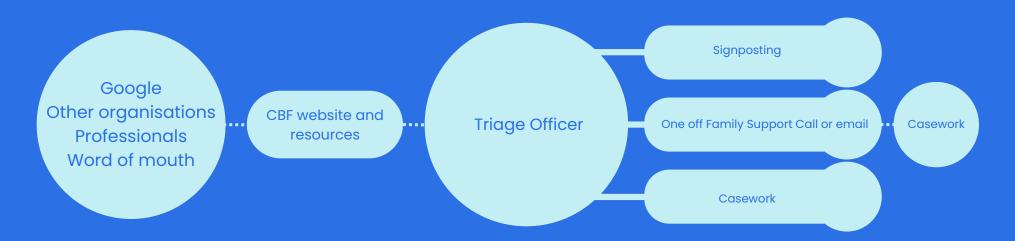
'Well informed and non-judgemental' Supporting families the CBF way



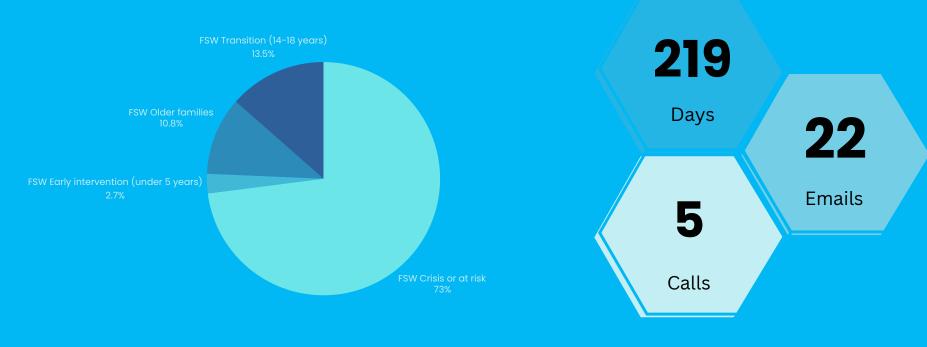
Pathway to support...



Primary issue

Average Case

What families ask us about...



Why we make a difference...

The Triage Officer provides a listening ear for family carers to share their story uninterrupted.

We prioritise those with safeguarding concerns (even if they are not our group) and those with upcoming meetings or deadlines.

Families are signposted to the most appropriate organisation for them if we are not the right charity to support them, this is followed up with an email containing links to the organisations suggested during the call.

Family Carers of people with severe learning disabilities are always offered a call with a caseworker if they would like one, usually within 7 days. Calls are not time restricted and can focus on multiple issues to allow the family carer to discuss everything they want to discuss.

The intensity of support offered aims to meet the needs of the individual family carer. We aim to do what works for the family not the CBF. This may be a one off call and follow up email explaining the steps to take to address the difficulties they are facing.

Casework is a series of calls offering more intense support. Family carers will always speak to the same caseworker which builds rapport and trust quickly.

Casework support includes drafting letters, attending meetings, facilitating communication, making referrals to the CBF legal panel, and regular check-in calls with the allocated caseworker.

We are solution focussed and use our experience to plan how to address an issue with a family, however they are free to follow their own pathway if they choose to.

Capacity Issues

Families are often concerned about the lack of activities that their relative is taking part in and that they are not leading a fulfilling and meaningful life.

This can be because those supporting them are interpreting the person's reluctance to engage as a choice that they are making rather than a difficulty they are experiencing and need support to achieve.

The majority of family carers report that their relative lacks the capacity to decide whether or not to engage with activities and /or access the community.

This means that those supporting the person and their loved ones should make a best interests decision and encourage the person to take part in activities if this is in their best interests eg to promote physical and mental health.

At the CBF we help families to understand and use the Mental Capacity Act (MCA) to challenge claims that the person is making a choice. This may include a requesting a capacity assessment around this particular decision. It is hoped that staff will become better informed about the MCA and agree that it is in the person's best interests to be encouraged to take part in activities even if this takes time and they are reluctant at first.

Poor practice and Trust

Families are often expected to trust strangers to care for their loved one and meet their needs, especially in the early days of a care package. Due to past experiences this can be extremely difficult, especially when practice does not promote trust.

Families calling the CBF have experienced:

• staff not answering the door when they

- staff not answering the door when they visitstaff helping themselves to their loved ones food
- staff washing their clothes in their loved one's washing machine
 staff not listening to how their relative liked things to be done and
- staff not listening to how their relative liked things to be done and just doing what they do in their own home
- staff leaving the back door open when taking the person out on more than one occasion!
- staff not allowing family members to look in the fridge or access certain parts of the person's home

We support families to address these issues early on, recognising that practice that prevents trust building is not always intentional and when staff understand why something is wrong or affecting trust, they are often keen to learn from their mistake.

Communication Breakdown

Often the root cause isn't because staff don't care; they may be busy and focussed on supporting the person. Equally families aren't trying to ask questions at the most inconvenient time – it just so happens that their first free moment in the day coincides with staff handover in the service.

Agreeing what and when to communicate is a good first step. The Family Support Team suggest thinking about three levels of priority for communication:

Things I would like to be informed of immediately
admission to hospital, ambulance needing to be called, a safeguarding concern or

• Things I would like to be informed of as soon as possible incident of challenging behaviour, damage to property or suspected illness

Things that I would like to be informed of during our planned daily/weekly

communicationfood diary, staff changes or changes to planned activities

Of course, these examples are suggestions only, and priorities will differ depending on the individual. The planned daily or weekly catch up is key, however the timing of this may need to be negotiated to ensure it works for everyone and so time can be taken to properly talk. The spirit of this approach is to work out what works best for everyone involved to ultimately improve the quality of life of the person being cared for through good communication.