

The Triangle of Care

**Carers Included: A Guide to Best Practice
in Mental Health Care in Scotland**



Acknowledgements

The creation of the Triangle of Care has taken many years and involved many people.

It celebrates a developing awareness of carers' needs and demonstrates that in different parts of the UK those people who work with and on behalf of carers are creating excellent resources and better outcomes.

The original impetus to identify ways of 'improving engagement between professionals and carers' grew from a training programme created by carers in Devon. Similar initiatives grew in other places. The work of Lu Duhig in Avon and Wiltshire influenced this resource in many ways.

We acknowledge the thought and effort which has gone into creating the best practice examples and are grateful for the generosity of carer champions in responding to requests to make them widely available.

The Triangle of Care guide to best practice in Scotland, has been produced in partnership with agencies throughout Scotland including Scottish Government, NHS Scotland, NHS health boards, local authorities throughout Scotland, Mental Welfare Commission Scotland, Support in Mind Scotland, Scottish Recovery Network and many dedicated Network Partners, carers and professionals. Thank you to all who contributed to this Scottish version.

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Foreword



Carers are vital partners in the provision of mental health and social care services. 1.5 million people care for someone with mental ill health in the UK.

The original Triangle of Care guide was launched in July 2010 to build on existing developments and good practice to include and recognise carers as partners in care. It offered key standards and resources to support mental health service providers to ensure carers are fully included and supported when the person they care for has an acute mental health episode; the inclusion of carers benefits staff, carers and service users alike.

Carers Trust is the largest independent provider of carers support services and we are delighted to be working in partnership with several Scottish health boards as well as many Network Partners and other leading mental health and carer organisations to continue to drive forward the standards of the Triangle of Care. To this end, this guide has been revised to reflect the project development into all areas of the mental health care pathway including specialist services.

With the launch of the formal Triangle of Care membership scheme we hope to build on and develop this project further to ensure that all carers of someone with a mental health issue receive the information, advice and support they require to continue in their roles as expert partners in care.

A handwritten signature in black ink, appearing to read 'Thea Stein', with a horizontal line underneath.

Thea Stein, Chief Executive, Carers Trust

About Carers Trust

Carers Trust is a major new charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with our Network Partners – a unique network of 118 independent carers centres, 63 Crossroads Care schemes and 104 young carers services. Together we are united by a shared vision for carers – to make sure that information, advice and practical support are available to all carers across the UK.

Executive summary

The Triangle of Care is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing.

The key elements to achieving a Triangle of Care

The essence of this guide is to clearly identify the six key elements (standards) required to achieve better collaboration and partnership with carers in the service user and carer's journey through mental health services. For each element we suggest good practice examples and resources that may be helpful.

The six key standards state that:

- 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 and staff is available, with a relevant range of information across the care pathway.**
- 6) A range of carer support services is available.**

In addition to the above, there also needs to be regular assessing and auditing to ensure these six key standards of carer engagement exist and remain in place. A self-assessment audit tool for carer engagement can be found in Appendix 1.

Who is this document for?

This guide is primarily addressed to mental health services, directors, managers, commissioners and staff, and also to inform carers, service users and carer groups. Success in achieving change depends upon staff becoming willing 'champions' for better partnership working and being able to challenge practice that excludes carers. A more inclusive attitude for carers and families should be promoted, where they are listened to and really heard and consulted more closely.

Better recognition that carers are key partners in the planning and provision of mental health care also makes sound economic sense. Both commissioners and providers of mental health services need to recognise that supporting carers through initiatives such as the Triangle of Care is a sound investment in safety, quality and continuity of care at relatively little financial cost. That said, supporting carers should not be used as a means, intentionally or otherwise, to substitute necessary statutory support and responsibilities. Carers support should not be seen as a means to reduce support to service users, or to legitimise inappropriate assumptions from services about how much carers can take on.

Although the terminology and legislation referred to in this guide applies to Scotland the standards and rationale are applicable across the whole of the UK.



Introduction

In July 2010, the Triangle of Care, *Carers Included: A Guide to Best Practice in Acute Mental Health Care* was launched in the Houses of Parliament. A joint production with The Princess Royal Trust for Carers and the National Mental Health Development Unit; the guide received a positive reception from professionals, carers and service users alike.

Carers Trust is a new charity formed by the merger of The Princess Royal Trust for Carers and Crossroads Care. Carers Trust now leads on the Triangle of Care project across the UK, and in Scotland is working with health boards and mental health services to engage, include and support carers in their services.

The Triangle of Care approach is aimed at encouraging partnership working with carers at all levels of care from the individual to overall service planning.

What would help carers and service users?

At a presentation to The Acute Care Programme (now closed) Alan Worthington asked the following questions:



What if? – A carer’s journey through acute care services

(With apologies to Rudyard Kipling.)

When asking for help, what if ...

- both my relative and I had a phone number to call if an acute situation was to develop
- as a carer I could call the staff, tell them the need was urgent and I would get a quick response

- when assessing my relative, the worker(s) talked to me as well, so as to get a clear picture of how to help
- the worker(s) tried to get a good picture of what my son was like when he was well and aspired to help him to return to this.

When treatment is at home, what if ...

- staff gave explanations and offered a choice of options
- treatments were explained and strategies for managing the medication were given
- as a carer I was given the same sort of information, support and coping strategies that are now seen in many inpatient settings and reassurance when my relative became a person I couldn’t recognise.

When an admission was being planned, what if ...

- the service was close enough to easily keep up family support
- the service could offer alternatives to a hospital bed.

On the ward, what if ...

- the staff gave time each day to have good conversation and give support
- the ward provided a warm friendly atmosphere with things of interest to do

- there were groups to explore general life and mental ill health, with opportunities to learn from others and develop companionship
- when I visited the ward I was welcomed as a friend and supporter of the work, and staff accepted that I wished to contribute for my relative's benefit and the benefit of others
- I was offered information about the ward and services
- when the named nurse was not available, there was someone else who was willing to talk to me.

At leave or discharge, what if ...

- I was involved in the planning and we all worked out what to do if, for example if there was a relapse or if the carer became ill
- my relative was given practical help with keeping his medication sorted and help with remembering to take it.

Afterwards, what if ...

- when the episode was over, the services asked for feedback and used it to improve things in the future
- that I knew that my relative would be visited within two days of discharge
- that I knew that his physical and mental health would be reviewed at regular intervals
- if necessary, we would be offered family interventions and talking therapies.

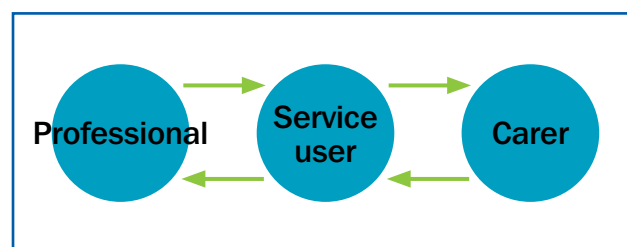
... then our caring duties would diminish to a point when we could look towards our own recovery.

What if your service was responsive enough to be able to answer all of Alan's questions with a yes. Carers Trust and its partners believes the best way to do this is by developing and maintaining the Triangle of Care: a carer engagement approach for mental health services.

The Triangle of Care: a carer engagement approach for mental health services

The Triangle of Care approach was initially developed by carers and staff seeking to improve carer engagement in acute inpatient services. It has now been extended to cover all services within a mental health service whether they be an inpatient, community team or specialist service such as eating disorders or forensic. Carers frequently report that their involvement in care is not adequately recognised and their expert knowledge of the 'well person' is not taken into account.

