

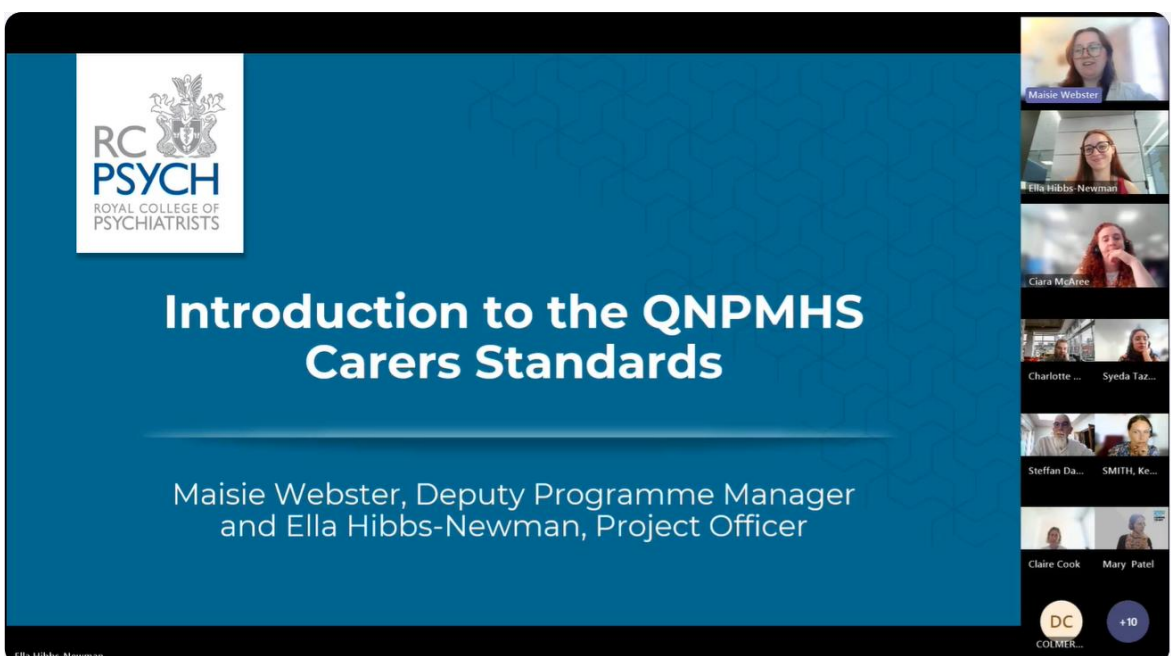
Bulletin: Highlights from the QNPMHS Carers Standards Webinar

The Quality Network for Prison Mental Health Services (QNPMHS) team recently revised and published the [Seventh Edition of Quality Network Standards](#). This edition includes additional standards related to carer engagement and experience.

To introduce the new standards and assist member services with this transition, the team hosted the Prison Carers Standards Webinar on 16 July 2026.

This event featured discussions about the publication of the Seventh Edition of Standards, as well as hearing from prison services how they support carer engagement.

This bulletin provides an overview of the expert presentations, highlights and feedback from the webinar.



Members of QNPMHS can access a full recording of the webinar on KnowledgeHub, for more information visit our website: www.rcpsych.ac.uk.

Webinar Programme

QNPMHS Carers Standards Webinar

Thursday, 16 July 2026

Virtual event on MS Teams

Programme

10:00 – 10:10 Introduction to the QNPMHS Carers Standards

Maisie Webster, Deputy Programme Manager and Ella Hibbs-Newman, Project Officer, QNPMHS.



10:10 – 10:40 Adapting the Triangle of Care for Prison Mental Health

Mary Patel, Triangle of Care Programme Lead, Carers Trust.



10:40 – 11:10 Family and Carer Involvement in Health and Justice

Emma Brookshaw, Community Modern Matron Health and Justice and Sarah Austin, Team Manager, Tees, Esk & Wear Valleys NHS Foundation Trust.



11:10 – 11:40 Carer Support and Involvement in Offender Healthcare, What Works Well at HMP Birmingham

Tracey Fisher, Service Manager and Jasmine Bates, Clinical Team Manager, Birmingham and Solihull Mental Health Foundation Trust.



11:40 – 12:00 Interactive discussion

Open space with presenters and delegates to discuss questions, ideas, challenges and good practice.

