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Carers and Support Networks Strategy

April 2019 - April 2022

**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.

Since Oxleas launched its first Strategy in 2008, the profile

of the role of carers has increased on a national level. The recognition of carers and their importance in the wellbeing of those they care for is a priority for the Trust. Our first 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 Bromley, Bexley and Greenwich. The principles remain relevant. For the last few years Oxleas has focused on 4 key areas: Recognition, Involvement, Information and Support. All these factors will continue to remain central to our work.

From April 2015 the new Care Act 2014 came into force, which gave new rights to carers and allowed greater access

to carers’ assessments and entitlement to services direct to the carer (if they meet the national eligibility criteria). This refresh of our strategy takes these changes into account.

Since the launch of the revised strategy in 2016, Oxleas has continued its integration with community health services. While the previous strategy took us forward as a mental health trust, we 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 achieved in our mental health services.

Current situation

This strategy outlines our approach to reaffirming and delivering on the key areas where the Trust intends to make improvements, building on the achievements of our previous strategy, including how we will implement and review this current strategy.

The set of aspirations in this strategy incorporates the needs of families and carers of people using our 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.

Most mental health teams received a two-day Family-Inclusive Practice training which 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 is yet to materialise. It is the cultural change which is the most critical – and most difficult - part of service transformation. This strategy

aims to continue to 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" was 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 our 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 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. It draws on findings of the 'Experience-Based Co-Design' project with families and carers in Bexley. Comment on this strategy has been sought from external groups as well.

Strategy aim

We want all our staff to work in partnership with carers and support networks, to see it as core to their role. This will mean carers have a better experience, feel more supported, have better health and lives and are better able to take care of those they care for.

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. This strategy is aimed to support networks in all of our services: adult mental health;

older adult mental health; physical health services, young people; adult learning disability services and forensic services.

The Trust aims to develop ways of working to ensure carers and support networks feel informed and engaged in the care of the person they support. In order to do this, we need to ensure carers' needs are assessed and, where possible, met. We also aim to improve their involvement in care planning development, delivery, review, service development and monitoring and evaluation of services. Carers and support networks should be recognised at the first point of entry to any area of our services.

This strategy outlines our priorities and commitment to improving our support to the patient's support network and 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 and 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 (e.g 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 and 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 clinicians map out together with the patient who to include in the support network. Appendix 2 illustrates a tool that staff may wish to use for this purpose, although this is not mandatory and is more of an aid to guide the conversation.
- 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.

Aspiration 2:

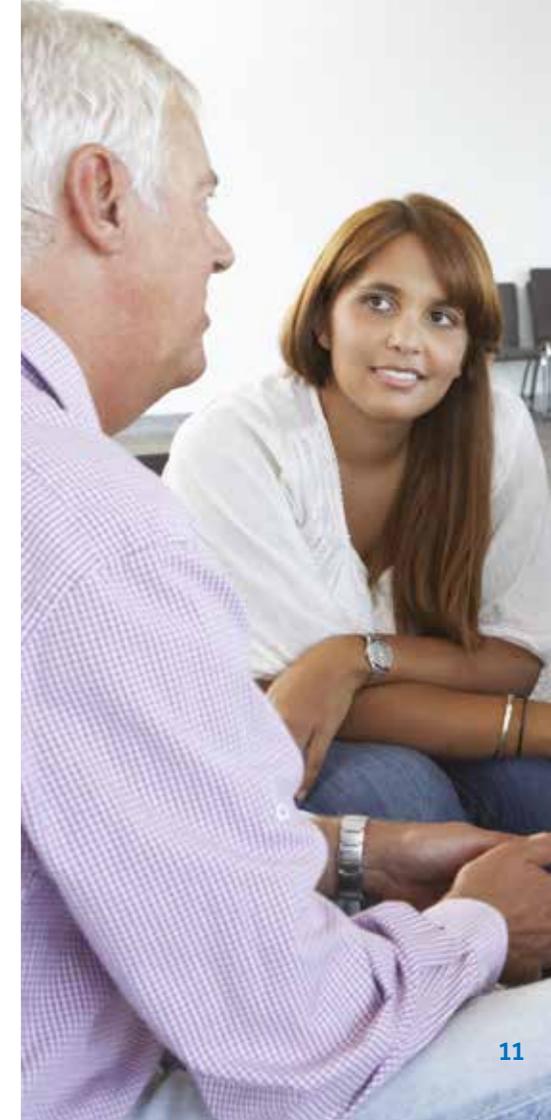
Improve team engagement

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:

- 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.

