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**Gateshead Health NHSFT**

**Carer Passport**

**Support for employees who are unpaid carers**

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| --- | --- |
| **Name of employee** |  |
| **Name of line manager** |  |
| **Date of agreement** |  |
| **Review date** *This is designed to be a ‘live’ document, to be reviewed periodically and when circumstances change* |  |

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What is a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. ([www.carers.org](https://www.carers.org/))

Many of us will be a carer at some stage in our lives. The role can come about unexpectedly and many people will put their own lives on hold to help someone close to them.

What is the Carer Passport?

The Carer Passport provides carers, and their line managers, with information about how the individual's responsibilities impact their work. It includes any solutions agreed between the carer and their line manager.

* **The Carer Passport** includes information about the available and agreed support, which the organisation has agreed to provide.
* **The Carer Passport** stays with the employee so if they are transferred within department or across the workplace it is avail­able to any new line manager.
* **The Carer Passport** must be kept confidential once completed.
* **The Carer Passport** should be reviewed regularly, at least each time circumstances change or on an annual basis.
* **The Carer Passport** saves both the employer and employee time by not having to repeat information.

**Step 1 - Preparing for the conversation**

This outline will help you as a carer to think through your current situation — both in your caring role and at work.

**Section One**

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| **Information about you** |
| Name |  |
| Job Title |  |
| Department/ Business Unit |  |
| Work location |  |
| Name of line Manager |  |
| Work e-mail address |  |
| Work telephone number |  |
| Normal working hours and pattern |  |

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| **Information about the person you care for** |
| Name of the person you care for |  |
| Relationship to the person you care for  |  |
| How long have you been providing care? |  |
| Are you a primary carer or a secondary carer (another person carries out the main caring role)? |  |
| Condition/illness of the person you care for: |  |
| What are your caring responsibilities or what does the person you care for rely on you for? |  |

**Section Two - The impact of your caring responsibilities**

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| Do your caring responsibilities have a physical impact on you? Can you describe that impact? |
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| Do your caring responsibilities have an emotional impact on you? Can you describe that impact? |
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| Have your caring responsibilities increased over a period of time? Can you describe that? |
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| Do you anticipate that your caring responsibilities will increase in the future? Can you describe that? |
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| How do your caring responsibilities impact upon your work? |
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| How does work impact upon your caring responsibilities? |
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**Section Three – Support inside and outside of work**

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| Do you have any arrangements in place at work to support you in your caring role? Can you describe these?  |
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| Are there any additional arrangements or adjustments which would be helpful to you? (Either in your working arrangements, or in a practical way, e.g. keeping a mobile phone with you in case of emergencies; having a private place to make phone calls) |
|  |
| If these additional arrangements or adjustments were met, what impact would they have on your team/ service delivery? |
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| Have you any suggestions as to how the impact on the organisation of the support / changes you would like could be reduced? |
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| Are you aware of agencies outside of work which can help working carers, such as Gateshead Carers Association? |
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| Would you like more information on sources of external support? |
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**Step 2 – Having the conversation**

Use the information in the template above to guide your conversation with your line manager.

Find an appropriate venue to hold the meeting, and be open and honest about the impact that your caring responsibilities are having on you, and about the support which you need.

It is useful for your line manager to have a full picture of the impact, so that together you can think about the practical measures which can be taken in order to ensure that you are able to meet both your work and caring commitments, as well as ensuring your own health and well-being is supported and maintained.

**Step 3 – Agreed support**

Use this section to record any actions and support which have been agreed by your manager and the organisation.

|  |  |
| --- | --- |
| Date of meeting |  |
| Name of line manager |  |
| Any other attendees |  |

Agreed actions/ support

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |

|  |  |
| --- | --- |
| Start date for implementation of support |  |
| Review Date |  |
| **I consent to my line manager keeping a copy of this carer passport on my personal file** |
| Signature of employee |  |
| Signature of line manager |  |