Service User & Carer Involvement Strategy

Putting Users & Carers at the heart of all we do.
1. Background

Dudley and Walsall Mental Health Partnership NHS Trust (‘the Trust’) was established in October 2008, forming from the merger of services which had previously been managed by the respective Dudley and Walsall Primary Care Trusts (PCTs).

Good practice in service user and carer involvement was evident within each locality. However, the ways in which involvement had evolved within each area were very different and in some cases, the overall infrastructure of involvement was embedded within the PCT itself, of which mental health services were only one part. Therefore, it is necessary for the new Trust to develop its own approach to service user and carer involvement, taking into account all of the existing groups and arrangements which currently exist.

It is important to note that this strategy does not seek to replace the current infrastructure of service user and carer groups, nor to impose one single model of involvement onto the whole Trust.

The Trust is aiming to achieve Foundation Trust status and as such, membership and the election of Governors will become the primary vehicle for delivering strategic-level involvement. However, the achievement of FT status will build on (rather than replace) the aims outlined in this strategy.

2. Introduction

‘It is essential that user and carer involvement does not become an end in its own right, either as a box ‘ticked’ by mental health organisations and service providers, or ‘doing it’ as a way of achieving user empowerment.

User and carer involvement is a means to an end – that of improving the mental health system for the benefit of all. The key must surely lie in reasserting two of the central values that users, carers and providers believe should be at the heart of a progressive, positive mental health system: choice and respect.’

(Williamson, 2004)

The Trust is fully committed to developing and supporting the empowerment of service users and carers to play an active role in the planning, delivery and evaluation of its mental health services. A Key part of the Trust’s stated vision is that by 2013, its services will be ‘….service user and patient focussed…’ and will ‘…. have the user and carer at the heart of all we do.’

Nationally, the landscape of involvement within mental health services is mixed. On one hand, many mental health services had a ‘head start’ in the involvement agenda, already working in partnership with people who use services and their carers, engaging them in all levels of care delivery and planning. In many areas, service user involvement has developed as a powerful ‘movement, often led by Service Users themselves.
On the other hand, many national strategies which typify involvement and engagement are not easily transferrable or applicable to mental health settings (for example, the ‘patient choice’ agenda) and so it can often seem as if mental health services are being excluded from important national priorities. However, the philosophy behind these initiatives is just as important in mental health as in other sectors.

This strategy aims to outline and affirm the Dudley and Walsall Mental Health Partnership Trust’s commitment to user and carer involvement and to set the context within which we will move forward with the user and carer involvement agenda, embedding it within the very heart of our everyday practices. ‘Ticking the box’ for user and carer involvement is easy – our challenge is to ensure that we are involving people with experience of our services in a meaningful way and demonstrating the positive impact of what we do.

3. The Policy Background to Involving Service Users and Carers

The legislative and policy background to involvement is well established, as follows:

3.1 During the second half of the twentieth century, the rights of people with mental health problems and their carers came to be increasingly recognised. In 1979, the Nodder Report into the ‘Organisational and Management Problems of Mental Illness Hospitals’ set out standards for what it termed ‘key areas of care’. These included the importance of carers being involved in ‘drawing up and receiving (patients’) individual programme plans’.

3.2 In 1999, the National Service Framework for Mental Health was launched. Whilst it did not say a great deal about service user involvement, it did lay out a series of seven national standards and a raft of service models against which all mental health services came to be rigorously performance managed. One of the standards referred specifically to carers, stating that carers should receive their own assessment and a written care plan.

3.3 The NHS Plan (2000) described the Department of Health’s ten-year vision to ensure that NHS services became personalised and patient-centred. The NHS Plan introduced a number of key concepts relating particularly to the public involvement agenda, including:

- More information and choice about treatment and services
- The introduction of the national Commission for Public and Patient Involvement in Health (CPPIH) and the requirement for all Trusts to establish a Public and Patient Involvement (PPI) Forum. In initial guidance, it was suggested that the Chair of the PPI Forum should become a Non-Executive Director of the Trust Board, but this idea was never implemented.
- National Patient Surveys.
- Every Trust to establish a Patient Advice and Liaison Service (PALS).

