



Developing an Effective Carers Leads Network

Birmingham & Solihull Mental Health NHS Foundation Trust



Aims of this Workshop

- To give a background to the work of Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT) and the Meriden Family Programme
- To describe the steps taken towards developing an effective carer leads network within BSMHFT, together with the challenges faced and aspirations for the future
- To give a brief overview of the various training initiatives and staff development resources available within BSMHFT

- Carer Leads Network
- Behavioural Family Therapy
- Caring for Carers
- Sharing Information with Family and Friends

Birmingham & Solihull Mental Health NHS Foundation Trust

- Serves a culturally and socially-diverse population of 1.2 million spread over 172 square miles.
- One of the largest mental health foundation trusts in the country.
- Employs over 4,000 people, with almost 3,000 clinical staff.
- Operates from over 60 sites in a variety of settings, from community based mental health teams through to acute wards and day centres.

The Meriden Family Programme

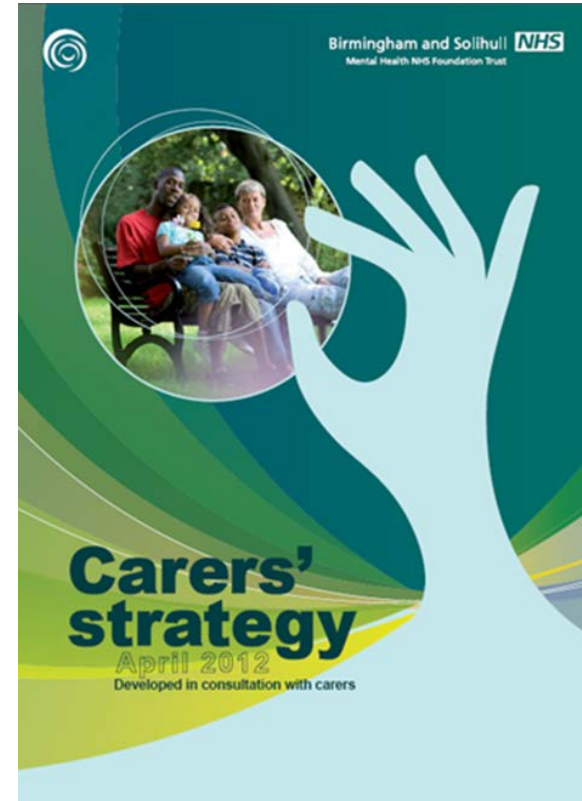
- NHS organisation.
- Programme is part of the Birmingham & Solihull Mental Health NHS Foundation Trust.
- Currently sits within the Corporate Directorate and able to input into all aspects of the Trust work, AWA, OA, Specialist Services.
- Training and organisational development at a local, national and international level.

Carer Leads

- One of the 6 key elements that “Defined post(s) responsible for carers are in place”
- Felt that establishing leads would facilitate/feed into developing the other 5 elements

BSMHFT Carers Strategy

- **Aim 1: Raising awareness of carers and their needs**
- To roll out the clearly defined role of carer lead in every team in BSMHFT, and ensure that the role is fully supported by line managers and through an effective carer leads network.



Establishing a network

- Initially within in-patient services
 - Existed prior to Triangle of Care
- Extended to Acute services
 - Including Crisis, Home Treatment
- Now an expectation that all teams will have an identified lead
 - BSMHFT divided into 4 locality “zones”

Establishing a network

- 4 zones
 - South
 - Central
 - Birmingham East & North (BEN)
 - Solihull
- Each zone has its own Clinical Director, Lead Nurse and Service Delivery Manager(s)
- Each zone has Acute, NAIPS, CMHT and AOT provision (EI separate)

Role description

- All Trust staff will continue to be responsible for ensuring families are routinely included in all aspects of care. The identification of Carer Leads should be seen as part of helping to facilitate this process.
- Key aspects of role
 - To promote a culture within the workplace that routinely includes family and carers in all aspects of care.
 - To encourage the team to provide a family sensitive service.
 - To ensure a flow of communication happens between service users, the family, the workplace and with the wider networks within and external to the Trust.

Role description

- **Carer lead will be a contact point for all staff and family members.**
- They will be responsible for developing and maintaining a database of resources for family/carer needs including;
 - Information regarding diagnosis and medications for families
 - Practical information about the team
 - Support services available for families – local carers groups and carer support workers
 - Develop and maintain relationship with carer support workers
 - Maintaining waiting lists for specific support e.g. BFT, carers groups
 - Provide advice within the team on the implementation of the Triangle of Care

Role description

- **Carer lead will continue to develop personal resources and experience**
- Carer lead role identified through appraisal and KSF
 - Attend Carer Lead Network meetings and liaise with Meriden as appropriate on family/carer related matters
 - Attend training courses as required, e.g. BFT, Caring for Carers, Confidentiality and information sharing
 - Link with peers to share good practice and resources
 - Linking with other forums e.g. Carers Voice, Acute care pathway forum, Clinical Governance

