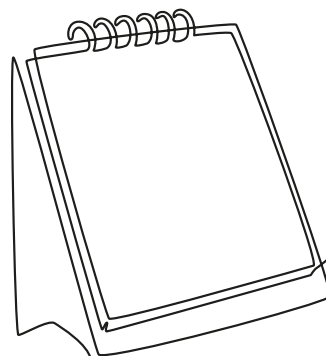
Item 7: Discuss any changes to leave with carers as far in advance as possible



What you need to do

- If you become aware that planned leave with a carer needs to change, contact the carer as soon as possible to talk about this, or support the patient to do so if appropriate
- Do not finalise any changes before you have spoken to the carer. This may include changes to:
 - Date/duration of leave
 - Whether the leave is also escorted by staff
 - Where the patient may/may not go

Occasionally plans for leave need to change at short notice. This should only happen when there is no other option. Even with short notice, changes should always be discussed and agreed with the carer before they are finalised.



CHALLENGES: It can be difficult to get in touch with carers at short notice as they are not always available to discuss changes. If leave is changed, it may be due to a crisis on the ward and this makes it hard to prioritise contacting carers.

SUGGESTIONS: Build a plan for last minute changes into your planning for leave with carers. Ask the carer about the best way to get in touch at short notice if leave needs to change. Make sure they know that changes to leave are always a possibility and provide examples of when this may happen – this will keep their expectations realistic. Make sure this plan is clearly recorded and shared in staff handovers so that whichever staff are working on the day of leave can follow it.

Item 8: Handover care to carers for leave as you would for staff



What you need to do

- At the start of the leave, make sure carers have all the information they need about the patient – how they currently are, what is needed for care and medication – and who to call if they have concerns during the leave
- Hand out another copy of the Carers s.17 leave leaflet
- Explain that carers should contact the ward if they have any concerns during or after the leave, and what to do in an emergency situation
- Be clear about any specific requirements or expectations for the leave, such as timings and restrictions
- Keep a record of the handover with carers on your trust recording system so that you can refer back to this later if needed

During hospital admissions, staff usually have more up-to-date information about a patient than carers do and it is important to make sure that this information is passed on when leave takes place with the carer. Tell carers about how the patient is doing, any medication needs during the leave and what to do if there are concerns. You should also confirm when the patient is expected to be back on the ward and highlight any restrictions on what can be done during leave – do not assume that carers will already know this.

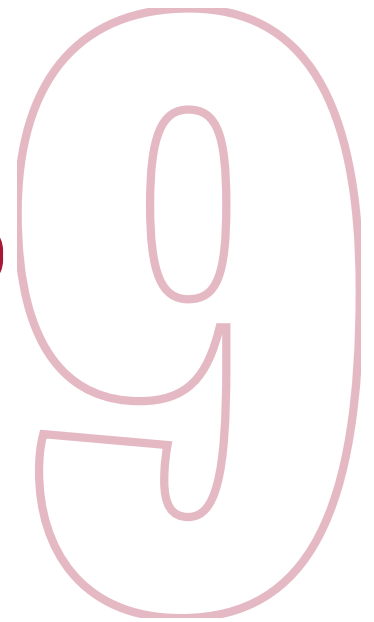
Carers should have had a copy of the Carers' s.17 leave leaflet already, but it would be good practice to give them another copy at the start of the leave. Make sure to record details of the handover on the ward records in case you need to refer to these later.



CHALLENGES: Carers do not always come on to the ward at the start of leave; sometimes patients meet them outside the hospital, or travel home alone and meet them there.

SUGGESTIONS: Build the handover in to your planning for leave with carers. Check how and where the carer will be meeting the patient and, if need be, plan a telephone call for earlier in the day to complete the handover. It can be useful to have a named person for this, so that you know it won't be missed.

Item 9: Get feedback from carers within 24 hours of leave



What you need to do

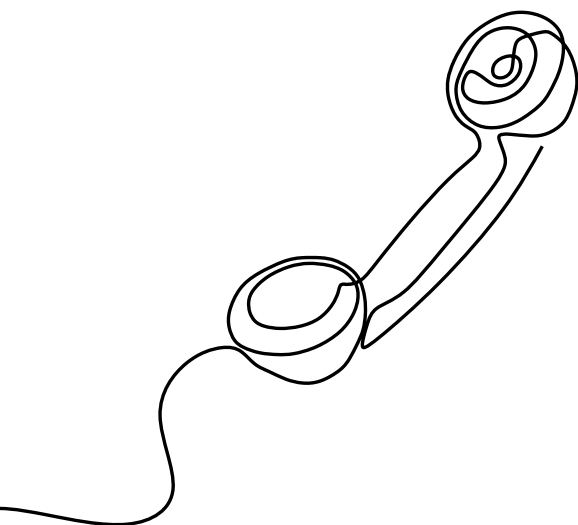
- Ask carers for feedback following leave with the carer, ideally in person when the patient comes back to the ward
- If this is not possible, identify a named member of staff to phone the carer within 24 hours
- Take the lead in asking carers for feedback (don't wait for them to offer it)
- Give carers a private space to share their feedback (away from the patient)
- Ask carers for feedback even where the leave is also escorted by a staff member
- Record carer feedback in the patient notes to inform patient care and future practice

Carer feedback is important. It provides valuable information about how the patient managed during the leave which can inform care and treatment decisions.

