East Kent Hospitals University

NHS Foundation Trust

**TRUST POLICY**

Carers Policy

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**This policy is available in other formats, for example, in large print, audio and Easy Read on request. Please contact** ekuft.patientvoice@nhs.net

Version Control Schedule

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Policy Reviewers

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| **Title and Care Group of Individual** | **Date Consulted** |
| Operations Director, Women, Children and Young People Care Group | November 2023 |
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Associated Documentation

Equality, Diversity and Inclusion policy for patients, carers, and families

Accessible Information Standard Policy

Mental Capacity and Deprivation of Liberty Safeguards Policy

Special Leave policy for staff

Dementia Strategy

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1. Policy Description
	1. The Carers policy outlines our commitment to working side by side with patient’s carers and family. It outlines the support available from East Kent Hospitals University NHS Foundation Trust (EKHUFT) for all carers who are providing formal or unpaid care to patients in our care.
2. Introduction
	1. At East Kent Hospitals University NHS Foundation Trust (EKHUFT) we recognise that carers have an important role in supporting the effective and safe delivery of treatment and care of our patients, particularly when they are in hospital. It is important that we identify, involve and support carers in the clinical setting to both get the care of the patient right and to ensure carers are aware of information and support available to them and their rights.
	2. It is important to support the patient / carer relationship, ensuring that the carer can continue in the caring role to improve the cared for person’s patient experience, promote well-being and support the discharge process.
	3. The Trust has a duty to ensure that carers are respected and listened to as equal and expert partners in the care planning and delivery of care for the cared for person. It is important to ensure staff are aware of their responsibilities in identifying carers and maintaining a carer’s health and wellbeing.
	4. Most carers that staff encounter will be people that care for a relative or friend. Therefore, they will know the person who is a patient in our care far better than we will. Most carers have the safety and welfare of the patient they care for in mind when they ask questions or want to support them whilst they are in our care.
	5. Carers often do not think of themselves as such, regarding themselves as partners, parents, relatives, friends, or neighbours.
	6. Involving carers is not to ignore that many patients can speak for themselves. Rather it is recognising that when we are ill, in pain, are having certain treatments or procedures or have a serious health condition, patients often rely on their family and friends to support them. Patients usually trust their carer and family to ensure they are kept safe, and that they receive the reasonable adjustments they need that support their independence and dignity. If we exclude carers and families, we miss opportunities to better understand our patients’ fundamental needs and to meet them.
	7. The Trust is committed to ensuring that carers have better and timely access to information regarding the patient’s condition, the treatment plan, how they can be involved and what support is available to them as a carer while they are with the patient at hospital. Carers will be involved in discussions about the patient’s care plan and be treated as “expert partners in care” and therefore part of the team.
	8. There are different considerations required for paid carers, such as those who support an older or disabled person to live independently in their own home or in a care home or supported living. They usually know the person’s needs well and can advise on what reasonable adjustments they need. These carers may be employed directly by the disabled person using direct payments, or funded via continuing health care or the local authority and may be referred to as personal assistants or support workers. However, they must not be involved in directly making decisions related to the person’s care and treatment or give consent on their behalf.
	9. A next of kin, or person identified by the patient should be involved if the person is unable to communicate their wishes. Staff will check if the patient has made an advance statement (not legally binding) or valid advance decision (legally binding) in place. In addition, staff will check for valid Lasting Power of Attorney (Health & Welfare) or Court Appointed Deputyship.
3. Definitions
	1. Throughout this document, the term "carer" refers to: ‘someone who provides practical unpaid help or emotional support to family members, neighbours or friends who use our services.’ This is defined in the Care Act (2014). If we are referring to paid carers, we use the term ‘paid carer’.
	2. **Care:** The term ‘care’ includes emotional, personal, physical, and domestic support. A carer may offer advocacy, regular help, or supervision with everyday activities such as shopping, cooking, washing, bathing, and dressing.
	3. **Carer:** Carers can be family members, including partners, children, siblings and parents, close friends, neighbours, or people who belong to the patient’s regular place of worship or local community group. They are part of the person’s support network, providing practical or emotional support that goes beyond the usual expected role of a family member or friend. Children or young people who have caring responsibilities are referred to as "young carers’’. The Children Act 2004 needs to be always considered. A significant number of carers are children or young people.
	4. **Equity and rights:** Carers can be all ages and genders, and from all walks of life, cultures, and backgrounds. Some carers are ‘hidden’ because their background or culture does not acknowledge their caring role. At least one third of carers are aged 60 or older; many others care for an older person. Carers have rights, including the right to refuse to take on, or continue, the responsibility of caring for someone and the right to an independent assessment of their caring role; these are legal rights.
	5. **Family:** this refers to the family in the widest sense, regardless of age, gender identity, civil partnership or marital status, sex, or sexual orientation.
	6. **Patient:** patients are as diverse as our local communities. They may have additional support needs due to a physical or sensory impairment, learning disabilities, neurodiversity, or mental health needs. People may experience barriers to using healthcare due to language, culture, beliefs, or previous poor experience. Some patients will need support when using health services, whether that is an advocate, carer, care partner, family member, friend, interpreter, or support worker.
	7. **Support Worker, Personal Assistant, Care Worker:** these are all paid carers and are not to be confused with family, friends or others providing unpaid care.
	8. **Staff who are carers**: employees with caring responsibilities that have an impact on their working lives. These are employees who are responsible for the care and support of relatives or friends who are older, disabled or seriously ill who are unable to care for themselves.
4. Purpose and Scope
	1. The NHS Commitment to Carers, launched in 2014, sets out the importance of recognising, valuing, and involving the carers of NHS patients.
	2. This policy applies to all carers and relatives of patients, regardless of whether in hospital as an in-patient, or receiving day care or day surgery or attending out-patient appointments and is relevant to all staff who are patient/ public facing. It defines the role of carers and how clinical and administrative teams can promote the patient-carer relationship, ensuring the carer is treated as an expert partner in the care of the patient.
	3. This policy includes:
		1. Staff responsibilities in supporting carers’ health and wellbeing and signposting to support.
		2. Information on the opportunities to identify carers of adults, children, and young people, including child and adult young carers.
		3. Support mechanisms available for carers who are contributing to the care delivery whilst the cared for person is receiving treatment in hospital, including in the Emergency Department, as an in-patient, a day care patient or as an out-patient.
		4. Enabling carers to feel part of the team by enabling them to continue providing some of the support they would normally provide at home whilst the cared for person is in hospital.
		5. Involving carers in decision making and discharge planning.
		6. Support for staff who are unpaid carers. See Trust’s Special Leave policy for staff, which includes paid and unpaid leave for carers.
		7. Car parking, meal vouchers or provisions, and other facilities to support unpaid carers of an inpatient or patient receiving regular treatment such as chemotherapy or dialysis.
	4. Also described briefly are the responsibilities the Trust has towards care or support workers (paid), whose clients may still require their support in the clinical area, e.g., patients who have a learning disability or complex needs.
	5. It is important to remember that carers themselves may have specific needs whilst they are supporting someone in hospital. This policy defines the facilities, services and support which are available to carers who are contributing to part of a patient’s care whilst they are in our care.
	6. Carers may be the first to be aware of a developing crisis; they may be best placed to notice subtle changes in the person for whom they care or be the first to notice early warnings of relapse. Engaging the views of carers at such times may be key to ensuring emerging risk factors are properly evaluated and acted upon. This is particularly important during emergency treatment and admission.
	7. Carers are key partners with health and care services and local authorities in providing care. In many instances, especially when a patient is not in hospital, the patient’s carers and wider family will provide more care and support than health and social care professionals. It is important for professionals to identify all individuals who provide care and support for patients, to ensure that health and care services offer assessments of those carers’ needs and, where relevant, provide support to meet them.
	8. Carers who are patients themselves may need a longer convalescence and more respite care for the person they look after. They may need additional support on discharge, as well as to be directed to sources of support. As a Trust we will also benefit from the improved communication, involvement and appropriate support offered to carers; benefits such as fewer delayed discharges, reduced incidences of hospital readmissions, fewer carer complaints and improved experience for patients, their families, and carers. Better informed and supported carers are also less likely to break down under the strain of caring, something which can lead to the emergency readmission of patients, sometimes with their carers.
