

Family and Carers Strategy

2015 to 2019



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We would also like to acknowledge the work of Oxleas NHS Foundation Trust, and Dudley & Walsall Mental Health Partnership NHS Trust. Both Trusts' strategies served as inspirations for the current document. Links to both can be found in the Resources section below.

Finally, we would like to thank those people and organisations who responded with their comments and views throughout the consultation period for this strategy.

Foreword from the Carer Governor

My caring role began in 1994, and like many carers, my wife and I had to start from scratch. As there was no manual for caring, what little information we obtained was from a few, older members of staff; carers from the NSF (now Rethink) support group, and an NSF support worker. Since then it has been a long journey with many ups and downs due to my cared for person's illness, however I feel that things have improved: families and carers are becoming involved with the services more, professionals are now realising that families and carers do have a role to play in the system, and that they are a valuable source of information in their own right.

I decided to become more involved with the Trust and in 2006 I was elected a carer governor when the Trust got its Foundation status, and I also enrolled on the Involvement Register (see page 11 for more details about the register). I have been involved in ward inspections, recruitment panels and on committees including the Family and Carer Strategy Group.

There are now more sources of help and published information for families and carers, and family and carer involvement is encouraged, but we are not there yet. I still hear of families and carers not being respected, having confidentiality problems and becoming stressed and frustrated due to the lack of communication between the family / carer and services. It is with this view that I welcome the strategy which includes the Carers' Charter which I hope will work in tandem with the Triangle of Care with the sole aim of improving the family and carer experience, both for those who fit into the triangle of care and those families and carers who do not.

Best wishes, Roger



Roger Oliver
Carer Governor

An introduction from the Chief Executive

The Care Act 2014 highlights the need for friends, families and carers to be respected as expert care partners and to have access to the integrated and personalised services necessary to support them in their caring role. It is essential that the Trust continue to improve the way it works with friends, families and carers who are great allies and wherever possible we need them to be active partners with us.

The NHS Constitution points out how we should 'work in partnership with you, your family, carers and representatives'. This strategy has been developed as part of our commitment to improving the experience of friends, families and carers. It is underpinned by a four-year implementation plan to deliver improvements and we will create action plans that will be regularly evaluated over the lifetime of the strategy to help us measure and demonstrate the impact of the strategy.

Communication and information are significant features in this strategy. The ability to be able to speak freely and openly with mutual respect and for easy access to information as it is needed is of major importance. The approach going forward will be to achieve co-production, a partnership of equals, where the voices of friends, families and carers inform future developments and for outcomes to be widely shared.

I am very pleased to support this strategy and am confident that the Trust can build further alliances and develop stronger partnerships between staff, friends, families and carers. Together we can promote wellbeing and support recovery while contributing to the success of this strategy.

Dr Matthew Patrick
Chief Executive

Our Vision

"Families and carers will be valued and supported throughout their contact with our services. As far as possible we will work collaboratively with families and carers, recognising them as expert partners in care. Our aim is to improve the experience of all who come in to contact with our services and improve health outcomes of the local population."

Executive Summary

The South London and Maudsley NHS Foundation Trust recognises a broad definition of the terms 'carer' and 'family', which includes anyone who is important in the lives of people who use our services. As an organisation, we are committed to working in partnership with the families and carers of people who use our services, and to involving them in all aspects of these services. We are committed to increasing the provision of family and carer information and increasing the number of carers' assessments offered.

The Trust has worked to raise the profile of family and carers within our services, but we recognise that there is further work to be done to make sure that all people who use our services are routinely asked about who supports them.

Many families and carers have told us what they value most is to be actively involved in the care and treatment of the cared for person, to have their views taken into account, and to be kept informed about the treatment recommended. There are now lots of ways for families and carers to become involved in Trust services, and we plan to develop this even further. However, confidentiality issues are often raised as a potential barrier to families and carers feeling involved, and this is also a priority area that we will address.

Families and carers tell us that they understand some specific information about the client may be confidential, but they would like clear, factual information about the condition, care plan and treatments available, and for their concerns to be listened to. The Trust produces a range of sources of information for families and carers, but needs to make sure that relevant information is readily available across all services. In particular, more information about the impact of mental health issues and medication on physical health needs to be provided.

Support for families and carers are available from a range of sources, for example, carers support groups and signposting to community resources. We plan to develop this further by supporting families and carers, and ensuring that support is available throughout the Trust.

The responsiveness of staff, particularly during the family/carer's first contact with services, is vitally important. In order to achieve this we will develop the skills and confidence of our workforce so that they can be proactive when working with families and carers.

We work with local authorities as well as family and carer partners and third sector (charity) organisations, throughout all of the boroughs we operate in. Over the next 12 months, we will work collaboratively with our partner agencies to further promote the Trust's Handbook for Family and Carers and this Strategy to ensure that our population of families and carers are informed of their rights.

This document sets out what we have done and what we plan to do. The Trust's Family and Carers Committee have the main responsibility to ensure that the developments proposed in this document are acted on.