A disconnected model of involvement like this can lead to carers being excluded at important points.



This leads to gaps in practice which can result in the carer being left on the outside and in failures to share information that may be vital to risk assessment, care planning, and to acting in the best interests of both service user and carer.



Some common problems

“At the time, when my relative joined the service I felt completely lost. Here was a set of new experiences I could not have imagined. I needed to know the ropes, who was there to help and what was going on. I especially needed to believe in the professionals – that they understood my connection to this precious person now in their care. I needed to have confidence they knew how to help him recover and that they saw me as part of that recovery.”

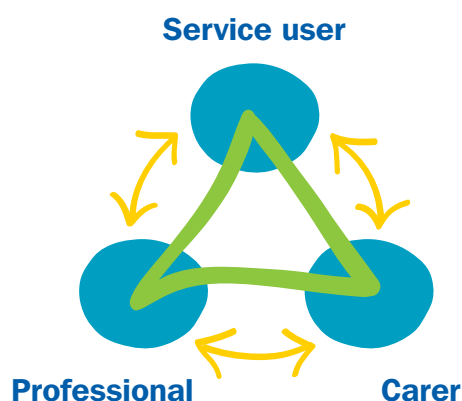
Carer speaking about when the person they care for had their first episode

“At times I try to imagine how different things might have been if the staff had realised how close we had been until the breakdown. If only someone had met me and listened to my part of the events – asked me what help I needed. I do wish they had explained to me what they were doing and warned me when she was discharged. I could have been better prepared and we might still be close friends.”

Carer speaking of a lost relationship

Carers say their wish to be effective is commonly thwarted by failures in communication. At critical points and in specific ways they can be excluded by staff, and requests for helpful information, support and advice are not heard.

The Triangle of Care can be part of the solution.



The concept of a triangle has been proposed by many carers who wish to be thought of as active partners within the care team. It is seen when there is collaboration between the mental health professional, service user and carer. The link between the professional and patient often defines the service, but in most cases the bond between patient and carer has pre-existed.

An effective Triangle of Care will only be complete if there is a willingness by the professional and carer to engage. Most carers recognise that this three-way partnership between service user, carer and clinicians, with all the voices being heard and influencing care treatment decisions, will produce the best chance of recovery. This places an onus on professionals and services to actively encourage this partnership.

Carers wish to be trusted, involved and become more effective. Services may have traditional ways of doing things which create obstacles for carer support. More effective carer engagement will grow from changing attitudes and adopting positive practice. This relationship can be reinforced by putting in place key components which invite carer participation, giving information, support and advice in a considered manner. This approach should involve carers in all stages of the process including assessment, care planning, treatment, referrals and discharge planning, as well as decisions in such areas as aftercare provision, housing, and employment support.

Why is carer engagement so important in mental health services?

Carers are usually the first to be aware of a developing crisis – often at times when professional help has not yet been established or is unavailable. They are often best placed to notice subtle changes in the person for whom they care, and usually the first to notice the early warning signs of a relapse.

Carers want to see a collaborative team approach to care, and be seen as partners in care. They want to be kept involved and informed throughout the assessment, treatment and aftercare planning of the person they care for. This is particularly true in periods of crisis and need for acute care, when carers are understandably extremely concerned about those they care for and want to contribute to ensuring that person gets the best care possible.

Canvassing the views of carers at such times may be key to ensuring that any risk factors they are aware of are properly evaluated and acted upon. It has been a feature of a number of inquiries into serious incidents that failure to communicate with and listen to carers and families has been a significant contributory factor.

Crisis events are often the start of the patient journey and may be pivotal in commencing recovery. Carers need to be kept informed and be seen as part of the treatment team, with information sharing at all stages of care.

Beyond carers' ongoing responsibilities for day-to-day care, service users in the acute phase of their illness require more intensive input and those who may previously have been hospitalised often remain at home and this can have considerable implications for carers. Carers often have the principal responsibility for care when the professionals

are not there, and are commonly faced with providing care to service users who are acutely unwell. Many emphasise the benefits of the person they care for remaining within their home environment, providing that these benefits are fully realised through sufficient support and expertise on the part of the staff team. Intensive not Intrusive (Mental Welfare Commission Scotland, 2012) on standards for Intensive Home Treatment Teams, noted: "An important part of offering intensive home care is the inclusion of carers in the process. Carers told us they generally felt involved and part of the care and forward planning."

Admission to hospital is also a time when carer engagement and support needs to be given special attention. Carers usually remember ward admission as a traumatic and troubling time, often involving conflicting emotions of guilt and relief, particularly if it is an enforced/compulsory admission. Carer involvement is also fundamental to good care planning and informed risk management.

When a service user is discharged to a community team, they are allocated a named worker, such as a Community Psychiatric Nurse or social worker if required and this is an opportunity for services to engage with carers as equal partners. Although many carers see professionals as strangers who enter their homes it does give carers an opportunity to inform them of their experiences of the service users' condition and a chance to find out more of what the future holds. If carers are not included and treated as partners this can have a severe effect on the service user's condition, the carer's confidence in services and the professional's ability to support their client adequately. In addition, inclusion and support of carers can support the recovery approach ensuring the service user has greater chance of achieving recovery.



“I’m left feeling very alone with it all. Because staff are so familiar with mental illness, they lose sight of what it’s like to be a carer dealing with the effects of the condition day after day.”

Carer

“The carer is the most likely person to have useful info that could help recovery, but professionals still see the service user as very separate from the carer, often assuming the person will not want a carer involved.”

**(Chief Executive,
Support in Mind Scotland, 2012)**

Creating the Triangle of Care

The carer quoted above points to some of the common obstacles to good engagement experienced by carers. In the Triangle of Care you will find ways of achieving better collaboration between the mental health clinician/team/ward, service user and carer, based on the six key standards which make up an effective triangle. The rationale for each of these standards is explained and examples of good practice highlighted. Planning to achieve an effective Triangle of Care is based on recognising that the service needs to ensure each element is put in place to create and sustain the engagement required to achieve better outcomes for carers and service users.

In Scotland many acute services (whether inpatient, community, crisis or specialist) are now using some of these elements of best practice for ensuring effective carer engagement. The development of Scottish Recovery Indicator 2 is also being used extensively to evidence carer involvement. The Scottish Recovery Network identified that: “Anecdotal feedback suggests that where services do gather information from family members and carers they have been surprised at how left out and angry some people feel. There is a real sense of frustration amongst carers, both that their needs are not being fully assessed and that they sometimes feel they are denied the opportunity to collaborate and support the recovery process.”

The Mental Health (Care & Treatment) (Scotland) Act 2003, includes respect for carers as one of its guiding principles. This is defined as: “Those who provide care to service users on an informal basis should be afforded respect for their role and experiences, should receive appropriate information and advice, and should have their views and needs taken into account.”

The Triangle of Care approach focuses on improving carer-staff interactions in dealing with episodes of care, wherever they take place on the care pathway. Carers are usually willing to connect with staff and to do what they can to help resolve a crisis or improve the health and care needs of the person they care for.

They often value the professionals temporarily taking over the responsibility from them and giving them space to reflect and get more understanding of how to manage their caring role and how to get support in doing so.

“I experienced a great sense of relief. The professionals had taken over my burden. It felt much safer for James now.”