	9. Carers also have a need for information about the condition of the patient, i.e., should deterioration occur, or for post discharge information and training which will support them in their caring role. Unless there are good reasons not to, such as safeguarding concerns, patients should be encouraged to agree to their carers being involved in decision making and to them being kept informed. If patients lack capacity to consent to this, it may be appropriate to involve and inform carers if it is in the patient’s interests – although that decision should always be made in the light of the specific circumstances of the case.
	10. Without the carer’s support the cared-for person might remain longer in hospital than is necessary, or need to be in intermediate or transitional care, or in a residential or nursing home for longer. It is important that when people are admitted to hospital or receiving on-going care, such as through day care or out-patient care, the role of their carer is acknowledged and valued and carers themselves are supported and involved in the care of individuals.
	11. The decision of who to involve should be based on the patient’s wishes, if they are able to make their wishes known. If they lack capacity, the decision should be based on best interest. Capacity to decide should be presumed, but in emergency situations or if the patient is unconscious or unable to communicate, staff will check with the patient’s named next of kin. In addition, staff will recognise that a patient’s carer may be someone other than their next of kin, especially in situations where family members may be estranged or there are safeguarding issues. For further guidance please refer to the Mental Capacity and Deprivation of Liberty Safeguards policy.
	12. Staff should not make assumptions about who a person’s carer is, or indeed that they have a carer. Many disabled people and older people live independently or with paid care support or informal arrangements outside of their family. Therefore, their carer may not be their next of kin or a family member. If the patient has a paid carer, they may wish for them to provide their personal care whilst they are an in-patient, but also may need this person to be with them if they are a day patient or out-patient.
	13. Carers who are family members often don’t see themselves as the person’s carer, but rather as their partner, parent, sibling or relative. A person’s friends may provide day to day support and may not see themselves as carers, but know the person well, sometimes better than their family. Therefore, we will ask patients if they have someone who they rely on for support, so that we can formally record who is important to them and therefore who should be involved.
	14. To ensure that carers can, where appropriate, participate fully in decision making, it is important that they have access to:
* Practical and emotional help and support to assist them in participating.
* Timely access to comprehensive, up-to-date, and accurate information.
	1. This applies equally to children, young people or individuals with a learning disability who are supporting parents due to a health condition. In considering the kind, and amount, of information which young people (especially young carers) should receive about a parent’s condition or treatment, the people giving the information will need to balance the interests of the child against the patient’s right to privacy and their wishes and feelings. Any such information should be appropriate to the age and understanding of the young person.
	2. Even if carers cannot be given detailed information about the patient’s case, where appropriate, they should be offered general information in an appropriate form, which may help them understand the nature of the illness, the way it is treated, and the operation of the Care Act (2014).
	3. If carers request that information they provide is kept confidential, this should be respected and recorded in the patient’s medical record. A carer should be asked to consent to such information being disclosed (see [Caldicott Guardian Guidance](https://staff.ekhuft.nhs.uk/Interact/Pages/Content/Document.aspx?id=2608)). Where a carer refuses to consent, professionals should discuss with the carer the benefits of sharing information in terms of patient care and how their concerns could be addressed. There may be exceptions if there are safeguarding concerns, that require staff to share the information without the carer’s consent.
	4. Staff should use their training and knowledge of the Mental Capacity Act (MCA) to support the recognition of fluctuations in patient capacity which affect the necessary care that the patient can or cannot provide for themselves.
1. Care Act 2014 Guidance
	1. Local authorities also have duties in the Care Act (2014) to offer assessment of adult carers’ current and future needs for support and must meet eligible needs for support, including for those who are new or soon to be carers. The Children and Families Act 2014 also places a duty on local authorities to assess needs for support of both parent carers of disabled children and young carers.
	2. It is therefore important that as a Trust we work closely with partner organisations, both local authorities who have statutory duties, but also voluntary, community and social enterprise (VCSE) sector organisations who may have been delegated to provide these statutory services, including carers assessments and who provide additional support services such as carer support groups, telephone befriending for carers, access to counselling and short-term respite care.
	3. The Care Act (2014) and Children and Families Act (2014) enshrine in law the rights for carers of any age to have access to an assessment and appropriate support.
	4. It also recognises that a carer’s needs may “fluctuate” over the course of time so it may be important to review the complete picture of carers needs over the past year.
2. Carers’ Equality, Diversity, and Inclusion
	1. Carers: carers are unpaid and are usually family members or friends. A carer can be defined as ‘an individual, an adult, or a child, who provides unpaid help and support on a regular basis to a partner, family member, friend or relative. They may provide practical help, care, physical or emotional support to a person who is vulnerable for a wide variety of reasons, whether through age, physical or mental illness, disability, or other issues such as substance misuse.
	2. Young Carers / Young Adult Carers: A young carer is ‘a child or young person aged between 5 – 18 years whose life is restricted in some way due to the need to take responsibility for the care of a parent or sibling because they have a disability, mental illness or chronic condition’. Young carers have caring responsibilities that would normally be expected only of an adult. The person they care for will usually be a parent, a brother or sister, or a grandparent. For example, a young carer may be caring for parents who misuse drugs and alcohol. Young carers are often unrecognised and easily overlooked by the clinical team, particularly in cases where it is not obvious that they have a caring role.
	3. Parents as Carers: Parents are sometimes also their child’s carers, in the sense that the child may have additional needs and require more care or specific treatments from their parents or guardians. In all cases, parental responsibility must be established before proceeding. Good communication and documentation between Trust staff and parents (or guardians) who are their child’s carers is essential.
	4. Older Carers: Older carers can become more isolated and often have less support from other family members. Help and support within the hospital setting may be needed to enable an older carer to safely continue with their caring role. Older carers, who themselves have social care needs, should be referred to Adult Social Care <https://www.kent.gov.uk/social-care-and-health/adult-social-care/care-and-support/help-to-live-at-home> who will make the necessary arrangements for an assessment to be completed.
	5. Black, Asian and Minority Ethnic Carers: Be aware that whilst carers may face similar barriers or difficulties in caring for someone, there may be differences in the caring role due to cultural and religious issues or language. It is important to spend time to understand the needs of carers and the wishes of the patient in the continuing caring role.
	6. Carers and sexual orientation and gender diversity: a patient’s carer or partner may be the same sex as the patient or same gender identity or gender diverse. We should not make assumptions but be guided by the patient’s wishes to involve their carer, partner, or family as an equal partner in their care.
	7. Carers of people with complex needs and disabilities: Carers often have the most comprehensive understanding of the specific care needs of patients, including their communication, psychological and emotional needs and should, therefore, be treated as expert partners in the delivery of care. The carer role is often to provide support, continuation of care and facilitate communication with the patient. It is important that carers of people with complex needs and disabilities are regularly involved and informed of clinical decisions regarding the patient. Individuals with learning disabilities should be referred to the Learning Disabilities and Autism Lead Nurse to ensure the care plan is reviewed and supported by the ward. The Lead Nurse can advise on reasonable adjustments and support so the ward can ensure good carer involvement and support throughout the patient’s hospital stay.
	8. Carers who are inpatients: Carers who are themselves patients may have specific needs which may have to be taken into consideration. Staff should also check as a matter of urgency if there is a contingency plan in place to support the person they normally care for. The ward should ‘think family’ and contact the relevant Safeguarding team:
* [Adults](https://staff.ekhuft.nhs.uk/Interact/Pages/Content/Document.aspx?id=2319)
* [Children](https://staff.ekhuft.nhs.uk/Interact/Pages/Section/ContentListing.aspx?subsection=4796)
	1. Visitors and relatives: Not all relatives or visitors of patients in hospital will be carers or see themselves as carers, therefore it is important that the carer role is discussed with relatives or visitors and that any ongoing caring responsibilities they want to provide are agreed; that those relatives or visitors who are carers are recognised by the clinical team and involved in decisions and plans for the patient.
	2. Care Workers (Paid Carers): Throughout the community there are various people who are supported to maintain independent living with paid carers; either self-funded or as part of a care package from social services or employed using direct payments. These carers may still need to provide ongoing support for the patient in hospital. They may need to be actively included in the patient’s care, with regards to communication, nutrition, mobility, and personal care. The involvement of paid care workers needs to be considered and agreed at the time of admission and regularly reviewed, all arrangements must be clearly documented in the patient’s medical record.
1. Responsibilities