Who is a 'Carer'?

The Carers' Trust defines a carer as anyone who cares, unpaid, for a friend or family member who, due to illness, disability, mental health problems or addiction, cannot cope without their support.

South London and Maudsley recognises this broad definition of a carer, which includes people who may or may not be directly related to the person they care for. It can include anyone who is important in supporting people who use our services, including people in their wider social network. We recognise that some people are not comfortable with the word 'carer', and prefer to see their role as part of what they do as a spouse, parent, child, friend, or supportive member of their religious or cultural community. In this document, we also use the word "family" in its broadest sense, to include non-nuclear and blended families.

Quote from a carer

"To be a carer is to find unconditional love and care within yourself; to become uncentred within your own needs and expectations."

Principles for practice

Throughout this document, we present 'what we have done' and 'what we will do'. When we describe what we have done, this indicates current practice in a large part of the Trust, but which may not be universal practice in all services. It is our aspiration to ensure that our current good practice becomes standard in all Trust services, in keeping with the guiding principles above.

As an organisation we will:

- Involve as many families and carers as possible with services, from the first point of contact with a service and throughout the entire period of care
- Tackle stigma and support families and carers facing stigma and discrimination
- Work towards family and carer inclusive services and implement the recommendations of the document, Think Family: Improving the life chances of families at risk (Cabinet Office 2008)
- Work with families and carers of people who experience mental health problems, addictions and learning disabilities
- Ensure we identify and offer support to young carers
- Increase the involvement of families and carers in all aspects of care planning
- Increase the provision of family and carer education and information
- Work to support the wellbeing of families and carers
- Increase the number of carers' assessments offered
- Work within the Triangle of Care Model
- Ensure that all services complete the self-assessments for the Triangle of Care for outcome/action plans to address any gaps

The Triangle of Care

The Trust will work towards adopting the Triangle of Care model. The Triangle of Care was produced by The Carers' Trust, as a guide to best practice in mental health care. The Triangle of Care was originally developed by a carer who cares for his son with mental health problems. The model is a partnership between a service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing.

The six key standards of the Triangle of Care are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter
2. Staff are 'carer aware' and trained in carer engagement strategies
3. Policy and practice protocols re: confidentiality and sharing information are in place
4. Defined post(s) responsible for carers are in place
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
6. A range of carer support services is available



Family and carer recognition

What we have done:

- Identified family members and carers within care teams
- Issued guidance to healthcare professionals on how to register families and carers on our records systems
- Made family and carer registration one of our key performance indicators
- Trained staff to identify carers at the earliest opportunity and to listen and empower carers

What we will do:

- Continue to raise awareness of family and carers and to clarify the definition of a carer amongst healthcare teams
- Ensure that people who use our services are informed of our commitment to families and carers, and are asked about the people who support them
- Ensure that our staff actively seek to identify young carers and signpost them to appropriate young carers services
- Ensure that family and carer information on our records system is complete and up to date
- Be ready to act a contact point to give families and carer's advice and support

The New Care Act 2014

The Care Act 2014 and the Children and Families Act 2014 strengthen the rights and recognition of carers in the health and social care system, and came into effect in April 2015. New rights entitle carers and the people they care for to a clear right to an assessment of their needs regardless of their income and finances or their level of need. Young carers and the parents of disabled children are also included in the new system. The benefit of having an assessment is that it will identify care and support needs and provide information and advice about services aimed at meeting those needs.

The Care Act 2014: Carers' Assessments

What is a carer's assessment?

A carer's assessment is for adult carers of adults (over 18 years) who are disabled, ill or elderly. The assessment will look at how caring affects your life, including for example, physical, mental and emotional needs, and whether you are able or willing to carry on caring.

Who can have a carer's assessment?

Any carer who appears to have needs for support should be offered an assessment by social services or your mental health trust. As a carer you will be entitled to an assessment regardless of the amount or type of care you provide, your financial means or your level of need for support. You can have an assessment whether or not the person you care for has had a community care assessment/needs assessment, or if the local council have decided they are not eligible for support.

If you and the person you care for agree, a combined assessment of both your needs can be undertaken at the same time.

If you are sharing caring responsibilities with another person, or more than one person, including a child under 18, you can each have a carer's assessment. You don't necessarily have to live with the person you are looking after or be caring full-time to have a carer's assessment. You may be juggling work and care and this is having a big impact on your life.

How do you get a carer's assessment?

As a carer you should be offered an assessment by the care coordinator for the person you are caring for or the local council adult social services department of the person you are looking after. If you have not been offered one, you should contact them by phone, in writing or on-line, and ask for a carer's assessment or for a review of your support plan. If you want to, you can ask for an assessment before you take up your caring role.