Carer

“As soon as my son was admitted the psychiatrist met with me and gave me lots of information on the illness, medication and treatment and there was regular contact throughout my son’s time as an inpatient.”

Carer

The key elements to achieving a Triangle of Care

The essence of this approach is to clearly identify the six key standards required to achieve better collaboration and partnership in the service user's and carer's journey through mental health services. For each standard you will find good practice examples and resources that may be helpful.

1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.

- Carers' views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies to support treatment and recovery take shape.

2) Staff are 'carer aware' and trained in carer engagement strategies.

- Staff need to be aware of and welcome the valuable contribution carers can make and be mindful of carers' own needs.
- Staff need knowledge, training and support to become carer aware.

3) Policy and practice protocols re: confidentiality and sharing information, are in place.

To ensure proactive engagement carers need to be part of the care planning and treatment process across the care pathway, that is, for inpatient, home treatment and community, the service should have clear policies and mechanisms and ensure these are routinely used, including:

- Guidelines on confidentiality and for sharing information – a three-way process between service users, carers and professionals.

- Information release forms and protocols.
- Advance statement forms and protocols.

4) Defined post(s) responsible for carers are in place, including:

- Carers lead or champion for all wards and teams irrespective of which service.
- Carers links delegated for each shift/team.

5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway, including:

- An introductory letter from the team or ward explaining the nature of the service provided and who to contact, including out of hours.
- An appointment with a named member of the team to discuss their views and involvement.
- Ward orientation/induction procedure and leaflet.
- Carer information packs.
- Discharge planning and aftercare support.

6) A range of carer support services is available, including:

- Carer support.
- Carer needs assessment.
- Family interventions.

There also needs to be regular assessing and auditing to ensure the six key standards of carer engagement exist and remain in place.

A self-assessment audit tool for carer engagement can be found in Appendix 1.



The rationale behind the key elements

1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.

Staff need to identify the carer(s), that is, the people who are providing significant support. They need to listen to and respect carers' views and ensure this knowledge is recorded and shared within the team providing care. Carers often possess crucial information such as interests of service user and allergies as a result of their close relationship, and often almost constant contact with the service user. Their early involvement will help provide the most accurate assessment on which to plan treatment and assess risk. The carer needs to be part of giving and receiving information and be helped to develop coping strategies vital for successful care and recovery. Staff should be mindful of gender, ethnicity and cultural needs, including religion, which may influence the caring role.

Who are carers?

The term carer is relatively new in health and social care, though the concept of what a carer is or does is more widely understood. Some people who care are relatives, and prefer to use the word relative to describe themselves. Others have close friendships and are caring for people they live with who are not relatives. Some are carers of friends or clients such as tenants. Some do not accept that they are carers or even shun the concept. If someone is involved with and

gives significant support to another person irrespective of whether they live with that person or not, they should be considered to be a carer and be actively engaged by the care team. This applies even if the person being cared for is unable, or even unwilling, to acknowledge the carer's involvement.

Carers can be a mix of relatives including parents, children, siblings, partners or friends. What they have in common is wanting to help the person they care for to be safe and recover. When mental ill health masks the 'well' person's personality, family and friends cherish the memory of the well person and strive for their recovery.

Recognition and respect are major issues for relatives and friends who provide care, and are central to confident care giving.

"It's like being on the outside looking in [being a carer and dealing with services]. Really we are the ones who should be on the inside and professionals should be looking at what we do and learn from how we cope with the person we care for – you never know they might learn something."

Carer

"Early identification can mean that carers are able to continue caring for longer, with better outcomes for them and the person they care for. A key time to identify a carer is when the person they care for is admitted to or discharged from hospital."

(Equal Partners in Care, NHS Education for Scotland, 2013)

All members of the mental health team need to know which carer(s) has taken primary responsibility for caring for an individual. This information needs to be recorded. If the person is a parent with a young family or a young carer themselves, then any pressure on the children in the family needs to be recognised and a referral to young carers services discussed.

Many carers do not realise that as such they have rights to both information and support. Some may, for example, qualify for equipment and financial resources. It is an essential part of a service's responsibility to promote awareness among carers about their rights.

Best practice examples

- **Mental Health Carer Coordinators.** Staff work across acute inpatient admission units and community mental health teams to help identify and support mental health carers. (NHS Lanarkshire).
- **The South Rehabilitation Service, based at Leverdale Hospital,** uses a Behavioural Family Therapy approach to identify and include carers and family members in service development and care and treatment plans. Details of carer involvement are recorded in service plans, and carer awareness training takes place with staff. (NHS Greater Glasgow & Clyde).
- **The Young Carer's Authorisation Card** is used fully within Fife young carers services and is being piloted in several health board areas. This will help workers to identify young carers and involve them in discussions and decisions about the person they care for.

2) Staff are 'carer aware' and trained in carer engagement strategies.

Do all front line staff understand "being in the carer's shoes"?

Caring Together, The Carers Strategy for Scotland (2010), and Getting it Right for Young Carers, The Young Carers Strategy for Scotland (2010) both emphasise the importance of workforce training to ensure staff have a proper understanding and appreciation of the role of carers and young carers.

NHS Carer Information Strategies: Minimum Requirements and Guidance on Implementation (2006) requires that an accountable, key member of staff is identified at local level to have responsibility for design and delivery of carer awareness.

Underpinning the effective delivery of a Triangle of Care is the ability of staff to listen empathetically to the experiences and concerns of carers and discuss with the carer the best ways of dealing with them. All staff need to work to a whole person approach and should have received carer awareness training. Staff need to be aware of the valuable contribution carers can make to the assessment and care of the service user, be mindful of carers' own needs and confident when talking to carers. This does not happen automatically. To help them to meet their obligations, staff need knowledge, training and support. They should be capable of dealing with carers' questions and concerns, and of pointing them towards sources of support where the carer can find further help to meet their needs. It has been shown to be highly effective to have carers taking part in the planning and delivery of training.

Staff who undertake assessment and care planning should have received specific training in how to involve service users and



carers. This is particularly important in home treatment and community situations which are often reliant on the support provided by carers.

Successful long-term outcomes are most likely when staff accept the benefits of carer involvement and collectively promote the concept of a therapeutic triangle formed by themselves, the service user and carer(s). When all three parties work together they create the Triangle of Care most likely to optimise safety, opportunity and recovery for the service user and be most helpful for the carer.

“I wanted to be part of decisions about the treatment plan, but I didn’t know if I could, or if they would think I was interfering.”

Carer

Best practice examples

- **Carer Awareness Training Sessions** delivered to front line NHS workers, designed and delivered with input from carers. (Glasgow Association for Mental Health).
- **Supporting Relatives and Informal Carers** – Top Tips for Mental Health Workers. This series of cards contains advice from carers of people with mental ill health, on involving carers in the patient’s recovery. (Support in Mind Scotland).
- **Scottish Borders Young Carer Strategy.** Joint development whereby young carers are identified and supported and awareness of the needs of young carers is raised by provision of awareness raising training. (Produced in partnership between Scottish Borders Council, NHS Borders and partner agencies).

3) Policy and practice protocols re: confidentiality and sharing information, are in place.

“Put a group of carers in a room and very soon the issue of confidentiality will come into the discussion.”

Carer Support Worker

Confidentiality, though crucial, is often seen as a problem area in creating a Triangle of Care. The therapeutic relationship between worker and service user is based on having confidence or trust that what is said will not be disclosed without their agreement. This agreement needs to be considered in the context that the carer may have key information relevant to safe and effective care planning for the service user. They may also be required to take on roles and responsibilities to achieve the best care plan in the home or once the service user is discharged.