The key responsibilities for the implementation of this policy are as follows:

* 1. **Trust Board**
		1. Ensure that the NHS Commitment to Carers is reflected in how services are planned and delivered, ensuring every opportunity is taken to recognise and value the role of carers in supporting patients, and involve them in shaping patient and family centred care.
	2. **Chief Nursing and Midwifery Officer and Chief Medical Officer**
		1. Ensure that all policies, practices, and procedures relating to patient care are consistent with NHS Commitment to carers and that “Think Carer’ becomes part of how we deliver patient and family centred care.
		2. Monitor the effectiveness of this policy and other policies and procedures in relation to carer recognition and involvement, through the Carers survey, engagement with local carers organisations, complaints, and compliments monitoring, taking any necessary action as appropriate.
	3. **Patient Experience Committee**
		1. Examine and recommend improvement to any strategies, policies and procedures which impact upon the Trust’s aspirations to ensure the recognition of carers as expert partners in care and the involvement of carers and families of patients.
	4. **Managers**
		1. Ensure that policies and procedures relating to carer and family involvement and inclusion are implemented and communicated to all existing staff and new staff on their commencement.
		2. Promote a professional and positive environment for the care and treatment of patients and the involvement of their carer and family.
	5. **Staff**
		1. All staff must be aware of the Carers policy and the support needs of different types of carers. The role of the carer within the hospital setting should be identified and formally recognised as part of the patient’s care plan. Carers will be encouraged and supported to continue with their caring role, with the patient’s expressed consent or in acting in the patient’s best interest.
		2. All staff should be aware of where carers can get information and support, including offering the Carers Leaflet, signposting to information on the Trust’s website and making them aware of the Carer’s Passport and the Carers Hospital service.
		3. All staff should:
* Identify and recognise carers of all ages and value them as equals and expert partners in their caring role.
* Identify the carer and the essential role they play at first contact or as soon as possible thereafter.
* Have compassionate conversations with carers, recognising how difficult the role of a carer can be.
* Ensure carers are aware that information and support is available and that that they have certain rights, including the right to request a carer’s assessment.
* Enable carers to make choices about their caring role, including the choice to not continue to provide care or a higher level of care.
* Actively seeking patients’ permission to share information with carers and record this in the patient’s notes.
* Provide a Carer’s Passport to identified carers for each episode of in-patient care or day patient care.
* Involving carers in patients’ discharge planning.
* Offering relevant support to carers provided by the Trust and by signposting them to support in their local community.
* Monitoring carer experience and satisfaction through the carers survey and carer organisation feedback.
* Identify and support patients with a caring responsibility and check with them what contingency arrangements are in place for the person they care for.
* Keep carers informed of a patient’s condition.
* Show courtesy, kindness, and respect to carers as expert partners in care.
* Developing awareness of and support available for young carers.
* Recognise that carers play an important role in the continuing care of many patients following discharge, by picking up patients’ health and other care needs in the community.
	+ 1. By implementing this policy, the Trust will help to promote the health and wellbeing of carers.
1. Care pathways
	1. Elective Admission Pathway: As part of the pre-assessment process staff are responsible for identifying if a patient has carers involved in supporting their every-day activities. The role of the carer in supporting the patient’s needs should be identified at the pre-assessment stage and included in the plan of care/clinical pathway. Any on-going carer involvement and support will be identified and documented as part of this.
	2. Urgent Admission Pathway: Upon admission, staff are responsible for identifying those patients who have specific carers involved in their daily care. The role of the carer, paid or unpaid, will be identified and recorded in the ongoing care plan of patient’s needs in hospital. Unpaid carers MUST be contacted as soon as possible if they are not present when the patient is bought to the Emergency Department. Wherever possible, contact will be made with any formal carers from community services or care home. Discussion with any carer will identify the specific needs of individuals and agree any continuing involvement of carers whilst the patient is in hospital. In addition, if the patient is under the care of a specialist service, staff must liaise with the relevant specialist or liaison nurses, for example, if undergoing specialist treatment, either short-term or ongoing.
	3. An urgent admission may be the first time a family member recognises there may be a need for an ongoing caring role; the cause of the patient’s urgent admission may lead to a long-term disability or increased patient dependency resulting in the need for long-term caring support. Relatives/friends need to be supported through this process, as the role of unpaid carer may not be something they had previously considered; the impact of caring for someone with complex needs should not be under-estimated and carers need information and support in taking up this role.
	4. Day treatment or day surgery: when patients are receiving day treatment or day surgery they may benefit from extra support from their carer or family. This may be the case if they are highly anxious in unfamiliar environments, for whatever reason, or have communication needs that require support, or it is likely the carer will need to be involved in additional support once the patient is back home. Therefore, staff must discuss this with the patient, checking if there’s someone who supports them at home, and if they’d like that person to be with them or be given an update whilst waiting and before they go home.
	5. Attendance at out-patient appointments: patients have the right to be accompanied when attending appointments ([CQC Regulation 9A](https://www.cqc.org.uk/guidance-providers/regulations/regulation-9a-visiting-and-accompanying)).
2. Policy Development, Approval and Authorisation
	1. This policy was developed by the Carers Task and Finish Group.
	2. This policy will be approved by the Patient Experience Committee.
	3. This policy will be ratified by the Policy Authorisation Group.
3. Review and Revision Arrangements
	1. This policy will be reviewed as scheduled in three years’ time unless legislative or other changes necessitate an earlier review.
	2. It will be ratified by the Policy Authorisation Group every three years, or when there are significant changes and/or changes to underpinning legislation in accordance with the policy for the Development and Management of Trust Policies.
4. Policy Implementation
	1. Refer to Appendix C.
5. Document Control including Archiving Arrangements
	1. Archiving of this policy will conform to the Trust’s Information Lifecycle and Records Management Policy, which sets out the Trust’s policy on the management of its information.
	2. This policy will be uploaded to the Trust’s policy management system.
6. Monitoring Compliance
	1. The following standards will be monitored:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What will be monitored** | **Lead**  | **Method**  | **Frequency**  | **Reporting to** (Committee) | **Implementation of any required changes**  |
| Staff uptake of carer awareness training | Wellbeing team Learning and Development team | Awareness sessionse-learning | On-going | EDI Steering Group | Wellbeing team and Learning and Development team |
| Carer feedback | Patient Voice and Involvement team | Carers surveyPALS and ComplaintsCare Opinion | On-going | Patient Experience Committee | Services that the feedback relates to. |

