

Carer Engagement and Involvement Guidance

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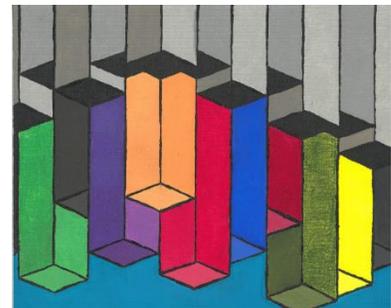
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The artwork displayed on the front cover of this document was created by a patient at HMP Haverigg.



BACKGROUND

Carer involvement is important to ensure patients are provided with holistic care and support. This can be done at many levels from providing background information about a patient, to having input and involvement in care plans. Carers should also be offered support from prison mental health services, both to engage and offer support to their loved one, and with their own needs. Prison mental health services face a number of barriers to engaging carers due to the nature of services. The subject of carer engagement has been a point of discussion within QNPMHS over the last few years, and this has now become a focus for the Network.

In 2023, QNPMHS revised the Standards for Prison Mental Health Services and introduced two carers' standards. Furthermore, to support services to improve and develop their carer engagement and involvement, the QNPMHS Carers Working Group was introduced. The group explored the current picture of carer engagement within prison mental health services, including barriers faced when trying to engage carers and good practice examples. The group also explored how carers can be involved in QNPMHS processes.

PURPOSE

This guidance document aims to provide prison mental health services with good practice examples to help improve their engagement with carers. Within the document, there are examples ranging from simple, low-cost suggestions, to more long-term suggestions requiring additional funds. The carers standards from the [QNPMHS sixth edition standards \(2023\)](#) have been included, with examples outlining what services can implement in order to meet these.

Jargon buster

Within this document, the term carer will refer to any family member, friend, loved one or person supporting a patient.



CONSENT AND CONFIDENTIALITY

During interactions with QNPMHS services, the QNPMHS team often hear that staff are unsure of what information they can and cannot share with carers. This uncertainty may mean that carers feel excluded from discussions relating to patient care, leading to valuable information and the opportunity to offer support to carers being missed. To overcome this, staff need to be aware of both the limits of confidentiality and the information that can, and should, be shared with carers.

Efforts to identify a patient's carer(s) should be made as soon as possible following their admission to the prison mental health service's caseload. Mutual expectations around confidentiality should be discussed in conversations between patients, carers and staff as soon as possible following admission. These mutual expectations should also be reviewed at regular intervals.

Where patients give consent to information being shared, this should be done. Although this should be reviewed regularly, consent does not always need to be gained before every discussion with a carer. Where patients have given consent for carer involvement, staff should invite and encourage carers to attend any relevant meetings, with services making reasonable adjustments as needed (such as providing carers with the opportunity to attend virtually via an online meeting or phone call, as well as considering whether travel support is required for those attending in person).

When a patient withdraws consent, carers can still receive non-confidential information. Staff should also take the time to explain to carers why information cannot be shared with them and should continue to share general information about the service. This will help maintain relationships between staff and carers.

Furthermore, staff do not require patient consent to speak to carers, receive information from them or offer support to them. Staff should continue to build relationships with carers where appropriate. Additionally, carers have the same right to confidentiality for any information disclosed, and staff must respect this (Carers Trust, The Triangle of Care, 2023).

BARRIERS TO CARER INVOLVEMENT

During the QNPMHS Carers Working Group meetings, some of the key barriers to carer engagement explored included:

CONTACT DETAILS

The team may not have access to contact details for carers.

DISTANCE FROM THE PRISON

Carers may live far away from the service and find it difficult or costly to visit or attend meetings.

ACCESSIBILITY

Facilitating visits in a prison setting can be complex. There are barriers to getting visitors in and out of the prison estate to attend meetings. Further, there also may be barriers to accessing appropriate IT facilities or private and confidential working spaces to conduct video conferencing meetings.

STAFFING PRESSURES

Nationally, prison services are facing difficulties with short staffing. This can make it challenging for staff to find the time to contact carers and build relationships.

