



# Carers Involvement and Support Bulletin 7

## Supporting Carer

### Involvement

### CQUIN Group

#### Next meeting:

18th February

Sandal Rugby Club

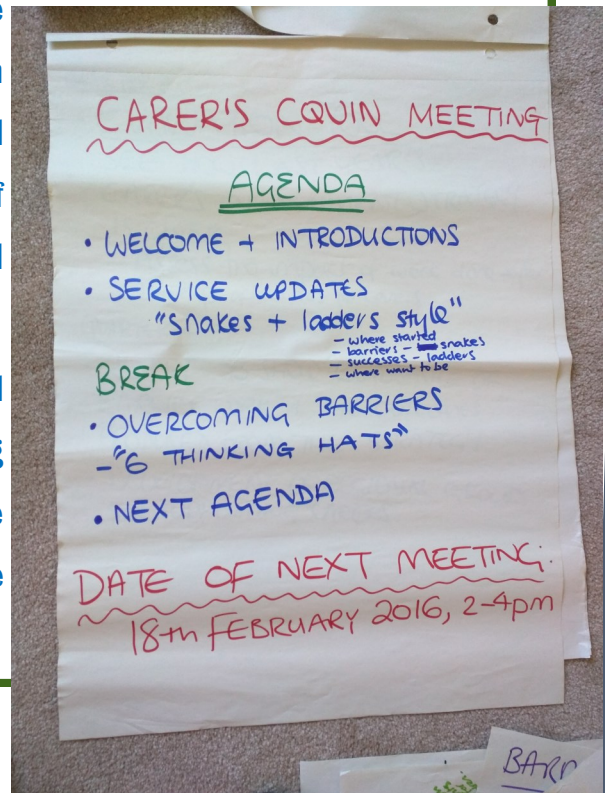
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## Last meeting summary 3rd September

At the last meeting of the Carers CQUIN meeting we decided to do the regular service update in a more creative way using Snakes and Ladders. We asked services to write down their journey so far—with all their achievements over the course of the CQUIN in the form of ladders and

any barriers encountered in the form of snakes. These can be found on pages 2 and 3.

We then used all the barriers that people had identified to do some creative thinking using the 6 Thinking Hats to come up with some collective solutions to these. This can be found on pages 4 to 7.



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# Service update

## Snakes and ladders

We started off with a service update from everyone . We wanted to get people to think about the journey that they have been on through the CQUIN process so far. We asked everyone to write down their starting point (where they were as a service before the CQUIN started) and then document their journey. Achievements are done in the form of Ladders and any barriers are done in the form of Snakes. Then we asked for the finish to be where they would like to get to ideally.



### Start

Limited information (no consistency)

No familiarity (first impressions of hospitals)

Improve carers experience

Limited carer involvement

Barriers (Snakes)

Travel arrangements for carers

Family/carers not wanting involvement with social work or difficulty reaching MDT for information

Achievements (Ladders)

