

TPCO054 Family and Friend Carers (Carers) and Confidentiality Policy

1 PURPOSE OF THE POLICY

Family and friend carers (carers) play an important role in many service users' lives. Their knowledge and expertise represent an enormous resource for statutory sector mental health services. Sussex Partnership NHS Foundation Trust (the Trust) is committed to the key standards in the Carers Trust Triangle of Care model for carer inclusion and support and this involves a specific commitment to developing policy and practice protocols regarding confidentiality and sharing information.

Staff members can struggle to balance the needs of carers with the right to confidentiality of service users. This guidance gives general advice about sharing information – the ideal information sharing strategy however is one that is designed with and tailored to all the individuals involved in a specific situation– the service user, carer and staff.

2 IMPORTANCE OF SHARING INFORMATION WITH CARERS

Sharing information may be difficult but done well it can improve outcomes for both service users and carers. These three aspects should underpin all our work in this area:

1. It does not breach confidentiality to simply talk or listen to a carer.
 2. It is important to remember that what a carer tells you is also confidential and should not be shared with the service user without explicit consent.
 3. It is not a breach of confidentiality to discuss an issue that the carer already knows about.
- The carer is often the person who knows the service user best. They may have regular contact over many years, often with on-going responsibility for all aspects of the service user's welfare.
 - The carer is often the only constant support in a service user's life, as friends lose touch and professionals move away. Many service users experience regular and sudden changes in the professional team caring for them. This can make the building of trusting relationships difficult and important information about the service user may be lost if the carer is not included in regular discussions.
 - The changing nature of mental illness can cause sudden crises, often out of hours, to which the carer may have to respond. This can be very stressful as immediate and professional support is not always available. However, if the carer has knowledge and understanding of the crisis plan, they can often persuade the service user to follow it, for example by agreeing to contact their key worker or by taking the recommended medication.
 - The wellbeing of the carer can be greatly improved if they are encouraged to feel part of a supportive team, with ready access to up-to-date information. Without this, the carer may feel unable to continue giving the practical and emotional support that is so important to the service user
 - If carers are excluded from important discussions and decisions involving the service user, this can have serious practical, financial and personal consequences for both the carer and the service user. Not being involved increases feelings of isolation, grief and loss which are common to many carers.

3 TRUST EXPECTATIONS

- Listen without bias or prejudice and take what carers say seriously
- Recognise carers as partners who have relevant and important knowledge about the person for whom they care
- Ask carer's opinion – which will be respected and valued and where requested by the carer, kept confidential, unless carer is happy for their opinion to be shared with the service user and others involved in their care or if there is a risk of harm to self or others.
- Give carers the choice on whether they wish to take on, or continue with, the role of carer.
- Support staff to understand the distress and anxiety that caring can cause and how to provide carers with help to cope with this.
- Inform carers about how the information they provide would be used.
- Inform carer that the person they care for is safe.

4 RECORDING

Information sharing and expectations should be the subject of discussions as soon as possible and before information is shared. Use the documentation provided to record decisions about information sharing. Records should be clear and specific about what to share, what to withhold and with whom (within our services & other partner services). Review consent to share either at care plan reviews or when there are changes in service user's mental health or circumstances, e.g. inpatient admissions & discharge.

5 CONTACT

It is important that this information makes sense to you in your role. Please feel free to ask if you still have questions

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