DYNAMICS

Staff need to be aware of relationship dynamics between patients and their carers. This information should be captured and regularly updated.

PREVIOUS EXPERIENCES

Carers may have had negative experiences when communicating and engaging with services in the past. This could continue to affect how they feel about services. Furthermore, staff have reported that they are not always sure how to approach difficult conversations with carers or how to manage confidentiality.

CONSENT

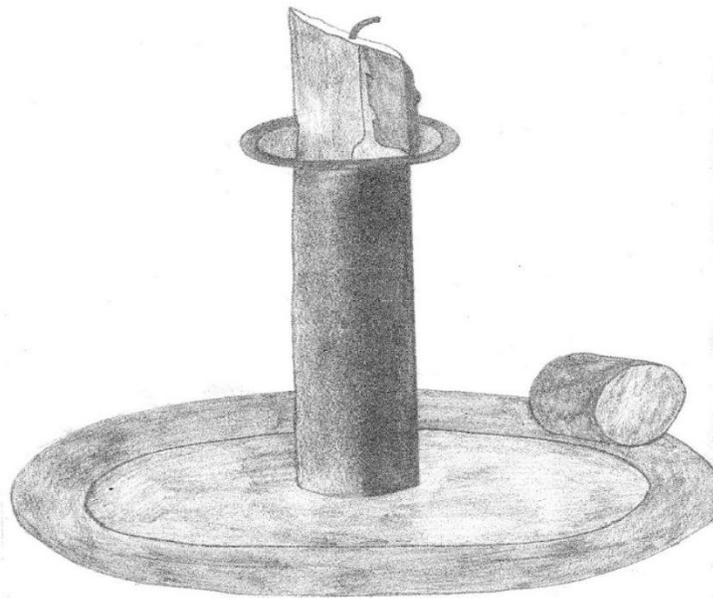
As a result of a lack of training opportunities, staff may face uncertainties when interacting with carers in line with patient consent. Staff have reported feeling unsure of how to approach conversations with carers when consent is withdrawn, but also what consent means surrounding obtaining and sharing patient information.

TRUST STRATEGY

There may be a lack of policies, procedures and training around carer awareness. This could include a lack of organisation-level involvement and strategy around carer engagement. Additionally, staff feedback received highlights where policies and procedures are in place, these do not always feel applicable to prison mental health services.

SAFEGUARDING

The service should ensure they have accurate and comprehensive information about carers, including reliable contact details and potential risks associated with making contact. These risks could affect the patient, carer or staff members. To mitigate these risks, the service should coordinate with other relevant agencies within the prison service and probation system before reaching out to carers.



*Created by a
patient at HMPYOI
Cookham Wood.*

GOOD PRACTICE EXAMPLES

The below good practice examples have been shared by the members of the QNPMHS Carers Working Group. These range from low-cost initiatives to others which may require additional funding and resources:

SERVICE LEVEL EXAMPLES

ADMISSION CHECKLIST FOR CARERS



This should include key questions to ask carers and a list of information which can and cannot be shared with carers, based on whether the patient has given consent for their carer to be involved in their care. This allows all staff members to confidently communicate with carers, not just those who have taken a lead role in carer engagement.

CARER INFORMATION PACKS



This should include key information about the prison, such as contact details for key staff, admission criteria, therapies/activities available to patients and visiting processes. This should also include information around local sources of advice and support for carers and carer support networks.

CARERS INBOX



It could be beneficial for the service to set up a 'carers inbox' where carers can email the team directly. An agreed timeframe to provide a response should be set and stated in an out of office response.

COMMUNICATION TEMPLATES



The team can create templates for communication, such as email and letter templates or telephone scripts. It is important to set mutual expectations of what contact between carers and staff will look like.

CARERS CHAMPION



This is a member of staff who can support carers and acts as a key contact for carer information for the mental health team. They can also aim to improve communication and engagement with carers and act as a link to gather information from the carer and cascade it to the team. This is an additional responsibility for a staff member who is passionate or has a key interest in carer engagement.