1. References

The Children Act 2004

Care Act 2014

Children and Families Act 2014

Carers Leave Act 2023

Regulation 9A: Care Quality Commission Guidance on visiting and accompanying in care homes, hospitals, and hospices published April 2024

1. Acknowledgements

The Carers Task and Finish Group members who contributed to the Development of this policy:

Carers from East Kent

Carers Support East Kent – Chief Executive and Head of Services

Crossroads Kent – Operations Director

Kent and Medway Cancer Alliance – Macmillan User Involvement Manager

Pilgrims Hospice

Age UK Thanet - Chief Executive Officer

Head of Workforce and Development for Allied Health Professionals

Associate Director of Nursing for General Medicine

Head of Nursing - Cancer

Lead Specialist Nurse in Dementia Care

Practice Development Nurse, Quality Improvement team

Senior Wellbeing Adviser (Staff)

Patient Involvement team members

1. Appendices

Appendix A – Key points for staff to be aware of about carers of patients

* Many carers don’t see themselves as a carer, so rather than asking “are you a carer?” ask “is there someone who relies on you for practical or emotional support?” or “does [patient’s name] rely on you for support when they are not in hospital?”
* Carers provide support to the 'cared for' person at home, so following admission they may wish to be involved in the patient’s care including helping them with eating and drinking, personal hygiene, getting moving again, their medication, infection prevention and in the discharge planning.
* It is important that staff identify and recognise carers of all ages and involve them as equals and expert partners in their caring role.
* Carers have rights, including to information and support, and are entitled to request a Carers assessment. Staff should inform carers about this.
* Allow carers time to make choices about whether to take on or continue in the role of carer whilst the person they care for is in hospital or when their discharge is being planned.
* The Carer's Passport is available for unpaid carers of an inpatient and is valid for the current episode of care. The passport is issued at the ward’s discretion, to carers who are contributing in any way to the care of the patient whilst on the ward.
* The Kent and Medway Carers’ Emergency Card is a card and key fob (free of charge) for carers to write down the number of an emergency contact, who will be called in the event of an accident or sudden illness. Cards can be requested from Carers’ Support East Kent, who can also help you to think about emergency planning (see contact details below).
* There are resources for carers, such as the Carers Hospital Service at EKHUFT, local carers organisations and other information/support available such as the Kent and Medway Carers Emergency Card.

[**Carers Support East Kent**](https://carersek.org.uk/): Tel: 0300 302 0061,
Email address: support@carersek.org.uk

[**Crossroads Care Kent**](https://www.crossroadskent.org): Tel: 03450 956 701

[**Kent and Medway Carer’s Emergency Card**](https://www.kent.gov.uk/social-care-and-health/adult-social-care/care-and-support/caring-for-other-people/kent-and-medway-carers-emergency-card#tab-1)

[**Kent Carers Matter**](https://www.kentcarersmatter.co.uk)

[Kent Parents and Carers Together (Kent PACT)](https://kentpactnew2022.co.uk/)

Appendix B – Standards and Practice

**Objective: Staff will be “carer aware” and aware of patient and carer involvement policies and strategies.**

There are key elements to addressing carers’ needs:

* Be aware: carers frequently fail to think of themselves as such, regarding themselves as partners, parents, relatives, friends, or neighbours. Compassionate conversations should be used by staff to elicit this information positively. Ask “is there someone who relies on you for practical or emotional support?”
* Carers must be identified as early as possible. In the case of elective procedures, it may not yet be possible to obtain this information from the referring GP. Carer identification is part of pre-admission procedures and documentation and will help to identify discharge issues.
* Ideally the patient will identify their carer to staff, but the patient may see their carer as their spouse or friend, or child, not their carer. Staff should ask the patient if they want their nominated carer to be involved in their care whilst in hospital. If staff have concerns about the carer’s involvement this may need to be investigated further. The Safeguarding team should be contacted for advice:

