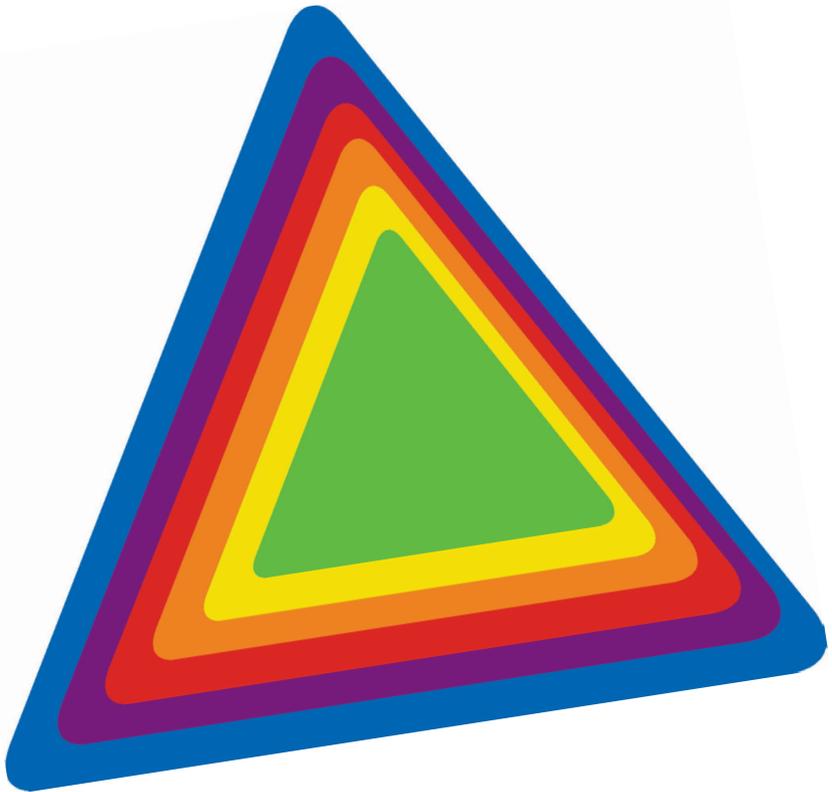




Carer Strategy

Our Commitment to Carers



2013 - 2018

1. OUR VISION FOR CARERS

Hertfordshire Partnership University NHS Foundation Trust (the Trust) recognises the essential role that carers, including those under the age of 18, take on in supporting people with mental health problems and learning disabilities. We also recognise the impact that caring responsibilities place on carers and that there is, therefore, a need to support and help people in their caring role.

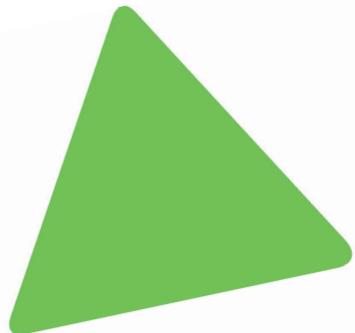
We aim to work with local carers' centres and other local support services, and directly with carers, to develop effective partnerships and ensure that carers are well informed, supported and enabled to be a carer as long as they wish to be.

We believe that carers should be able to seek the support they need at the time that they need it and that they should be recognised as expert partners in care. With this in mind we follow the national vision that eventually carers will be universally recognised and valued as being fundamental to strong families and stable communities.

In the context of this strategy, carers are people who provide help and (unpaid) support to a family member, friend or neighbour who would otherwise not be able to manage. The person they care for may have a physical or learning disability, dementia, mental health problems, may misuse drugs or alcohol or may be ill or frail.

Anyone can become a carer. Carers come from all walks of life, all cultures and can be of any age, not just adults.

This strategy sets out our commitment to carers up to March 2018 as well as highlighting important areas of development that we believe will be of most benefit to carers of people using our services.



1.1 Linking our carer vision to our organisational ambitions

Our ambition is to be the leading provider of mental health and specialist learning disability services in the country.