Role description

- **Carer lead will proactively promote the needs of families within the team.**
- Regularly advocating on behalf of carers and families during team meetings, MDTs and during day to day clinical work
 - Become fully familiar with the procedure for carers assessments in order to ensure that carers assessments are carried out by the team
 - Ensure regular discussions take place about how family's needs are to be met
 - Meet regularly with manager to raise carer/family issues

Role description

- **Carer lead will identify training needs within the team.**
- Carer leads to receive training through network forum and disseminate training to the team.
- Ensure sufficient people in team have received training in;
 - Carer awareness
 - Caring for carers
 - Carers assessment
 - Behavioural Family Therapy
 - Managing confidentiality

The Meriden Family Work model

(Behavioural Family Therapy)

Principles of family work

- The approach towards the family is positive.
- The expertise and strengths of the family are recognised.
- The actions of the family are seen as their best efforts to manage the situation within the limits of their own resources.
- Distinguish between the actions of the family and their intentions.
- Every family has their own culture. The model is not about changing the culture, but reducing stress.

Family

When we talk about family we

- Are always including the person with the health issue
- Are always considering who is important to the person with the health issue and so this does not have to be a “traditional” family

An overview

- BFT is, by nature, responsive to the individual needs of the family
- Characterised by a thorough assessment
- The assessment determines the content of the intervention
- A **structured** and **flexible** approach, not a rigid one

Assessment

- Individual assessments with each potential participant
 - Understanding of the mental health issue, its impact on daily life
 - Establishing individual goals
- Family group assessments
 - Reported problem solving skills
 - Observed problem solving skills

Sharing of information

- Opportunity to share information about
 - the mental health issue,
 - the nature of mental health services,
 - resources available
- Model uses the service user as expert/lead
 - Opportunity to describe the experience of the mental health issue (more specific/meaningful)

Staying well plans

- Opportunity to discuss importance of early warning signs, relapse prevention strategies
- Development of a clear staying well plan
- Importance of every family member being involved/aware of their own roles

Skills-based components

- Education/information is important but research shows us skills development is crucial in terms of positive outcomes for service users and their families.
 - Communication skills
 - Problem solving skills

Improved communication

- Reduces stress
- Gives a sense of control over situations
- Leads to more effective problem solving
- Can lessen the impact of the mental health problem
- Gives everyone a chance to have their say

Strengthening communication skills

- Listening skills
- Noticing the good things
- Being able to ask for what you want
- Expressing more difficult feelings

Problem solving

- Reduces stress.
- Reduces arguments.
- Quicker problems are sorted out, the better.
- More often families meet to sort out problems, the better they get at it (Family meeting is essential).

6-step problem solving method

1. Pin-point the problem
2. Generate potential solutions
3. Evaluate pros and cons
4. Agree on “best strategy”
5. Plan and implement
6. Review results

SOLVING PROBLEMS & ACHIEVING GOALS

STEP 1: WHAT IS THE PROBLEM OR GOAL?
Talk about the problem or goal, listen carefully, ask questions, and get everybody's opinion. Then write down exactly what the problem or goal is.

STEP 2: LIST ALL POSSIBLE SOLUTIONS.
Put down all ideas, even if you are not sure they might work. Get everybody to come up with at least one possible solution. List the solutions *without discussion* at this stage.

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

STEP 3: DISCUSS EACH POSSIBLE SOLUTION.
Quickly go down the list of possible solutions and discuss the main advantages and disadvantages of each one.

STEP 4: CHOOSE THE BEST SOLUTION.
Choose the solution that can be carried out most easily to deal with the problem or achieve the goal.

STEP 5: PLAN HOW TO CARRY OUT THE BEST SOLUTION.
Things you will need? Any obstacles to overcome? Practice difficult steps. Plan a time for review.

Step 1) _____
Step 2) _____
Step 3) _____
Step 4) _____

STEP 6: REVIEW RESULTS.
Focus on achievement first – what worked well? Review the plan. Make any changes that are necessary. If your first idea hasn't worked, are there others you can try?

Caring for Carers

Caring for Carers

- Brings together small teams of people, including carers, carers leads
- 3-day training event
- Cascade training model
- Intention is for teams to deliver a programme of carer education and support in their local areas/units

Caring for Carers

- Workbook developed to assist facilitators
 - Session plans
 - Resources
 - Prompt sheets for skills
- 11-week programme
- Adaptable to suit carers needs, service area
- Focus on psycho-education and skills development as well as support (modelled on BFT skills)
- Usually ran as a closed group

Learning objectives for the 3-day course

- Develop a knowledge base for sharing information with carers, and for helping them to develop a range of coping strategies.
- Demonstrate presentation skills required to share information with carers
- Demonstrate ability in planning, organising and delivery of courses, delivery of presentations and facilitation of group learning
- Have an understanding of the resources available to support the planning and delivery of courses
- Develop an overview of the programme to be delivered to carers

Session topics for the 11-week programme

- Introductions and the experience of caring
- Information sharing
- Confidentiality
- Strengthening communication (practical skills)
- Information on local services
- Problem solving skills
- Dealing with crises and relapse management
- Recovery and hope
- Looking after yourself

Caring for Carers

- Expectation prior to training that teams will roll-out a programme on completion of the course
- Final day of training focuses on implementation
 - developing action plans
 - recruiting carers
 - timings
 - number of sessions
 - when? where? who will deliver? etc.