The SLaM carer's assessment is being reviewed in the light of the Care Act and is currently being used to engage with carers. If the carer has a need for support, then a carers' assessment will be completed, using the relevant assessment documentation in the borough in which the cared for person resides. Each local authority borough has put in place carers' assessments, which assess the need for support, eligibility criteria and act as a resource allocation system to calculate a personal budget and direct payment, if eligible and appropriate, to meet the requirements of the Care Act.

Family and carer involvement

Many families and carers have told us what they value most is to be actively involved in the care and treatment of the cared for person, to have their views taken into account, and to be kept informed about the treatment recommended. Families, carers and clinicians have reported confidentiality as a potential barrier to families and carers feeling involved. This is a priority area that we will address.



What we have done:

- A carers' charter has been developed and disseminated
- Best practice guidance on sharing information with families/carers has been produced. Our information leaflets include information about confidentiality, so people who use our services, families and carers know their rights
- Families, carers and friends are now being invited to many initial appointments and most ward rounds. The care programme approach (CPA) policy has been updated to involve families and carers in planning care at different stages, such as admission, transfer and discharge
- There is a Trust Involvement Register (IR), which includes both services and carers. The IR is a great way for carers to become involved with the Trust in the planning and development of services. There are a wide variety of activities for involvement, for example, sitting on interview panels, offering your views and opinions at committees and groups
- We have a number of family member and carers involved in operational and strategic planning meetings within the Trust
- Family members and carers are actively involved in staff training

- We have a number of family and carer Link Workers liaising with clinical teams to improve patient care
- We have a comprehensive family and carers handbook which was developed for families and carers by families and carers and a range of information leaflets available in clinical services
- We have annual family and carers listening event where we actively encourage families and carers to attend from across all the boroughs

What we will do:

- Carry out a trust-wide families and carers survey
- We will gather feedback about the family and carer experience from a range of additional sources, such as the annual listening event, Patient Advice and Liaison Service, partner organisations, and NHS choices
- We will update our community health service policy to include families and carers in planning care at different stages
- Ensure young carers' needs are being met, including suitable contact and referral to young peoples' services where appropriate
- Produce a practical information-sharing guide for families and carers so that they have an understanding of what information can be shared in different situations
- Hold a minimum of four trust wide seminars per year for families and carers on a range of topics such as mental and physical well-being and medication
- Increase the involvement of families and carers in all aspects of care planning

Carer speaking about when the person they care for had their first episode

"At the time, when my relative joined the service, I felt completely lost. Here was a set of new experiences I could not have imagined. I needed to know the ropes, who was there to help and what was going on. I especially needed to believe in the professionals – that they understood my connection to this precious person now in their care. I needed to have confidence they knew how to help him recover and that they saw me as part of that recovery."

Informing families and carers

Families and carers tell us that they understand some specific information about the client may be confidential, but they would like clear, factual information about the condition, care plan and treatments available, and for their concerns to be listened to.

What we have done:

- Our information line is available 24 hours a day to point to give advice about where to get help. The number is **0800 731 2864**. More generally, our Patient Advice and Liaison Service (PALS) is a good source of help and information – free phone telephone number **0800 731 2864** or by email at **pals@slam.nhs.uk**
- A series of information handbooks and leaflets have been produced for carers of people who use our services
- A Family and Carers' information handbook has been produced by the Trust
- A new section for service users, families and carers has been created on our website www.slam.nhs.uk, which includes an electronic version of the Family and Carer's handbook and other useful information
- The staff intranet contains an e-learning course relating to families and carers, part of which focuses on the sharing of information
- Help and advice about medication is available from the Pharmacy Department, including the option of booking an appointment with a pharmacist individually, and to arrange a talk from a pharmacist to people who use our services, family members or carers. Information sheets are available on the wards and at community resource centres
- A range of events, conferences and seminars, including the annual Family and Carer Listening event are held regularly for carers
- Education/information sessions have been organised for carers in all the Trust boroughs. The Recovery College also offers courses open to people who use our services, families and carers

Quotes from carers

"Courses at the Recovery College, as well as support from Carers Hub Lambeth have been invaluable."

"The eight courses I have done at the Recovery College, as well as support from Carers Hub Lambeth have been invaluable. I am in the process of joining the Involvement Register to broaden and build on my skills."

What we will do:

- Recognise the importance to carers of the physical as well as the mental health of the person they care for, and the poorer health outcomes for people with mental health problems. We plan to make sure carers have access to information about the physical side effects of psychiatric medication, and the implications of a mental health diagnosis for physical health
- Update the families and carers section on our website with information about physical health problems
- Make sure that there are adequate supplies of the handbook and relevant leaflets available where our services are based
- Develop a new web page on our website for young carers who use our services
- Extend existing links with local partners to improve communication
- Include more carer themes on the Trust website, e.g. what your rights are as a family member/carers, resources such as fact sheets or how to find a local service
- Share good practice with the teams and with carers
- Ensure that each service offers a central email address, so that families and carers can contact professionals for specialist advice and support

Quote from the Eating Disorders Unit

“The unit has an email address for families and carers that is accessed by admin. Admin makes sure the email goes out to the team and monitors if anyone has responded to it. All services will need to sign up for this and agree how it will work best for them, as they will need to think about the weekends, bank holidays and evenings. Our carers know we are a Monday to Friday service, and how to access support elsewhere in an emergency. We also need to think about the support the carers get after the client is discharged from the service.”