3.4 Section 242(1b) of the NHS Act 2006 (previously covered by Section 11 of the Health and Social Care Act 2001) came into force in November 2008 and places a legislative duty on all NHS bodies to consult and involve.
It states that:

‘Each relevant English body must make arrangements, as respects healthcare services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in –

a) the planning of the provision of those services,
b) the development and consideration of proposals for changes in the way those services are provided, and

c) decisions to be made by that body affecting the operation of those services.’

3.5 The Local Government and Public Involvement Act (2007) abolished the PPI Forums (from the NHS Plan) and introduced Local Involvement Networks (‘LINks’). LINks, which are borough-wide and commissioned by the Local Authority, are independent networks of local groups and individuals which can monitor services, influence key decisions and have a stronger voice in commissioning health and social care services. The Act also reiterated the powers of Local Authority Overview and Scrutiny Committees.

3.6 The Department of Health has published for consultation the new national strategy for mental health services in England ‘New Horizons’. Whilst the final version of this strategy is yet to be published at the time of writing, emerging themes appear to include ‘whole population’ mental well-being, inclusion, recovery and empowerment.

4. Benefits of Involving Service Users and Carers

There are significant and wide-ranging benefits in involving service users and carers in the business of the Trust:

- It underpins the Trust’s strategic objectives in placing the service user and carer at the heart of service delivery.

- It ensures that the ‘voice’ and views of service users and carers have channels to ensure that they are prominent within decision-making within the Trust.

- It helps to uncover those issues which are of particular importance to service users and carers and ensures that these issues are considered within the wider agenda.

- It ensures that service users and carers are empowered and supported and in some cases, may assist people in becoming better able to manage and make decisions about their own circumstances.

- It supports the growth of a positive culture where clinicians, managers, staff, service users and carers can work together as equal partners.

- The Trust has a legislative duty to involve and engage people in strategic decision making.
However, Lester and Tait (2005) identify some potential barriers to effective involvement in mental health services:

- Lack of information – at all levels, from individual care planning and treatment to strategic level decision-making.
- Prohibitive costs in respect of money and time.
- Organisations’ concerns about the ‘representativeness’ of individual service users.
- Professional resistance to concepts of sharing ‘power’ and decision-making, even in cases where clinicians are claiming to be committed to involvement.

Whilst the work that Lester and Tait undertook was based on service user involvement in mental health services, similar barriers could be articulated for carer involvement too.

5. Principles for Service User and Carer Involvement

The Trust adopts the principles for involvement as set out in the Department of Health guidance ‘Real Involvement – Working with People to Improve Health Services’ (October 2008). These principles are intended to support good governance, decision-making and involvement practice.

The guidance states that involvement practices within Trusts should be:

**Clear, accessible and transparent**
- People in all parts of the organisation need to be clear about what involvement means and have a shared understanding of its purpose.
- Be clear about the objectives of the work, its rationale, relevance and connection to organisational priorities.
- Make it clear to people what you are doing and why and how their views will feed into the decision-making processes.
- Find out and use what is already known about people’s views and expectations.
- If systems are complex and difficult to explain, service users and carers are likely to feel excluded from those ‘in the know’. Transparency must be the core part of any local practice and it must be easy to find out what decisions have been taken and the reasoning behind them.
- Make sure that service users and carers have the support they need to get involved.

**Open**
- Be open about what can change and what is not negotiable, and the reasons why.
- Share the information and knowledge you have, so people can understand the issues.

**Inclusive**
- Identify the right people to involve and make special efforts to reach out to the people who are ‘easy to overlook’.
- Avoid sectional interests and enable a wide range of views to be gathered and taken into account when decisions are made.

**Responsive**
- NHS decision-making practices should be responsive to the concerns of service users and carers and able to demonstrate openly how these have been considered and responded to in the decisions made.

