THE TRIANGLE OF CARE

CARERS INCLUDED: A GUIDE TO BEST PRACTICE IN ACUTE MENTAL HEALTH CARE

Service User

Professional

Carer

Contents

Acknowledgements

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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 a mental illness in the UK. That is one in every forty people, or one in four of the UK's six million carers. Carers are increasingly being recognised for their expertise and knowledge, and the fact that they can be essential partners in the treatment and recovery processes. Indeed, caring rarely stops when the person cared for enters acute care services. Carers are often integral to a service user's support system, and their input and support can substantially improve that person's chances of recovery.

This makes it even more important that carers are meaningfully involved in care and support planning, and offered the information and support they need to care safely and effectively. None of us should be forced into the position of offering more care than we would wish, or can safely provide. This is why it is vital for the carer(s) to be identified and agreement reached for continuing involvement.

To this end, the Triangle of Care offers key principles and resources to influence services and other people working with carers to be more effective in involving them within acute care. This will benefit staff, service users and carers themselves. As the largest independent provider of carers support services, the Princess Royal Trust for Carers continues to work tirelessly through our affiliated network, to ensure carers are recognised and offered appropriate support. The Princess Royal Trust for Carers welcomes the production of this essential guide. We look forward to working with the National Mental Health Development Unit and partners to ensure its recommendations form the bedrock of effective carer support and involvement within acute care and related mental health services.

Carole Cochrane, *Chief Executive Officer, The Princes Royal Trust for Carers*

Executive Summary

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

The key elements to achieving a Triangle of Care

The essence of this document is to clearly identify the six key elements required to achieve better collaboration and partnership with carers in the service user and carer's journey through a typical acute episode. For each element we suggest good practice examples and resources that may be helpful.

The six key elements 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 acute 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 elements 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 document is primarily addressed to acute services, inpatient and crisis resolution home treatment (CRHT) staff and their managers, 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 acute care also makes sound economic sense. Both commissioners and providers of acute care 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. This 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.

Documents and Best Practice examples cited in this booklet

All the documents cited in this booklet are listed in the References section and can be located by name on the Acute Care Programme website – *www.acutecareprogramme.org.uk*. You can also search using the tag *triangle of care*. You will find the tag cloud under the Our Work section on the website. Alternatively, copy the link in this booklet's reference section into your browser.

Introduction

In July 2009 a number of key national organisations including the National Mental Health Development Unit (NMHDU), The NHS Confederation Mental Health Network, other professional organisations and service user and carer representatives, came together to raise the profile of acute care mental health at a national Acute Care summit. From this summit an *Acute Care Declaration* (2009) was developed with a commitment from those involved to work together to champion the development of high quality acute care services.

The Acute Care Declaration includes an important commitment from key stakeholders:

"to work together to encourage the commissioning and provision of high quality care by developing… a service which shows respect for people who use acute mental health services and their families and carers, and to include them as partners in care and provide support to other informal care givers when needed."

***Acute Care Declaration* 2009**

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. The Acute Care Summit commenced with personal statements from a service user and a carer about what they wanted from services.

Alan Worthington, a carer with long experience of engaging with acute mental health services on behalf of his family, asked the following questions:

WHAT IF? – A Carer's journey through acute care services

(With apologies to Rudyard Kipling.)

What would help carers and service users?

When asking for help, what if…

- both my relative and I had a phone number to call if an acute situation were 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

- I was given information about the right things to do, with staff offering me

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 health problems, with opportunities to learn from others and develop companionship
- when I visit 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?" e.g. 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 feed back and used it to improve things in the future

- that I knew that my relative would be visited within 2 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 therapy or 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! It would then be well on the way to fulfilling the commitment of the Acute Care Declaration. We believe the best way to do this is by developing and maintaining…

The Triangle of Care: a carer engagement approach for acute care 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 both inpatient and home treatment services. 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.
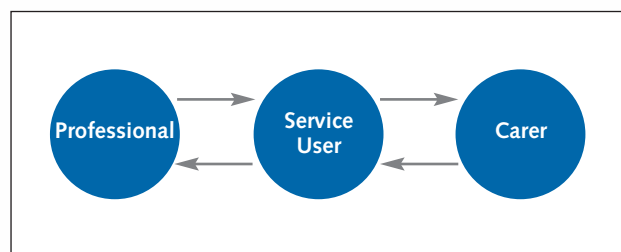
This leads to gaps in practice which can result in the carer being left 'on the outside' and in failures to share information that may be vital to risk assessment, care planning, and to acting in the best interests of both service user and carer.