It is recognised that key to achieving this is ensuring that the care we provide is responsive, timely and embodies the principles of recovery oriented practice. Furthermore we recognise that in most situations where care is being provided there are three elements that need to be considered as part of the care package.

- The service user
- The carer
- The service

This is known nationally as the triangle of care (see section 3.2).

To become the leading provider means that we must lead by example in the way that we support carers. A carer should feel that they are able to influence the support that both the service user and they themselves receive in a positive way.

To help us achieve our ambition we have eight strategic organisational goals that underpin the support that we provide. We believe that our work around goals 1-3 are where we should be ensuring that carer support is taking place and the role of carers valued. These three goals are:

1. To deliver high quality integrated health and social care services in accordance with recovery principles
2. To be the provider of choice for service users, carers, the community and commissioners
3. To work in partnership with the community to promote the wellbeing of others, whilst making a positive contribution to the environment.

Our full organisational strategy can be viewed at: www.hpft.nhs.uk

2. THE STRATEGY

This strategy has been developed to confirm our commitment to carers of people who may be accessing community, inpatient or crisis services; including child and adolescent services, adult or specialist adult mental health and learning disability services.

2.1 Making the case for carer support

Caring for someone can be a rewarding experience but it can also be very challenging.

Being a carer can impact upon the carers' family life, friendships and work/social life. It can also affect health and wellbeing, finances and the ability to work and pursue education or leisure activities.

Research has highlighted the impact that caring responsibilities can have. In 2012 Carers UK reported:

- 83% of carers report that caring has a negative impact on their physical health.
- 87% of carers report that caring has a negative impact on their mental health.
- 39% of carers put off treatment for health concerns because of caring responsibilities.

There are six million carers in the UK, providing unpaid care for family members, friends or partners and every day another six thousand people take on a caring responsibility (Carers UK). This number is likely to increase as the population expands and ages. Furthermore it is estimated that carers save the country £119 billion per year¹.

The 2011 census estimates that, across Hertfordshire, Norfolk & Essex, there are 349,000 adult carers². This does not include young carers which, in Hertfordshire alone, total between 5,000 and 8,000³.

¹ Valuing Carers 2011

² Hertfordshire (108,000), Essex (146,000), Norfolk (95,000)

³ Loughborough University Young Carers Research for Hertfordshire 2006

Our approach to working with carers (as detailed in this strategy) is developed in line with the Hertfordshire County Council Strategy for carers. This shows a commitment to support carers to:

- Carry on caring should they wish to do so
- Work if they wish to do so
- Have a life outside caring
- Stay fit and healthy and be safe
- Access full benefits and entitlements
- Get good quality information when they need it
- Feel respected as carers, as partners in care
- Ensure that children and young people do not have to take on inappropriate levels of caring because of the disability of parents/ family member.

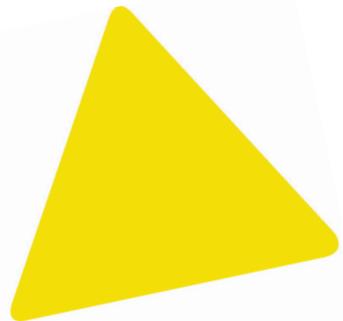
We will also be working – through this strategy – to ensure that any negative impacts on physical or mental health are reduced for the carer.

The Hertfordshire County Council Strategy can be accessed at:
www.hertsdirect.org

2.2 National Context

There is a range of legislation and national guidance that needs to be taken into account when delivering services and providing support to carers including the Carers (Recognition and Services) Act 1995 and the Carers Equal Opportunities Act 2004, the New Deal for Carers announced in February 2007 and the Equality Act 2010.

Since the first national Carer's Strategy in 1999 and the introduction of the Carers Grant, there has been significant progress in the support provided to carers at a national level.

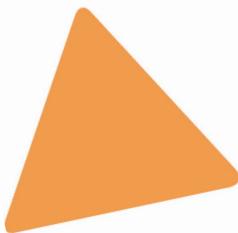


The vision of the current national strategy⁴ is that by 2018 carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.