Supporting families and carers

Staff will show consistency and be clear in the support and service they can offer. Carers want staff to be sensitive to their concerns, and to know what support is available from the Trust, from local organisations such as support groups, from training courses, carers' assessments and from respite services.

What we have done:

- Family and carers support groups have been established in many acute care wards, community mental health centres and forensic units
- Family and Carer Development worker posts have been created in Lewisham to provide support for carers
- Staff training is provided on Carers' Assessments
- Signposting families and carers to appropriate voluntary support services in the community
- Developed coaching skills for carers. The programme was piloted in 2012 and presented at the Family and Carers Listening event in 2013 as an example of good practice
- We have been successful in gaining funding for the continued development of the Trust Coaching Skills for Carers Programme, this now runs across the boroughs. We continue to co-deliver it with carer trainers and who have gained first-hand experience from the benefits of adopting a coaching approach

Quote from a carer

"You remember the good staff who have gone the extra mile and the bad staff who have caused you anxiety and problems in your caring role, and forget those who haven't helped in any way."

What we will do:

- Increase awareness of family and carer support groups so that more families and carers can receive support from professionals and each other
- Increase the number and improve the quality of carers' assessments
- Produce a leaflet for families and carers explaining carers' assessments
- Provide more support to families and carers using skills that staff already have, and strive to increase access to evidence-based and The National Institute for Health and Care Excellence (NICE) recommended interventions
- Where possible help the family/carers to improve relationships with the cared for person
- Support teams to have a Family and Carer Lead role in all clinical services
- Ensure that family and carer information is readily available in clinical areas
- Continue to provide coaching skills support to carers who are keen to develop a repertoire of coaching skills for engaging with others differently. We will support more carers to co-deliver and continue to modify the programme

Quote from member of a Croydon Carer Group

"One team my daughter had was very sensible in keeping in close contact with me without divulging confidential information. They understood the need to be there to support me in my caring role, to work in partnership with me for my daughter's benefit and to use their common sense about what information they needed to share with me."

Developing staff to work with families and carers

The responsiveness of staff particularly during the family / carer's first contact with services is vitally important. In order to achieve this we will develop the skills and confidence of our workforce so that they can be proactive in working with families and carers.

Vision for Staff Development

Taking a tiered approach, we intend that staff (regardless of professional background) should have basic competencies in family and carer inclusive practice, while some staff should have competencies in short-term, manualised family interventions, and a smaller number of staff should have competencies in more in-depth, bespoke family therapies.

At tier 1 - some staff will have competencies in:

1. Talking to families and carers and listening to their concerns
2. Talking to people who use our services about who their family, carer and friends are, and identifying them on the records system
3. Involving family, carers or friends in aspects of the client's care
4. Working collaboratively with people who use our services
5. Providing information and support to the significant other(s)
6. Completing carers' assessments
7. Signposting families, carers and friends to appropriate resources

and have knowledge of: the confidentiality policy for clients, families and carers, and local support services

At tier 2 - some staff will have competencies in:

1. Manualised family interventions in keeping with NICE guidelines and the evidence base (e.g. Behavioural Family Therapy)
2. Psycho-education in specific specialist areas (e.g. psychosis, drugs and alcohol)
3. Running carer/family support groups
4. Focused, supportive interventions for individual carers (in keeping with NICE guidelines)

At tier 3 - a small number of staff will have competencies in:

1. Systemic family and couples therapy

2. Multi-family therapy
3. CBT-based family interventions
4. Facilitating network meetings
5. Other specialist interventions relevant to specific clinical areas

Quote from staff member who attended family & carer training

"The training gave me more awareness of the importance of carers, listening more to carers. Family Therapy taught us how to communicate well, listen better and have hope"

Quote from a carer who received Family Therapy

"The training gave me more awareness of the importance of carers, listening more to carers"

What we have done:

- We have increased access to training for staff at each of the three tiers described above
- Family and carer awareness e-learning training has been developed for all clinical staff
- Family and carer awareness training programmes for clinical staff have been undertaken across the Clinical Academic Groups.
- Carer involvement has been developed in some staff training which includes the carer's perspective.

Comments on Family and Carer Training

"This was a really well designed and comprehensive course with lots of opportunities for reflection and discussion."

"I have learnt a lot coming to this training and I will recommend it to my colleagues."

"I liked the Carers' Assessments coverage including the video and helpful discussion about what we can/cannot share."