PROACTIVE COMMUNICATION



For patients on their caseload, key workers should have allocated time to contact carers to provide updates on their loved one's care. This could be aligned with Community Mental Health Framework (CMHF) meetings or at significant events or changes in care. This could be done via telephone calls, emails or letters. All carer contact should be recorded and audited regularly to identify any gaps in communication, or any areas where communication has become too frequent for carers or staff.

COLLECTING CARER FEEDBACK



A QR code or website link for carers to provide feedback to the team should be made available within the welcome pack. This feedback can also be collected via telephone, email or post. Feedback should be regularly reviewed and used to analyse the performance of the service and to put a subsequent action plan in place for improvement.

ORGANISATION LEVEL EXAMPLES

CARER AWARENESS TRAINING



Carer awareness training should be provided to all staff members. This could be done via e-learning or in person training. Ideally, this would be co-produced and co-delivered by a carer expert by experience.

CARER STRATEGY



A carer involvement and engagement strategy should be developed in partnership with appropriately experienced carers. The strategy could include measures to support a carer's own needs around information and support, how they can be involved in the care of their loved one and opportunities to be involved in service developments, training and improvements. This could be at service level, or at organisational level with a section focusing on prison mental health teams.

EVENTS



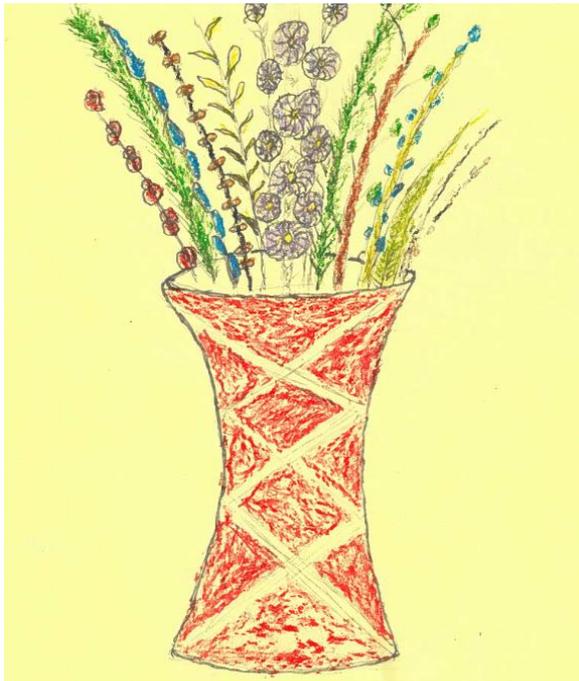
Carers events or forums could be held to allow carers to socialise with other carers. The prison could utilise the visiting spaces for this. These events could be carer focused educational events whereby members of the team can be on hand to answer any questions, or a variety of disciplines can present about what treatments they provide. Other events can be opportunities for carers to spend time with their loved ones or person they support in a social setting, for example, family days. These events could also be facilitated on a larger scale by the trust or organisation.

CARERS AND THE NETWORK

The following section outlines the review processes of the Quality Network for Prison Mental Health Services and explores how carers could be involved in the future.

OVERVIEW OF THE NETWORK

The QNPMHS operates on an annual cycle, during which member services undergo a peer-review each year. Each service conducts a self-review against the QNPMHS standards. Subsequently, a peer-review day takes place, and a local report is written outlining scores for individual standards and the overall percentage of standards met. This report also includes key areas of achievement and development and offers valuable recommendations for service improvement. Based on this feedback, services can begin the action planning process to continue to improve the quality of care offered.



'Vase of Flowers' created by a patient at HMP Birmingham.

CARER INVOLVEMENT IN QNPMHS PEER-REVIEWS

Previously, carers have not been involved in peer-review days and this is something the Network would like to introduce. Working collaboratively with our member services, the Network would like to utilise a range of methods to engage carers and gather their feedback in a meaningful, confidential way. The Network will support services with the following initiatives:

SURVEYS



When the Quality Network representative contacts the service regarding survey links and paper copies of surveys, the service should disseminate these to carers (both links and paper copies) and request pre-paid envelopes at the earliest possible convenience. The staff member responsible for carer involvement should support carers in completing these and remind carers regularly during the self-review period to complete these.

