



# Carers' strategy

April 2012

Developed in consultation with carers

# Introduction

*“A carer is someone, who without payment provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. The term carer should not be confused with a care worker, or care assistant, who receives payment for looking after someone.”*

*The Princess Royal Trust for Carers*

It is estimated that there are approximately six million carers in the United Kingdom (UK), of whom about 1.5 million are caring for a relative with a mental health problem.

Legislation and government policies highlight the need to involve both service users and carers in service design, delivery, and review. Carers are an essential partner in planning, delivering and improving services not only for carers themselves, but also to help improve the services for those they care for.

There is a growing evidence base which demonstrates that the positive involvement support and engagement of carers makes a significant contribution in preventing relapse, reducing lengthy admissions to hospitals, and delays in transfers of care.

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) recognises the vital role that carers take in supporting people with mental health problems. The shift in mental health services to a model of community based care has placed greater responsibility on family members and close social networks. Carers are often essential to the service user's support, and their involvement and engagement can very positively improve their chances of recovery.

The trust also recognises that caring responsibilities can place significant demands on people thus impacting on the family directly, on friendships and social relationships. Caring for a relative can also have consequences for the physical and mental wellbeing of carers themselves.

This document will set out the guiding principles, priorities and actions that are needed to improve services for carers and should be viewed as a working document that will be reviewed and developed on an on-going basis.

For the purposes of this document, the word carer will be used throughout.

# Aim of the strategy

The strategy aims to outline a plan that raises the profile of carers within the organisation in order to ensure that the carers of people who access services provided by BSMHFT are recognised, supported, better informed, feel more engaged, are listened to, valued and respected.

The strategy also identifies opportunities for developing more meaningful partnerships with carers by ensuring they are routinely included in care, not routinely excluded. This can be achieved by listening to and learning from their personal experiences in order to ensure service improvements, and that the way services are developed takes on board the carers' perspectives.

This strategy has been developed in consultation with a number of stakeholders, in particular carers and families in Birmingham and Solihull. The Meriden Family Programme has prepared a report which gives details of the consultation process, along with the information and narratives underpinning this strategy.

The report - Developing a Carers' Strategy for Birmingham and Solihull Mental Health NHS Foundation Trust by Kuljit Heer, Peter Woodhams, and Gráinne Fadden - is available from the Meriden Family Programme.

# Five guiding principles

The following section identifies five guiding principles that have been used to shape and define the aims of the strategy, as gathered from carers and stakeholders.

## 1. Raising awareness of carers and their needs

- Carers should be recognised and valued by services and staff.
- There should be training for staff in understanding the needs and role of carers.
- Awareness of carers and their needs should be promoted and supported from the top of the organisation and at every level.
- Core standards, in the form of a carers' charter, will be developed and will state what carers should expect from services and support the implementation of the strategy.
- There should be more staff with a lead role in carers' work.

## 2. Improving the involvement of carers

- The barriers to communication (often cited in complaints and in our carer surveys) need to be overcome.
- Carers need to be involved in care plans as far as possible – and not excluded.
- Carers should be involved in the development of information and be involved in staff training and development.
- Carers should be involved in the planning and monitoring of services by exploring creative ways to involve carers as partners.
- Carers should have a voice and their experiences listened to at every level in the organisation.
- The time and contribution of carers should be valued.

## 3. Supporting carers better

- There should be more consistent information about the entitlement to carers' assessments – with clearer explanation of the process of accessing and carers' assessments, and what to expect.
- Family and friends should be empowered to feel confident about their care-giving responsibilities, and how to access and navigate care pathways.
- Information, access and support should be easily available during a crisis.
- There should be more emphasis on providing personalised support to meet individual needs.

## 4. Sharing and providing information

- Carers should have access to accurate information, relevant to their needs, and this should be timely and written without jargon and complex terminology.
- Information, advice and signposting about entitlements to services, including welfare benefits, should be made available.
- Carers should be kept informed of any changes in services.
- To provide carers with feedback about the wellbeing of the person they are caring for.
- Confidentiality should never be accepted as an excuse for not listening to carers.

## 5. Working in partnership with families

- Consideration of the whole family and appreciation of the role of different family members in supporting service users.
- Consideration of the impact on young people and young carers.
- Creating opportunities for offering family-based interventions and support.



# Aims

The five guiding principles have been used to shape the aims, actions and anticipated outcomes of the carers' strategy.

## Aim 1: Raising awareness of carers and their needs

Following the report from the Meriden Family Programme and feedback from carer governors and carers themselves, the trust recognises the need to raise the profile of carers within services. The trust will commit to develop the knowledge, skills and confidence of the workforce so that staff can provide support, information and the best services to carers.