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 a 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'.

A solution is the 'Triangle of Care', a therapeutic alliance between service user, staff and carer that promotes safety, supports recovery and sustains well being.
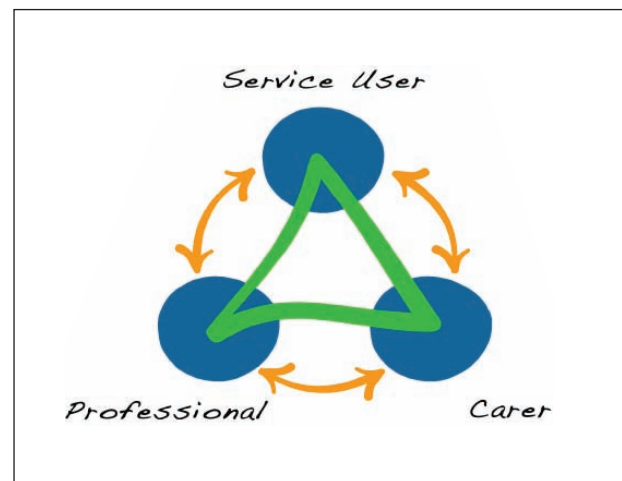
The concept of a triangle has been proposed by many carers who wish to be thought of as active partners within the care team. It is seen when there is collaboration between the mental health professional, service user and carer. The link between the professional and patient often defines the service, 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 after care provision, housing, and employment support.

Why is carer engagement so important in acute care situations?

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'. Carers 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 the need for acute care, when carers are understandably extremely concerned about those they care for and want to contribute to ensuring that the person's care is the best 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 untoward 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 acute care.

Beyond carers' ongoing responsibilities for day-to-day care, service users in the acute phase of their illness require more intensive input and support. Providing this care through the CRHT service model – in which people who would previously have been hospitalised remain at home – can have considerable implications for carers. It is they who carry the principal burden of 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 their loved one remaining within their home environment, providing that these benefits are fully realised through sufficient support and expertise on the part of the staff team. *Crisis Resolution and Home Treatment: The Service User and Carer Experience* (NAO 2008), a National Audit Office review of Crisis Resolution Home Treatment (CRHT) services, found that: "carers appreciate the benefits of home treatment, but emphasise the need for adequate support from the team".

Admission to hospital is also a time when carer engagement 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.

"For me it was hard at the beginning … they didn't want to talk to me. They just said, 'I won't talk to you without your son being present.' They didn't understand my son's illness, but he used to tell me every single thing… eventually they came to the understanding that we are partners in this, working together."

Akram (carer) Source: NAO Carer Focus Group

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 we describe ways of achieving better collaboration between the mental health clinician/team/ward, service user and carer, based on the six key elements which make up an effective triangle.

The rationale for each of these elements 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.

Many acute inpatient services are now using some of these elements of best practice for ensuring effective carer engagement. However, having all elements in place is still the exception rather than the rule. The Healthcare Commission's (HC) review of acute inpatient care *The Pathway to Recovery* (HC, 2008) found strong evidence that involving carers needed to be developed further:

"Nearly a third of care records (30%) did not record whether or not the service user had a carer. Only 32% of front line staff had been trained in supporting carers and families, and only two fifths of wards (40%) had a dedicated member of staff responsible for leading on carer issues. One in five wards (21%) did not have an information pack for carers containing any of the information we asked about, and we identified that information for both service users and carers could be made more accessible".

The Pathway to Recovery (HC, 2008)

The HC review also highlighted the need for mental health Trusts to develop their structures to promote carer involvement.

The Triangle of Care approach primarily focuses on improving carer-staff interactions in dealing with acute episodes of care, whether at assessment, home treatment by CRHT or on acute inpatient wards. Carers are usually willing to connect with staff and to do what they can to help resolve the crisis.

They 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 duties 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".

Adult carer

"There is new hope for answers to my questions and they might find solutions to my wife's problems".

A carer and husband

The key elements to achieving a Triangle of Care

The essence of this approach is to clearly identify the six key elements required to achieve better collaboration and partnership in the service user and carer's journey through a typical acute episode. For each component we suggest 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 confidentially 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, i.e. for both inpatient and home treatment, the service should have clear policy and mechanisms to 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 the ward and CRHT
- carers' links delegated for each shift.

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

- an introductory letter from crisis 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 work in acute care.