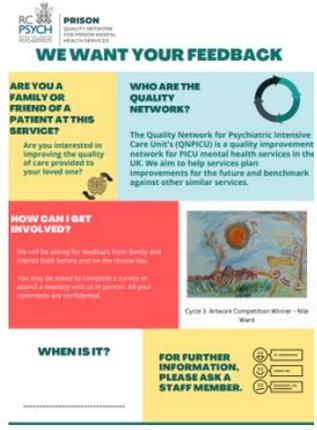
VIDEO CONFERENCING



The service should organise an MS Teams meeting (or equivalent) with the peer-review team to be able to feedback on their experiences virtually as a group. Carers can join the meeting at the allocated time via telephone or laptop/computer on the review day. Carers do not need to have their cameras on if they do not wish to.

NETWORK POSTERS

Services should inform carers of the upcoming peer-review in advance and send formalised invites, signpost carers to the Network's website and explain how carers can be involved before and during the peer-review. This can be explored via email, during calls with staff members, during visits and/or meetings. Services can use the Network's poster for carers (sent via email during the self-review phase) to help advertise the date. The posters can be displayed in the visitors' centre. It is important to explain that the review team will want to talk about their experience of the service, and they do not need consent from their loved one to be involved.



TELEPHONE CALLS



Where carers do not have access to the internet, or would prefer to provide feedback individually, the service should prepare a list of carers the peer-review team can call during the peer-review day. The peer-review team can arrange to speak to a number of carers during the allocated slot. Services should seek consent from carers for the peer-review team to make contact and inform them of the time the peer-review team is likely to call.



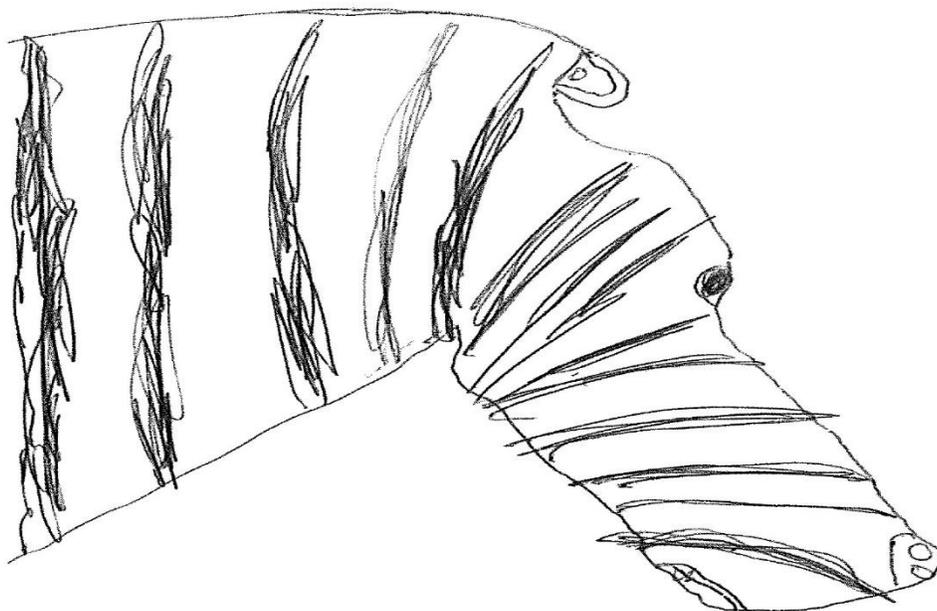
INTERVIEW QUESTIONS

Where carers express interest in engaging with the peer-review but cannot attend on the date set, the Quality Network representative can share the interview questions with the service to be shared with the carers. The completed question sheet can then be returned within an agreed timeframe.

ALTERNATIVE MEETING DATE



The Quality Network representative or Carer Representative can facilitate individual telephone calls or MS Teams meetings with carers on a day specified separate to the review day.



'Gorilla' created by a patient at HMPYOI Cookham Wood.