Join the conversation on X:

@rcpsychQNPMHS #carersstandards

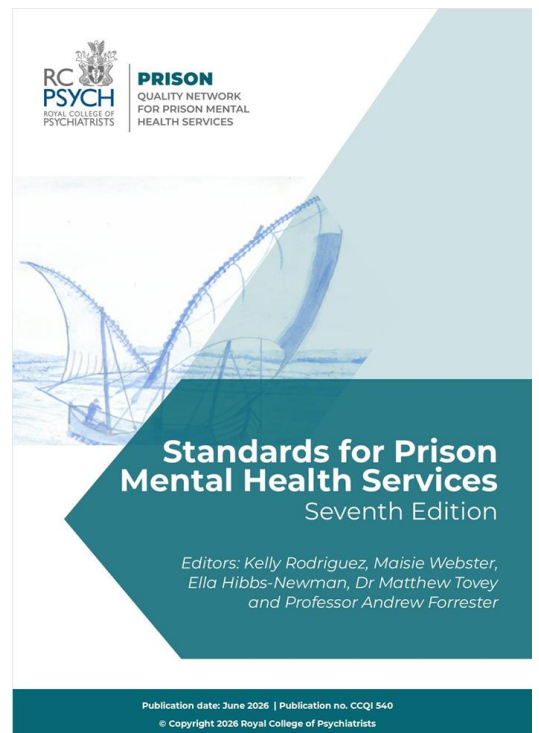
Introduction to the QNPMHS Carers Standards

Maisie Webster, Deputy Programme Manager, and Ella Hibbs-Newman, Project Officer

The introduction to the event was delivered by Maisie Webster and Ella Hibbs-Newman. This included an overview of how the network has been working to incorporate carer-focused standards over time.

The presentation gave insight into the development of the standards in collaboration with key stakeholders, members, representatives from Carer's Trust and Prison Advice and Care Trust (PACT). These colleagues formed the Carer Standards Implementation Group, and worked to ensure the new standards are relevant, appropriate, measurable and achievable.

Maisie and Ella also focused on a selection of the new standards, to provide guidance on how services could begin to work towards meeting these standards and support teams to implement the new standards into their service. An example of this guidance can be found below:



Standards Focus

An admission checklist for carers is shared, which 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.

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.

The service allocates a carer lead; 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.

Develop staff confidence in this area by providing training on consent and confidentiality. The service might also create a flow chart or other quick guide that can be placed near telephones for staff to access and review during conversations with carers. The templates may also be useful here.



Adapting the Triangle of Care for Prison Mental Health

*Mary Patel, Triangle of Care Programme Lead,
Carers Trust*

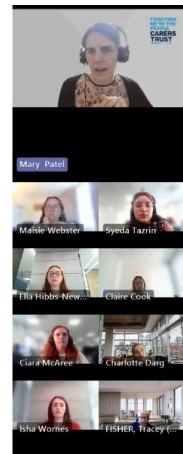
The next presentation of the event gave insight into the Triangle of Care (ToC) programme, and the upcoming prison-specific pilot for this programme being implemented this year.

Context and aims of ToC: The programme is a quality improvement scheme aiming to make carers more visible, better supported and feel more valued within health and social care.



The 6 Triangle of Care Standards

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



Context of caring within a prison setting: There are additional complex challenges to caring for someone who is in prison. These include facing stigma, issues with communication and information sharing, and barriers to being recognised as a carer. Carers shared that service boundaries and their responsibilities for care can be unclear, and that prison mental health teams are less likely to provide standardised procedures and information than community and specialist teams. Teams report challenges to offering support to carers as it can be seen to be 'out of their remit', leading to inconsistent support, signposting and involvement.

The benefits of carer involvement: A reduction in deaths in custody and self-harm rates, easing of pressure to prison healthcare systems, and reduced emotional strain on carers.

The pilot: The prison-specific ToC framework will be piloted over the next year with Midlands Partnership University NHS Foundation Trust. This version of the programme is aligned to Ministry of Justice guidance, includes risk assessment requirements and references neurodiversity and suicide prevention to reflect the needs of the prison population.

Family and Carer Involvement in Health and Justice

Emma Brookshaw, Community Modern Matron Health and Justice, and Tia Thornhill, Clinical Lead Nurse, Tees, Esk & Wear Valleys NHS Foundation Trust

This presentation discussed the carer strategy being implemented across Tees, Esk & Wear Valley NHS Foundation Trust prisons. The strategy, developed in December 2025, aims to embed four key priorities into standard practice, outlined below:

Purpose & Vision

Embed meaningful, safe and consistent carer involvement across prison mental health services so that care is holistic, informed, and supportive of both patients and the people who care for them.

This strategy has four areas of focus to support services to ensure

- ❖ Carer engagement is routine and supports patient care
- ❖ Consent and confidentiality are handled confidently
- ❖ Carers can access clear information and support
- ❖ Feedback shapes service improvement and QNPMHS peer reviews

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Tees, Esk and Wear Valleys
NHS Foundation Trust

How: The strategy includes re-launching carer awareness training and all teams to complete ToC self-assessments. It also includes working towards all patients on the mental health caseload having documented consideration of carers and having all care plans including a written record of consent status and when this was last reviewed.

Why: The presenters gave examples of the practical implementation of the strategy. Receiving information from carers was highlighted as invaluable for gaining insight into individual differences in a patient's presentation when they are doing well or not doing well. The presenters also noted its use in tailoring the care provided by the team in response to this insight.

Successes so far: Emma and Tia outlined the current practice for carer contact from the Integrated Support Unit (ISU) in HMP Hull. First contact with carers typically includes:

- Agreeing a plan for frequency of contact.
- Asking for any specific information they think it would be important for the team to know about the person they support.
- Offering time for them to ask questions and identifying any needs they may have as a carer.