The trust will do this by:

- Providing staff with the opportunities to raise their awareness and understanding of carers needs and help staff develop the skills and knowledge to involve carers in a better way.
- Creating opportunities for carers to contribute to the training and development of staff, which would enable new generations of service providers to see the value and importance of family and carer engagement at the start of their clinical careers.
- Rolling out the clearly defined role of carer lead in every team in BSMHFT, and ensure that the role is fully supported by line managers and through an effective carer leads network.
- Ensuring that our clinical information systems prompt staff to consider carers and their needs when they are meeting and assessing service users.
- Promoting the Triangle of Care, published in 2011, across all inpatient and acute community teams.
- Developing opportunities for the trust board, as well as local clinical governance meetings to hear directly from carers, in the form of carers' stories.
- Being mindful that people do not always identify themselves formally as a carer but rather as parents, partner/spouse, son/daughter or friend.
- Promoting awareness of the needs of children and young carers.
- Ensuring that BSMHFT staff communicate with other agencies (eg social care) involved in the support of service users and their families.

## Aim 2: Improving the involvement of carers

BSMHFT will make a commitment to establish a framework to improve the involvement and engagement of carers at every level by making it clear to carers how they can get involved from the front line clinical team right through to the planning, delivery, monitoring and evaluation of services.

The trust will work towards this aim by:

- Leading this from the top, ideally with the support of a non-executive director with an interest in carers.
- Meeting with the carer governors to discuss actions needed to improve carer involvement, and holding the trust to account for meeting commitments made.
- Ensuring that carers are involved in the monitoring and evaluation of services as experts to support improvement, eg visiting sites as mystery shoppers.
- Ensuring that carers issues are considered in the development of policies within the organisation.
- Providing development and training opportunities for carers who wish to get involved including raising awareness about NHS structures, or teaching and presentation skills.
- Ensuring that there is appropriate remuneration for expenses and payment for work undertaken.
- Providing the necessary support and training to involve carers in the recruitment of staff.
- Promoting the involvement and participation of carers in research activities.
- Ensuring that any involvement opportunities are well publicised, take place at convenient times, are accessible and in comfortable venues.
- Organising and hosting regular events for carers across Birmingham and Solihull to promote local resources, share best practice, provide networking opportunities and generate new ideas.



### Aim 3: Supporting carers better

BSMHFT make a commitment to improving awareness of carers in the range of support and services available within the organisation, as well as signposting them to a range of services and resources within the community and third sector.

The trust will work towards this aim by:

- Ensuring that BSMHFT has knowledge and keeps a directory of all existing carer networks (local and national), all support groups (geographical, cultural, and condition specific), and ensures this is widely available to staff, carers and service users.
- Ensuring that all information is easily accessible, easy to understand, in a range of formats and where possible, in community languages.
- Encouraging clinical staff to be more proactive in identifying and supporting all carers – including children and young people - and evidence this in care records.
- Clarifying the access to the carers' assessment process, regularly monitoring the rates of access, and ensuring they are of appropriate quality.
- Ensuring that carers are aware of the services available to them, and that they understand how to access those resources when they are needed.
- Ensuring that carers know how to access mental health services during a crisis, and that procedures work effectively to minimise distress to all concerned.
- Developing a programme to ensure that each team in the trust can demonstrate they have a family sensitive approach, and that a number of staff in each team have undertaken the Meriden three day Caring for Carers course.
- Encouraging carers associated with teams to undertake an education/support course
- Participating in reviews of carer support arrangements within the Birmingham and Solihull areas.
- Maximising opportunities to support carers better by improved interagency working – for example with police, general hospitals, other mental health organisations but also with GPs and primary care.



### Aim 4: Sharing and providing information

BSMHFT will work towards sharing and providing clear information to carers on a wide range of services, the support available to them, and what is available to meet individual needs and circumstances. The trust will ensure that carers are made aware of changes to services that may impact on them and the person they are caring for.

The trust will achieve this by:

- Ensuring carers have a wide range of information available to them to support them in their role, which is up to date and accurate, and that teams offer an education and support programme to carers.
- Ensuring that carers are able to access specific and relevant information on psychological interventions, medications and their side effects when appropriate.
- Enlisting the support of carers in reviewing the 10 information leaflets that have been prepared by the organisation, to ensure they are clearly written, up to date and relevant.
- Consolidating key messages into a single pack or brochure that can be made available to carers at the point of entry to services. This may include information about assessment, support, and opportunities for involvement - that will signpost carers to more detailed information.
- Ensuring that staff are kept informed about other organisations which may be helpful to carers so that this information can be passed on.
- Ensuring that there are mechanisms for updating information on the internet (BSMHFT's website) and intranet (Connect) in collaboration with the communications team.
- Ensuring that staff are trained and understand the broad principles of information sharing, so that while respecting service user confidentiality, they listen to carers' concerns and can take into account the needs of the family/carers, and their possible role in the longer term.
- Ensuring that the BSMHFT customer relations services (PALS) continue to actively engage with carers within the organisation, but also in the carer groups/forums.