This is a shared vision and responsibility between central and local government, the NHS, the third sector, families and communities. It has been shaped by the thousands of carers, their advocates and front-line support staff, who have told us what matters most if we are truly to ensure that carers have the best possible quality of life and recognition that they deserve.

The national strategy identifies five key objectives to achieving this and pledges that by 2018:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity;
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.



⁴ Carers at the heart of 21st - century families and communities (2008)

2.3 Local Context

As we operate services across Hertfordshire, Norfolk & Essex it is essential that our strategies support carers across all of those services.

Specifically within Hertfordshire there has been the development of the new 'Hertfordshire Commitment to Carers'. This has been developed by Hertfordshire County Council as a way for all service providers in the county to provide assurance to them that they are committed to supporting carer needs.

In each of the three counties the Trust operates, the local authority is responsible for implementing the statutory duty for regular and substantial carers to have the right to request an assessment of their ability to care and carry on caring⁵. In Hertfordshire the responsibility for this – in relation to functional mental health adult carers – is given to us by the local authority.

To help understand this better the information below categorises the two main types of support available to carers:

1. General support for carers

- Supporting carers to understand where, and how, to receive an assessment of their needs.
- Offer of carer assessment for all carers of people with mental health issues.
- Support for carers to understand the care pathway
- Involvement of carers in care planning (where consent is given)
- Providing support for carers to think about their own wellbeing
- Involvement of carer as an expert partner in the services provided to the service user (where consent is given).

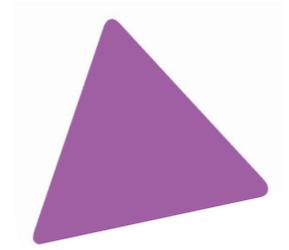
This support is offered to all carers; including young carers and carers of people with Learning Disabilities.

⁵ Carers at the heart of 21st - century families and communities (2008)

2. Specific support for carers

- Provision of carers assessments for adult carers of adults with functional mental health needs (i.e. people who do not have Dementia)
- Signposting of dementia carers, parent carers and young carers to local authority for an assessment of their needs
- Signposting of learning disability carers to local authority for additional support (including social care)
- Annual review of carers needs.
- Provision of carer grants for adult carers of adults with functional mental health issues. (where eligible)
- Support for carers in understanding benefits available to them and the person they care for.

Regardless of eligibility for certain types of support, we will always aim to ensure that carers are signposted to the right type of information and/or service. This could include directing carers to a range of local support that may exist outside of statutory services such as local carer support groups and carer centres.



3. SUPPORTING CARERS TO CARE

3.1 Understanding Recovery

Recovery in mental health and learning disability services has a particular meaning, which is a little different from our usual understanding of the word recovery as it might apply to a physical health problem.

It refers more to a change in outlook that is related to leading a meaningful, purposeful life, with or without ongoing episodes of illness. It refers to the ongoing journey that someone will take in sustaining their own health and wellbeing – and how they are supported in doing this.

This can commonly include:

- Having the tools to sustain one's own health and wellbeing even with on-going symptoms
- A process or journey that involves regaining various aspects of life that may have been lost or severely compromised by mental illness or a learning disability.
- There is no one size fits all. It's about the individual journey and circumstance.

When we talk about providing recovery oriented services, we mean services that:

- Are person-centred
- Are collaborative and respectful
- Promote self management and self-determination
- Work in equal partnership with the service user and carer
- Promote optimism and hope
- Take a broad and responsive approach (debt, housing, employment, social networks, therapies, medication, community support)

Recovery will have a different emphasis depending on the service, eg forensic, dementia, adult mental health, CAMHS, learning disability. However in all of these situations it is important to us that the carer is involved in how we are delivering recovery oriented care.

3.2 Developing meaningful partnerships (Triangle of Care)

In 2010 the National Mental Health Development Unit produced the 'Triangle of Care' in conjunction with the Carers Trust following years of research into carer needs. It recommends the development of a therapeutic alliance between the health professional, carer and service user that coordinates support and promotes safety, supports recovery and sustains wellbeing.