Carers are likely to know the history of the crisis, and have known the ‘well person’. They are aware of what may influence his or her recovery. They should therefore be encouraged to share this information, not only because it will help the clinical assessment and treatment, but also because it gives them a positive role and confidence in the programme. Consideration needs to be given to the fact that a crisis, especially involving the need for compulsory treatment and/or admission may provoke user/carer conflict that may temporarily prevent consent to sharing information.

The Mental Welfare Commission for Scotland's Good Practice Guidance, Carers and Confidentiality (2013) makes reference to the The General Medical Council which states:

“Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care. But appropriate information sharing is essential to the efficient provision of safe, effective care, both for the individual patient and for the wider community of patients. Confidentiality is an important duty, but it is not absolute.”

However The General Medical Council does state, in s66 of its guidance:

“You should not refuse to listen to a patient's partner, carers or others on the basis of confidentiality. Their views or the information they provide might be helpful in your care of the patient.”

Carers say professionals are understandably reluctant to engage with them when the service user has not given consent to share. Staff should be aware that this can lead to a failure to provide general information and can inhibit the carer from sharing valuable information and insights.

With the support of a Carer Support Worker (or other advocate) the carer can be helped to focus on general issues and alternative sources of help.

A suggested example of good practice:

- Discuss with the service user if there is anyone providing significant care. Record and share this as required.
- If a carer is involved, then discussion should establish if the service user has capacity to give or withhold consent to sharing of information.
- If capacity is present the level of information to be shared with the carer should be agreed with the service user. This may be full, partial or no disclosure.
- This decision is recorded. If possible, the service user should sign consent for sharing information with the carer. In Scotland, any person over the age of 16 is presumed to have capacity and to be able to make decisions about their own health care and also about the sharing of personal health information (the Age of Legal Capacity (Scotland) Act 1991).
- If a person over the age of 16 does not have this capacity then the Adults with Incapacity (Scotland) Act 2000 is the law which sets alternatives in place, and mental health professionals will only be bound to share health information if the carer also has appropriate guardianship powers.
- If the service user wishes no disclosure, these wishes must be respected, but staff should regularly revisit this decision. In this scenario, careful consideration is needed on how the carer(s) can still be offered support and general information especially if the carer is to be responsible for ensuring the service user is safe and well at home (Mental Welfare Commission, Scotland, 2013).

(continued)



- It is good practice for any paperwork, including letters, relating to the carer to be stored in a separate section of the service user's notes. This can reduce the risk of disclosure of carer or service user confidences.

It is vital to emphasise that the above applies only to information that is personal to the service user, that is patient identifiable information such as the service user's diagnosis, treatment options and other personal details. Carers can always receive non-confidential information from staff such as information that is already in the public domain about mental health conditions, the workings of the Mental Health (Care & Treatment) (Scotland) Act 2003, and local services available for both carers and service users. Staff can build stronger relationships with carers by offering and sharing non-confidential information, even if sharing of the service user's information may not be appropriate in that situation. Staff should ensure they ascertain what information carers already know, as any information carers are already aware of is not to be treated as confidential.

Similarly, carers have the same rights to confidentiality of information they disclose as service users do. It is vital for staff to understand and respect carers' rights as they would service users'.

Best practice examples

- **Carers and Confidentiality in Mental Health.** A short leaflet for staff working with carers. (Royal College of Psychiatrists and The Princess Royal Trust for Carers).
- **Carers and Confidentiality.** A best practice guide for staff working with carers. (Mental Welfare Commission for Scotland).
- **Carers Information Pack.** A pack with information for carers, families and friends, with a section on confidentiality. (Support in Mind Scotland).
- **Consent to Share Information.** A form for staff to complete with service users to inform staff on what information can be shared. (Avon and Wiltshire Mental Health Partnership NHS Trust).

Under The Mental Health (Care & Treatment) (Scotland) Act 2003, service users have the right to have any Advance Statements taken into account by anyone carrying out duties under the Act. These statements can set out in clear detail the service user's wishes about care and treatment and which carer(s) to contact should they become too unwell to engage in such discussion. Staff should ensure that carers know if such a statement has been prepared, where the statement is held and how to activate it.

Best practice examples

- **Advance Statements.** A guide for staff explaining the purpose of Advance Statements and rules about witnessing them. (NHS Education for Scotland).
- **The New Mental Health Act Guide to Advance Statements.** Information about Advance Statements and sample forms. (Scottish Government).
- **Use of Advance Statements.** Best practice advice to writing and witnessing Advance Statements. (Mental Welfare Commission for Scotland).

Services are now adopting a recovery approach to care. This approach empowers service users and carers through partnership working, knowledge and expertise sharing. The model also promotes shared decision making and the development of joint crisis plans.

Best practice examples

- **Scottish Recovery Indicators 2.** A best practice assessment tool. (Scottish Recovery Network).
- **Finding Out More About WRAP and Self Management.** Introducing the wellness recovery action planning (WRAP) self-management tool. (Scottish Recovery Network).

4) Defined post(s) responsible for carers are in place.

When asked about carers' issues, some services claim: "All the staff do it!" While it is fundamentally important that all staff should be competent in working with carers, this work needs to be coordinated, managed and led.

Ward and community team carer links/leads/champions should be appointed. In conjunction with team managers they then have the task of promoting carer engagement and overseeing the relationship with carers. They make sure that necessary measures are in place and operate effectively. Careful thought about carers' issues suggests that this work is made up of a number of disparate parts, most of which may not require great effort but are all necessary and depend on coordination. If one or two designated team members always have them in mind, they are more likely to receive the required attention. Likewise, these arrangements must be monitored to ensure that carers leads do not become a 'dumping ground' for carer work – rather that they help coordinate whole-team attention on carers' issues.

Designated carer leads will also promote good practice among colleagues, that is, making sure that staff know of any carer involvement in each service user's care plan and are aware of new carers needing orientation to the service or the ward. They can also be the contact between individual carers and staff at meetings and reviews, can promote carer resources within the community, and liaise with carer support organisations. Wards that have appointed a carers lead say there is quickly an improved relationship between staff and carers.

"Jasmine, my daughter's named nurse was never on the same shift as my visits. The other nurses would have a few words but it wasn't the same as talking to Jasmine."

Carer



Carers often find it difficult to monitor their relative's or friend's progress or to impart information due to the shift system on wards or community teams' busy schedules. In addition to the carer lead, teams can appoint a member of staff to act as a carer link for each shift/team. This person would provide additional continuity in receiving and sharing information – and be a clear point of contact.

Best practice examples

- **Carer Support Worker in community mental health team.** Carers of East Lothian has a dedicated carer support worker within the team to identify and support carers and the team.
- **Equal Partners in Care.** An online training and information portal for staff working within the NHS and other agencies. (NHS Education for Scotland).

5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.

Best practice examples

- **Carer Support Volunteer Pilot Model.** A pilot project using volunteers to meet and greet carers on their first visit to a ward. (Norfolk and Suffolk NHS Foundation Trust).
- **Family Rooms currently provided by many health boards in Scotland.** An initiative to provide a space for young carers visiting a ward.