**Sustainable**
- The aim should be to develop relationships over a period of time with continuity on both a personal and organisation level.

**Proactive**
- It is important to be proactive and comprehensive in your approach to involvement. Organisations should be upfront about difficulties that may need to be addressed, enabling interested parties to be involved in finding solutions.

**Focused on improvement**
- Involvement is a means of finding ways to improve services, not an isolated activity for its own sake.
- Organisations need to be able to demonstrate what has or has not changed as a result of involvement activity.
- Establish and embed systematic approaches to involvement that are directly linked to corporate decision-making.
- Make sure that there is commitment and leadership from the board, the chair, the chief executive, directors and clinical leaders.
- Support staff and equip them with the necessary skills.

### 6. A Framework for Service User and Carer Involvement

Any strategic framework for involvement needs to take into account a number of elements. Firstly, the ‘level’ of involvement must be defined. The policy document ‘Reward and Recognition’ (Department of Health 2005) outlines five ‘levels’ of involvement and engagement activity, as follows:

<table>
<thead>
<tr>
<th>Increasing degree of involvement</th>
<th>Level 1</th>
<th>Simply Informing</th>
<th>Telling people what is planned or has already been decided.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Level 2</td>
<td>Consulting on Decisions</td>
<td>Inviting and allowing people to offer their opinions and/or listening to feedback.</td>
</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>Deciding Together</td>
<td>Encouraging people to generate ideas or options and/or work together to make joint decisions.</td>
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<td></td>
<td>Level 4</td>
<td>Acting Together</td>
<td>Working together in partnership to get something done.</td>
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<td></td>
<td>Level 5</td>
<td>Encouraging Independent Initiatives</td>
<td>Helping people to act independently or within a framework of advice and support.</td>
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</table>
Alongside this, there must also be a consideration of the ‘location’ of involvement activity, that is:

- At the **individual** level – involvement of the individual service user or carer in their own treatment and care plan and where possible, the clinician and service user deciding together.
- At a **team** level – involvement in respect of activity at a ward, team or site level.
- At a strategic or **Trust** level – involvement in strategic level planning, decision making and policy formulation.

The following model aims to bring together these two scales and sets out an **outcomes-based** framework for planning involvement work. It is important to note the following points:

- The framework describes a series of **outcomes** for involvement (that is, what we will achieve rather than how we will do it). The subsequent implementation plan for this strategy will then describe the processes which will be put in place to deliver these outcomes.
- A number of the outcomes for service users and carer involvement are the same as they describe an overall system of involvement. However, it should never be assumed that the two agendas are the same, nor that the issue of service user confidentiality isn’t sometimes a complex issue to manage at the ‘individual care’ level.