In addition to this the Trust has a legal duty to ensure that Service Users and Carers are adequately involved in the development of the Trust and its services.

Developing a 'therapeutic alliance' between the professional, carer and service user has been seen to have a positive impact on recovery, improved the wellbeing of the carer and provides significant benefits in improving the quality of care.

It is also recognised that carers often play an invaluable role in helping our staff assess and manage the care of service users. Therefore part of developing these partnerships can be about ensuring that staff make sure that (with the service users consent) they gather information from carers when planning care.

For example, this requires staff to give carers the chance to speak privately to them so they have a chance to share any information about risks or concerns.

We are committed to supporting carers wherever possible through the process of care that we provide as well as ensuring we meeting our statutory responsibilities for supporting carers.

Our commitment to carers is built around the six pledges set out in the national triangle of care model. (see section 4)

3.3 Dignity and the Respect Framework

Dignity and Respect are essential when developing good working relationships between the carers and ourselves. We will work to ensure carers are aware of the approaches that we take to ensure dignity for all. In addition we will be clear on what is expected from service users, carers and staff in ensuring that there is a culture of mutual respect and understanding.

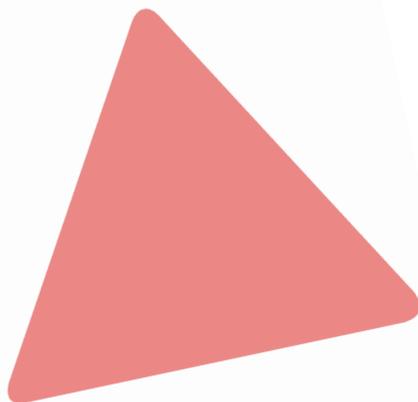
It is essential in doing this that we provide clear guidance to help anyone coming into contact with our services understand how to seek redress should they feel they have been treated inappropriately in any situation.

We embrace the principles laid out in the Triangle of Care (to ensure a therapeutic alliance). It is essential that all parties feel empowered to challenge any negative behaviours and communicate in a way that is honest respectful and constructive. To help reinforce this approach the Trust has developed a new framework to ensure that all parties are receiving fair treatment within Trust environments. This means that Trust services and workplaces should take account of:

- Rights & Recovery
- Equality & Dignity
- Safety
- People
- Empowered staff
- The 6 Cs of Quality Care⁶
- Transparency

In addition to this the Trust is implementing the national NHS Equality Delivery System (EDS) which – up to 2015 – works to ensure that all Trust processes for service users, carers and staff are fair and representative of the needs of different protected groups⁷ as well as ensuring carers are involved as expert stakeholders in monitoring the performance of the Trust.

More detail can be found at www.eastmidlands.nhs.uk/eds or on the Trust website.



⁶ Chief Nursing Officer's 6 C's - care, compassion, commitment, communication, competence, courage

⁷ Protected groups – Age, Disability, Gender, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race, Religion & Belief, Sexual Orientation

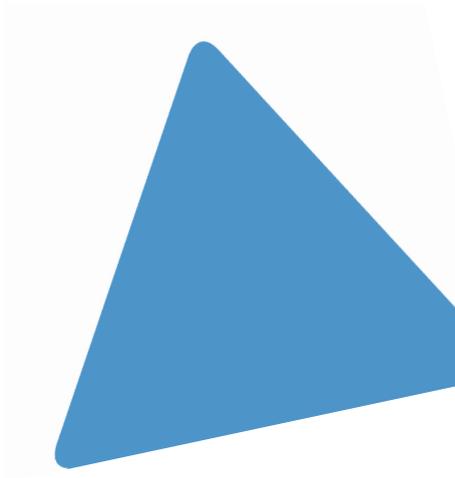
4. OUR COMMITMENT

4.1 Our pledges

We have six pledges that summarise our commitment to carers. These have been taken from the national Triangle of Care model that has been developed by carers and professionals.