### Aim 5: Working in partnership with families

BSMHFT will commit to ensure that there is greater understanding within clinical teams of the need to consider the overall context in which the service users are situated – and in so doing, consider the implications for the family. Within this framework, the family can be helped to identify some problems as well as contribute to the solutions and therefore very positively improve the chances of recovery.

The trust will aim to promote this by:

- Raising the awareness of the importance of families (and other carers) in promoting a better understanding of mental health and wellbeing.
- Promoting the concept that families and carers can be key providers of support to the service user.
- Sharing good practice across the organisation from different divisions.
- Consideration of the whole family and appreciation the role of different family members.
- Considering the impact of an adult or parent with mental health issues on young people and young carers.
- Enabling opportunities for offering family-based interventions and support.
- Raising awareness that there are often family members and carers who are disengaged from services, especially if there is no contact or relationship breakdown with the service user.

# Actions, implementation and monitoring

The aims of this strategy must be supported by a robust work programme and associated implementation plan which will be delivered in partnership with clinical services, with carers, managers, specialists, and other stakeholders.

To this end, an implementation plan, with clear accountability, timescales and anticipated outcomes will be developed, while being mindful of the current significant service redesign plans that are taking place within the organisation.

Monitoring arrangements will need to be finalised, however it is recommended that such a monitoring group (eg Carers' Voice) should have authority and be supported by input from a non-executive director champion, the trust's carer governors, the associate director of service user and carer experience, patient and public involvement lead, carer representatives and key senior leads from across the organisation.

This group could report through existing governance and quality structures can also be used to support implementation give further accountability, the detail of which can be agreed following approval of the guiding principles and aims of this document.







## References

The reference list for this strategy is extensive, however here are some of the key legislation, policies, best practice and research evidence which supports this work:

The NHS and Community Care Act (1990): This requires councils to involve families and carers when making plans to assist adults who are vulnerable.

The Carers (Recognition and Services) Act (1995) / The Carers Equal Opportunities Act (2004): These Acts give all carers the right to have their needs assessed, that carers know that this is their entitlement. They also promote the need for joint working between councils and health services.

Recognised, Valued and Supported: Next Steps for the Carers' Strategy (HM Government 2012)  
The Princess Royal Trust for Carers (2010) - Carers Involvement: <http://professionals.carers.org/social-care/carer-involvement,4381,PP.html>

Supporting Carers: The Case for Change (The Princess Royal Trust for Carers and Crossroads Care): This demonstrates how, for a range of patient groups, appropriate engagement and support for carers has an impact on health and wellbeing outcomes for the cared for and carers themselves, the potential impact on re-admissions, delayed transfers of care and length of stays.

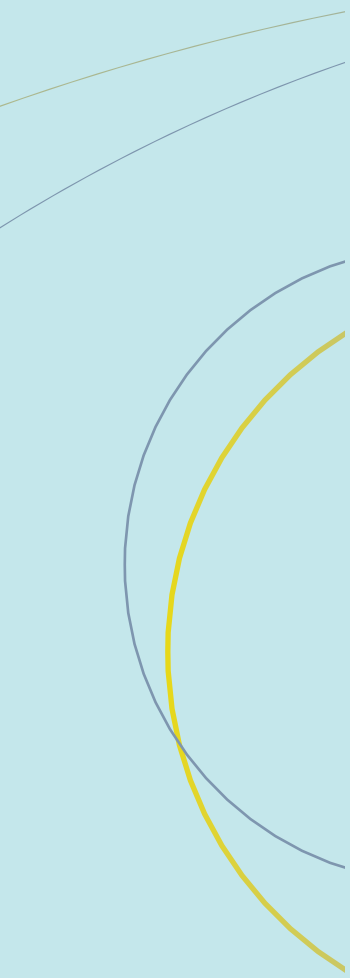
The Triangle of Care (2011) – Princess Royal Trust for Carers and the National Mental Health Development Unit

Thinks Child, Think Carer, Think Family: Social Care Institute for Excellence

'I'm not an outsider, I'm his mother!' A phenomenological enquiry into carer experiences of exclusion from acute psychiatric settings: Claire Wilkinson and Sue McAndrew, International Journal of Mental Health Nursing (2008)







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