An introductory letter

When a person enters mental health services, whether as a result of crisis or through outpatient assessment, their carer is likely to be anxious about what lies ahead and be concerned for the person they care for. Carers can at this time be exhausted and fragile, and may not be in their most receptive state to receive and retain information. Many carers find their first meeting with the community or crisis team or visit to the ward an ordeal which may often have been compounded by a series of distressing events prior to seeking help. An introductory letter from the named nurse or care coordinator can help provide reassurance and give the carer much needed basic information such as the names and contact details of key staff and other local sources of advice and support.

Best practice example

- **Carer's Initial Introductory Letter.** (Carers of East Lothian and NHS Lothian).

An appointment with a named member of the staff team

The letter should also offer an early appointment where the carer can share concerns and family history. Good care planning and effective risk management can best be achieved with early carer involvement. A formal appointment should be set up between a carer and member of staff to give the latter a chance to listen to the carer's story and concerns, and take a good history. The meeting will also give the carer the chance to ask questions of personal concern in more detail.

Best practice example

- **Initial Family Liaison Meeting.** A process whereby carers are offered an initial meeting. (Somerset Partnership NHS Foundation Trust).

Ward orientation/carer induction

Admission to a psychiatric ward is often a daunting experience for both service user and carer – especially on acute wards where staff are managing a range of people with difficult or disturbed behaviour. Some carers and families feel a sense of failure when someone they care for is admitted.

“I couldn’t manage and feel responsible for calling in the crash team and for the section. It was horrible!”

Carer

Many carers argue that admission procedures need to be more carer friendly, with recognition of the value of carer input and respect for their opinions. On arrival, a carer accompanying a service user at time of admission should be met, greeted and shown to an appropriate private area where they can discuss any pressing matters of concern in confidence and be offered refreshments.

National guidance and best practice recommends that carers should be given an explanatory leaflet or similar document focusing on immediate matters, as part of the admission process. Carers should be given this leaflet, which provides basic information about the ward, at the time of admission or as soon as possible afterwards. This may include what practical items the service user will need in hospital, visiting arrangements and facilities for seeing visitors in private, an explanation of any ward procedures such as locked doors, protective times during the day,

rules regarding prohibited items, arrangements regarding smoking and mobile phones and safety procedures. Information needs to be given about the roles of involved staff members and how and when they can be contacted.

Some excellent ward leaflets have been produced by staff in collaboration with service users and carers. These leaflets often describe the layout of the building, its facilities and services and basic information about the ward routines. Some wards produce both a leaflet for service users and one for carers, relatives and friends. Although some information will be common to both leaflets, this approach recognises that the needs of service users and carers are different and they should be offered different solutions.

Best practice examples

- **Carers and Family Centre, The State Hospital, Carstairs.** A dedicated space within the hospital for carers and families to use where they can find out about State Hospital and get other information as required.
- **Ward 25, Monklands Hospital.** Carers contacted and offered an appointment with staff within 72 hours of patient admission. (NHS Lanarkshire).
- **Getting to Know You.** A process whereby carers are offered a meeting within 72 hours. (Northumberland, Tyne and Wear NHS Foundation Trust).

Staff may think a carer is ‘angry’ or ‘hostile’ but this may be an indication that the carer is particularly stressed or concerned and needs additional support.



“The staff complained about Jan’s husband. Whenever he visited, it was mid-evening with few staff on duty. He was intimidating, aggressive, loud and impatient. I investigated and discovered that the man was going home after a long day shift, feeding the children and organising the home before visiting his wife. After he had told his story and I had shared it with the team, future encounters were much better.”

Modern matron

Carer information packs

A more in-depth carer information pack should be provided, either as part of an initial care plan or as support to the principal carer of a service user. This should give carers and families the information needed to understand mental ill health conditions, the likely consequences, what the carer and family can do to help, their rights as carers and the services and support locally available to them and the person they care for.

Carers often begin their journey of caring for someone with mental ill health with very limited or inaccurate knowledge of what the illness might mean both for the person they care for and for them as carers. They can be unaware of what resources they may need and where to find them and as result can feel confused, anxious and depressed themselves.

Mental health staff can provide informal verbal support and information, but the provision of a designated information pack helps reinforce the central importance of the carer’s role to both carer and staff. It formalises the extent of the knowledge and skill required from the carer and acknowledges the need for support.

Services should have a clear carer care pathway where services check that carers have received this information irrespective of how long they have been a carer or whether they are dealing with a specialist service, inpatient or community team.

Caring Together, The Carers Strategy for Scotland (2010) and Getting it Right for Young Carers (2010), states that: “It is necessary to maintain a focus on the provision of timely, accurate and good quality information and advice not only when someone is new to caring but also whenever information and advice is needed.”

This may be particularly important for carers from black, Asian and minority ethnic (BAME) communities. Steps should be taken to ensure that the cultural and language needs of families or other carers are taken into account in preparing how best to provide carer information.

Although some carer organisations and condition specific charities have produced carer information packs for BAME communities, their distribution is variable.

The ideal pack should be clearly written, well presented and capable of being updated at regular intervals. It should provide local and general sources of support and will need to be flexible and adaptable – broadly for each mental health diagnosis. The carer might want or need to refer to information at any time. It is recommended that staff automatically give all new carers a pack and check with all carers that they have this information.

“The information packs were really useful because I could have a quiet read when I was ready. I could re-read things which were difficult. I keep the pack in an obvious place and it is reassuring to know that there are lots of contacts when I need them.”

Carer

Managing information resources is a challenge to mental health services. Resources need to be up to date, provided in a timely way and used, rather than languishing on some forgotten shelf in the office. These duties are more likely to be done well if they are one staff member's responsibility. It will help to be clear whether the responsibility for commissioning, storing and issuing the packs lies with a carers lead. Whoever has responsibility, all staff must ensure they know where supplies are and offer/check all carers have or need this information.

Best practice examples

- **Carers Information Pack.** Supported pack for carers, hospital and community. (NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council).
- **Adult Ward Carers Booklet.** An overview of information that a carer may need to know if the person they care for is admitted to hospital. (Somerset Partnership NHS Foundation Trust).
- **Carers Information Pack.** Comprehensive information sheets for carers. (Support in Mind Scotland).
- **Carer Information Leaflet.** Online and print information leaflet in all NHS settings. (NHS Dumfries and Galloway).
- **Carers Handbook.** A comprehensive guide for carers. (South London and Maudsley NHS Foundation Trust).

Discharge planning and aftercare support

Planning for discharge should be an integral part of the care pathway and carers are an integral part of this process, with goals and,

where possible, timelines in mind when the care plan is developed. Aftercare engagement and support must be included in this planning, for the service user's journey to recovery to continue effectively. Coordination between the relevant community teams, families and carers and the service user themselves needs to be established before discharge, and the service user needs to know what support is available and how to access it.

Best practice example

- **Discharge Planning.** A practical guide to including carers in the discharge process. (NHS Lothian).

6) A range of carer support services is available.

Carer support

Mental illness can cause a rift between the service user and those who are closest to them – if only for a short time. This separation, particularly if it comes because an individual has been detained under The Mental Health (Care & Treatment) (Scotland) Act (2003), can produce anger and frustration from the service user.

The carer can often be the butt of hostile feelings at the same time as they are having to deal with their own thoughts and feelings of confusion, anger, guilt and sadness.

All health and social care services should have a carer support service in place, including access to carer advocacy services. Support services may be provided by either the health boards or the local authority social services, or jointly.



There are a variety of models of carer support work, including posts that work across home treatment, inpatient settings and community teams.