[**Adults**](https://staff.ekhuft.nhs.uk/Interact/Pages/Content/Document.aspx?id=2319)

[**Children**](https://staff.ekhuft.nhs.uk/Interact/Pages/Section/ContentListing.aspx?subsection=4796)

* If the patient is too unwell to give any information, staff should try to discover from the patient’s visitors if there is a carer and then contact them as soon as possible.
* A patient’s carer’s involvement should be checked and reviewed during their stay in hospital. Often a partner, relative or friend will accept responsibility for the post-discharge care needs of a patient who was independent before their current illness.
* Sometimes an existing carer may refuse to take on greater responsibilities or continue the caring role. You may find it helpful to involve the Carers Hospital Service. Any changes need to be documented and factored into the patient’s discharge plan. Refer to the Trust’s Hospital Discharge (Criteria to Reside) policy.
* The carer’s details will be recorded clearly and kept with the patient’s medical record or nursing records and referred to by all members of the multidisciplinary team.
* The patient’s consent (or otherwise) regarding the disclosure of personal information about their diagnosis, treatment and care needs to the carer must be recorded on the patient’s care record.
* Staff should ask the carer for confirmation that they are willing and able to take on, or continue looking after, the patient following discharge home. This should be asked in private, as patients sometimes nominate a person as their carer without any prior discussion with the proposed carer. The patient-carer relationship is confirmed and documented in the Carer Passport and patient’s care record.
* Carers may stay overnight to continue with their caring role; the details of the arrangements must be in discussion with the Nurse in charge or ward manager.
* If the patient is lacking capacity, or is incapable of making a decision, the Trust will act in that patient’s best interest, in line with the Mental Capacity Act. On completion of a Mental Capacity Assessment, a best interests decision will be made by the multidisciplinary team. If the patient’s best interests are served by disclosing personal information to a carer to provide care, or to enable the carer to assess whether he or she is able to provide the required care, then that disclosure may be made and both decisions recorded in the patient’s records within the Mental Capacity Assessment Form.

Carer’s Passport:

Carers of a current inpatient, day patient or out-patient who are contributing to care of the patient, are entitled to a Carer’s Passport. This supports carers with open visiting, access to facilities and joint care planning. A copy of the passport can be found on [Staff Zone](https://staff.ekhuft.nhs.uk/Interact/Pages/Content/Document.aspx?id=5202).

A Carers Passport, along with the Carers information leaflet which will be available from July 2024, will be provided to the carer, by the ward staff or specialist nurse or out-patient service. The passport is only valid for one episode of in-patient care or course of day treatment or series of out-patient appointments. If the patient is re-admitted or starts a new course of treatment or attends a new service, a new passport will need to be issued. Ward managers should retain paper copies on the ward to give to carers when needed.

Details of care that the carer is willing or able to give to the patient whilst an in-patient on the ward or when receiving day treatment will be recorded in the patient’s care record.

The Ward manager will retain a selection of numbered meal vouchers and parking vouchers on the ward to distribute to carers of in-patients who have been given a Carers Passport. Vouchers will be supplied by 2Gether Support Solutions. For carers of patients attending day care or out-patients, meal vouchers will not be provided. Parking vouchers may be provided to patients/carers attending day care for a series of treatments.

If the Carers Passport is required in Braille or in another language, please arrange this via the Trust’s Interpreting and Translation Service.

Staff will need to be aware of sources of support for carers including local carer organisations and other community services able to provide information and support in many forms to the carer, which should be clear and accurate to help carers obtain support for themselves and the person they care for. See the [Carer’s page](https://staff.ekhuft.nhs.uk/Interact/Pages/Content/Document.aspx?id=5202) on Staff Zone.

Information provided may include the following:

* Carers Information Pack
* Information on Carers Support East Kent
* Signposting to the Carers Hospital Service at EKHUFT
* Signposting to the Trust’s website for information related to carers
* Carers survey link
* Carers UK online support for Carers
* Awareness of accessing independent advocacy services under the Care Act
* Staff will provide some information and support themselves, which may include nursing and therapy techniques
* Staff will also need to be aware of how carers, as well as patients, can access the PALS and Complaints teams in the event of their having a concern or complaint about the service, or alternatively Call4Concern.
* Carers are informed of their right to a carer’s assessment under the Care Act and are offered information on how to access a carers assessment and services.
* Carers’ individual needs should be recognised, responded to, and reflected in the patient’s record and care plan
* The carer’s age, disability and communication needs associated with it, ethnicity, culture, religion, sexual orientation, gender identity and other protected characteristics will be respected and considered.
* If carers need assistance to communicate their views, this will be provided e.g., if English is not their first language, or they require a British Sign Language interpreter of other non-spoken language they will be assisted by a qualified interpreter or by advocacy services, whichever is most appropriate.
* Carers can be actively involved in the planning, development, and evaluation of services – signpost them to the Patient Voice and Involvement team.
* Carers will be given the opportunity to state their views on the quality of the services and the range of services to be developed.
* Staff should promote the involvement of carers in any assessments carried out by occupational therapists, physiotherapists, specialist nurses etc.

Considerations for disclosing information to the carer about the patient:

Offer carers jargon free information about:

* The medical condition of the patient
* What the patient’s continuing care needs are likely to be
* What training might be available to the carer
* A discharge plan – verbal and written
* support available through Carers Support East Kent, including requesting a Carer’s Assessment

Explain to carers about:

* A carer’s right to information and support and to request a Carer’s Assessment
* A carer’s right to recognition and support
* A carer’s right to refuse to take on the responsibility of caring for the patient after discharge
* Their right to access to signers or interpreters if required or consideration of any accessible information needs
* Sources of support, such as carer organisations or self-help groups
* How to challenge decisions and how to raise a concern or make a complaint.
* Carer’s right of confidentiality
* The importance of both positive and negative feedback

Signpost to **Kent Carers Matter** for information about:

* the financial implications of caring
* services – those that are free, and those with charges
* services available through community services
* support available to carers

Offering choices to carers / giving carers time to make choices about:

* taking on the role and responsibilities of carer
* whether to continue caring
* what level of responsibility to accept, recognising individual boundaries and constraints.
* whether their caring role is sustainable, and what the risks associated to their caring role are, such as their own health or their ability to continue working.

In addition, it is important to consider the spiritual and cultural values, beliefs and needs of the carer: it may be helpful to seek the advice and support of the Trust’s **Chaplaincy service**.