Carer link nurses on each ward—monthly meeting carer involvement increased

Smaller meeting wards taking responsibility for carers

Carer involvement day on adolescent ward went well

Finish

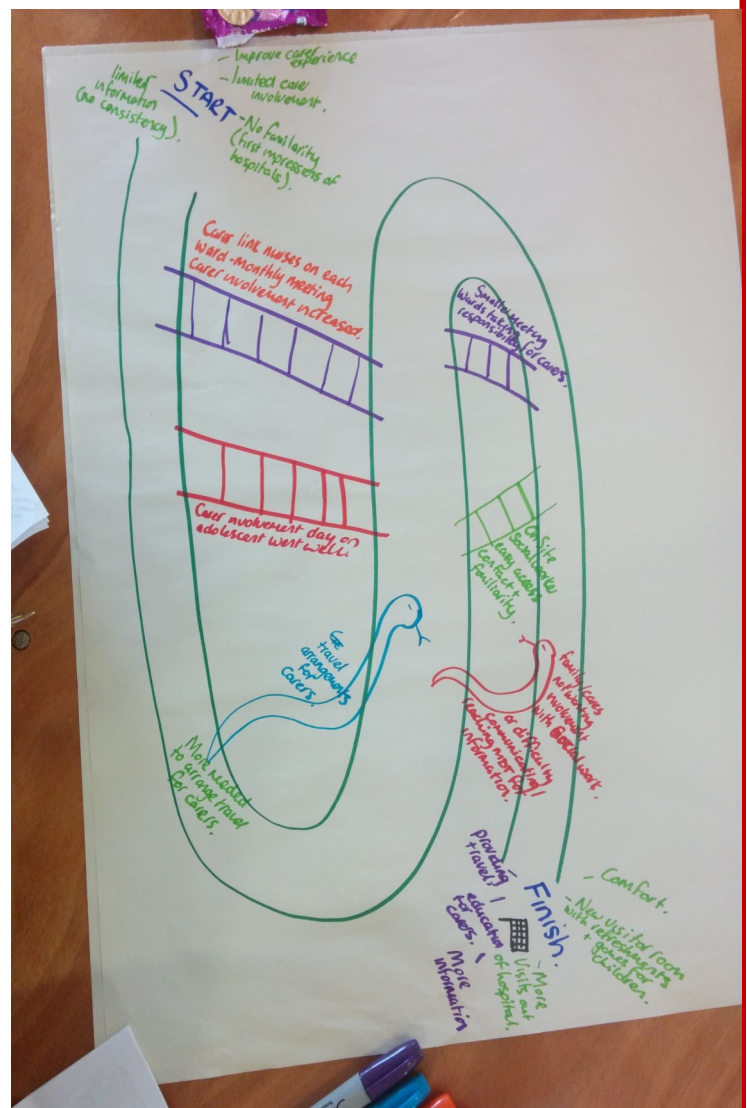
Comfort.

New visitor room with refreshments and games for children

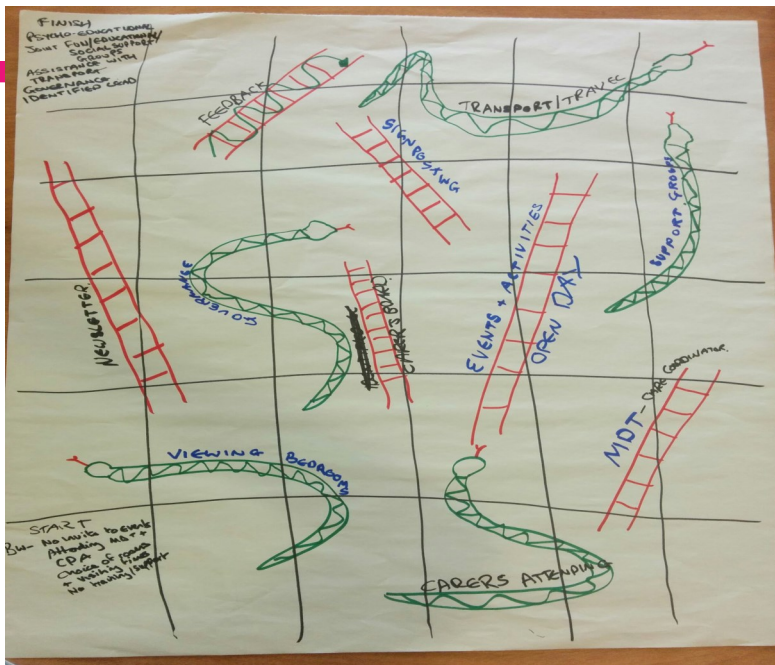
More visits out of hospital.

Providing travel

Education for carers.