Some services have a dedicated worker(s) for the adult mental health service overall or a designated link to specific wards. Some supplement this with provision of independent advocacy services, usually managed by local voluntary organisations. All carers should be offered referral to the carer support service. Some may decline for good reasons at that point but their decision should be revisited from time to time.

Carer support posts, or ward or team staff with designated carer responsibilities, should ensure opportunities exist for families and other carers to meet through educational or peer support forums. They may hold carer support meetings which provide the opportunity for mutual support between carers. Staff can find it challenging to run a carers meeting on an inpatient unit. The rate of service user turnover may mean that a carer may be only able to attend one or two meetings. Work or family commitments and staff shift patterns can also limit carers' opportunities to be available at designated times.

Useful work can be undertaken with families or other carers to develop strategies to deal with challenging or difficult situations they may experience in their role as carers. Carer support groups that cover both inpatient and home treatment carers may provide better opportunities to provide ongoing support and reassurance.

While carer group support meetings are much valued, provision for one-to-one support for individuals is also needed. Most carers are likely to have specific and confidential issues which they need to discuss. This can prove difficult if they are part of a group.

Some services use an appointment system to organise one-to-one support for carers, especially those new to the service/ward. Having someone to talk to who is well versed in carer issues is an effective way of addressing the trauma of being a carer of someone who has become acutely ill. Carer Support Workers or carer advocates may helpfully attend ward round or review meetings when carers are in attendance and need support.

“I valued the one-to-one with the worker but best of all was meeting and listening to other carers. I learned so much from the old hands. One said things like: ‘You are trying too hard, back off a bit, your relative will come back when they are ready’. She meant that eventually the love will come back and I know now this was right. At the time it gave me hope.”

Carer

Best practice examples

- **Carers' Hub – www.carershub.org.** Commissioning guidance to ensure carers receive the support and recognition they deserve. (Carers Trust).
- **Carers Trust Scotland's Network Partners** provide services throughout Scotland to support and advise carers on a range of issues.
- **Young carer services.** A mix of organisations providing young carer services either in groups or individually to young carers across Scotland. (Scottish Young Carer Services Alliance).

An assessment of a carer's own needs

If the carer provides a lot of care and support to the service user, then the carer is entitled by law to a carer's assessment (Social Work (Scotland) Act 1968, as amended by the Community Care and Health (Scotland) Act, 2002). Young carers under 16 have the same rights to an assessment. They are an important component of carer support in the community.

The purpose is to ensure carers' own needs are recognised, are being met, and that they are aware of their rights to support, and financial and other help in carrying out their carer responsibilities. Carers' needs assessments are the responsibility of the specific local authority. Some are carried out by Care Coordinators, some by Carer Support Workers and some services delegate the responsibility to funded posts, using protocols agreed by social services.

Carer Support Workers confirm that many carers decline the referral for assessment because they are reluctant to discuss their own needs. However, ensuring that the carer's own needs are identified is not just in the carer's interests but in the interest of the service user and the service as a whole. It is essential that every effort is made to ensure carers receive all the support they are entitled to, given that they will often have the primary responsibility for assisting the service user once they have left hospital or when they are not receiving formal support. Staff should confirm that the carer is aware of the right to an assessment, and, if necessary, refer them.

Carers should benefit from the dialogue involved in the process. It is rarely sufficient to carry out a carer's needs assessment in a one-off interview. This may be the first occasion when the carer's interests have been addressed and their primary need may be to off-load and explore better care for the

person they care for, rather than their own needs. As rapport and confidence in the process develop there will be a more meaningful exchange of information and insights. As individual needs are met during the assessment process, carer confidence should increase.

Best practice examples

- **Glasgow City Council** has developed self-assessment for carers in partnership with a wide range of statutory and voluntary agencies.
- **Edinburgh City Council** has developed a new carers' assessment tool based on effective partnership working between the statutory and voluntary sectors. The tool is outcomes focused and meets the national minimum information standards.

Family work in acute care

Traditionally, adult mental health services have focused primarily on the individual. In the past, they have not offered a broad range of treatments, such as talking treatments or support for the family. There is a long established and strong evidence base for the effectiveness of family work, but more needs to be done to develop family work in adult mental health services.

Family work requires skill and capacity and is usually carried out in non-acute community settings by staff with specific training. There are difficulties in delivering family work on the wards. Shorter lengths of stay may make continuity difficult; service users are often extremely unwell and so may be less able to be involved. Carers may wish to have respite from confronting recent painful experiences and so be unwilling to participate.



Best practice examples

- **Cognitive Stimulation Therapy for Carers.** Carried out by occupational therapists to help carers and family members deal with living with someone with dementia. (NHS Highland).
- **Behavioural Family Therapy.** Offered to people supporting someone with complex mental health needs. (NHS Dumfries and Galloway).
- **Family Liaison Workers.** Occupational therapy initiative to work with families affected by dementia. (NHS Dumfries and Galloway).

Regular assessments and audits must be undertaken to ensure the six key standards of carer engagement are in and remain in place

The Triangle of Care approach has been developed from the experience of scores of carers who say that too often some or all of the key standards are not in place, and from the good practice of those services striving to create an effective partnership with carers.

Reviewing current practice and benchmarking where you are

The first stage for a local mental health service wishing to review its practice is to take stock of the current situation and to develop a plan to put all the required standards in place. This exercise should be undertaken with local carers (and service users) to benchmark and identify any areas that carers regularly report as problematic, and to get their ideas on what is most needed. To help, we have included a simple self-assessment benchmarking checklist that uses the Red, Amber, Green analysis tool (see Appendix 1).

Regular auditing

The second stage is to regularly re-assess to ensure that the six key standards are in place and are working well. Only by a system of regular feedback from carers themselves will services be able to know how well they are operating a Triangle of Care approach. It is important to look across the entire care pathway to get a clear overview of the whole process and any weak spots. Feedback should be gathered both after an acute episode, and separately, to gain understanding of the carer's overall or global satisfaction.

Best practice examples

Episode:

- **Young Carers Authorisation Card.** A card provided, with the approval of the person being cared for, to a young carer to help them identify themselves to services. (Scottish Government scheme being piloted in areas across Scotland).
- **Scottish Recovery Indicator 2 (SRI 2).** Audit tool for services to identify a range of good practices in recovery focused mental health. (Scottish Recovery Network).
- **Emotional Touch Points.** Used to gather feedback from carers and service users on service provision. (NHS Dumfries and Galloway, NHS Greater Glasgow and Clyde).

Best practice examples

Global:

- **Carer's Checklist.** A review of components of engagement. (Avon and Wiltshire Mental Health Partnership NHS Trust).
- **Community Team Carer Checklist.** A checklist for community teams on working with carers. (South West London and St George's NHS Trust).
- **Carer Questionnaire Letter.** A letter inviting carers to give feedback on their experiences of people with dementia who have been admitted to a general hospital. (Tees, Esk and Wear Valleys NHS Foundation Trust).

Triangle of Care membership scheme

Since the launch of Triangle of Care in 2010 the guide has developed into a project working with over three quarters of the trusts offering mental health services in England and now work has begun with health boards and partner agencies across Scotland. The project supports mental health service providers to work to achieve the six standards of the Triangle of Care through closer working with partner agencies and local carer services.

In October 2012, Carers Trust launched a formal membership scheme enabling mental health trusts/health boards that are working on completing the self-assessment tool across their organisations to achieve recognition of this. More information on the membership scheme can be found at <http://professionals.carers.org/health/articles/triangle-of-care,6802,PR.html>.