Sharing Information with Family and Friends

Learning objectives for the day

- To clarify what is meant by confidentiality, information-sharing, and the different types of information.
- To encourage participants to reflect on issues relating to confidentiality and information-sharing.
- To explore the benefits of sharing information and of establishing more collaborative patterns of working.
- To reflect upon good practice strategies for sharing information with carers
- To discuss common scenarios and dilemmas that can arise in relation to information sharing, and how these can be addressed.

Programme for the day

- Background, definitions, context
- Good practice guidelines
- Service user perspective
- Family member perspective
- Legal perspective
- Interactive exercises, reflection and case study scenarios

Rethink e-learning

www.carersandconfidentiality.org.uk

The screenshot shows the Rethink e-learning website interface. On the left is a vertical blue bar with the word "rethink" in white. The top navigation bar includes a search box, a user profile for "paula.conneely" with a "logout" link, and a menu with items: Home, Working with carers, Information sharing, Good practice strategies, Interactive course (highlighted), and Local resources. Below the navigation is an "Admin" section with a "help" link. The main content area is titled "Your course progress" and lists nine lessons, each with a "PDF" icon and a "view lesson" link. The lessons are: 1. Types of information, 2. Information sharing with fluctuating condition, 3. Consent as a process, 4. Possible risk to service user, 5. Uncertainty about levels of involvement, 6. Carer adjusting to changing circumstances, 7. Carer concerns about changing circumstances, 8. Discharge from hospital, and 9. Carers sharing information with health professionals. Below this is a "Your quiz results" section with a "Re-take the post course quiz" link and a message: "You have passed! Click here for your certificate." Two entries show "100% on 29 June 2011".

rethink

search

paula.conneely
CMS | logout

Home Working with carers Information sharing Good practice strategies **Interactive course** Local resources

Admin help ?

[View course progress of users](#)

Your course progress

1. [Types of information](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
2. [Information sharing with fluctuating condition](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
3. [Consent as a process](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
4. [Possible risk to service user](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
5. [Uncertainty about levels of involvement](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
6. [Carer adjusting to changing circumstances](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
7. [Carer concerns about changing circumstances](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
8. [Discharge from hospital](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)
9. [Carers sharing information with health professionals](#) (last completed 29 June 2011) [PDF](#) | [view lesson](#)

Your quiz results

[Re-take the post course quiz](#) [You have passed! Click here for your certificate.](#)

100% on 29 June 2011

100% on 29 June 2011

Rethink e-learning

www.carersandconfidentiality.org.uk

The screenshot shows the Rethink e-learning website interface. At the top, there is a navigation bar with the Rethink logo and the text "Interactive Course". A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a horizontal menu with the following items: Home, Working with carers, Information sharing, Good practice strategies, Interactive course, and Local resources. The main content area is divided into two columns. The left column features a green header for "Birmingham and Solihull Mental Health NHS Foundation Trust" and a sub-header for "GREATER MANCHESTER WEST MENTAL HEALTH NHS FOUNDATION TRUST". The right column contains the main content, starting with a breadcrumb trail: "rethink > Local resources > Birmingham and Solihull Mental Health NHS Foundation Trust". Below the breadcrumb trail, there are links for "Edit page", "Add page", and "Go to CMS". The main content is organized into sections: "Birmingham and Solihull Mental Health NHS Foundation Trust", "Connect site" (with a link to "Service User and Carer Information"), "Trust documents" (with links to "Trust Confidentiality Policy (Word doc.)", "Trust Information Governance Assurance Policy (Word doc.)", and "Trust Carers Strategy (Link to be provided once finalised)"), "Carer Resources in Birmingham and Solihull" (with links to "Birmingham Carers Centre", "Adult Social Care Advice and Information Web-site", "Birmingham City Council - Support and Services for Carers", "Solihull Council - Carers Pages", and "The Meriden Family Programme"), and "Other Resources" (with a link to "Triangle of Care Document").

Next steps...

- Review role description and increase clarity/awareness
- Review how carers leads are appointed
- Review training
 - formally “map out”
 - monitor uptake and implementation

Next steps...

- Encourage new management structure to take the role of carer lead on board,
 - Establish fully within all 4 zones
 - Tailor services/support within zones
 - Link in with Trust wide networks
 - Consider where more specialist services fit in
- Clarify the role in relation to carers assessments,
- Support in completing self assessments for formal T of C membership

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