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

A self-assessment audit tool for carer engagement can be found at 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), i.e. 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 as a result of their close relationships, 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 the carers?

The word "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 that word. 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 cared for person is unable, or even unwilling to acknowledge the carer's involvement.

Carers can be 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 health problems mask the 'well' person's' personality, family and friends cherish the memory of the well person and strive for his or her recovery.

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

*"It was as though they didn't realise who I was and why I needed to be in the room for that meeting – I was the one person who **knew** my son".*

A carer

"Carers want prompt access to help when the person they care for is becoming ill. They want information, practical advice, emotional support and occasional respite. Most of all they want decent care for their loved one".

Professor Louis Appleby
The NSF for Mental Health: Five years On (DH, 2004)

All members of the mental health team need to know which carer(s) have 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 burden on the other children 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 an acute services responsibility to promote awareness amongst carers about their rights.

Best Practice Examples[1]

- **Standards for Inpatient Wards, Working-Age Adults (RCPsych – AIMS) –** See 'Carers' section points 14.1 to 14.

- **Carers Checklist (AWP) –** This approach applies to all inpatient admissions where a carer has been identified, and the written consent of the service user has been given for carer involvement.

- **Carers Project Process Summary and Checklist (Bristol AWP) –** A checklist of actions, time frames, including appointments.

- **Carers Included (NTW) –** Copies of this handbook are available on all the Trust's admission wards. It spells out how carers should be involved when the person they care for is admitted.

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

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

The Health Commission review found that "only 32% of front line ward staff had been trained in supporting carers and families, although this ranged from all ward staff having been trained to none." (HC, 2008). Many front line staff reported that they needed more experience and skills in how to conduct conversations with carers.

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 his or her 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 patients and carers. This is particularly important in home treatment situations which are often reliant on the level of support provided by carers.

Successful long term outcomes are most likely when the staff team accept the benefits of carer involvement and collectively promote the concept of a therapeutic triangle formed by themselves, the patient 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 the team. After all, my daughter was coming back home very soon and I would then be on my own. I would have to take over from the professionals".

Jane, a carer

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1 See Glossary of acronyms for full Trust names. Many more examples of good practice can be found in the Resources section on the Acute Care Programme website www.acutecareprogramme.org.uk. You can also search using the words 'best practice' or 'triangle of care' in the website's tag cloud, found under Our Work.

Best Practice Examples

- **TalkWell: Encouraging the art of conversation on mental health wards (Star Wards 2009)**

- **Carers Strategy 2008-11 (Oxleas NHS Trust) –** A strategy for improving the carer experience

- **Weston Ward Staff Training (Weston Ward, AWP) –** A mature programme used Trust-wide which continues to be extended. It can be delivered by carer trainers at handover time to all inpatient staff over several sessions

- **Positive Example or Story re Acute Care Template (East Sussex) –** A format and programme to assist staff by exploring sections of the framework such as Awareness, Confidentiality, Carers' Pack.

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 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 crisis, especially involving the need for compulsory treatment and/or admission may provoke user/carer conflict that may temporarily prevent consent to sharing information.

Staff need to understand **'the confidentiality principle'** that is:

"Information provided or discovered in the course of the professional relationship cannot be disclosed without consent...The service user does not have the right to prohibit a professional from engaging with a carer or from the carer being given information, advice and support, nor from talking to the carer about the patient, provided that no confidential information is divulged...Confidential information may be disclosed with the service user's consent, (express or implied), regarding specific information and to specific individuals".

Graham Machin, Carers and Confidentiality: Law and Good Practice

Carers say professionals are understandably reluctant to engage with them in a no disclosure situation. 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:

1) A discussion with the service user is held to establish if there is anyone providing significant care. This is recorded and shared.

2) If a carer is involved, then discussion establishes what level of information the patient agrees may be shared with the carer. This may be full, partial or no disclosure.

3) This decision is recorded. Some services have forms with a detailed menu of areas in which information can or cannot be shared.

4) 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. (North London PICU)

Best Practice Examples

- **Confidentiality and Information Sharing with families and carers (SMP) –** A comprehensive review of issues and recommendations

- **Confidentiality and Carers Guidelines (DPT) –** Guidelines to support best practice

- **Carers and Confidentiality in Mental Health (RCPsych & PRTC) –** A short leaflet for staff working with carers

- **Confidentiality in Mental Health (Suffolk Family Carers) –** A guide by a local Carers' Centre and local services outlining good practice in information sharing

- **Confidentiality and Carers, Guidelines (DPT) –** A good practice guide including scenarios and case studies.