Our pledges are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols re confidentiality and sharing
4. information are in place
Defined roles responsible for carers are in place and shaped in a
5. way that provides most benefit for carers.
A carer introduction to the service and staff is available, with a
6. relevant range of information across the care pathway.
A range of carer support services is available including support for employees of the Trust who are also carers.



4.2 Implementing our pledges and commitments

Each of our six pledges has up to three commitments that we will work against up to March 2018 when this strategy will be reviewed.

Pledge	Commitment
<p>1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.</p>	<p>1.1 All identified regular and substantial carers are entitled to their own written care plan of how we will support them as well as the offer of a carer assessment.</p> <p>1.2 All carers have an identified contact point who that will be their liaison should they need any support, including referral onto any specialist support. E.g. Young Carers, Parent Carers.</p> <p>1.3 Staff members overseeing the care of the service user take active steps to recognise the carer as an expert partner and someone who could be integral to planning care for the service user.</p>
<p>2. Staff are ‘carer aware’ and trained in carer engagement strategies.</p>	<p>2.1 A regular programme of carer awareness training is put in place for frontline staff to include – among other topics – information on involving carers as expert partners.</p> <p>2.2 Services provide regular opportunities for carers to undertake involvement activities should they wish to that are in line with the Trust R.I.G.H.T principles for involvement. (Recovery Focused. Inclusive. Grounded. Honest. Timely).</p>

<p>3. Policy and practice protocols re confidentiality and sharing information are in place.</p>	<p>3.1 Clear information is provided for carers re: how they are supported if a service user withdraws consent for the carers involvement.</p> <p>3.2 The Trust works in a way that ensures the confidentiality of carer information is not compromised – including not sharing personal information with the service user.</p> <p>3.3 The Trust will encourage the use of Advance Decisions to Refuse Treatment, so that service users can confirm if they want carers contacted in the event of an admission or similar episode.</p>
<p>4. Defined roles responsible for carer support are in place and shaped in a way that provides most benefit for carers.</p>	<p>4.1 The Trust has dedicated support in place to provide information support to carers and frontline services on a range of carer issues.</p> <p>4.2 Senior Social Workers (SSWs) take a lead on advising and support best practice for carers within services.</p> <p>4.3 Carers are provided with opportunities to develop themselves as peer workers or volunteers in order to build any necessary skills that enable them to seek employment.</p>
<p>5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.</p>	<p>5.1 All identified mental health carers receive a carers information pack giving detail on what to expect from the Trust as a carer.</p> <p>5.2 Specific child friendly mental health information – for young carers – is produced to ensure that young carers do not feel isolated from services.</p>

<p>6. A range of carer support services is available including support for employees of the Trust who are also carers.</p>	<p>6.1 Ensuring that practice guidance for supporting carers within the Trust is affirming of the needs of staff who are also carers.</p> <p>6.2 Ensuring carer support networks are developed within the organisation that can be accessed by carers of services users and also by staff carers, as well as ensuring multi agency working to provide the best possible information on local support networks.</p> <p>6.3 Ensuring that advice to staff with caring commitments is provided positively to support a healthy balance between work and home demands.</p>
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5. ACTION PLANNING

This strategy is accompanied by an action plan that is reviewed on a annual basis.

Initially the action plan will lay out proposed actions for year 1 (13/14), year 2 (14/15) and year 3 (15/16).

The action plan will always work against the same set of pledges and commitments however actions will be set on an annual basis that demonstrate a continued improvement in quality and move toward excellence in the way we are supporting carers.

6. CONTACT

If you have any queries about this strategy, our commitment or your own experiences please contact the Customer Inclusion and Engagement Team at:

Hertfordshire Partnership University NHS Foundation Trust
99 Waverley Road, St Albans, Hertfordshire, AL3 5TL

Proud supporter of:



If you require this information in a different language or format please contact the Trust on 01707 253903 or speak with the service providing you with support.

Hertfordshire Partnership University NHS Foundation Trust works toward eliminating all forms of discrimination and promoting equality of opportunity for all.

We are a smoke free Trust therefore smoking is not permitted anywhere on our premises.

www.hpft.nhs.uk

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