



Carers and Support Networks Strategy

April 2016 - April 2019

**Cultivating excellent partnership
working with support networks
and families**

Improving lives

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**Carers are hugely important to our society,
their contribution is immense.**

**Over 1.4 million people provide 50 or more hours
of unpaid care per week for a partner, friend
or family member. In terms of providing care, they
are often doing most of the work so it is vital
that we in the NHS give them the recognition and
help they need. We also need to remember
how the demands of caring can take its toll on
people's own health.**

We need to care for the carers.

Simon Stevens, CEO of NHS England

Introduction

Partnership work with the whole support network of a patient is not only self-evident, it is imperative if we want to stay at the forefront of providing excellent standards of health care – even more so in the midst of efficiency-savings. It has been evidenced repeatedly that when the support network (i.e. families, carers, friends etc) is included in the assessment and treatment of a patient, the outcome is better.

Strategy background

In 2008 Oxleas launched its first Carers' Strategy which aimed to put carers at the forefront of our work.

This strategy was based on the national carers' strategy 'Carers at the heart of 21st century families and communities' (2008) and on the strategies of our local authority partners in Bexley, Bromley and Greenwich.

The aims of the original strategy were revised in 2012, and for the last three years Oxleas has focused on six key areas: recognition, involvement, information, support, staff development and partnership working.

From April 2015 the new Care Act 2014 came into force, and will have a significant impact on the lives of many carers.

The Act gives new rights to carers and should allow greater access to carers' assessments and entitlement to services direct to the carer (if they meet the national eligibility criteria). Our new strategy 2016 - 2019 takes these changes into account.

Current situation

It is acknowledged that since the launch of the revised strategy in 2012, Oxleas has grown and integrated with community health services. While the previous strategy took us forward as a mental health trust, we now need a strategy that takes account of our wider range of services and helps us achieve the level of improved support to families and carers in community health services that we have begun to achieve in our mental health services. The new set of aspirations in this revised strategy incorporates the needs of families and carers of people using these community health services, as well as those in our other mental

health and learning disability services.

Since the launch of our first strategy, Oxleas' progress around carers' support has been significant within our mental health services. Mental health services now routinely identify carers, and provide information, groups, training, and carers' assessments. In October 2014 Oxleas became one of only eight trusts which provide mental health services in the country to receive a gold star for their commitment to the Triangle of Care scheme.

In addition, most mental health teams have received two days of Family-Inclusive Practice training, which has helped raise awareness,

introduced basic skills to work with families, friends and carers, and developed action plans for each team to introduce culture change for clinical practice. Many mental health clinicians have made good use of the training; however, the desired culture change for many teams has not materialised.

And yet, it is the cultural change which is the most critical – and most difficult – part of service transformation. This new strategy is aiming to primarily address culture change, determining “how we do things in Oxleas”.

Despite the investment in training and the progress being made on many levels, there



is still more that we can do to strengthen, and work with, our patients' support networks. Families, friends and carers tell us they want to play an active part in the patient's support network and be connected in a meaningful way to clinicians and patients.

Terminology

Many people, who are closely connected to the patient, want to be recognised for the role they play in the patient's life, for the information they can provide and the support they give. When considering a patient's support network it is however important to recognise that not all family members, relatives, friends or significant others wish to see themselves as a carer. In fact,

some staff, patients and family members/friends felt alienated when the term "carer" has been used. Oxleas serves very diverse communities across Bexley, Bromley and Greenwich; and we have found this issue particularly true for Black and Minority Ethnic (BME) patients and their carers. For some BME communities, terminologies related to mental illness and treatment options are relatively new concepts; and using the term "carer" can be especially confusing.

Not everyone wants a carer's assessment, or to be referred to carers' services, or to attend a carers group. Nor do all patients wish their families, relatives or friends to be

involved; and often their wish for involvement of others changes rapidly over time.

It is therefore critical that a new strategy uses an inclusive language that addresses the multitude of possible social connections in the context of physical health and mental health treatment. Therefore, when this strategy talks about the "support network" it includes all and any of the patient's important relationships, which could be with family members, relatives, partners, friends, neighbours, formal carers, or workers from other parts of our services or other agencies.