Working 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 working with families and support networks.
- Leadership and operational support from senior management teams.
- Trust wide planning and strategic support via the Trust Patient Experience 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 the support network.
- Support networks are discussed in clinical as well as operational supervision.
- Establish a clear and sustainable leadership structure for the carers & 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:

- Undertake 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.
- Actively encourage clinicians who are confident and competent in working with families and the support network to undertake conjoint work with less confident/competent colleagues.



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:

- Continue to promote the Young Carers website.
- We will continue to publicise our responsibility to young carers and advertise our projects in all waiting areas.



“
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 measures 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.

Our aspiration is to transform the Trust into an organisation that works in partnership with patients' support networks, including within our community health services.

We 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. Trust wide patient and carer surveys will provide valuable feedback. Further

monitoring will be obtained via regular audits such as carer's assessment audit, care planning audit, and the audit of the "Support Network Engagement Tool" (SNET).

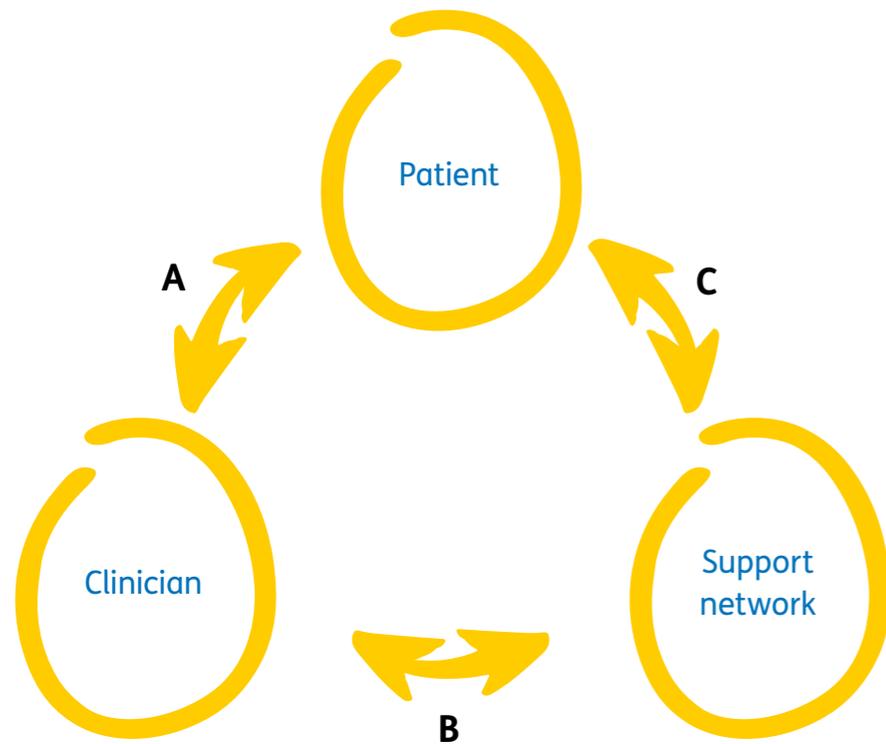
What we will do:

- Monitor the use of the support network engagement tool.
- Ensure that Oxleas RiO supports all the functions required for recording contacts in the SNET.
- Report regularly on the use of the tool to the Trust Patient Experience Group and other Trust governance groups.



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 When there is an emergency, who would you like to be with you? (They can be the same as in 1, or different)
- 4 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.