*Green boxes* – represent service user involvement outcomes

*Pink boxes* – represent carer involvement outcomes
<table>
<thead>
<tr>
<th>Locations</th>
<th>Levels</th>
<th>Individual</th>
<th>Team</th>
<th>Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simply Informing</td>
<td></td>
<td>All service users have a written care plan which is reviewed regularly. Service Users have a copy of their care plan.</td>
<td>All service users are kept fully informed about relevant team or ward level issues.</td>
<td>The Trust has a clear process for keeping up-to-date the information made available to service users.</td>
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<tr>
<td></td>
<td></td>
<td>Information about service provision and treatment options is easily available, and prepared in partnership with users and carers.</td>
<td></td>
<td>Information about general Trust issues is made freely available and easily accessible for service users.</td>
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<tr>
<td></td>
<td></td>
<td>Access to independent advocacy is offered, where possible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All service users are kept fully informed about relevant team or ward level issues.</td>
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<td>The Trust has a clear process for keeping up-to-date the information made available to service users.</td>
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<tr>
<td>Consulting On Decisions</td>
<td></td>
<td>Service users are consulted on treatment and medication options, where possible.</td>
<td>Service users are fully consulted on all team and service specific issues. Information regarding how to raise concerns, complaints and compliments is easily accessible.</td>
<td>Service users are fully involved in all Trust wide strategic development and change issues.</td>
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<tr>
<td></td>
<td>Carers are consulted on treatment and medication options, where possible.</td>
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<td></td>
<td>The unique knowledge that carers have of their family members’ illness is incorporated into care planning, wherever possible.</td>
<td>Carers are fully consulted on all team and service specific issues. Information regarding how to raise concerns, complaints and compliments is easily accessible.</td>
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<tr>
<td></td>
<td></td>
<td>Service users are fully involved in all Trust wide strategic development and change issues.</td>
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<tr>
<td><strong>Levels</strong></td>
<td><strong>Deciding and Acting Together</strong></td>
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<td></td>
<td>▪ Service users and staff decide together on treatment and medication options, where possible, and this is evidenced in the care plan.</td>
<td>▪ Service users are involved in team and service level planning and decision-making forums.</td>
<td>▪ Service users are involved in the recruitment and training of staff.</td>
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<td></td>
<td>▪ Individuals’ care plans evidence where their choices and decisions have been implemented, and also document where this has not been possible.</td>
<td>▪ Carers are involved in team and service level planning and decision-making forums.</td>
<td>▪ Service users are involved in the Trust Board Governance infrastructure, including key committees.</td>
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<td></td>
<td>▪ Individuals are encouraged to make choices about as many aspects of care as possible.</td>
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<td>▪ Appropriate and clear processes are in place for the reward and recognition of service users’ contributions.</td>
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<tr>
<td></td>
<td>▪ Care plans evidence where carers’ choices and preferences have been implemented, and also document where this has not been possible.</td>
<td>▪ Carers are involved in the recruitment and training of staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Carers are involved in choices about as many aspects of the individual’s care as possible.</td>
<td>▪ Carers are involved in the Trust Board Governance infrastructure, including key committees.</td>
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<td></td>
<td>▪ Access to service user involvement opportunities is encouraged and made easily accessible.</td>
<td>▪ Support is offered to set up and develop local and Trust-wide service user groups.</td>
<td>▪ Support is offered to set up and develop local and Trust-wide carer groups.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Access to carer involvement opportunities is encouraged and made easily accessible.</td>
<td>▪ Service users are supported in service monitoring initiatives – for example, PEAT assessments, tender processes, service reviews.</td>
<td>▪ Staff performance and competency frameworks incorporate an assessment of service user-centred behaviour and practice.</td>
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</tr>
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<td></td>
<td>▪ General feedback from relevant service user groups is incorporated into planning processes.</td>
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**Green boxes** – represent service user involvement outcomes  
**Pink boxes** – represent carer involvement outcomes
7. The Future as a Foundation Trust

Current policy from the Department of Health indicates that all NHS provider Trusts will have approval to achieve Foundation Trust (FT) status by the end of 2010. Within the governance infrastructure of an FT, service user and carer involvement is formally represented via the membership system. The Council of Governors has seats for its public constituency and may choose to have separate representation for service users and carers.

Until the full implementation of a membership system and Council of Governors within an FT model, the Trust will strive to support and embed complementary arrangements for service user and carer involvement within services. Service user and carer involvement arrangements will help us to extend and embed the membership arrangements, once these commence.

8. Valuing Contribution

The Trust is fully committed to recognising and valuing the contribution of service users and carers in the development and delivery of mental health services. A draft policy for the payment and reimbursement of service users in under separate development.

9. Links to LINKs and Overview & Scrutiny Committees

LINKs (Local Involvement Networks) are a relatively new development in involvement in health and social care, replacing the former PPI Forums. A Stronger Local Voice (Department of Health, 2006) introduced the concept of LINKs, requiring Local Authorities to establish a LINK in each borough by April 2008. Local Authorities are required to make contractual arrangements with a ‘host’ organisation to establish and support the LINK, and is funded by the Department of Health to do this. Therefore, the Trust works primarily with two LINKs – Dudley and Walsall.

