The Triangle of Care

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

Second Edition

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 evolution of the Triangle of Care guide into the Triangle of Care project which encompasses all areas of mental health service delivery across England is thanks to many dedicated professionals, carers and services users who are involved in the Carers Trust's Triangle of Care Steering Group and the eight regional Triangle of Care groups.

Finally, thanks to Yvonne Stoddart and Malcolm Rae who, as always, provided invaluable encouragement and suggestions and to Bridget Lawless who helped with editing the many drafts.

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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 over three quarters of mental health trusts in England 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, the second edition of 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.

Thea Stein, Chief Executive, Carers Trust

About Carers Trust

Carers Trust is the UK's largest charity for carers. With local Network Partners we work to improve support, services and recognition for carers in communities across the UK. We offer practical help, both in and outside the home, desperately needed breaks, information and advice. Together with Network Partners we work as *one* organisation united by a shared vision for carers.

Our vision is of a world where the role and contribution of unpaid carers is recognised and they have access to the quality support and services they need to live their own lives.

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 England 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; 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 England and works with over three quarters of English trusts offering 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.
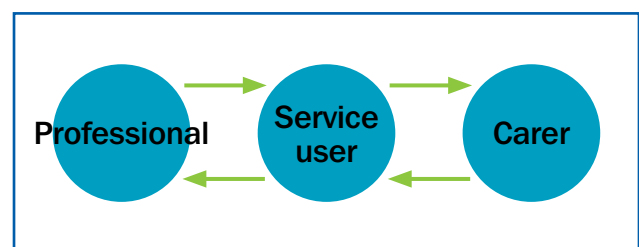
This leads to gaps in practice which can result in the carer being left on the outside and in failures to share information that may be vital to risk assessment, care planning, and to acting in the best interests of both service user and carer.

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.
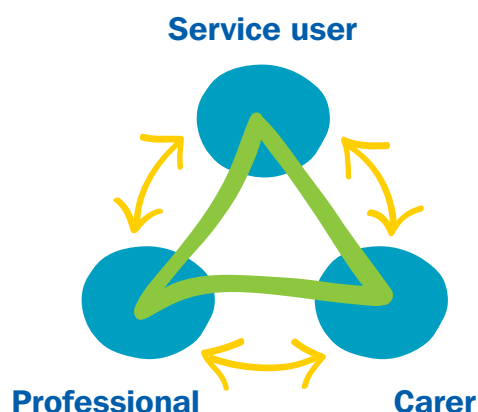
The concept of a triangle has been proposed by many carers who wish to be thought of as active partners within the care team. It is seen when there is collaboration between the mental health professional, service user and carer. The link between the professional and patient often defines the service, 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. Crisis Resolution and Home Treatment: The Service User and Carer Experience (National Audit Office, 2008), a review of crisis resolution home treatment 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 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 care coordinator after an initial assessment 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.

"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."

Carer, (Source: National Audit Office 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 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.

Many acute services (whether inpatient, community, crisis or specialist) are now using some of these elements of best practice for ensuring effective carer engagement. However, having all standards in place is still the exception rather than the rule. The Pathway to Recovery (Healthcare Commission, 2008), is a review of acute inpatient care which 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 Healthcare Commission review also highlighted the need for trusts to develop their structures to promote carer involvement.

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

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

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 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."

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
(Department of Health, 2004)

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 themself, 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

- **Home Treatment Accreditation Scheme (Royal College of Psychiatrists)**.

- **Carers Checklist (Avon and Wiltshire Mental Health Partnership NHS Trust)** – Different checklists for inpatient admissions and community settings where a carer has been identified, and the written consent of the service user has been given for carer involvement.

- **Inpatient Business Card (Somerset Partnership NHS Foundation Trust)** – Business Card providing brief and key information of a ward.

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

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

The Healthcare 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." 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 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 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."

Carer

> ### Best practice examples
>
> - TalkWell: Encouraging the Art of Conversation on Mental Health Wards (Star Wards 2009).
>
> - Carers Charter 2013 (Leicestershire Partnership NHS Trust) – A set of principles identifying what carers can expect from staff.
>
> - Strategy to Enhance Working Partnerships with Families and Carers (Somerset Partnership NHS Foundation Trust).
>
> - Carers Strategy (Oxleas NHS Foundation Trust) – A Strategy for Improving Carer Experience.

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.

> 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 (2012), 'Carers and Confidentiality: Law and Good Practice'. Conference paper.

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:

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

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

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

- 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 Psychiatric Intensive Care Unit.)

Teams and wards make care plans for both service users and carers. It is good practice to hold the carer's care plan, clinical records and letters 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 Act, 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 (Royal College of Psychiatrists and The Princess Royal Trust for Carers)** – 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.

