

Carers Involvement and Support Bulletin

Yorkshire and Humber CQUIN Group

Supporting Carer

Involvement

Tuesday 22nd July
Thursday 18th September

Sandal Rugby Club



Notes from Recovery and Outcomes Group

At the recent Recovery and Outcomes Meeting everyone was asked to think about 3 questions around involving carers. Here are the main points raised:

1. What is difficult about involving carers?

- Confidentiality
- Distance/travel
- Visiting times/areas
- Lack of information
- Reluctance to engage
- Lack understanding
- Financial implication
- Communication

2. What would help involve people, friends and families?

- Right support
- Flexibility
- Education
- Community leave
- Financial support
- Named link
- More information
- Family therapy
- Carers events
- Translators

3. What do you do already that is good?

- Carers Assessment
- Family room
- Information booklets
- Welcoming
- Staff training
- Deals with local accommodation
- Events & Forums
- Flexible visiting times
- Recovery courses
- Newsletter
- Skype
- Transport
- Invites to MDT/CPA
- Staff support



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Exploring Family Carer Involvement in Forensic Mental Health Services

A 2013 research study looked at family carer involvement in forensic mental health services across Scotland. Here are some of the main themes:

Purpose of Study

The study aimed to provide evidence about:

- Existing support for family carers across forensic mental health services in Scotland
- Any gaps between what professionals say is provided and carers' experience
- The extent to which carers access available support in forensic mental health services
- What works well and what hinders carers from accessing this support

Key Findings: Forensic mental health services' perspective

In summary, the survey of forensic mental health services' perspectives of carer support found:

Most services report that they identify carers when a patient is admitted to the ward or service

Wide-ranging levels of carer involvement in CPA meetings—average of 53%

Services reported providing at least one form of support to carers, even if only providing Information leaflets.

Carer support is promoted mainly through direct communication but also info leaflets, posters, and signposting

The decision to provide support to carers was most strongly associated with specific service drivers, such as legislation and policies.

Face-to face consultation with carers about support needs was mostly non-existent

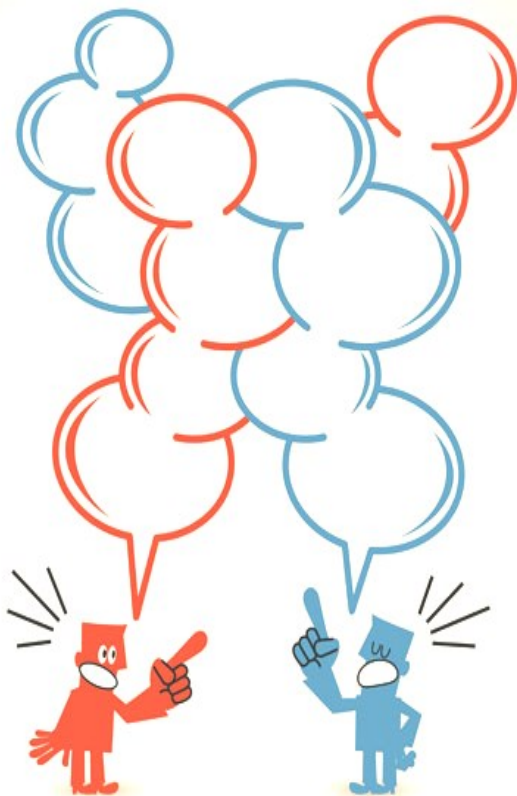
Fifth of services no mechanism for monitoring or evaluating the support they offered to carers.

Half of the services reported experiencing some difficulty in providing carer support, which included low or no involvement in carer support groups they had initiated.

Staff believed that many forensic carers were not interested in engaging,

Low uptake therefore was explained in terms of carers' choice or circumstance and/or stigma

Having to travel long distances was another main reason why they thought carers did not engage with the support provided.



Forensic carers' experience of support

The survey and interviews with carers resulted in the following key findings about forensic carers' experience of support:

Half rated the quality of support received from forensic mental health services as either good or very good. However, nearly a fifth felt this was poor or very poor.

A third of survey respondents had found it either easy or very easy to access support. A third had found this difficult or very difficult.

Only just over a half of survey respondents had received any form of advice, information or support.

Carers valued interactions with staff with good interpersonal skills, empathy and insightfulness and who made time to talk with them. The importance of face-to-face contact was emphasised

Almost half of survey respondents had experienced challenges in travelling to and from forensic mental health services and 44% had been challenged by the lack of flexibility around visits.

The factors that can impact on the frequency and quality of visits include distance to and from forensic units and ease of travel; the environment and having a comfortable space for visiting and with some flexibility for visits; and, the level of privacy afforded for what can sometimes be quite fraught interactions.

Carers felt that many of the places where visits took place were overly restrictive and unsatisfactory even taking into account the need for certain levels of security.

A key source of stress around visiting was not being consulted or kept informed about their relative.

Having staff that were able to support the caring relationship made all the difference.

Recommendations

As a minimum, we underline the importance of the following general recommendations from the *Triangle of Care*:

Carers and the essential role they play are identified at first contact or as soon as possible thereafter.

Staff are 'carer aware' and trained in carer engagement strategies.

Policy and practice protocols regarding confidentiality and sharing information are in place.

Defined posts responsible for carers is/are in place.

A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.

Range of carer support services available.



The Friends and Family Test

Carers CQUIN Group

(Priorities identified at Afternoon Tea)

THEME	PRIORITIES RAISED	ANTICIPATED OUT-COMES
Supporting & involving carers	<p>Carer perspectives inform treatment pathways</p> <p>Have a carers standard as a minimum</p> <p>Carers and family awareness meetings</p> <p>Advice for carers in how to deal with difficult situations and support available</p> <p>Carers packs – keep carers up to speed and in the loop</p> <p>Motivation for staff to make changes that service users want</p> <p>Carer involvement reduces isolation and promotes understanding</p> <p>Benefit assessment & support back to community</p>	<p>Inventory of ideas for how to innovatively involve carers</p> <p>Carers standards</p>
Travel	<p>Patients and carers meeting half way if there are long travelling distances</p> <p>Financial assistance with travel costs</p>	
Visiting	<p>Carers to be involved in developing appropriate environments for visiting</p>	Carers standards
Open days	<p>Opportunities for carers to have a look around the ward</p> <p>Carers open day at hospital a success</p> <p>Show carers what service users are doing – activity, treatment etc.</p>	Inventory of ideas for innovatively involving carers