Ask for feedback when the carer returns the patient to the ward/hospital. Where this is not possible, identify someone in the team to contact the carer to seek feedback within 24 hours of the end of the leave.

Carers should have the opportunity to provide feedback in private (away from the patient) so that they can be open and honest without causing distress and upset to the patient.

It is useful to ask carers for their feedback even when leave is also escorted by staff. Carers usually have a better knowledge of the patient than staff do, and they may notice things which your team hasn't, which can be helpful for care and treatment decisions moving forward.



CHALLENGES: Staff don't always see carers when they come back to the ward, and it can be difficult to get hold of them afterwards, especially if both carers and staff are busy.

SUGGESTIONS: Build this into your planning for leave with carers. You can agree a plan with carers for contact when you know they will be available and also plan this for a time when it is most likely to be quiet on the ward. It can be useful to name a member of staff to do this so that it is someone's responsibility to make sure it happens. Make sure this plan is clearly recorded and communicated in staff handovers so that whichever staff are working on the day of leave can follow it.

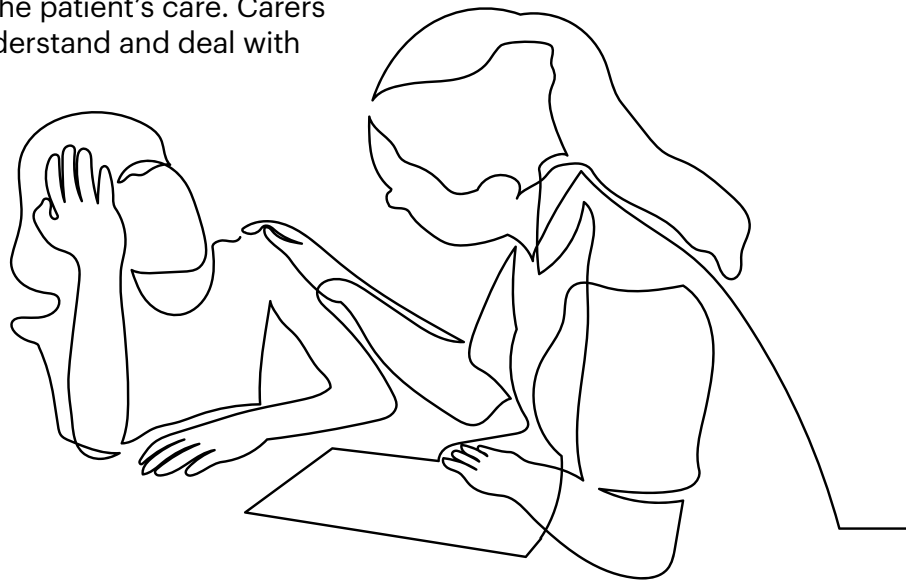
Item 10: Support carers when they find leave challenging, and refer them for support as needed

What you need to do

- Speak to carers when leave has been difficult (regardless of when you find out about this) and check if they need any support
- Offer the opportunity to debrief with an appropriate member of the ward team, or a referral to carer support services (even if the carer has previously refused this)
- Keep a record of the issue on your trust recording system so that you can refer back to this later if needed

Leave does not always go smoothly and it can be difficult and upsetting for carers, even the most experienced ones. It is important that staff are aware of any issues as this might be relevant for the patient's care. Carers may also need support to help them to understand and deal with what happened.

You are likely to have a lot of relevant experience that can help with this and it can be helpful to speak with a carer directly. You can also use this time to identify where carers might need some extra support and arrange referrals to local support services that can offer this.



CHALLENGES: There is not always somebody available to speak to carers when an issue is identified, depending on what else is happening on the ward.

SUGGESTIONS: While it is best to speak with carers at the time if possible, you can also arrange to speak with them later, in person or by telephone. Make sure that the carer understands why there is a delay and agree when you will speak to them. Tell them who will be contacting them and who they should get in touch with if the contact is missed for some reason.

This guidance has been produced from research led by the University of York, undertaken with carers, practitioners and Approved/Responsible Clinicians at Humber Teaching NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust, St Andrew's Healthcare Northampton, Leeds and York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust, North East London NHS Foundation Trust, and South West London and St George's Mental Health NHS Trust.

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