- Start
- Stigma
- Confidentiality. Transport
- Consultant/team involvement
- Barriers (Snakes)
- Boring power point presentations
- Security
- Carers far away
- seclusion
- Achievements (Ladders)
- Carers cabinet—links with service user involvement team
- Biscuits. Meals
- Friends and family test. Facilitate contact
- Ward pathway
- Collaboration. Carers events. Skype
- Finish
- Visit the ward. Education—MH certificate
- More events. Leave

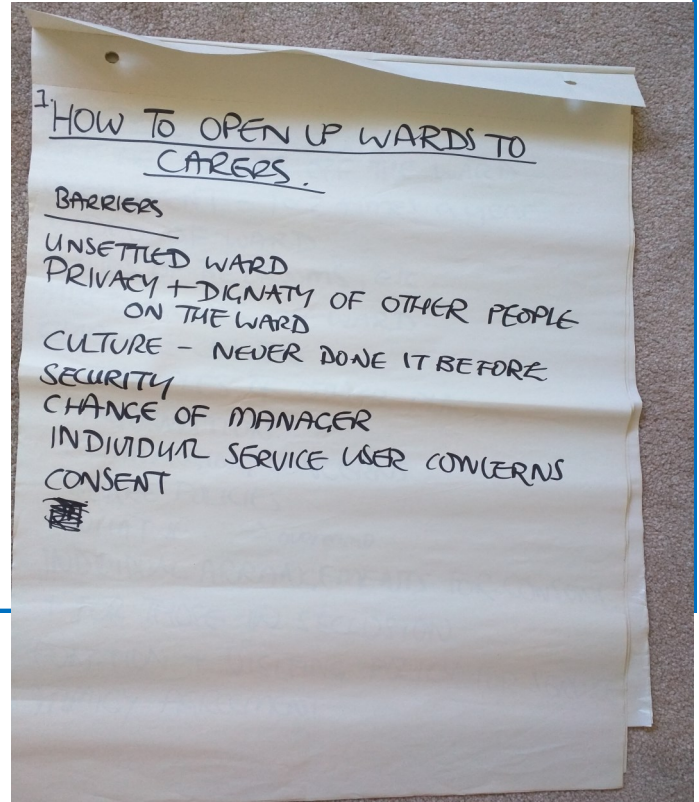
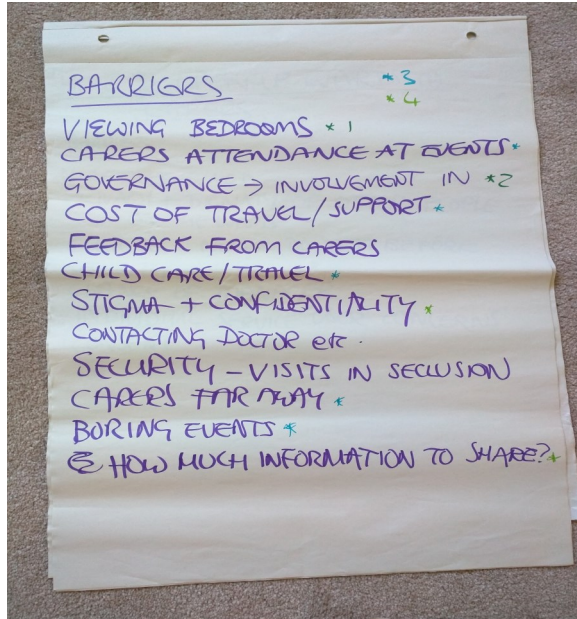


- Start
- No invite to events
- Attending MDT and CPA
- Choice of rooms and visiting times
- No training/support
- Barriers (snakes)
- Viewing bedrooms
- Carers attending
- Governance
- Support groups
- Transport and travel
- Achievements (Ladders)
- Newsletter
- Events and activities
- Open day
- MDT - care coordinator
- Signposting. Feedback
- Finish
- Psychoeducational
- Joint- fun/educational/ social support groups
- Assistance with transport
- Governance. Identified lead



# Snakes—from barriers to solutions

We asked everyone to share the snakes (barriers) that they had identified in the last exercise and there were some common themes. We used the 6 Thinking Hats to work as a whole group to think about what makes these things barriers and then how we can overcome them.



