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.
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
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
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www.carersandconfidentiality.org.uk
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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