Supporting the carer in the clinical area / role of carer in clinical area:

* The roles and responsibilities of the carer must be agreed and clearly defined with the carer and nursing staff and documented in the patient care plan. This must include tasks to be completed by the carer e.g., personal care, supervision with nutrition and fluids.
* Once the carer is identified, and their role agreed, the ward manager will issue a Carers Passport to ensure that all carers are clearly recognisable.
* The carer will take responsibility for any patient property when they are present. This includes arranging for any valuables to be taken home if appropriate and for the laundering of any clothes, unless an agreement has been made that the valuables are stored in a secure environment on the ward.
* The registered nurse is responsible for ensuring the carer is aware of any specific care needs of the patient, including infection control and manual handling. The carer may provide support; however, the registered nurse is responsible for the safety of the carer as well as the patient.
* The carer must be aware they are responsible for their own actions during the care process and the named nurse /ward manager /team leader / matron is responsible for ensuring that the carer is aware of this.
* The wards can provide drink and meal vouchers for carers who are contributing to care on the ward, as described in the Carers Information Leaflet, and to carers who have been recognised by the Ward Manager or team as a carer and so given a Carers Passport. Carers Passports can be downloaded from [Staff Zone](https://staff.ekhuft.nhs.uk/Interact/Pages/Content/Document.aspx?id=5202&SearchId=0) for printing.
* To help encourage breaks away from the ward, staff can offer to note a mobile phone number for the carer; this will enable them to be called back to the ward if required. Ward staff will provide cover for the carer to take breaks away from the environment.
* If the patient requires their usual paid care worker or support worker to support them, their care / support workers must display their identification from their own organisation or agency and wear their uniform, where applicable, whilst in the ward environment. Care workers who undertake manual handling independent of the ward team must be assessed in this task by the registered nurse and must be documented in the patient’s manual handling risk assessment. Paid care / support workers will not be eligible for free drinks or food.
* Some patients may directly employ their own care / support staff. If this is the case, they may not wear a uniform or have an ID badge. It’s important to confirm with the patient the identity of these care / support staff. Care workers who undertake manual handling independent of the ward team must be assessed in this task by the registered nurse and must be documented in the patient’s manual handling risk assessment. Paid care / support workers employed directly by the patient will not be eligible for free drinks or food.

Meals/Drinks:

* Practical arrangements such as, breaks and refreshments can be arranged with the ward staff, and this is agreed on an individual basis.
* There are meal/drink vouchers available that can be used at the main restaurants on the three main sites of Kent & Canterbury, QEQM, and William Harvey Hospital.
* These are provided by the ward staff to carers who hold a Carers Passport. We also encourage carers to show their Carers Passport to the facilities staff when they are completing their rounds on the ward or day treatment units, as they will be able to provide carers with a tea/coffee/water and meals.
* It is important to remember the carer may find it difficult to leave the ward environment, being worried about the patient in their absence and the nursing staff will need to support the carer and encourage them to have regular breaks ensuring their wellbeing, which is as important as the needs of the patient.
* Nursing staff will compassionately monitor the health and wellbeing of the carer being mindful of any carer fatigue. This is particularly important for carers who have long-term conditions and disabilities themselves. Orientation of the ward environment should be provided to ensure the carer is made aware of the fire alarms and evacuation procedures and facilities.

Free Car Parking for Carers:

Free parking can be arranged for carers who are supporting an inpatient or a patient receiving day care / treatment on a regular basis and have been given a Carers Passport. This is at the discretion of the ward or service, who will liaise with carers to access free parking arrangements. The Car Park team will then direct the carer to where they may park for free.

Moving and handling:

Many carers move and transfer the person they care for safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in movement / transfer should be instigated and guided by the carer with permission of the patient. The Registered Nurse has the duty and obligation to ensure manual handling best practice is maintained for staff, carer, and the patient. The carer can only be involved in the movement / transfer of the patient once they have been assessed as capable by the moving and handling team and only with consent from the patient. For further advice please speak to the ward link for Moving and Handling or the Trust’s Moving and Handling team.

Medication:

Many carers administer drugs to the person they care for safely and effectively whilst at home. They may wish to continue to be involved in this activity during hospital stay or day treatment but are under no obligation to do so. The level of involvement of the carer in drug administration should be instigated and guided by nursing staff with permission of the cared for. The Registered Nurse has the duty and obligation to administer medications to patients and can only involve carers in assisting with taking the medication.

Personal hygiene:

Many carers assist with personal hygiene activities for the person they care for safely and effectively whilst at home. They may wish to continue this during the hospital stay but are under no obligation to do so. The level of involvement in hygiene care should be instigated and guided by the carer with permission of the patient. The Registered Nurse has the duty and obligation to ensure the patient’s hygiene needs are met. The carer can only aid with hygiene activity once they have been assessed as capable by nursing staff and only with consent from the patient. Where the patient is unable to give consent, a decision should be made based on best interest.

Eating and drinking:

Many carers assist with eating and drinking activities for the person they care for safely and effectively whilst at home, including for patients that have feeding tubes. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The Registered Nurse must ensure the patient is able to swallow safely when being fed and has been assessed by the Speech and Language Department if applicable, prior to assessment of the carer’s competency. The level of involvement in eating and drinking assistance should be instigated and guided by the carer with permission of the patient.

The Registered Nurse has the duty and obligation to ensure the patient’s nutritional needs are met. The carer can only assist with eating and drinking activity once they have been assessed as capable by nursing staff and only with consent from the patient. The Trust operates a Protected Mealtime Policy, however, reasonable adjustments will be considered, and carers can remain, if they wish to do so, to support the patient.

Infection prevention and control:

In terms of protection for the carer, the person they care for and other patients in the hospital environment, the following points should be always adhered to in line with the relevant Infection Prevention and Control policies:

* Although the carer may well be providing similar care at home, the vulnerability of the patient to infection may be much greater whilst they are ill in hospital i.e., they may have IV devices, catheters, feeding tubes, wounds etc, and antibiotics that would not be normal for them. Therefore, staff should ensure carers are aware and adhere to the correct procedures regarding hand hygiene, use of protective clothing, waste disposal and laundry segregation, whilst emphasising that most of the precautions required in hospital will not be necessary in the home situation.
* Ward staff should clarify that the carer must not provide care to any other patients. Particularly at mealtimes when carers may feel obliged to help other patients which could result in cross infection if they do not think about hand hygiene when moving from their cared for person to others.
* Carers should not be given access to staff only areas of the ward, in particular the ward kitchen as this would breach food hygiene regulations, but also the clean and dirty utility.
* In line with the advice given to all hospital visitors, carers should be asked to stay away when they are unwell themselves particularly when they have diarrhoea and/or vomiting, flu-like symptoms, any symptoms of COVID-19, coughs, colds, sore throats, or other potentially infectious conditions.

Discharge planning:

As well as providing general information about the hospital’s services and local carer organisations, carers will need information specific to the patient to assess if they will be able to meet the patient’s care needs at home. Carers will be involved in all aspects of discharge planning and will be kept informed of discharge plans throughout the patient’s inpatient stay. The ward team should make the carer / family aware of the Carers Hospital Service.