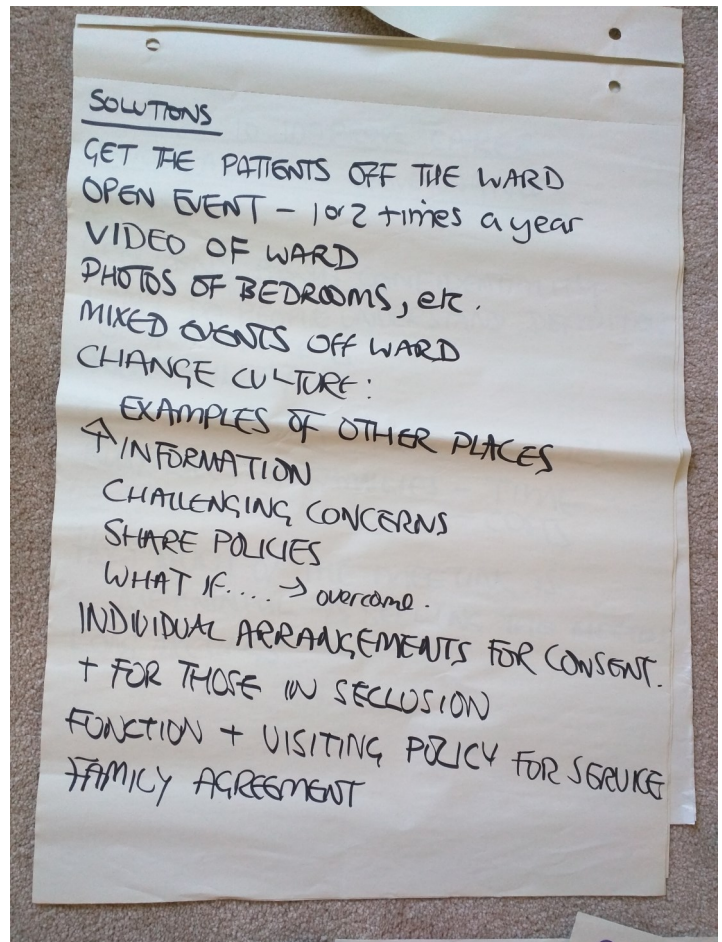
## How to open up wards to carers

### Barriers

- Unsettled ward
- Privacy and dignity of the ward
- Culture—never done it before
- Security
- Change of manager
- Individual service users consent

### Solutions

- Get the patients off the wards
- Open event once or twice a year
- Video of the ward
- Photos of bedrooms etc.
- Mixed events off ward
- Change of culture
- Examples of other places
- More information
- Challenging concerns
- Share policies
- What if..... overcome
- Individual arrangements for consent
- Consider those in seclusion
- Function and visiting policy for the service
- Family agreement/contract