What we will do:

- At the recruitment stage we ensure that we employ new members of staff whose values are in keeping with the principle of involving families and carers in our work
- Ensure that a range of family and carer training is offered to staff particularly for those staff who have not yet had the opportunity to access it
- The family and carer perspective is incorporated into induction training for new staff
- Include family and carer awareness training for different professions e.g. healthcare assistants, non-executive directors, governors and others
- Work with colleges/universities to ensure that student healthcare professionals working in the Trust have received training in family and carers issues
- Provide in-depth training on issues where staff need additional help, e.g. on confidentiality issues
- Continue to develop the skills of our staff by investing in training at a range of different levels, in order to increase the provision of evidence based family approaches across the different services
- We will work with Clinical Academic Groups to develop a coherent and long term training strategy to ensure that we have a workforce well equipped to provide the appropriate range of interventions for families and carers
- Ensure that the necessary organisational support is in place at team level to support the implementation of changes in practice, following training on family and carer approaches
- Continue where possible to involve families and carers in the development and delivery of the Trust's training programme so that the family and carer perspective is included
- Design and support the delivery of training courses for carers via the Recovery College and local partnership organisations
- Ensure that training is made available to staff at each of the three tiers described above, in all service areas

We recognise that not all staff are aware of when and how our work with families and carers should be recorded on our computerised records system, and in some situations the records system does not lend itself well to recording the social, caring and family network around the person using our services. We will work to increase awareness among staff of how to properly document our work with families and carers. We will identify changes that could be made to the way we record data, and where possible, work to make the system more reflective of the person using our services in their social, caring and familial context.

Working in partnership

We work with local authorities as well as family and carer partners and third sector (charitable) organisations throughout the boroughs we serve. Over the next 12 months we will work collaboratively with our partner agencies to further promote the Trust's Handbook for Family and Carers and the Families and Carers' Strategy to ensure that our population of families and carers are informed of their rights.



Carers Support Development Worker, Lewisham

"Each year we invite the staff from Lewisham's Young Carers Service to come and talk to teams and reminds them of the support available to young carers of parents with mental health problems".

What we have done:

- Staff are being trained to signpost carers to services that are available outside of the Trust
- Family and Carer Leads have been established on some of our wards
- Representatives from local family and carer organisations are included as members of the Trust's Family and Carer Strategy Committee
- We have collaborated with local organisations to run events and training courses for families and carers
- We have collated and shared information from local family and carer support groups and centers
- We have worked in partnership with the voluntary sector

What we will do:

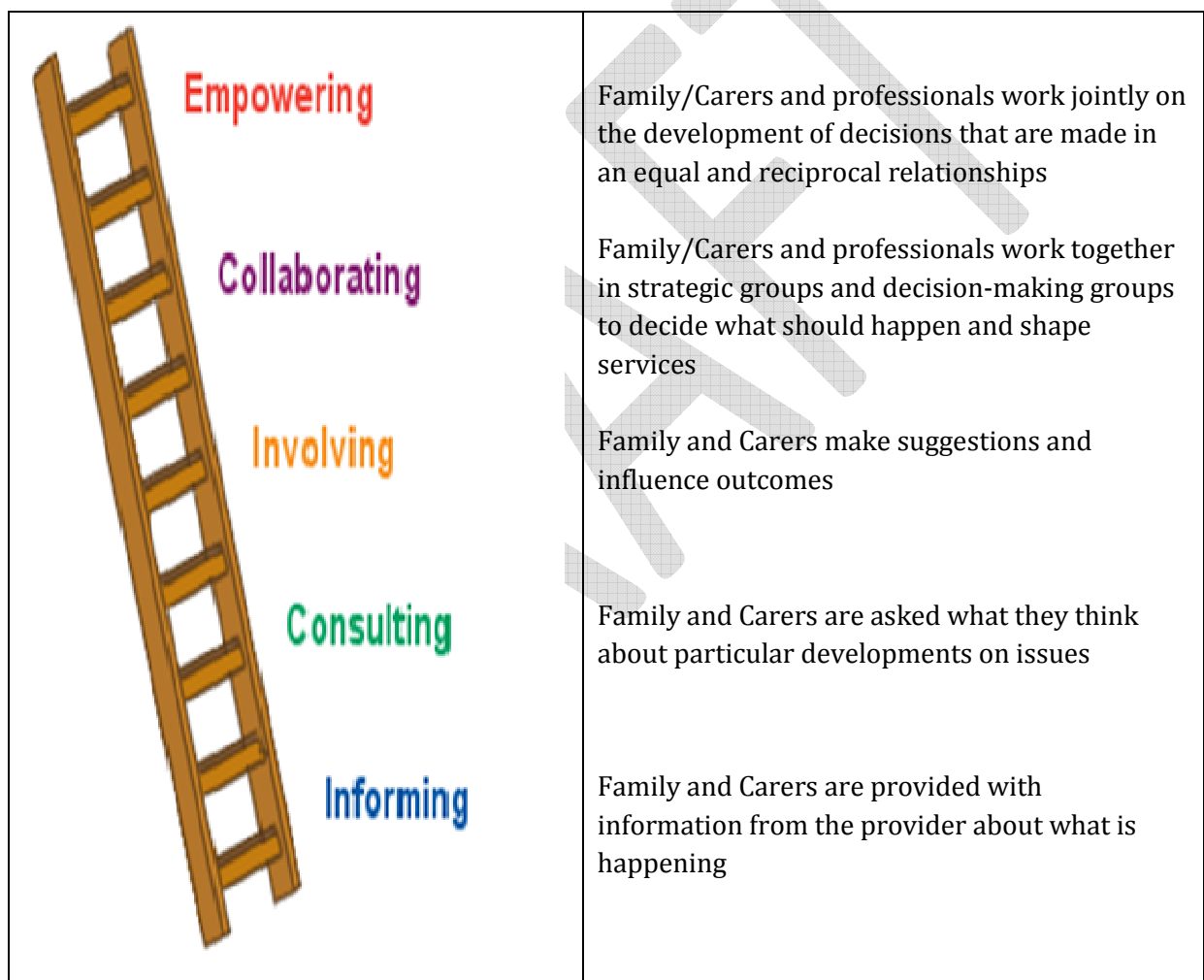
- Continue with our development towards following the Triangle of Care programme and initiate closer working relationships with other Trusts to improve our practice
- Family and Carer Leads have been established in some Clinical Academic Groups, it is intended that this role could be extended across the CAGs
- We will invite staff from family and carer organisations to give talks about the service they provide
- We will make a leaflet available in all boroughs, produced by partner organisations, about services available locally
- Improve the family and carer referral process so that staff can refer more families and carers to partner organisations for additional support
- Encourage staff to attend training courses run by partner organisations so that they have a better understanding of the services they provide