Care and Discharge Planning - Involving the Carer:

* Carers must be included with the patient in any discussions regarding plans for investigations, treatment, discharge, and ongoing care. For patients who have long-term health or social care support in the community, the Care Manager, Community Nursing team or Care Home Matron should be involved.
* In situations where the carer is expected to provide ongoing care in the community the patient’s needs will be clearly documented, a care plan provided and all necessary medication, equipment etc. should be arranged for the patient.
* On completion of a Mental Capacity Assessment, where a patient is assessed as lacking mental capacity, the carer’s view will be considered when making best interest decisions and these conversations should be documented.
* Carers of adults cannot give consent to treatment or discharge plans, unless they have Lasting Power of Attorney; however, they should be involved in discussions and decisions about ongoing treatment. It may be appropriate for a carer to chaperone or escort the patient during treatment, investigation, or discussions.
* Where the patient lacks mental capacity, and has no relative or friend, a referral needs to be made to the Independent Mental Capacity Advocates, if not made previously in more serious cases. Care workers cannot act as a patient’s advocate. This includes decisions regarding changes to accommodation.

Carers need regular information to feel involved and empowered in the patient’s care. This includes jargon free information regarding:

* Diagnosis - particularly of long-term conditions or disabilities
* Planned investigations and procedures
* Carer involvement in care – what to bring in, how to use equipment etc.
* Pre-operative care and preparation
* Potential risks to surgery, treatment, or medication
* Long-term plans for ongoing care or follow-up treatment including community support, Care home provision
* Support available for carers – with information, facilities, services

As well as providing general information about the hospital’s services and local carer organisations, carers will need information specific to the patient to assess if they will be able to meet the patient’s care needs at home. To support this staff should:

* Identify carers as soon as possible by asking patients if they have a carer; remind patients what the term carer includes.
* Refer to your Trust’s discharge policy available on the Intranet
* Advise the carer of the Carers Hospital Service
* Health Care Professionals must ensure the name and contact details of the carer are recorded onto the patient’s care record, both any paper record and on Sunrise or PAS
* Ensure that carers are involved (rather than just informed) at all stages of the patient’s journey. This would include:
* making the decision to discharge the patient
* discussing and agreeing practical alterations and preparations for the discharge at home - carers may need time to make different working arrangements
* agreeing the estimated date of discharge and informing the carer if this changes
* giving the carer sufficient notice of the patient’s discharge.
* View carers as partners in the provision of healthcare by:
* respecting and listening to their views – longer-term carers are likely to have valuable expertise and be skilled in caring for the patient
* Ensuring that they have the relevant information needed to plan effectively for their caring role. Their view should be respected, valued, considered.
* Carers can choose whether they wish to take on, or continue with, the role of carer. A key priority is to engage with carers and consider all significant impacts.
* Carers are involved in planning and agreeing the care plan for the person they care for, with the patient’s consent:
* Carers can attend meetings and care reviews to allow their views to be considered.
* Carers will be involved in the preparation of the care plan and will receive a copy of the patient’s care plan.
* The carer will be involved in planning and agreeing discharge arrangements if the patient is in hospital. The ward staff will record this involvement in the relevant physical and/or electronic records systems.
* Carers should know who to contact if they feel the care plan isn’t working. They should be involved in the discussions and plans to address this.
* Without the patient’s consent:
* The carer should still be given information on who to contact in a crisis or emergency e.g., if the patient has a relapse.
* Acknowledge carers’ own needs, considering:
* the circumstances leading to their taking on the caring role
* commitments to other family members
* work commitments
* cultural differences
* communication needs
* disability
* ethnicity
* the carer’s health needs
* religion and beliefs
* gender identity
* relationships
* sexual orientation
* where they live – access / services / housing

Please Note: Staff should not make any assumptions, especially those based on the carer’s gender, or the relationship between patient and carer.

If a carer is or has been a healthcare professional, staff should not assume that they will be able, or willing, to cope with all caring responsibilities.

Remote Information Sharing:

Where a carer is unable to visit, or lives some distance away, the Registered Nurse is responsible for ensuring they are kept informed and involved about the patient’s condition, treatment plans and discharge planning. Be aware this may include a care-agency, care home or other individual.

It is important to gain the patient’s permissions prior to sharing information or, in cases where on completion of a Mental Capacity Assessment the patient is unable to give consent, this information is shared in the patient’s best interest.

For situations where there is a safeguarding adult or child concern regarding the care of the patient, information sharing may need to be restricted. Ward staff should seek advice from the Safeguarding Team and Adult Social Care prior to disclosing any information to carers where there are such concerns.

Young Carers:

No health care/community care package should rely on the caring role of a young person under the age of 18 years. All services have a role to play in identifying young carers and ensuring that they are supported and able to make informed choices about the level of caring responsibility that they take on.

Trust staff identifying young carers need to be aware that there are a range of services for young carers in Kent. The time the cared for spend in hospital can be a stressful time for young carers. They will need reassurance that the actions taken by health professionals are in the best interests of the whole family. Further information at:

[**Kent Young Carers**](https://www.imago.community/Children-and-Young-People/Kent-Young-Carers):

Sometimes a young carer (up to 18 years of age) needs support and protection themselves, which may require a safeguarding referral to another agency. If you consider a child protection or children in need referral is required, advice and support can be sought from the Safeguarding team, their contact details are available on Staff Zone.

Parents as Carers:

To establish parents as carers, staff should identify if the parents’ caring responsibilities are new or well established and document the data; new carers will almost certainly have quite different concerns and needs compared to those of established carers. Staff will need to learn from parents who are experts in their child’s care management.

Parents who are also their child’s carers need to have their additional role recognised by Trust staff.

Staff should be proactive about offering parents as carers information and support, help to access the services and support available via Kent County Council, **Kent Carers Matter**, and other local organisations such as [**Kent Parents and Carers Together (Kent PACT)**](https://kentpactnew2022.co.uk).

Any training in a technique which will make it easier for the parents as carers to look after their child at home must be carried out by qualified staff following clear teaching plans based on best practice.

The disclosure of a young child’s personal health information including a realistic assessment of his or her continuing care needs to his or her parents who are also the carers is normally straightforward.

Personal health information concerning a child under the age of 16 can be given to his, or her, parents, or legal guardians, subject to the child’s agreement and him, or her, being assessed against the Fraser guidelines (formally Gillick competent).

With older children, who have the capacity to comment on their treatment and care management, the situation can be more complex, and staff may have to consider a child’s own need for privacy and autonomy.

Parents, as carers of their child, need information about their child’s care requirements to successfully plan to manage their caring responsibilities at home. To achieve this parents may benefit from a carers’ assessment.