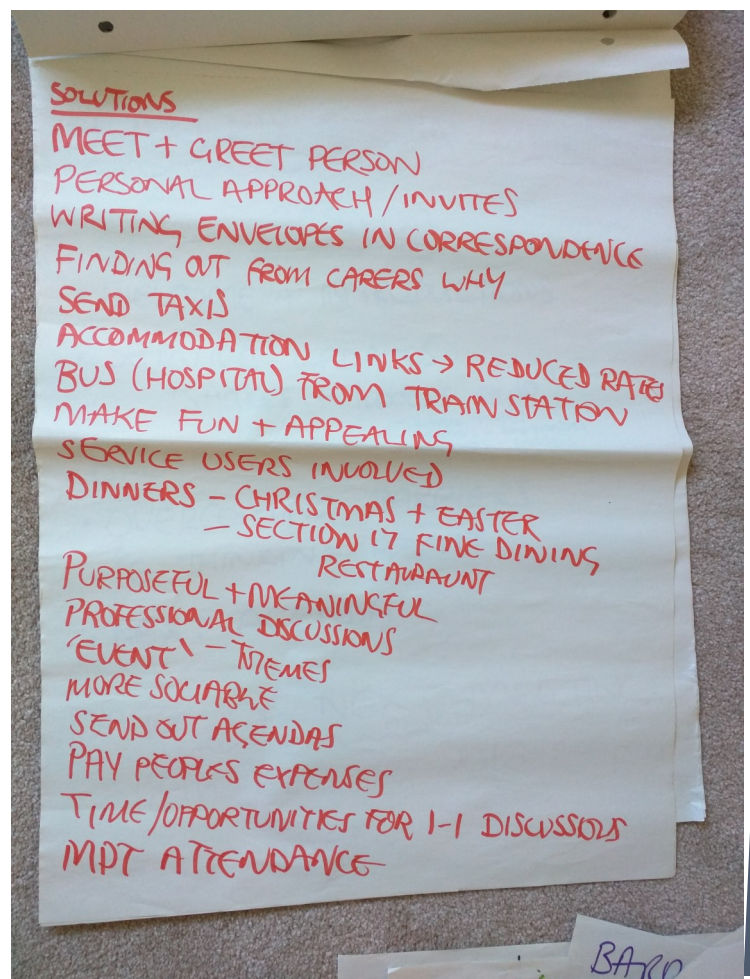
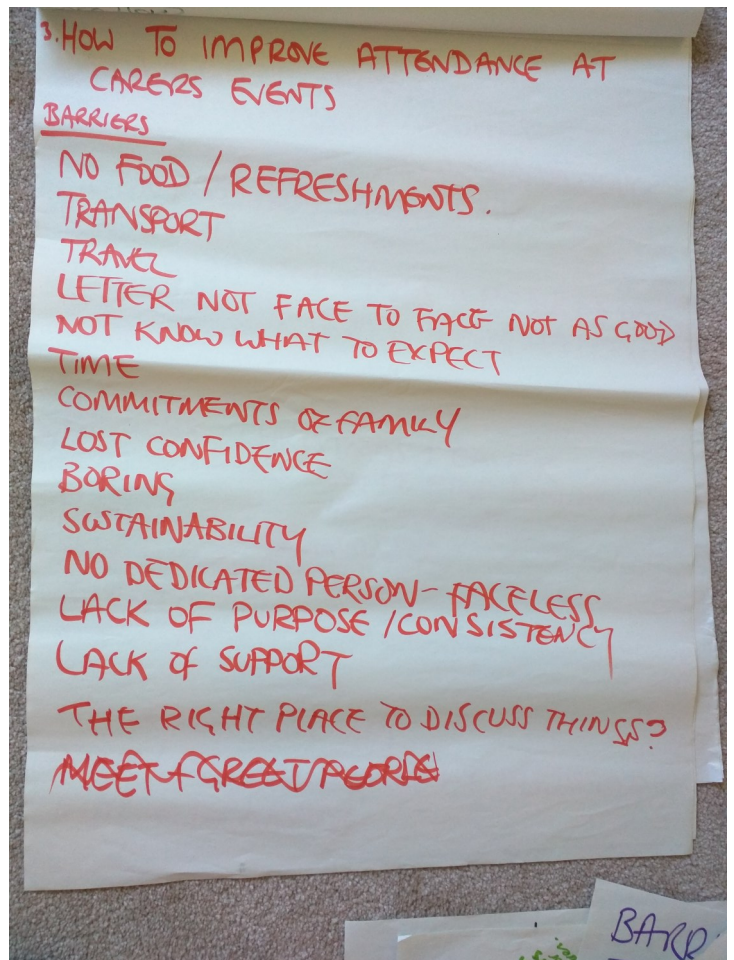
## How to improve attendance at carers events

### Barriers

- No food/refreshments
- Transport. Travel
- Letter not face to face not as good
- Not know what to expect
- Time. Commitments of family
- Boring. Sustainability
- No dedicated person/faceless
- Lack of purpose/consistency
- Lack of support
- The right place to discuss things

### Solutions

- Meet and greet person
- Personal approach/invites
- Hand Writing envelopes in correspondence
- Finding out from carers why. Send taxis
- Accommodation links— reduced rates
- Bus (hospital) from train station
- Make fun and appealing.
- Service users involved.
- Dinners. Christmas and Easter. Section 17 fine dining restaurant as example.
- Purposeful and meaningful.
- Professional discussions. Event — themes.
- More sociable. Send out agendas.
- Pay people expenses.
- Time opportunity for 1:1 discussions.
- MDT attendance