Wards make Care Plans for both patients and carers. It is good practice to hold the Carer's Care Plan, notes and letters in a separate section of the patient'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, i.e. 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, i.e. information that is already in the public domain about mental health conditions, the workings of the Mental Health Act, local services available for both carers and service users, and so on. 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.

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'.

Some Trusts use advance statements (also known as advance directives). These statements can set out in clear detail the service user's wishes about what should happen and which carer(s) to contact should they become too unwell to engage in such discussion. Staff and carers should make a point of knowing if such a statement has been prepared, where the statement is held and how to activate it.

Best Practice Examples

- **Advance Statement (CWP) –** Comprehensive information for staff, flow diagram. Forms to copy covering: Advance Medical Statement; Medical and Personal Life; Involvement of Carer (if user becomes unwell)

- **Writing an Advance Decision/Statement (HFT) –** Explains the purpose of advance statements for service user and shows example of forms

- **Advanced Permission to Share Information (HPT) –** Forms of authorisation including information identifying carers.

Some services have also adopted wellness and recovery action plans (WRAPs). These plans identify relapse symptoms and develop and record contingency plans for relapse management. WRAPs should identify who the main carer is and how they are to be engaged in the case of a potential relapse.

Best Practice Examples

- **An Introduction to WRAP (CSIP) –** An introduction for mental health workers

- **Benchmark for Recovery Orientated Approaches (SS&SFT) –** A best practice assessment tool.

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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 service carer links/leads/champions should be appointed. 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' matters 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 co-ordination. 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.

The Healthcare Commission review found that only 40% of wards had a carer lead, which they defined as a dedicated staff member responsible for leading on carer issues – including overseeing and developing strategies to support carers at ward level.

Designated carer leads will also promote good practice among colleagues, i.e. 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, and can promote carer resources with commissioners. 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 speaking about daughter

Carers often say they find it difficult to monitor their relative or friend's progress because the ward shift system means the service user's primary nurse is not on duty when they visit. In addition to the carer lead, wards can appoint a member of staff to act as a carer link for each shift. This person would provide additional continuity in receiving and sharing information – and be a clear point of contact.

Best Practice Examples

- **Carers Champions (NTW) –** Invitation and outline of roles

- **Northumberland Carer Champion Network (NTW) –** Publicity material

- **Carer-Link checklist (CWP) –** Actions to be carried out by Carer Link

- **Carer Link Standard/Process (CWP) –** Pathway for establishing Carer-Link relationship.

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

Best Practice Examples

- **Carer Pathway for Family Interventions in Adult Mental Health (CNWL) –** Template for carer pathway checklist

- **Good Practice Regarding Carer Support (NTW) –** Rationale of carer support and CRHT role.

An introductory letter

In an acute crisis, carers are bound 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 CRHT team or visit to the ward an ordeal which may often have been compounded by a series of distressing events prior to seeking help in a crisis. An introductory letter from the named nurse or responsible team member 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

- **Letter from ward to carer (DPT) –** Simple introductory letter to carer giving names and roles, especially Carer Support Workers.

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

- **First Admission Carer's Letter (HPT) –** Introduction, explanations and invitation to meet.

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!"

A 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. Some Trusts have created thoughtful meeting and greeting protocols to help to reduce carers' distress. 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 as part of the admission process focusing on immediate matters. 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, 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

- **Welcome to the Department of Psychiatry (HPT) –** Information for family and friends of service users, detailing what to expect from a stay on the ward

- **Welcome to James Ward (CNWL) –** An explanatory leaflet about James Ward

- **Carers Included (NTW) –** A resource from a PICU explaining what carers can expect.

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

Either as part of the home treatment initial care plan or as support to the principal carer of an inpatient, a more in-depth carer information pack should be provided. This should provide carers and families with information needed to understand mental illness conditions, the likely consequences, what the carer and family can do to help, their rights as carers and the services and supports locally available to them and the person they care for.

Carers often begin their journey of caring for someone with mental health problems 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 by the service 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.

In *The Pathway to Recovery* (HC, 2008), the Healthcare Commission noted that good information, given in a format that makes sense to carers, also has the potential to increase confidence in statutory services.

This may be particularly important for carers from black and minority ethnic (BME) groups. 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. The Healthcare Commission also found that information packs for carers were scarcer than for service users and that performance was very variable. Although about a third of all wards (32%) had a welcome pack for carers containing all of the information they asked about, about one in five wards (21%) had none of this information available.