QNPMHS STANDARDS FOCUS

The sixth edition of the QNPMHS Standards were published in September 2023 and include two carer-based standards. Type 1 standards are 'essential' for the service to achieve, Type 2 are 'expected', and Type 3 are 'desirable'. Since the carer standards are novel to the Prison Network, all carer standards are either 'expected' or 'desirable'. The full standards can be found [here](#).

GOOD PRACTICE EXAMPLES

Standard 90.7 (Type 2)

Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes: carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

The team receive training in carer awareness. This consists of an e-learning package available to all staff and there are also a selection of courses on the learning hub that carers can also access surrounding mental health awareness.

HMP Manchester, Cycle 9 (2023-2024)

Standard 107 (Type 3)

The mental health team engage with carers where possible in line with the Triangle of Care.

Guidance: This could involve gathering family history, involving carers in decisions about patients care (with consent) and inviting carers to relevant meetings.

The service tries to involve carers to input into patient treatment and care plans and currently follow the Triangle of Care. They endeavour to contact carers to attend CPA reviews.

HMP Birmingham, Cycle 8 (2022-2023)

The team actively support the involvement of family and friends. The team recently liaised with relevant agencies as well as a patient's carer to help them travel to the service to support their loved one. The prison officers said, "we could not have done it without them".

HMP Long Lartin, Cycle 9 (2023-2024)

The team hosts a family engagement day where family and friends can meet the team and share a meal with both their loved one and the team. Staff stated that family are involved in the process of care planning where possible, to gather family history and “fill in the blanks” to assist with patient care.

HMP Durham, Cycle 8 (2022-2023)

The family visitor’s centre has a board which includes information about the mental health team. Patients are asked prior to any care planning meetings whether they would like any of their family members invited. Carers are offered options to attend meetings via MS Teams and are asked for information about their loved one to inform care planning.

HMP Featherstone, Cycle 9 (2023-2024)

Three MPFT prisons are working with the Carers Trust to implement the Triangle of Care. The Carers Trust are reviewing the Triangle of Care self-assessments and guidance to make it fit for prison mental health services.

Midlands Partnership Foundation Trust Pilot

DUTY OF CANDOUR

Standard 41 (Type 1)

When serious mistakes are made in care this is discussed with the patient, in line with the Duty of Candour Agreement (or equivalent).

At present, the above standard only covers discussing mistakes made in care with patients. However, carers should also be informed when serious mistakes are made in care in line with the Duty of Candour Agreement (or equivalent). Teams should utilise the Patient Safety Incident Response Framework (PSIRF) in these cases (NHS England, 2022).

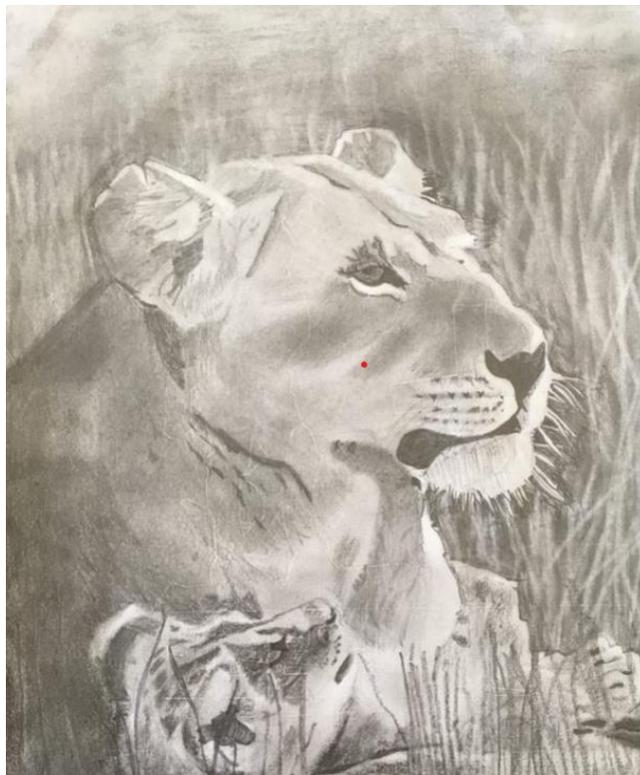


‘Mental Health and Communication’ created by a patient at HMP Durham.