Carer Support and Involvement in Offender Healthcare, What Works Well at HMP Birmingham

Tracey Fisher, Service Manager, and Jasmine Bates, Clinical Team Manager, Birmingham and Solihull Mental Health Foundation Trust.

This presentation gave an overview of how the mental health team at HMP Birmingham have been working to implement carer support and involvement within their service over the past five years.

The team implemented local training, following assessments of what the team were already doing well and what was not working well, and with the help of legal experts. A carers lead was identified to oversee the implementation of the programme.



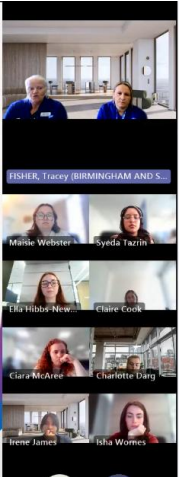
Importance of Information sharing

- 70% of service users agreed that their family should have access to some information about them to support caring role.
- 27% of carers that contact BSMHFT have reported they have been prevented from passing on oral information to clinicians.

"Issues around confidentiality should not be used as a reason for not listening to carers, nor for not discussing fully with service users the need for carers to receive information so that they can continue to support them." (Department of Health: Developing services for carers and families of people with mental illness, November 2002)

- A clinician may not be unable to give information to the family, having not gained consent at that point, but listening to the family does **NOT** breach confidentiality.
- Benefits to sharing information can have value to the patient, family and clinician, enabling accuracy of information, understanding care journey, diagnosis and what support is needed.



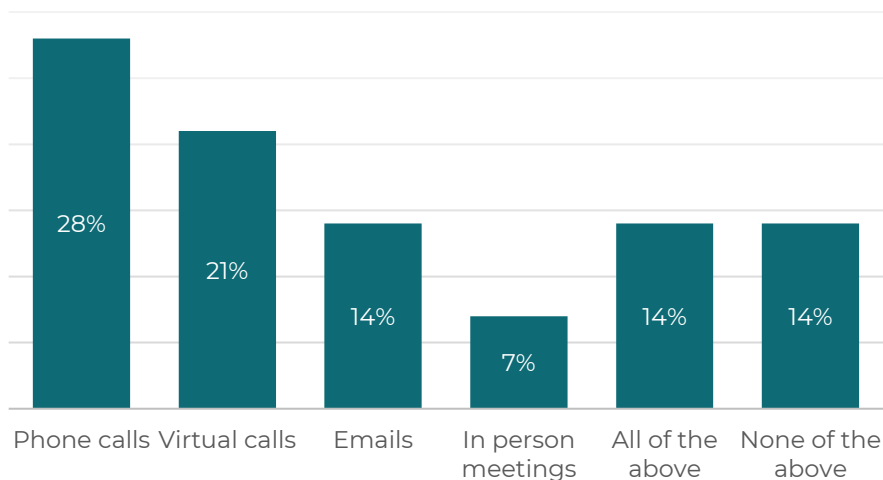
What works well:

- Not making assumptions. Start with the patient, record their views and frequently review preferences.
- Seeking to understand family dynamics and the support system surrounding the patient. It is important to understand the impacts of caring within a prison setting on the relationships between patient and carer.
- Seeing consent to sharing information as a process, not a one-off event.
- Trying to make initial contact positive and not overwhelming.
- Being responsive and offering options for communication.
- Setting honest expectations and limitations, and signposting where needed.
- Partnership working with other agencies within the prison and external partners.

Interactive Discussion

The QNPMHS then led an interactive discussion with delegates answering the following polled questions:

What methods of communication do you currently offer with carers?



Responses from delegates

Delegates shared that a well-monitored team inbox can relieve strain on individual clinicians to respond directly to carers, especially when they are unavailable or busy with other commitments. Emails were noted to be useful when in contact with carers who are overseas.

Delegates also shared that virtual calls have been used during care planning meetings to allow direct input from carers. This can also be used to incorporate community teams where appropriate.

One delegate inquired how teams know whether carers want to be contacted by the mental health team, and how to get lines of communication up and running. It was discussed that a good starting point is getting in touch with identified carers and asking if there is any support they need and if they want to be contacted. It was recommended to implement a standard practice of reaching out and then building relationships from there if wanted by the carer.

Are teams actively asking patients whether there is a carer they would like to be involved in their care and treatment?

This is standard practice in HMP Liverpool to ask during the initial mental health assessment and is routinely asked throughout contact with each patient. Delegates from TEWV shared that this is asked within TEWV prisons during the initial secondary mental health assessment, and consent is discussed as part of a patient's three-part plan care plan.

Thank you from the QNPMHS team!

A special thank you to all the excellent speakers for sharing their good practice and expertise, and to our delegates for their engagement and attendance. Finally, thank you to the QNPMHS team who organised the event. We hope the webinar provided valuable insights for teams to start or continue to improve carer engagement and involvement.

Feedback from delegates:

What ideas and/or learning have you taken from this event?

Thinking about own service and how we can reach carers more consistently.

What did you enjoy most about the event?

It was to the point and delivered well.