Each LINK is responsible for:

- Promoting and supporting the involvement of people in commissioning, provision and scrutiny of local health and social care services.
- Enabling people to monitor and review the commissioning and provision of services.
- Obtaining and representing the views of people about their needs for, and their experience of, local health and social care services.

The LINKs are at an early stage in their development, particularly with respect to developing relationships with statutory bodies. The Trust will work closely to develop constructive working relationships with the LINKs in both Local Authority areas.

10. Implementation

What next? Consultation about the strategy will take place and once agreed, an implementation plan will be developed which will specify actions and plans to deliver the outcomes described in the involvement framework. The implementation plan will describe how these outcomes will be achieved and monitored.
11. Charters for Service Users and Carers

Within the programme of service user and carer involvement work, the Trust works in partnership with a number of involvement groups and networks who are themselves important parts of the overall infrastructure.

The charters which are appended to this strategy have been developed by these groups to describe how they would wish the Trust to embrace and implement an involvement approach. In adopting this strategy, the Trust will embrace and support these charters.

Appendix 1 – Service Users’ Charter

Appendix 2 – Carers Charter

12. Monitoring and Evaluation

It is important to assess whether what we are planning and implementing is working. Furthermore, the Trust is required to provide evidence of service user and carer involvement in service planning and review. This structure outlined in this strategy enables evidence to be provided from all levels of the involvement framework.
Appendix 1

Dudley and Walsall Mental Health Partnership Trust
Service User’s Charter

Foreword from Chair and Chief Executive

Dudley & Walsall Mental Health Partnership NHS Trust (DWMHPT) was established in October 2008, following the merger of services which had previously been managed by NHS Dudley and NHS Walsall (PCTs). Since then, our service users and carers have shown unfailing commitment; helping us to improve as a Trust and challenging us to continually strive for better services.

Now we would like to make some commitments to you. With the help of Service Users and Carers we have been able to develop an individual charter for each group. These charters set out exactly what you can expect from us, from quality services to respect for your role:

- For service users the charter details what service providers (from senior executives to front-line staff and volunteers) should be offering.
- For carers, there will be an acknowledgment of the vital role they play and a promise that their needs will be met by mental health professionals, including: social workers, GPs, occupational therapists, psychiatrists, psychologists, support workers and mental health nurses.

I hope you find these charters useful, and that the strong partnership between DWMHPT and its service users and carers will continue to develop and grow. With a relationship based on mutual respect and a will to succeed, I have no doubt that we will continue to be Better Together.

Gary Graham  Glyn Shaw
Chief Executive  Chairman

Introduction

The Dudley and Walsall Mental Health Service User’s Charter sets out for Staff, Service Users and other interested parties, the agreed expectations of standards in service delivery and quality that can expected from mental health services in Dudley and Walsall.

The Charter sets out what service providers, from senior executives to front-line staff and volunteers, should be offering to service users.

Where there is not a specific reference to a situation, mental health service senior management would expect staff, management and service users to apply the principles laid out elsewhere in this document to the new situation.
Service Users will expect to be involved in the management, implementation and review of the rights and expectations set out in this charter, and the Mental Health Trust will commit to ensure that these expectations are delivered.

Underlying Principles

In the search for established values which could be developed into a Service Users Charter, we looked initially to this quote from the Mental Health ‘Czar’ Louis Appleby:

“A quality service would have six elements:

1) it would treat patients and service users with dignity, creating the right environments for them to recover from illness and being guided by their views on how services should develop;
2) it would recognise the skills of families acting as carers, routinely welcoming them into plans of care and responding when they were worried;
3) it would link service activity to need, ensuring that acutely ill people received urgent access to care and that people with a broad range of health and social needs received a comprehensive package of care;
4) it would make the best and most effective treatments available;
5) it would emphasise the safety of patients themselves — because every year in England there are over 1000 suicides by people currently or recently under mental health care — and also of families, staff and the general public; and
6) it would be delivered by a skilled and motivated workforce.


However, we sought to develop these issues further, from the perspective of Service Users.