QNPMS STANDARDS: LOOKING FORWARD

The two initial carers standards that were introduced in the sixth edition standards, alongside this guidance, will provide prison mental health services with a foundation to build upon and improve their carer involvement. The standards are revised approximately every two years, and the Network will continue to introduce further carers standards with the aim to see an increase in carer engagement and involvement across prison mental health services.

A carer representative will be involved in future cycles, and with this, brings the hope that carer involvement will be further embedded into the Network. In time, our carer representative will be involved within the peer-review days and will support the Network to incorporate additional carers standards into future revisions.



*'Lioness with Cubs'
created by a patient at
HMP Haverigg.*

APPENDIX 1:

ACKNOWLEDGEMENTS

The Quality Network for Prison Mental Health Services is extremely grateful to the members of the Carers Working Group for their time and expertise in the development of this guidance document:

Miriam Backman, Partnership and Community Engagement Manager (Listen to Families), Prison Advice and Care Trust

Jasmine Bates, Clinical Team Manager, HMP Birmingham (Birmingham and Solihull Mental Health NHS Foundation Trust)

Caroline Coxhead, Service Manager, HMP Eastwood Park (Avon and Wiltshire Mental Health Partnership NHS Trust)

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Sharon Spurling, Head of Network Development, Carers Trust*

Gemma Turner, Clinical Specialist Occupational Therapist, HMP Birmingham (Birmingham and Solihull Mental Health NHS Foundation Trust)

Eloise Williamson, Deputy Ward Manager, HMP Birmingham (Birmingham and Solihull Mental Health NHS Foundation Trust)

With special thanks to:

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Jemini Jethwa, Programme Manager, CCQI

Salanh Kromah, Project Officer, CCQI

Kelly Rodriguez, Programme Manager, CCQI

The QNPMHS Team

The Network would like to acknowledge the lack of direct involvement from a Carer Representative in this document. Although we are not quite there yet, we continue to prioritise embedding co-production with our Patient and Carer Representatives throughout all Network processes.

APPENDIX 2: GOOD PRACTICE EXAMPLE DOCUMENTS

[Central and North West London NHS Foundation Trust: 'Common sense confidentiality: a guide for carers, family and friends'.](#)

[Central and North West London NHS Foundation Trust: Carers Welcome Pack](#)

[Northumberland, Tyne and Wear: 'Commonsense Confidentiality: a guide for carers, family and friends'](#)

[Birmingham and Solihull Mental Health NHS Foundation Trust: Family and Carers Information Booklet](#)

[Birmingham and Solihull Mental Health NHS Foundation Trust: Good Practice Guide for Carrying out an Assessment of a Carer's Needs](#)

[Rethink: Reach out to help someone cope with severe mental illness: a guide for carers](#)

[Tees, Esk and Wear Valleys NHS Foundation Trust: Safety and Care Three Part Plan \(Important people in my life section\)](#)

[Prison Advice and Care Trust \(PACT\): The Family and Carers' Charter for Health and Justice](#)

APPENDIX 3: REFERENCES

Carers Trust. The Triangle of Care Toolkit– A Resource for Mental Health Service Providers; 2023. <https://carers.org/downloads/an-introduction-to-the-triangle-of-care..pdf>

Patient Safety Incident Response Framework, NHS England, 2024. <https://www.england.nhs.uk/long-read/patient-safety-incident-response-framework/>

Quality Network for Prison Mental Health Services- Sixth Edition; 2023. https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/prison-quality-network-prison/prison-qn-standards/qnpmhs-standards-for-prison-mental-health-services-publication-6th-edition.pdf?sfvrsn=e060e443_3

APPENDIX 4: CONTACT DETAILS

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Website

<https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/prison-mental-health-services>

Online discussion platform

Email prisonnetwork@rcpsych.ac.uk to join KnowledgeHub.

X (formerly Twitter)

@rcpsychQNPMHS



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