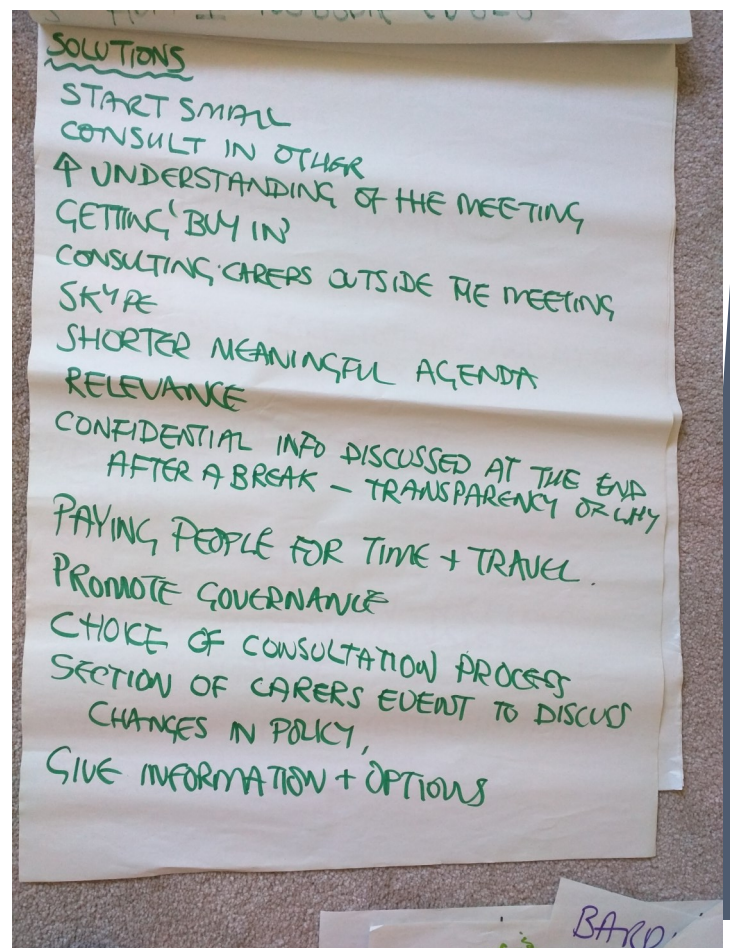
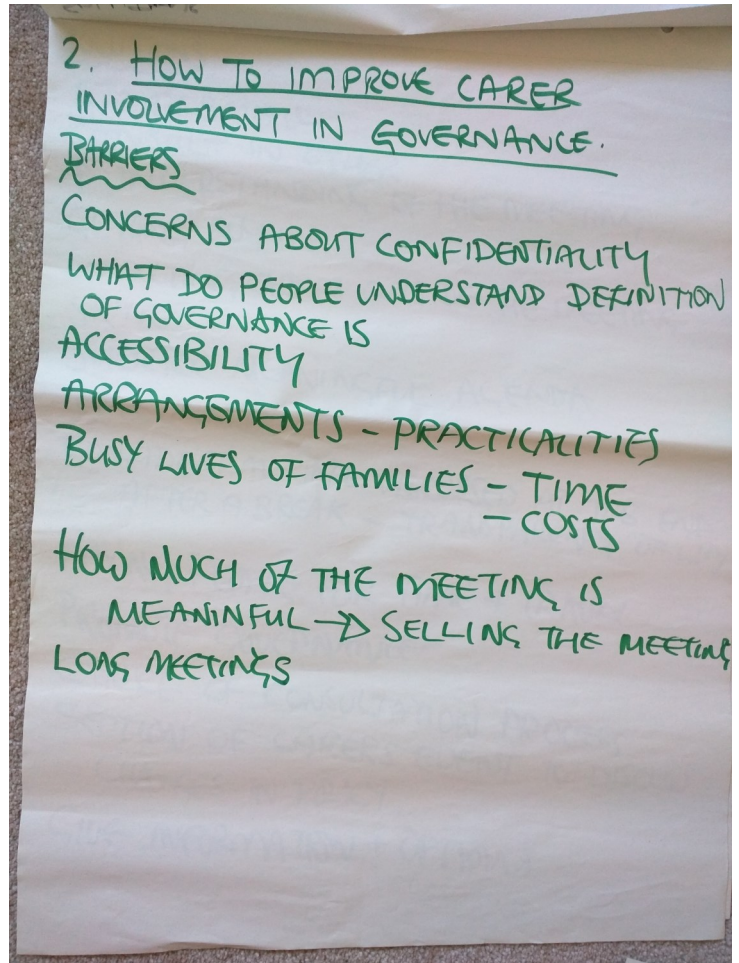
## How to improve carer involvement in governance