Quote from member of a Croydon carers group

"We have a Carers' Forum in our area which involves some service managers and some carers meeting regularly to work together to resolve concerns raised by local carers."

The Ladder of Participation

The Ladder of participation is a model that can be used to examine where services are at in terms of family and carer involvement, and where they would like to be in the future. We are aware that some services are near the top of the ladder while other services have further to go. We aim to work towards a position of full participation and co-production with families and carers at all levels of the Trust.



Monitoring progress

We aim to ensure that families and carers are central to our work and we will monitor progress on the strategy together with families and carers. The South London and Maudsley Trust-wide Family and Carers Committee have responsibility for monitoring progress against the objectives set out in this strategy. The committee consists of representatives from local partners such as borough-based carer organisations, carers, Trust staff, and representation from the wider health and social care community. The committee monitors issues of concern to families and carers and aims to improve our service to families and carers, by bringing together all those who can make a contribution to those objectives.



Developing a benchmark

A sub group of the Family and Carers Committee was tasked to develop a benchmarking tool which it has now completed.

The approach recommended by the sub group was to make use of the work the Trust is undertaking during 2015/16 for a CQUIN [Commissioning for Quality and Innovation] that is focused on reviewing the inpatient experience of friends, family members and carers. The CQUIN is a commissioning framework used nationally to encourage care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

The initial survey has included all local inpatient wards, looking at the following areas:

- Information
- Carer specific support
- Involvement in care and discharge planning
- Feedback

The next step is to ask friends, family members and carers of inpatients to give their feedback through a similar survey. Both surveys reflect the standards set out in the Triangle of Care.

The sub group advised that the surveys should be adapted to be used in community settings. These surveys are now ready to go out. In addition our national wards, although not part of the CQUIN work, will be asked to complete the original inpatient survey. The surveys will be sent out between October and December 2015 and then evaluated to give us a Trust-wide view.

Each CAG will then have a comprehensive picture of staff, friend, family and carer perspectives of community and inpatient services and be able to identify where there are gaps or practice could improve. This information will be used to develop action plans to improve both the inpatient and community experiences of care from the perspective of friends, families and carers.

The benchmarking exercise will be repeated in 2017 and 2018 which will allow the Trust to map out how well the strategy has been implemented and where the next strategic round should focus its attention and energies. The reporting line for this work will be to the Family and Carers Committee and the Board Quality Sub Committee.

Quote from a Carer Peer Supporter

"Carer peer supporters bring an invaluable perspective in having lived experience of using mental health services in their own mental health needs and in caring for a loved one. This helps to recognise issues to be addressed from both sides of the fence."

Quote from a Peer Support Co-ordinator

"Working as a peer supporter has brought a natural healing process into my life and also allows me to meet some extraordinary people."

