

# Section 17 Leave: Supporting Unpaid Carers

## Research Participant Summary December 2023

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### Background



Section 17 leave (s.17) happens when someone who has been detained in hospital because of their mental health is given permission to leave the hospital for short amounts of time, from a few hours up to a number of days. These trips away from the hospital can be important to help someone recover and to stay in touch with their friends and family (Webber et al, 2019).

Friends and family who support someone with mental health difficulties (unpaid carers) can have an important role to play in making leave a success and good practice says that they should be involved in planning and organising leave. However, research has shown that unpaid carers are often left out of the planning for leave (Giacco, 2017) and can find leave difficult to cope with, especially when there is not a lot of support for them from the hospital staff (Wakeman and Moran, 2022). In turn, hospital staff aren't confident about how to support carers (Aylott et al, 2022) and find it difficult to make time for this on busy wards.

**This research looked at whether introducing a set of step-by-step guidance for staff on how to support carers helped to improve unpaid carers' and hospital staff's experience of section 17 leave.**

## What we did



We interviewed 14 unpaid carers and 19 ward staff in two NHS trusts and one private hospital and developed ten-point guidance for how ward staff should work with carers around s.17 leave (see below):

Know	Be knowledgeable about s.17 leave and what it means for carers
Identify	Identify carers and check their support needs
Support & Refer	Support carers, give information about other support, and refer them for support as needed
Inform	Tell carers about 'life on the ward'
Inform	Talk to carers about s.17 leave right from admission

Involve	Involve carers in planning any leave that is happening with them
Involve	Discuss any changes to s.17 leave with carers as far in advance as possible
Co-work	Handover care to carers for s.17 leave like you would for staff
Co-work	Get feedback from carers within 24 hours of s.17 leave
Support & Refer	Support carers when s.17 leave is challenging, and refer them for support as needed

We then trained staff on 9 inpatient wards across 6 NHS trusts to use the guidance in their work. We also asked staff on 9 other wards to continue with 'care as usual' and not use the guidance to see if there was any difference in outcomes or experience for carers.

Thirteen carers each took part in between one and three interviews (6 carers from wards using the guidance, 7 from wards offering 'care as usual'). Carers could take part if they were supporting someone who had been detained under the Mental Health Act 1983. They were asked what they understood about s.17 leave, and about their experiences during this admission before, during and after leave.

Thirteen staff from the wards using the guidance also took part; three had an interview and ten completed an online survey. They were asked about their training on the guidance, what had worked well and what was difficult about using it.

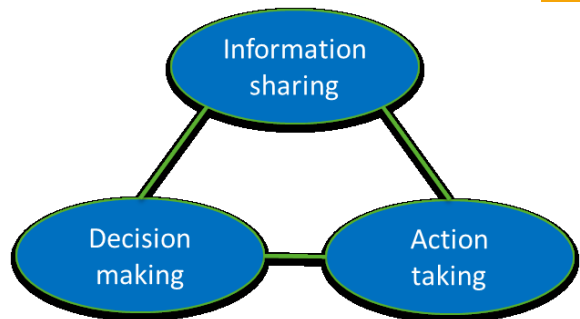
We looked for recurring ideas and themes across these accounts to understand carer and staff experiences around s.17 leave and to look for any differences between the different wards.

## What we found out



Carers were involved in planning for s.17 leave in three different ways:

1. Sharing Information
2. Making decisions
3. Taking action



Sometimes carers were **partners** in care. This happened most often around practical action-taking (like arranging how people would get home for leave) and some carers had some good experiences with this. However, being involved as equals was something carers had to push for and if this happened it was often carer-led rather than hospital-led.

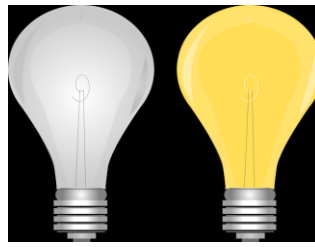
Sometimes carers were **observers** of care. This happened most around decision-making and planning where carers were told instead of involved. This was linked to last minute planning and lack of time on the wards. For some carers, this was enough, but others wanted to be more involved, especially when they were trying to balance lots of responsibilities.

Sometimes carers were **outsiders** to care. This happened most often around information-sharing and communication and was linked to lack of time on the wards, fear around breaking confidentiality and difficult relationships between ward staff and carers. Carers understood the pressures that ward staff were under but were often frustrated about being left out and left 'in the dark'.



**Carers and hospital staff agreed that the guidance showed how they wanted to work together, but in practice this didn't happen. The hospital staff didn't use the guidance consistently on their wards.**

## What does this mean?



Both carers and hospital staff saw the value of the s.17 standard. For some carers, it was valuable to be able to hand some responsibility for care to the ward and to take more of a backseat but this only usually worked for those who had fewer external commitments and were able to be more flexible. For carers with other demands on their time, being involved and understanding what they needed to do was an important part of managing stress and making s.17 leave a success.

Despite agreeing with the s.17 standard in principle, there were barriers (also seen in other research) that stopped hospital staff from using it consistently both across and within wards:

1. Lack of staff time and resource to devote to carers.
2. A belief that unpaid carers were not their main responsibility.
3. Worries about sharing information and patient confidentiality.
4. Feeling that they didn't have authority.
5. Perceiving carers as either unavailable or working in conflict with the ward approach (Dirik et al, 2020).

Because of these barriers the s.17 standard wasn't used consistently and carers experiences of planning were very varied. Early signs from this research are that working to the s.17 standard leads to a better experience of s.17 leave for carers, but more work is needed to measure the positive effects and to see how this also affects patients.

Additional research has been undertaken with NHS staff to better understand the barriers that stopped hospital staff from using the s.17 standard, with the aim of using this knowledge to improve opportunities to use the standard.

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**The research team thank the ward staff and unpaid carers involved in this study. For more information, please contact Martin Webber  
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