### Barriers

- Concerns about confidentiality
- What do people understand about what governance is
- Accessibility
- Arrangements—practicalities
- Busy lives of families
- Time
- Costs
- How much of the meeting is meaningful
- Selling the meeting—long meetings

### Solutions

- Start small
- Consult in others
- Increase understanding of the meeting
- Getting buy in
- Consulting carers outside of the meeting
- Skype
- Shorter meaningful agenda
- Relevance
- Confidential info discussed at the end after a break—transparency of why
- Paying people for time and travel
- Promote governance
- Choice of consultation process
- Section of carers event to discuss changes in policy
- Give information and options



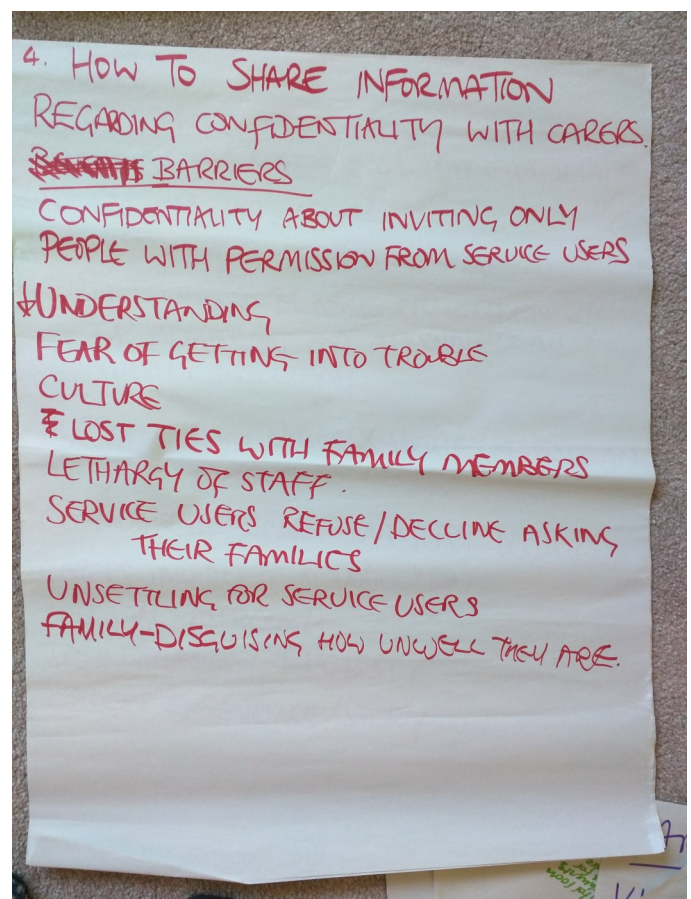
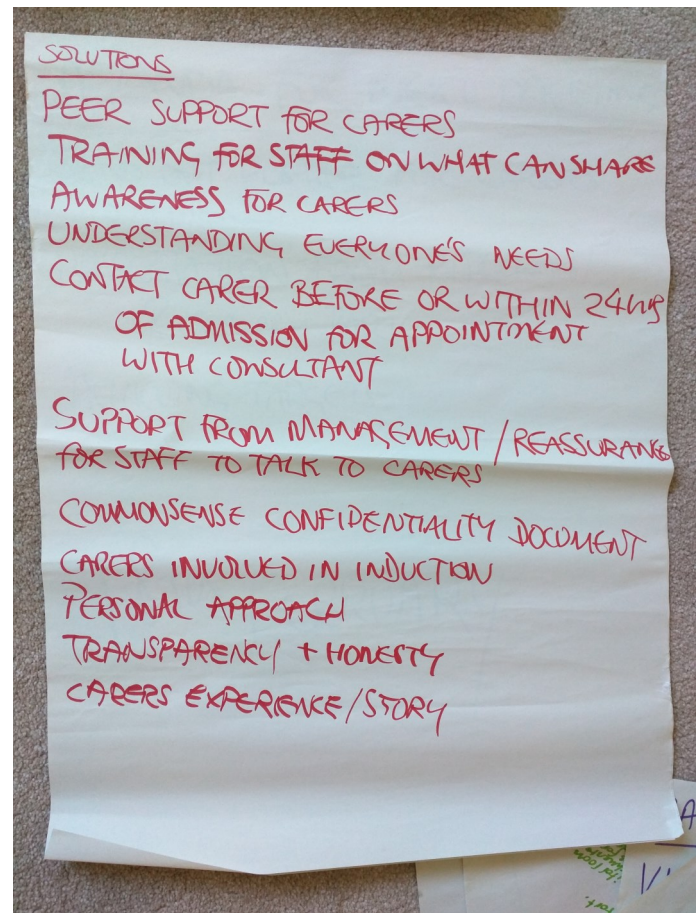
## How to share information regarding confidentiality with carers