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. We recommend staff automatically give all new carers a pack.

"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".

A 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 lead CRHT or ward staff member or a designated carers lead post.

Best Practice Examples
- **Carers' Information (CNWL) –** An outline of services and signposting
- **Carers Pack (AWP) –** Sample of contents to be included in a carers pack
- **Information Handbook for Carers (Oxleas NHS Trust) –** Comprehensive guidance for carers
- **The Mental Health Carers' Manual (SWLG)** – Sutton Carers' Centre resource pack

Discharge planning and aftercare support

Planning for discharge should be an integral part of the care pathway, 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 patient'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
- **A Positive Outlook (NIMHE/CSIP) –** toolkit for improving discharge from inpatient care.

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 is held under a section of the Mental Health Act, can produce anger and frustration from the service user.

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

All acute care services should have a carer support service in place, including access to carer advocacy services. Support services may be provided by either the mental health Trust or the local authority social services, or jointly. There are a variety of models of carer support work, including posts that work across both home treatment and inpatient settings.

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".

A carer

Best Practice Examples

- **Commissioning for Carers (DH) –** Commissioning guidance to ensure carers get the support and recognition they deserve

- **What to Include in a Carers Plan (AWP) –** Guidance for producing a carers plan

- **Forensic inpatients assessment of Relative/Carer Support Need and Support Plan (NTW) –** Assessment of what relatives and carers know and understand about their role and what is needed for their support.

An assessment of 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 Carers Assessment (Carer's (Recognition and Services) Act, 1995, amended by Carers and Disabled Children Act 2000, Carers (Equal Opportunities) Act 2004. 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, financial and other help in carrying out their carer responsibilities. Carers' 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 assessed 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. CRHT and ward 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 never sufficient to carry out a Carers' 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

- **Bromley and Oxleas Carers Focus Group (Oxleas NHS Trust) –** A focus group prompt sheet

- **Assessment of Carers Needs: Initial Assessment/Review (AWP) –** A prompt sheet for workers

- **Local Resources and Information for Carers (HPT) –** Example of local support for carers.

Family work in acute care

Traditionally, adult acute mental health services have focused primarily on the individual. In the past, they have not offered a broad range of treatments, such as the routine availability of 'talking treatments', including 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 inpatient and acute services, and crisis/home treatment teams.

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; inpatients 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

- **Engaging with Carers During an Acute Episode (SLAM) –** Families can be referred directly from the ward weekly meeting

- **Triangle of Care Programme: Supporting Family Work (SWLG) –** The team works both on the ward and in the community, recognising that people would never receive adequate help if the team's work was solely community-based

- **Working with Carers and Families (SMPT) –** Inpatient staff training.

Regular assessments and audits must be undertaken to ensure the six key elements 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 elements 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 acute care service wishing to review its practice is to take stock of the current situation and to develop a plan to put all the required elements 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 audit to ensure that the six key elements 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:

- **Crisis Team Carer's Questionnaire (NTW)**
- **Acute Inpatient Ward, Carer Survey (SPT) –** A short, simple exit survey
- **Satisfaction Survey, Visitors/Relatives/Carers (CNWL) –** To obtain ward feedback.

Global:

- **Carer's Checklist (AWP) –** A review of components of engagement
- **An Assessment Tool for relatives who are in contact with Acute Inpatient Services (DPT) –** Survey for relatives and carers
- **Carer questionnaire 2009 (CNWL) –** Comprehensive questionnaire.

Closing comments

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

In some locations in England, services for carers may be provided by voluntary organisations and sometimes these also manage Carers' Support Workers. All frontline staff should make themselves aware of their local carer support provision and other services.

Organisations sponsoring the Triangle of Care

The Princess Royal Trust for Carers

The Princess Royal Trust for Carers was created on the initiative of HRH The Princess Royal in 1991. It is the largest provider of comprehensive carers' support services in the UK and has a unique network of 144 independently managed Carers' Centres, 85 young carers services and three interactive websites.

address: The Princess Royal Trust for Carers, Unit 14, Bourne Court, Southend Road, Woodford Green, Essex IG8 8HD

tel: 0844 800 4361

website: *www.carers.org*

for professionals: *www.carers.org/professionals*

for young carers: *www.youngcarers.net*

email: *info@carers.org*

National Mental Health Development Unit (NMHDU)

NMHDU consists of a small central team and a range of programmes funded by both the Department of Health and the NHS. It provides national support for implementing mental health policy by advising on national and international best practice to improve mental health and mental health services.

address: National Mental Health Development Unit, Wellington House, Area 305, 133-155 Waterloo Road, London SE1 8UG

tel: 020 7972 4803

website: *www.nmhdu.org.uk*

email: *ask@nmhdu.org.uk*

Appendix 1: Triangle of Care Self-Assessment Tool

This tool uses the Red Amber Green system to assess the current status of each criterion.