Summary of service user rights and expectations:

Service users need

1. The right to a service whose staff see the effective provision of services as a collaboration between staff and service users.

2. The right to access mental health services which are provided within a recovery model, where the mental health service, carers and service user are enabled to understand that mental health conditions rise and fall in severity, and that an individual may need more or less support at different times.

3. The right to be able to complain through published procedures about any aspect of service delivery without fear of prejudice, and to receive a timely and supportive response.

4. The right to accurate information about their condition and proposed treatment, including the suitability of alternatives, likely side-effects of treatment, and their likely impact.
5. Access to Home Treatment during mental health crisis

6. The right for treatments to be offered in accessible environments so services can support people within the Dudley and Walsall Boroughs whatever other disabilities the patient has.

7. The right to a named supporter and/or service-user led advocate during any aspect of mental health treatment at the patient's request.

8. The right to access service-user led services including advocacy, social inclusion, and training. Toward this end, the mental health service must commit to commissioning, developing and supporting local service user-led services, building on existing provision.

9. The right to a diagnosis, with the implications of the illness explained in plain language, and recommendations of ways of self-managing the condition

10. The right to a second, completely independent psychiatric opinion.

12. The right to access and re-access Mental Health Services at the appropriate level in a timely manner

13. Mental Health Services should liaise in a timely manner with other health providers to ensure appropriate access to treatment.

14. The right to be able to access other health services and receive a non-prejudicial service. Psychiatric patients report being dismissed as imagining physical conditions once providers are aware they have a psychiatric condition

15. The right to the support of a service-funded, locally-based service user support group, which has administrative and managerial support provided by staff of our choice

16. The right of the service user support group to be consulted on service developments and operations, including recruitment and selection

17. The right of service user support group to access mental health service establishments in order to provide support, information and advocacy to service users

18. The right to appropriately rewarded involvement in the delivery of service user-led and service user-mediated services
Appendix 2

Dudley and Walsall Mental Health Partnership Trust
Carers Charter

Foreword from Chair and Chief Executive

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Now we would like to make some commitments to you. With the help of Service Users and Carers we have been able to develop an individual charter for each group. These charters set out exactly what you can expect from us, from quality services to respect for your role:

- For service users the charter details what service providers (from senior executives to front-line staff and volunteers) should be offering.
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I hope you find these charters useful, and that the strong partnership between DWMHPT and its service users and carers will continue to develop and grow. With a relationship based on mutual respect and a will to succeed, I have no doubt that we will continue to be Better Together.

Gary Graham
Chief Executive

Glyn Shaw
Chairman

Introduction

The Charter’s purpose is to enable your crucial role as a carer to be acknowledged and your own needs to be met by mental health professionals, including social workers, GPs, occupational therapists, psychiatrists, psychologists, support workers and mental health nurses. The Charter is based on the following seven principles:

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 of the person 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.

If you are providing 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 ‘Valuing Carers – The Mental Health Carers’ Charter’ is designed to assist you.

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.
   - You should be given the opportunity to speak to the psychiatrist or mental health worker 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 worker 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. day care and employment services.
Details of recognisable signs of relapse and who to contact in an emergency – you should be given a 24 hour number.

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.

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.

*For full text on sharing mental health information with carers, please contact Carers’ Support Service on 0121 526 5387.

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

- Your views about the needs of the person for whom you care should be sought and taken into account.
- 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 Carers’ 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 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 form 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 Carers’ 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.
- Where you are invited to meetings, you should be offered help in arranging alternative care for the person you care for and receive payment for travel and incidental costs.
- 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.
- If you attend meetings or work in voluntary capacity as a mental health carer representative you should receive an agreed payment to cover expenses and travel.

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, service users and carers will strive to get the best results for the user of the service and their carer.

Put simply, a partnership is collaboration between different organizations 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.
- 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 DWMHPT complaints procedure.
- Concerns/complaints should be responded to and clear explanations given. You should be kept informed of process and procedure.