Closing comments

Better engagement by mental health services with service users and carers as active partners is a necessary underpinning of more effective planning and delivery of mental health care.

Creating the Triangle of Care will help ensure the What if? challenge posed in the Introduction is being responded to positively. The implementation of the six key standards will mean carers feel the contribution they can make is adequately recognised and their expert knowledge is properly taken into account.

Carers provide an enormous amount of care in the community for people with mental ill health. The ongoing development of home based care at times of acute illness is further evidence of the need to give considerable attention to the views and needs of carers. The shift of care from hospital to home can mean much greater reliance on carers, with a consequent impact on their lives and a greater need for engagement and support.

Developing the Triangle of Care model may require some investment in staff training and practical support for carers. Benefits can most importantly include better quality care outcomes, but also more cost effective service delivery through decreased admission rates and reduced length of stay.

Having a Triangle of Care in place will ensure the views of carers in formulating care plans and policy is translated into their inclusion at all levels of the process and their often crucial role is supported through practical means.

Services for carers

In the majority of locations in Scotland, services for carers are provided by dedicated carer centres/services, and other voluntary agencies and sometimes these also manage Carers Support Workers. The Scottish Young Carers Services Alliance also operates throughout Scotland to work with young carers. All front line staff should make themselves aware of their local carer support provision and other services.



Appendix 1: Triangle of Care self-assessment tool

Tips and guidance for staff completing the self-assessment tool

The Triangle of Care self-assessment tool enables mental health providers to assess their services on a ward by ward or team by team basis. In Scotland, it is envisaged that the Triangle of Care self-assessment tool will be used in conjunction with SRI 2. This area is on the assessment criteria, “Routinely involve informal carers” part of SRI 2.

The tool is easy to use and involves a simple traffic light system for assessing service delivery.

Guidance notes have been developed as a result of feedback from members of the Triangle of Care Steering Group who have begun to assess their services.

General guidance

- **Consistency** – although individual units and teams can complete the self-assessment; it is recommended that all teams complete the tool at the same time as a coordinated exercise. Ideally, completed self-assessments are sent to an independent person (ward manager or carer lead) to review. The review should check the ratings and action points are consistent. This will also enable identification of common issues across teams, identify good practice and share this across the organisation.
- **Honesty and candor** – adopting this principle will benefit the organisation or team when completing the self-assessment. Staff who have completed the tool previously have found it a more positive experience to adopt a warts-and-all approach. This enables teams to see what they are doing well and be able to action plan more clearly for areas that require improvement. No team or ward is expected to be perfect and some deficits are to be expected. It is crucial to convey to teams that these deficits will not be punished and it is recommended that a league table system is not adopted.
- **Traffic light ratings** – there is an expectation that when awarding a green traffic light the team should have over 80% success rate. An amber traffic light requires 50% or over.
 - For example: **criteria 1.1 identifying the carer routinely**; this should be occurring with 80% or more of carers.
 - Another example is **criteria 2.1 staff have received carer awareness training**; this should be when 80% of staff have either received the training or are booked on to it and when the training is up to date and relevant. Crucially this 80% must include the most senior staff on the ward/team including psychiatrists.
- **Clarity** – to ensure accuracy it is advised that figures used are evidenced, for example checked against training records.

- **The By whom Section of the form** – this section should include the name of the person completing the form; if this is not a senior member of staff then they must counter-sign. It may also be beneficial to include the name of the person who will be responsible for this area as this gives the whole team responsibility for the project.

Specific guidance

There have been requests for clarity on specific points on the tool; therefore the following have been identified for expansion.

Criteria 2.3 – Training is delivered by carer trainers.

It is vital that carers are part of the training team, if carers are not consistently delivering training this cannot be marked green. Joint work with a local carers service will ensure carer involvement.

Standard 3 – Policy and practice protocols re: confidentiality and sharing information, are in place.

It is more likely that a community mental health team will be responsible for completing Advance Statements/information sharing agreements. However, an inpatient unit, crisis team or home treatment team should have a clear protocol in place to ensure that this agreement is available to them if a service user enters their service. Ideally, each inpatient team, crisis team or home treatment team should have a protocol and an existing Advance Statement and revisit or update it. However, if admission to the ward is the first contact the service user has had with mental health services then it is the responsibility of that team to ensure an agreement is signed by the service user.

Standard 4 – Defined post(s) responsible for carers are in place.

Any carer champion or carer link worker post must be a live role and not exist in name only. To clarify, the role should have a written outline, training on how the post should be fulfilled which should have been delivered and a senior member of staff responsible for the development of the role identified.

Criteria 5.1 – The crisis team and home treatment team provide the carer with an introductory letter which explains the service and points of contact.

A clear communication protocol should be in place between the ward, crisis service, home treatment teams and community mental health team to ensure that this is provided to the carer.

Criteria 6.4 – A new carer is automatically offered a carer’s needs assessment and support plan.

If offering and providing carers’ needs assessments is not an organisational responsibility, there is a need to demonstrate that referrals are being made.

Finally ...

Once completed, the self-assessment tool should be reviewed with the entire team it refers to. From this point an action plan should be developed demonstrating how improvements will be made and a set timeframe for this action plan put in place. At the end of this time the self-assessment tool should be completed again to assess how and where improvements have been made.



Triangle of Care Self-assessment Tool

This tool is suitable for all services however there may be words and phrases that are not used in your specific service. If so, you will need to adapt the tool to meet your organisation's needs.

This tool uses the Red Amber Green system to assess the current situation for each point.

Standard 1 – Carers and their essential role are identified at first contact or as soon as possible afterwards

	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
1.1	The carer is routinely identified with the service user when carrying out an assessment							
1.2	Special circumstances of carer are recorded, for example: <ul style="list-style-type: none"> • Parent of young family • Single parent • Caring for parents • Young carer • Carer with mental ill health • Friend • Partner • Relative • BAME carer 							

(continued)

Standard 1 – (continued)

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
1.3	Carer views and knowledge sought throughout the assessment and treatment process								
1.4	Consent of service user routinely obtained and recorded re: carer involvement								
1.5	Carer is regularly updated and involved re: care plans and treatment								
1.6	Treatments and strategies for medication management are explained to the carer								
1.7	Carer has access to advice re: advocacy, equipment and welfare rights								



Standard 2 – Staff are carer aware and trained in carer engagement strategies

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
2.1	All staff have received carer awareness training								
2.2	The training includes: <ul style="list-style-type: none"> • Awareness of care needs • Carer expectations re: assessment, treatment and support • Dealing with carer queries and concerns • Advising on sources of help • Advising on treatments, strategies and medicine management • How to involve and engage with carers and service users 								
2.3	Training is delivered by carer trainers, ideally from local carer services, or carers are part of the training delivery team								

Standard 3 – Policy and practice protocols re: confidentiality and sharing information, are in place

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
3.1	Service user consent is sought to share confidential information with the carer								
3.2	Agreement is reached with service user about the level of information which can be shared with the carer								
3.3	If service user wishes no disclosure, staff regularly revisit this decision with the service user								
3.4	Carer is offered support and general information when the service user wishes no disclosure								
3.5	Carer is encouraged to share information re: service user to inform the assessment and treatment								
3.6	Carer's care plan, notes and letters are kept in a separate section of the service user's notes/on IT systems								

(continued)



Standard 3 – (continued)