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

	Criteria	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 e.g: • Parent of young family • Single parent • Caring for parents • Young carer • Carer with MH problems • Friend • Partner • Relative								
1.3	Carer views and knowledge sought throughout the assessment and treatment process								
1.4	Written consent of service user routinely obtained 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								

Element 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: • 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								

Element 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								
3.7	Advanced statements or directives are routinely used								
3.8	Wellness and recovery action plans (WRAPs) are in place								
3.9	Practice guidelines re information sharing with carers are in use								

Element 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	Carer lead posts are in place on each ward								
4.2	A member of staff is identified on the ward to act as the carer link on each shift								
4.3	A carer champion network or peer support forum is in place locally to provide carer support								

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

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
5.1	The CRHT provides the carer with an introductory letter which explains the service and points of contact								
5.2	An early formal appointment is offered to the carer to hear story, history and address carer concerns								
5.3	Upon admission, the ward has meeting and greeting protocols in place to reduce carer distress and address concerns								
5.4	As part of the admission process, carers are routinely given an information leaflet covering immediate practical matters								
5.5	Locally developed carer information packs are provided to new carers either as part of the initial home treatment plan or upon admission of the service user								
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 staff is made responsible for commissioning, storing and issuing the packs								
5.9	Ward staff offer carers the opportunity to have a conversation and provide support								

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
5.10	The carer is involved in the discharge planning 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								

Element Six: 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 is in place locally with dedicated Carer Support Workers in post								
6.2	Carer has access to local carer advocacy services								
6.3	Carer has access to 1:1 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								

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www.acutecareprogramme.org.uk/silo/files/welcome-to-james-ward.pdf

Welcome to the Department of Psychiatry (HPT)
www.acutecareprogramme.org.uk/silo/files/welcome-to-the-department-of-psychiatry-.pdf

Weston Ward Staff Training (Weston Ward, AWP)
www.acutecareprogramme.org.uk/silo/files/weston-ward-staff-training.pdf

What to Include in a Carers Plan (AWP)
www.acutecareprogramme.org.uk/silo/files/what-to-include-in-a-carers-plan.pdf

Working with Carers and Families (SMP)
www.acutecareprogramme.org.uk/silo/files/working-with-carers-and-families.pdf

Writing an Advance Decision/Statement (HFT)
www.acutecareprogramme.org.uk/silo/files/writing-an-advanced-decisionstatement.pdf

Glossary of acronyms

ACD	Acute Care Declaration	**NIMHE**	National Institute for Mental Health in England
AIMS	Accreditation for Inpatient Mental Health Services	**NMHDU**	National Mental Health Development Unit
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust	**NTW**	Northumberland, Tyne and Wear NHS Foundation Trust
CSIP	Care Services Improvement Partnership	**PICU**	Psychiatric Intensive Care Unit
CNWL	Central and North West London NHS Foundation Trust	**PRTC**	Princess Royal Trust for Carers
CRHT	Crisis Resolution and Home Treatment	**RCPsych**	Royal College of Psychiatrists
CWP	Cheshire and Wirral Partnership NHS Foundation Trust	**SLAM**	South London and Maudsley NHS Foundation Trust
DH	Department of Health	**SMP**	Somerset Partnership NHS Foundation Trust
DPT	Devon Partnership NHS Mental Health Trust	**SPT**	Sussex Partnership NHS Foundation Trust
HC	Healthcare Commission	**SWLG**	South West London and St George's NHS Foundation Trust
HFT	Humber MH Teaching NHS Foundation Trust	**SS&SFT**	South Staffordshire and Shropshire NHS Foundation Trust
HPT	Hampshire Partnership NHS Foundation Trust	**TEW**	Tees Esk and Wear Valleys NHS Foundation Trust
NAO	National Audit Office	**WRAP**	Wellness and Recovery Action Plan
NCCSDO	National Co-ordinating Centre for NHS Service Delivery and Organisation Research and Development		