Well-informed staff and good communication between the various parties can normally resolve any conflict between the needs of the young person and those of his or her carers.

In cases of young people with learning disabilities the carers still need information even though every effort should be made to involve the patient in decisions about their discharge and care needs at home, as well as the disclosure of personal health information to their parents. The Trusts’ Learning Disabilities and Autism Lead Nurse can be contacted for further advice and support.

Check that parents are also the patient’s guardians if the young person has limited capacity to make decisions. This is required to ensure that the parent or guardian has legal responsibility for the ‘cared for’ young person.

Where families are divided, staff may need to take specialist advice about how to manage the needs of, perhaps, two parents who share, or intend to share, responsibility for their child’s care yet live apart.

Carers of people with Dementia:

The Trusts’ Dementia Team can be contacted to answer any questions or offer support for carers of people with dementia or members of staff. Carers and family members of people with dementia undoubtedly provide a vital role and we know that the availability of appropriate care and support and the quality of services has a significant bearing on whether carers feel able to take a break from their caring responsibilities while the person they care for is in hospital.

The Trust recognises the value of carer support for inpatients with dementia and we support the principles of initiatives such as [Johns campaign](https://johnscampaign.org.uk/)

Carers of patients with complex needs and disabilities:

Carers of people with learning disabilities should benefit from all mainstream carers initiatives. The Trusts’ Lead Nurse for Learning Disabilities and autism can advise staff and support for patients with highly complex needs and their families.

The Trust put in place processes to support staff to comply with the Accessible Information Standard (AIS) and is working on implementation of the Reasonable Adjustments Digital Flag. The Trust’s patient portal enables patients to add their communication needs related to disability. If patients are unable to use the portal our staff can add information at the patient’s request, or their carers request if the patient is unable to. It is in our patient’s best interest to meet their communication needs and make reasonable adjustments.

Support for Trust staff who are carers:

The Trust recognises there are times in employees’ lives when they may have caring responsibilities. Staff who are carers are entitled to the support outlined in this policy when the person who they care for is an in-patient.

See the Trust’s Special Leave Policy for details of Carers Leave.

As a Trust that values employees and the skills they bring to the organisation, we make every effort to support carers in balancing their work commitments and caring responsibilities, specifically:

* It is the intention that anyone with caring responsibilities should feel comfortable in declaring their needs
* Carers will be treated sympathetically and not discriminated against in any way
* Any information shared with managers will be treated confidentially and shared only with those who the staff member who is a carer agrees may assist in supporting them.
* The Trust’s Health and Wellbeing team can provide information and signposting for staff who are carers – ekhuft.wellbeing@nhs.net
* Support for staff who are unpaid carers can be accessed via [Vivup](https://ekhuftstaffbenefits.vivup.co.uk/organisations/1926-east-kent-hospitals-university-nhs-foundation-trust/employee/local_schemes/10891)

Useful Resources and Contacts:

[Carers Support East Kent](https://carersek.org.uk)

[Crossroads Care Kent](https://www.crossroadskent.org)

[Kent Carers Matter](https://www.kentcarersmatter.co.uk)

[Kent Young Carers](https://www.imago.community/Children-and-Young-People/Kent-Young-Carers)

[Kent County Council – Caring for others](https://www.kent.gov.uk/social-care-and-health/adult-social-care/care-and-support/caring-for-other-people)

Appendix C – Equality Analysis

An Equality Analysis not just about addressing discrimination or adverse impact; the policy should also positively promote equal opportunities, improved access, participation in public life and good relations.

Person completing the Analysis

Job title: Head of Patient Voice and Involvement

Care Group/Department: Corporate Nursing

Date completed: November 2023

Who will be impacted by this policy

[X] Staff (Trust)

[X] Staff (Other)

[X] Clients

[X] Carers

[X] Patients

[X] Relatives

Assess the impact of the policy on people with different protected characteristics

When assessing impact, make it clear who will be impacted within the protected characteristic category. For example, it may have a positive impact on women but a neutral impact on men.

| **Protected characteristic** | **Characteristic Group** | **Impact of decision**Positive/Neutral/ Negative |
| --- | --- | --- |
| **e.g. Sex** | WomenMen | PositiveNeutral |
| **Age** | Carers can be people of all ages, although Census 2021 data shows some age groups are more likely to have caring responsibilities | Positive |
| **Disability** | Carers themselves can be disabled people, but can also experience discrimination due to being a carer of a disabled person | Positive |
| **Gender reassignment** | We will ensure that carers who are gender diverse receive the same support as any carer, and we will be bound by the same level of confidentiality as we are when patients are themselves gender diverse. | Positive |
| **Marriage and civil partnership** | The policy recognises all carers regardless of marital or civil partnership status or none. | Neutral |
| **Pregnancy and maternity** | We recognise that people using maternity services and their birthing partners may be carers of children with additional needs or of adult relatives or friends. | Neutral |
| **Race** | The policy recognises that assumptions and stereotypes about extended family networks may lead to non-white carers receiving less support. The policy sets outways to prevent bias. | Positive |
| **Religion or belief** | The policy refers to supporting carers’ spiritual needs. | Positive |
| **Sex** | Carers are more likely to be female than male, but regardless of gender identity, the policy is there to support all carers, regardless of sex or gender identity. | Positive |
| **Sexual orientation** | The policy recognises that patients have a range of family networks and relationships and that assumptions must not be made about the level or nature of support provided. | Positive |

If there is insufficient evidence to make a decision about the impact of the policy, it may be necessary to consult with members of protected characteristic groups to establish how best to meet their needs or to overcome barriers.

Has there been specific consultation on this policy?

Yes, with carers organisations in East Kent and individual carers

Did the consultation analysis reveal any difference in views across the protected characteristics?

No

Mitigating negative impact:

Not applicable

**Where any negative impact has been identified, outline the measures taken to mitigate against it.**

Not applicable

Conclusion:

**Advise on the overall equality implications that should be taken into account by the policy approving committee.**

The policy supports the Trust to recognise and involve carers who are defined by NHS England as a ‘health inclusion group’ as they are not directly protected by the Equality Act 2010.

Appendix D – Policy Implementation Plan

To be completed for each version of policy submitted for approval.

**Policy Title:** Carers policy

**Implementation Lead:**

Head of Patient Voice and Involvement

**Staff Groups affected by policy:**

All staff who are patient / public facing

**Subsidiary Companies affected by policy:**

None

**Detail changes to current processes or practice:**

Implementing the NHS Commitment to Carers 2014 by recognising, valuing, and involving unpaid carers of patients and family members providing unpaid care.

**Specify any training requirements:**

Carer awareness training and e-learning

**How will policy changes be communicated to staff groups/ subsidiary companies?**

Via Trust News, Staff Zone, Carer Awareness sessions