This strategy is in accordance with the principles of the 'Triangle of Care' and is informed by a scoping exercise which was conducted in Oxleas over a period of several months, and included the views of identified carers, families and friends, and Research-Net; it also involved directors, professional leads, managers, clinicians and carers leads, and utilised information from sources such as PALS/ complaints and carers surveys, along with real-time patient experience survey feedback. In addition it draws on initial findings of the concurrent project of 'Experience-Based Co-Design' with families and carers in Bexley. Comment on this strategy has been sought from external groups as well.

Strategy aims

The overarching aim of this strategy is to help change the trust's culture from merely treating an individual patient to consistently including the patient's support network in order to improve clinical outcome and peoples' lives.

The strategy sets out **six key aspirations** and focusses on changing a number of manageable and sustainable, but critical behaviours at different levels in the trust, without which the cultural change is not possible.



Aspiration 1:

Widening the focus to include the support network

All service users and their support networks are offered the opportunity to be included, involved and engaged.

The trust is transforming into an organisation that encourages and cultivates engagement with the support networks for all our patients. The service users are no longer viewed as individual patients; instead the whole support network is recognised as the service user.

While it is important to have a sharp focus on the individual

patient's clinical needs during their assessment and treatment, our new approach will ensure all staff members now develop a wider vision to also include the support network of the patient. We will build relationships with and include all significant people in a patient's life (irrespective of whether they view themselves as carers, or meet any criteria for being a carer as defined in the Care Act).

We recognise that the needs of patients and their support network varies across services, and as such our approach and the intensity of support will have to be adapted to the specific circumstances of any particular patients, depending on their needs.

Some services naturally include support networks and families. Thus, in children and young people services, children are always seen within the context of their families or care systems, which is also reflected in the recording, care planning and interventions. The same is evident in the Adult Learning Disabilities care group. There is much to learn from their inclusive culture and ways of operating.

Acknowledging this variation, work with the support network occurs in two domains with distinct levels of competencies:

Domain 1

Carers needs

All clinicians offer invitations to carers groups or training. Carers are informed about local initiatives and services to support them. Carers are offered an assessment of their own needs.

Domain 2

Working with the support network

Level 1 can be expected of all clinicians. Levels 2 and 3 are more likely to be offered within Mental Health Services, but are also possible in other services.

Level 1

All staff working in clinical services are able to work with the support network at a low intensity level (e.g. meeting with families and/or friends on a regular basis to ensure they are included at all stages of the patient’s journey). All clinicians offer information, advice, and inclusion in care planning, provide the support network with information about diagnoses, treatments, support available. All staff working in clinical services take time to listen to families and friends, and involve them in care planning.

Level 2

Systemic interventions (aka family interventions) are offered by clinicians who have trained in systemic psychotherapy as a distinct form of treatment as recommended by NICE, with the expectation that such interventions are carried out over more than ten sessions over a minimum period of six months. Clinicians who do not feel confident in addressing this level of work are supported by more qualified and experienced clinicians.

Level 3

This level works with clients and families presenting with complex, entrenched, multi-generational dilemmas, risk issues and volatile and fragmented relational structures. Where the therapeutic task is complex, the patient and their support network are referred to Systemic Psychotherapy. This is carried out by fully qualified Systemic Psychotherapists (aka Family Therapists) and other qualified clinicians working within Family Consultation Services (FCS), supervised by more senior qualified Family Therapists.

To date the trust has been successful at establishing 'Domain 1' by improving the level of awareness in mental health settings; increasing rates of carers registration; establishing carers groups. Similar work has been done in community health services, and it is important that we continue to bring the various work-streams together. However, in order to move forward we will focus on improving provision across both domains to create and cultivate cohesive support networks.

What we will do:

- All trust information will describe our intention to help create support networks for patients.
- All clinicians will use a simple tool to map out together with the patient who to include in the support network (for a copy of the Support Network Engagement Tool please see details on back cover).
- Appointment letters will invite patients to bring significant members of their support network to meetings.
- All teams will offer initial meetings for the support network, both in community teams and wards, in order that we can involve the whole system from the start.
- The 'Families and Carers Strategy Group' will work together on all issues relating to support networks and carers to ensure both domains of inclusive work are addressed.

Aspiration 2:

Improve team engagement

Every staff member makes it a priority to ensure that support is provided for the identified network for their patients

As a trust we have made significant improvements in our clinicians' understanding of the needs of carers. However, in order to change the culture and clinical practice of whole teams, all clinicians will take responsibility to identify and cultivate patients' support networks. All policies, processes and recruitment processes will reflect this aim.