- **Common Sense and Confidentiality (Northumberland, Tyne and Wear NHS Foundation Trust)** – A guide for carers on how information will and can be shared in the mental health trust.

Some trusts use advance statements (also known as advance directives or information sharing agreements). 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 should ensure that carers know if such a statement has been prepared, where the statement is held and how to activate it.

Some services have adopted a recovery approach to care. This approach adopts a way of empowering 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.

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 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.

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, 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, 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 find it difficult to monitor their relative 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 Champion (Somerset Partnership NHS Foundation Trust).

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

- Working with Carers is Everyone's Business (Avon and Wiltshire Mental Health Partnership NHS Trust) – Identifying roles throughout an organisation from Board to front line staff.

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 (Norfolk and Suffolk NHS Foundation Trust) – a pilot project using volunteers to meet and greet carers on their first visit to a ward.

- Family Rooms (Mersey Care NHS Trust) – 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.

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.

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. Some mental health 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.

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 an initial care plan or as support to the principal carer of a service user, a more in-depth carer information pack should be provided. This should provide carers and families with 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.

In The Pathway to Recovery, 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, Asian and minority ethnic 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. 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. 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."

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 carers lead. Whoever has responsibility, all staff must ensure they know where supplies are and offer/check all carers have or need this information.

- **Adult Ward Carers Booklet (Somerset Partnership NHS Foundation Trust)** – An overview of information that a carer may need to know if the person they care for is admitted to hospital.

- **Information Handbook for Carers (Oxleas NHS Foundation Trust)** – Comprehensive guidance for carers.

- **Zoning (South West London and St George's NHS Trust)** – A focused support model.

- **Carers Handbook (South London and Maudsley NHS Foundation Trust)** – A comprehensive guide for carers.

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 examples

- **Carers Pack (Northumberland, Tyne and Wear NHS Foundation Trust)** – Sample of contents to be included in a carers pack.

Best practice example

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

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 (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' 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.

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

- **Developing Family Work in Adult Acute Psychiatric Settings (Northumberland, Tyne and Wear NHS Foundation Trust)** – A project to engage with families when a person is admitted to services.

- **Triangle of Care Programme: Supporting Family Work (South West London and St George's NHS Trust)** – 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

- **Family Liaison Project (Somerset Partnership NHS Foundation Trust)** – An overview of the project to engage with families when a person is admitted to inpatient services.

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:

- **The Orange Card (Somerset Partnership NHS Foundation Trust)** – A small card given to service users on discharge, enabling swift access to support if required.

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

- **Carers Survey (Avon and Wiltshire Mental Health Partnership NHS Trust)** – Including letters to carers and staff.

Global:

- Carer's Checklist (Avon and Wiltshire Mental Health Partnership NHS Trust) – A review of components of engagement.

- Community Team Carer Checklist (South West London and St George's NHS Trust) – A checklist for community teams on working with carers.

- Carer Questionnaire Letter 2012 (Tees, Esk and Wear Valleys NHS Foundation Trust) – A letter inviting carers to give feedback on their experiences of people with dementia who have been admitted to a general hospital.

Triangle of Care membership scheme

Since the launch of the 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; in addition work on the Triangle of Care has begun in Scotland. The project supports mental health service providers to work to achieve the six standards of the Triangle of Care through regional events and regional meetings.

In October 2012, Carers Trust launched a formal membership scheme enabling mental health trusts who 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 some locations in England, services for carers may be provided by voluntary organisations and sometimes these also manage Carers Support Workers. 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.

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 no league table system is 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.

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 or crisis resolution and home treatment 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 or crisis resolution and home treatment 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 resolution and home treatment provides 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 resolution and home treatment 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

	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, for example: • Parent of young family • Single parent • Caring for parents • Young carer • Carer with mental ill health • Friend • Partner • Relative								

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: • 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 or carers are part of the training delivery team								

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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)

3.7	Advance statements or directives are routinely used					
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 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 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 Ward, **www.rcn.org.uk/development/ mental_health_virtual_ward/triangle_of_care**.

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

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

Introduction to Recovery (Implementing Recovery Through Organisational Change)
www.centreformentalhealth.org.uk/recovery/supporting_recovery.aspx

No Health without Mental Health (the Mental Health Strategy for England) 2011
www.gov.uk/government/publications/the-mental-health-strategy-for-england

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

Talkwell: Encouraging the Art of Conversation on Mental Health Wards (Star Wards)
http://starwards.org.uk/publications/187-talkwell-2nd-edition-is-ready-to-download

make carers count

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reasons to care

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