### Barriers

- Confidentiality about inviting only people with permission from service users
- Not enough understanding of confidentiality and how it applies
- Fear of getting into trouble
- Culture
- Lost ties with family members
- Lethargy of staff
- Service users refuse/decline asking their families
- Unsettling for service users
- Family disguising how unwell they are

### Solutions

- Peers support for staff on what can share
- Awareness for carers
- Understanding of everyone's needs
- Contact carers before or within 24 hours of admission for appointment with consultant
- Support from management/reassurance for staff to talk to carers
- Common sense confidentiality document
- Carers involved in induction
- Personal approach
- Transparency and honesty
- Carers experience/story



# Carer Involvement CQUIN requirements

## Rationale for inclusions as a CQUIN

Carers play a significant role in the lives of service users and can play a large part in supporting an individual's recovery. Maintaining and building on relationships with carers, family and friends when in secure services can be helpful to the recovery of service users.

Carers may also learn from and support each other during and beyond someone's stay in secure care. This CQUIN builds on the carer involvement strategies developed during 2014/15 and requires providers to evaluate the effectiveness of these strategies and further develop ways to involve carers, family and friends at a local and regional level.

## Quarter 2

The provider is to develop an evaluation tool for assessing the impact of the strategies for carer involvement from 2014/15 and use this to further develop involvement of carers, families and friends in their service at a local level.

Such developments would include carers' support groups, psycho-educational support as appropriate, carer involvement in service user events, carer participation in service provision and governance and support for carers experiencing difficulties engaging with the service user.

## Quarter 4

The provider to produce a report that evidences the impact of the activities developed in Q1 and 2 with continued use of the evaluation tool and develop a strategy for continued embedding of these practices into the service.

The report should highlight where the provider has developed carer support structures in conjunction with other services at a regional level to further enhance the positive experiences of carers, family and friends. This would include the development of regular groups to provide mutual support, understanding, learning and feedback for improvements in service provision. There would also be consideration to how this would be achieved for carers geographically distant from the service user.





# Yorkshire and Humber

## CQUIN Group

### Supporting Carer Involvement

**18<sup>th</sup> February 2015**

Sandal Rugby Club Wakefield

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### Refreshments provided

Role Description for attending the Yorkshire and Humber meetings:

Represent your service and share experiences and ideas

Celebrate achievements and share learning

Find out what is happening in other services

Give your perspective

Meet staff and service users from other services

Take back and share what you have learnt with people in your service