3.7	Advance Statements or directives are routinely used, and a named person is identified and noted										
3.8	A recovery plan is in place										
3.9	Practice guidelines re: information sharing with carers are in use										

Standard 4 – Defined post(s) responsible for carers are in place

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
4.1	A carer lead is identified within the team or on the ward								
4.2	All members of staff are responsible for identifying, involving and supporting carers								
4.3	A carer champion network or peer support forum is in place locally to provide carer support								

Standard 5 – A carer introduction to the service and staff is available, with a relevant range of information across the care pathway

Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
5.1 Upon first contact, the team or ward provides the carer with an introductory letter which explains the service and points of contact (for example, psychiatrist, named nurse and care coordinator's name)								
5.2 An early formal appointment is offered to the carer to hear their story, history and address carer concerns								
5.3 Upon first contact, the ward or team has meeting and greeting protocols in place to reduce carer distress and address concerns								
5.4 Carers are routinely given an information leaflet covering immediate practical matters upon referral to the ward or team								
5.5 Locally developed carer information packs are provided to new carers at first meeting								

(continued)



Standard 5 – (continued)

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
5.6	The cultural and language needs of carers has been addressed in the preparation of the information pack								
5.7	The format of the information pack is flexible and regularly updated								
5.8	A member of ward or team is made responsible for commissioning, storing and issuing the packs								
5.9	Staff from the ward or team offer carers the opportunity to have a conversation and provide support								
5.10	The carer is involved in the discharge planning (either from the ward or if in the community from secondary services) process and is clear about what to do if ...								
5.11	The carer is asked for feedback regarding the service provided as part of service monitoring and improvement								

Standard 6 – A range of carer support is available

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
6.1	A carer support service and/or young carers service, is in place locally with dedicated Carer Support Workers								
6.2	Carer has access to local carer advocacy services								
6.3	Carer has access to one-to-one support when needed								
6.4	A new carer is automatically offered a carer's assessment and support plan								
6.5	The carer's needs and plans are regularly re-assessed								
6.6	Family therapy or talking therapies are offered to carers and family if required								



References

The following good practice examples can be found on the Virtual Ward (a good practice repository) along with a wealth of other good practice examples at www.rcn.org.uk/development/mental_health_virtual_ward/triangle_of_care. Scottish good practice examples will be added to the Virtual Ward at a later date, please see the Additional resources section below for more information.

A Positive Outlook (National Institute for Mental Health in England/Care Services Improvement Partnership)

Adult Ward Carers Booklet (Somerset Partnership NHS Foundation Trust)

Advance Statement (Cheshire and Wirral Partnership NHS Foundation Trust)

Advanced Permission to Share Information (Southern Health NHS Foundation Trust)

Borough Carers Focus Group (Oxleas NHS Foundation Trust)

Carer Champion (Somerset Partnership NHS Foundation Trust)

Carer Lead (Avon and Wiltshire Mental Health Partnership NHS Trust)

Carer Questionnaire Letter (Tees, Esk and Wear Valleys NHS Foundation Trust)

Carer Support Volunteer Pilot Model (Norfolk and Suffolk NHS Foundation Trust)

Carers and Confidentiality in Mental Health (Royal College of Psychiatrists and The Princess Royal Trust for Carers)

Carers and Confidentiality: Law and Good Practice (Graham Machin)

Carers Charter 2013 (Leicestershire Partnership NHS Trust)

Carers Checklist (Avon and Wiltshire Mental Health Partnership NHS Trust)

Carers Handbook (South London and Maudsley NHS Foundation Trust)

Carer's Initial Care Plan Letter (Avon and Wiltshire Mental Health Partnership NHS Trust)

Carers Pack (Avon and Wiltshire Mental Health Partnership NHS Trust)

Carers Pack (Northumberland, Tyne and Wear NHS Foundation Trust)

Carers Participation Group (Somerset Partnership NHS Foundation Trust)

Carers Strategy (Oxleas NHS Foundation Trust)

Carers Survey (Avon and Wiltshire Mental Health Partnership NHS Trust)

Carrying out an Assessment of a Carer's Needs (Avon and Wiltshire Mental Health Partnership NHS Trust)

Common Sense and Confidentiality (Northumberland, Tyne and Wear NHS Foundation Trust)

Community Team Carer Checklist (South West London and St George's NHS Trust)

Confidentiality and Information Sharing with Families and Carers (Somerset Partnership NHS Foundation Trust)

Confidentiality in Mental Health (Suffolk Family Carers)

Consent to Share Information (Avon and Wiltshire Mental Health Partnership NHS Trust)

Crisis Resolution and Home Treatment: The Service User and Carer Experience (National Audit Office)

Developing Family Work in Adult Acute Psychiatric Settings (Northumberland, Tyne and Wear NHS Foundation Trust)

Family Liaison Project (Somerset Partnership NHS Foundation Trust)

Family Rooms Project (Mersey Care NHS Trust)

Getting to Know You (Northumberland, Tyne and Wear NHS Foundation Trust)

Good Practice Checklist for Carers in Community Settings (Avon and Wiltshire Mental Health Partnership NHS Trust)

Information Handbook for Carers (Oxleas NHS Foundation Trust)

Initial Family Liaison Meeting (Somerset Partnership NHS Foundation Trust)

Inpatient Business Card (Somerset Partnership NHS Foundation Trust)

Orange Card (Somerset Partnership NHS Foundation Trust)

Oxleas Borough Carers Focus Group (Oxleas NHS Foundation Trust)

Strategy to Enhance Working Partnerships with Families and Carers (Somerset Partnership NHS Foundation Trust)

Ward Three Carer Leaflet (South West London and St George's NHS Trust)

Working with Carers is Everyone's Business (Avon and Wiltshire Mental Health Partnership NHS Trust)

Zoning (South West London and St George's NHS Trust)



Additional resources

Adults with Incapacity (Scotland) Act 2000 (Scottish Government)
www.scotland.gov.uk

Carer Awareness Work, Glasgow Association for Mental Health
www.gamh.org.uk

Carer Information Pack (Support in Mind Scotland)
www.supportinmindscotland.org.uk

Carers and Confidentiality: a Best Practice Guidance
(Mental Welfare Commission Scotland)
www.mwscot.org.uk

Carers Strategy Scotland and Young Carers Strategy Scotland
www.scotland.gov.uk

Commissioning for carers (Carers Trust)
www.carershub.org

Equal Partners in Care: Learning and Support Resources to Support Staff in Working with Carers (NHS Education for Scotland and Scottish Social Services Council)
www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care.aspx

Home Treatment Accreditation Scheme (Royal College of Psychiatrists)
www.rcpsych.ac.uk/quality/qualityandaccreditation/hometreatmentaccreditation.aspx

Leaving Hospital: A Guide to Discharge Planning for Relatives and Carers (NHS Lothian)
www.nhslothian.scot.nhs.uk

Mental Health Carer Support Worker, Carers of East Lothian
www.coel.org.uk

Principles of Mental Health (Care & Treatment) (Scotland) Act 2003 (Scottish Government)
www.scotland.gov.uk

Scottish Recovery Indicator 2 (SRI 2) (Scottish Recovery Network)
www.sri2.net

Young Carer Strategy: Borders Council
www.scotborders.gov.uk

Young Carers Authorisation Card (Fife Young Carers Service)
www.fifeyoungcarers.co.uk

WRAP, Wellness Recovery Action Planning, Scottish Recovery Network
www.scottishrecovery.net



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