What we will do:

- All job descriptions will state responsibilities relating to patients' support networks
- Operational managers and clinical supervisors will address how support networks of patients are being considered in supervision





Aspiration 3:

Improve team support

All clinicians, when working with the patient's wider support networks, get the support they need.

Engaging with the support network is often complex and can at times be conflictual. Some members of staff find it more stressful when working with more than just the individual patient. Therefore, staff members need to have access to support for themselves to build their confidence and skills when working with larger social systems.

To ensure this support is robust, it will occur across several levels:

- Support for staff from expert clinicians who are trained and experienced in engaging with families and support networks.
- Leadership and operational support from senior management teams.
- Trustwide planning and strategic support via the 'Family and Carers Strategy Group'.

What we will do:

- Each team will have access to clinicians who are specifically trained in working with families and support networks to act in a consultative capacity for clinicians.
- Support staff treating patients with long term physical health conditions to identify the needs of people helping patients with their health and social needs.
- Educational groups will be established across services to help educate patients and their support networks about services and treatments.
- Improve the use of our family consultation services.
- Support networks are discussed in clinical as well as operational supervision.
- Establish a clear and sustainable leadership structure for the carers and support networks agenda.

Aspiration 4: Ownership

The inclusion of patients' support networks becomes everybody's business.

Until now carers support initiatives such as carer groups have generally been run by one or two dedicated staff members. In many teams the work with carers and the support network has been delegated to so-called "carers champions". Often there is also a tendency to outsource the work with carers to carers groups, or individuals who have

a special interest in such work. Moving forward, the widened focus on support networks must become everybody's business. Teams must plan their service improvements for support networks and all team members take responsibility for implementing these.

What we will do:

- Complete Experience Based Co Design (EBCD) projects to find out what changes families and friends want, and, together with the support network, co-design service improvements. The outcome of the projects will inform other teams in order to use this approach to improve their services.
- Develop regular service events across community and mental health services to learn from each other about successful initiatives, and how to implement them.
- Actively encourage clinicians who are confident and competent to work with families and the support network to undertake conjoint work with less confident/competent colleagues.
- Ensure the family and carers strategy group has optimal membership and a strategic approach.



Aspiration 5: Young carers

All clinicians will identify young carers and the support they need.

As a trust we have an obligation to support children who are affected by their parents' physical and/or mental ill health. In many instances children are providing unpaid support to family members - either directly to the person who is unwell or disabled, or support to other family members i.e. helping with siblings if the parent is

unable. Such children can be considered young carers and need information and practical/emotional support.

To support the whole family, every time an adult's needs are assessed, the needs of the children in the family will be considered and taken seriously in order to prevent children and young people taking on inappropriate caring roles that

will have an adverse effect on their development and life chances. The trust will identify children under 18 years of age who are dependents of parents with mental health difficulties, and record them on RiO .

What we will do:

- A 'Children and Young Carers' Resource Pack' will be developed for all teams. This will include details of our obligations to children and young people, what support they might need, details of information available for children and young people, and details of local young carers' projects.

- We will publicise our responsibility to young carers and advertise our projects in all waiting areas.
- Short awareness-raising sessions will be undertaken with relevant teams, in conjunction with our local young carers projects.

Being a young carer, there is no time to have a childhood. It's like living in 'dog years,' you grow up much quicker than everyone else your own age. I feel as if my life has been much longer than it actually has, I have brought up a family from the age of eight.

Siobhan, 19 years

(Getting It Right for Young Carers: The Young Carers Strategy for Scotland: 2010 -2015 Summary)

Aspiration 6: Monitoring

Trust QSIPs accurately reflect the extensive work with our patients' support network.

We want to ensure that the inclusion of the patient's support network is central to all our work, and will monitor our progress on the strategy in partnership with them.

The current Quality and Safety Improvement Plans (QSIP) relating to carers were established seven years ago, when carer's issues within mental health services first

became a focus of the trust. These will be changed to reflect the aspiration to transform the trust to one that works in partnership with patients' support networks, and also to include community health services.

Amending the Quality and Safety Improvement Plans in relation to families and carers will ensure we capture

the most accurate and useful information about our work with the support network, and encourage teams to increase the recording of such work. These changes will enable us to monitor work undertaken with support networks on a monthly basis.

Trustwide patient and carer surveys will provide valuable feedback. Early on we will specify a new proxy measure of our engagement with the support network, consistent with the community mental health survey questionnaire.