Implementation Plan

Action	Timescale
Agree benchmarking tool	September 2015
Undertake benchmarking exercise across the Trust	October – December 2015
Development of CAG specific action plans	January – March 2016
Family and Carers Committee to receive CAG specific action plans	March 2016
Implementation of action plans	April 2016 – March 2017
Repeat of benchmarking exercise across the Trust	March – May 2017
Progress report to Family and Carers Committee	May 2017
Progress report to Board	June 2017
Refresh action plans and continue implementation	June 2017
Final benchmarking exercise	June - September 2018
Evaluation report shared at Family and Carers Committee	November 2018
New strategy development commences	December 2018

Resources

Carers Hub Lambeth – connecting carers in the Borough of Lambeth: <http://carershub.org.uk/>

Carers Lewisham – providing support to all carers in the Borough of Lewisham:
<http://www.carerslewisham.org.uk/>

Carers' Trust (2013). The Triangle of Care: A Guide to Best Practice in Mental Health Care in England. <https://professionals.carers.org/sites/default/files/media/the-triangle-of-care-carers-included-final-6748.pdf>

Croydon Carers – providing support to all carers in the Borough of Croydon:
<http://www.croydoncarers.org.uk/>

Dudley & Walsall Mental Health Partnership NHS Trust (2009). Service User and Carer Involvement Strategy. <http://www.dwmh.nhs.uk/wp-content/uploads/2013/06/Service-User-Carer-Involvement-Strategy.pdf>

NHS England (2014). NHS England's Commitment to Carers. <http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

Oxleas NHS Foundation Trust (2012). Carer's Strategy. http://www.oxleas.nhs.uk/site-media/cms-downloads/Carers_strategy_2012_high_res_2.pdf

Southwark Carers – providing support to all carers in the Borough of Southwark:
<http://www.southwarkcarers.org.uk/>

The Cabinet Office (2008). Think Family: Improving the life chances of families at risk. http://webarchive.nationalarchives.gov.uk/+/http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/think_family_life_chances_report.pdf

Carers' Charter

1. Your essential role and expertise is recognised, respected and encouraged
2. You are given the information and advice that you need to help you provide care
3. You are involved in the planning and agreement of the care plan for the person whom you are supporting
4. Your individual needs as a carer are recognised, responded to and reflected in the Care Plan
5. You receive appropriate help and support when you need it
6. You are actively involved in the planning, development and evaluation of services
7. You are aware of the roles and responsibilities that exist within the care partnership

For the detailed charter please see Appendix 1

Appendix 1

Carers' Charter (Full Version)

If you are providing unpaid help or support to a relative, partner or friend who experiences mental distress and would not cope without that support, whether you give practical help or provide emotional support, then you are a carer.

You may live with the person you are caring for or you may provide care from a distance. You may be related to that person or you may be a friend or neighbour. You may not think of yourself as a 'carer'.

If you provide help and support to someone with mental health problems, who is receiving or eligible for support from specialist mental health services, then this Charter is designed to assist you. The original document, 'Valuing Carers – The Mental Health Carers Charter' was published in 2001 by the Carers Advisory Group for Mental Health in London, and then was reissued by the National Institute for Mental Health in England (NIMHE) in 2004.

1. Your essential role and expertise is recognised, respected and encouraged.

- You should be listened to without bias or prejudice and be taken seriously
- You should be recognised as someone who is providing support to the person for whom you care
- You should be treated as someone who has relevant and important knowledge about the person for whom you care
- All staff should be aware of the distress and anxiety that caring can cause and help you to cope with this
- You should be invited to give your opinion – this should be respected and valued and, when requested, kept confidential
- Your views should be taken into account in the decisions about the person for whom you care
- You should be told how the information you provide will be used. You should be able to choose whether you wish to take on, continue with, or take a break from the role of carer and we will help you to cope with the stress of caring
- You should be given the opportunity to speak to the psychiatrist or mental health professional by yourself if you choose so you can share any concerns you may have. The time and frequency of this will have to be negotiated making allowance for the fact that the psychiatrist and mental health professional have other work pressures. Only limited information can be given to you about the person you support without their consent

2. You are given the information and advice that you need to help you provide care.

- You should be helped to obtain, within reasonable time, all relevant information that you need to get help and support for yourself and the person for whom you care.
- The information should be clear, honest and accurate
- The following should be provided:
- An explanation of the mental health problem affecting the person you care for and where you can go to get more information. If the person you support does not agree with you

being given this information you should still be given sufficient detail to enable you to provide effective care

- Information on the treatment the person is receiving, other treatments that are available, how they work and details of any potential side effects. The person you care for will need to agree to you being given these details but this should not undermine your need for information to enable you to provide effective care
- Information on services available for the person you care for e.g. voluntary organisations and employment services
- Details of recognisable signs of relapse and who to contact in an emergency – you should be given a contact number and advice on how best to cope with the effects of mental health problems at critical times such as home leave or after the person you care for has been discharged from hospital
- What support will be available if you feel you are no longer able to care.
- Information on support groups available to mental health carers and your right to an assessment of your needs
- Information of training courses for you
- The information should be provided in a way which is helpful to you. For example: orally, in writing, in your own language, through an interpreting service or in discussion with a mental health professional
- The Royal College of Psychiatrists has published 'A checklist for families of people with a mental illness' which sets out the sort of questions you may want to ask

3. You are involved in the planning and agreement of the care plan for the person whom you are supporting.

- Your views about the needs of the person for whom you care should be sought and taken into account, even in some situations where the cared for person does not give consent
- You should be involved in the decision made about you and (with his or her consent) the person for whom you care, including the preparation of the care plan
- You should always be given information, in sufficient time, to enable you to fulfil your role as a carer
- Even if the person you care for is unwilling for you to be involved in the planning and agreeing of his or her care, you should be told who to contact in an emergency or in crisis
- You should be told of your right to a Carers' Assessment under legislation
- You should be given a copy of the Care Plan of the person for whom you care (with their consent). This should state the responsibilities of all the people who are involved in providing care
- If you feel that the Care Plan is not working or is improperly implemented, you should be given the opportunity to state your views and to be listened to and be involved in the discussions on the action to be taken to address the problems you have identified
- When the person you care for is receiving care and treatment in hospital, you should be involved in planning and agreeing the Home Leave Plan, and the Discharge Plan, including the date of discharge
- So far as is practically possible, meetings should be held at a time that suits you and the person for whom you care

4. Your individual needs as a carer are recognised, responded to and reflected in the Care Plan.

- All staff should recognise that you may have additional commitments to that of your caring role, such as looking after children or going to work
- Your ethnicity, culture, religion, gender, sexuality, physical ability, age and other characteristics should be respected and taken into account but without general assumptions being made about you
- If you require assistance in communicating your views, you should be given the appropriate assistance. For example, if English is not your first language, you should be assisted by a qualified interpreter

A Carer's Assessment should:

- If you so wish, be carried out separately from the assessment of the needs of the person for whom you provide care
- Allow you to have someone to support you while the assessment is taking place
- Give you the opportunity to assess your own needs
- Assess your needs without the assumption being made that you are willing or able to take on a caring role or to continue to provide the same level of care
- Consider how your caring role affects your relationship with other family members and friends and your ability to maintain employment
- Address your own health and well-being, your need for emotional and other support and how you would like to be helped in providing care
- Consider whether you would like to take a break from caring and if so, look at what type of support you think would enable you to do this including the option of Direct/ Personalisation Payment
- When you have a Carers' Assessment you should be given a copy of your assessment and carer's action plan
- You should have your needs regularly reviewed, as circumstances require, but at least annual and, if you so wish, this should be carried out separately from the review of the needs of the person for whom you care

5. You receive appropriate help and support when you need it.

- You should be told of your rights to a Carer's Assessment and/or to be provided with sufficient information to assist you in your caring role
- You should be told who to contact if you need help and to know that your request will be responded to within a reasonable time
- Your contribution should be valued and incorporated into planning, development and evaluation of services
- Where plans such as hospital admission are being considered, you and the person you care for should be given the opportunity to consider alternative care
- You should be given information about what to do and whom to contact in time of crisis
- You should be told about opportunities to take a break from caring and practical help that could be provided to enable this
- You should be given details of local support groups
- You should be helped to get advice about housing, employment issues, financial matters, including entitlement to benefits, and training for carers

- You should be given a copy of your own Carer's Assessment and Action Plan in a format that you find useful
- The services that you receive should be of good quality, sustainable, appropriate to your needs and provided within an agreeable time
- You should be advised on what action to take if you are not happy with the assessment or the decisions made as a result of the assessment or if you think that the Carer's Action Plan is not being implemented properly

6. You are actively involved in the planning, development and evaluation of services.

- You should be given the opportunity to state your views on the quality of the services provided and on the range of services which need to be developed
- You should be told how your views will be taken into account as part of an ongoing evaluation of services
- Your contribution should be valued and incorporated into planning, development and evaluation of services
- When families and carers attend meetings and undertake other work to assist with the planning, development and evaluation of Trust services, they should be offered payment for their time and travel costs. This is possible through registration with the Trust's Involvement Register
- You should be given adequate notice of meetings, consultation periods and other relevant events
- You should be told how the information you provide will be used
- You can be involved in the planning, development and evaluation of services. If you attend meetings you can receive an agreed payment to cover expenses and travel via the Involvement Register

7. You are aware of the roles and responsibilities that exist within the care partnership.

- It is important to know what you can expect of services and to get what you are entitled to. By working in partnership service providers, people who use our services and other carers will strive to deliver the best results
- Put simply, a partnership is collaboration between different organisations and individuals to achieve common goals. It is expected that sometimes the goals or ways of achieving them may differ, however whilst striving for this collaboration we should:
 - Treat each other with courtesy and respect
 - Listen to each other
 - Recognise that all opinions are valid and there will be differing opinions
- Respect your confidentiality unless it affects the vulnerability of the patient and safeguarding issues affecting the person you care for
- Tell service providers about how we can improve our services and this charter through ongoing carer involvement in mental health service partnership forums and other generic consultation processes
- If you have concerns about elements of care received by the person you care for, you should discuss them with the care team, care team manager or, if needed, engage the South London and Maudsley NHS Foundation Trust complaints procedure
- Concerns/complaints should be responded to and clear explanations given. You should be kept informed of process and procedure