Further monitoring will be obtained via regular audits such as carer's assessment audit, care planning audit, and the audit of the

new "Support Network Engagement" tool. The trustwide Family and Carers Strategy Group meets bi-monthly to monitor progress against the strategy action plan and ensure targets are met.

What we will do:

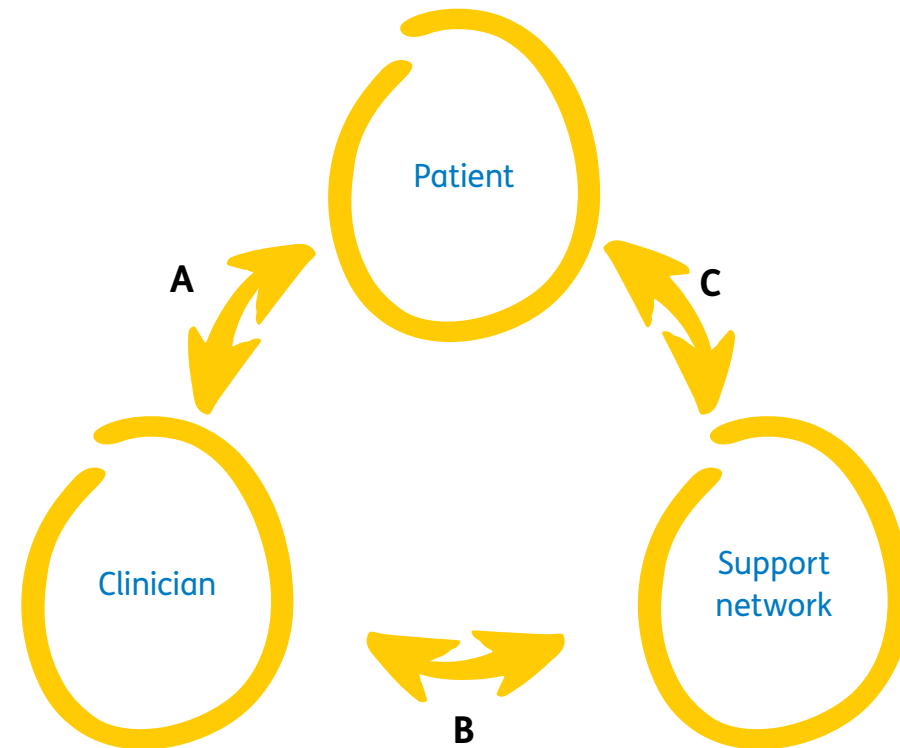
- Change our QSIPs to include contact with the support network.
- Ensure that Oxleas RiO supports all the functions we need for recording such contacts.
- Consistently audit the use of the new "Support Network Engagement" tool.

- Review survey questions that ask about families and carers in order to receive information on the engagement with, rather than just the support for, carers and support networks.
- Report not only to the family and carer strategy group but also feedback periodically to the Trust Patient Experience Group and the Trust Quality Board.



Appendix 1

Working with the Support Network



A Mapping the Patient's Support Network

- 1 Who are the most important people in your life?
- 2 How would you like them to support you during this difficult time?
- 3 If you have children / grandchildren, how are they involved?
- 4 When there is an emergency, who would you like to be with you? (They can be the same as in 1, or different)
- 5 How would you like them to support you in an emergency? (This can be from "looking after a pet" to "speaking to a clinician", or "just being there".

At times it is difficult to identify people who can be of support. Sometimes the support network changes. It is therefore important to re-visit these questions on a regular basis.

B Engaging with the Support Network

- 1 Write a letter to the identified supporters to invite them for a meeting
- 2 Offer information about what we do and how we do things (opening times, etc.) and general information about the diagnosis.
- 3 Invite them for a set of education sessions.
- 4 Continue close contact (care plan review; phone-call; meetings) throughout the service user's journey.

At times the engagement with the support network can be difficult and the relationship takes the form of mediation between the service and the support network. This needs to be addressed in supervision.

C Strengthening the relationship between Patient and Support Network

- 1 Offer regular meetings to include the support network and the patient to address any barriers on the service user's journey.
- 2 If the relationships are difficult and the support is wanted but not functioning, seek advice from, or refer to, an Oxleas Family Consultation Service.
- 3 If there is no evident support network, help create one and engage with it.

Useful contact information

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