



The Triangle of Care

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

Third 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 practice in Scotland, has been produced in partnership with agencies such as Scottish Government, NHS Scotland, NHS Health Boards, local authorities throughout Scotland, Mental Welfare Commission for Scotland, Support in Mind Scotland, Scottish Recovery Network and all the many dedicated Network Partners, carers and professionals throughout Scotland. Thank you to all who contributed to this Scottish version.

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Foreword



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

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

Carers Trust is a major charity for, with and about carers and we are delighted to be working in partnership with several Scottish Health Boards as well as many Network Partners and other leading mental health and carer organisations to continue to drive forward the standards of the Triangle of Care. To this end, the third edition of this guide has been revised to reflect the project development into all areas of the mental health care pathway including specialist services.

The introduction of the Carers (Scotland) Act in April 2018 establishes new rights for all carers to support, information and advice; and to be listened to in decisions about the care and support of the person they are caring for. In particular the Act places new responsibilities on health boards in relation to carer involvement in discharge planning. The Triangle of Care helps mental health services support carers in exercising these rights by providing the information, advice and support that carers require to continue in their roles as expert partners in care.

A handwritten signature in black ink that reads "Louise R. Morgan".

Louise Morgan, Director for Scotland and Northern Ireland, Carers Trust Scotland

About Carers Trust

Carers Trust Scotland is part of Carers Trust, a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems. With locally based Network Partners we are able to support carers in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

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's 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 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. The Carers (Scotland) Act has established rights for carers of all ages through duties on health boards and local authorities. The Act is designed to listen to carers; improve consistency of support; and prevent problems – helping sustain caring relationships and protect carers' health and wellbeing.

The Triangle of Care helps services achieve this in a number of ways. It encourages involvement of carers in conversations about the care and treatment of the person being cared for. This requires timely identification of carers. It means that carers receive relevant information in relation to the person being cared for and their views are taken into account, where possible, when making decisions. It also means listening to and respecting their knowledge in relation to the person being cared for.

Better recognition that carers are key partners in the planning and provision of mental health care also makes sound economic sense. Commissioners and providers of mental health services will 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 will be most effective when undertaken with carers who have accessed other rights under the Act such as an adult carer support plan or young carer statement.

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



Introduction

The use of the Triangle of Care in many mental health services across Scotland has been welcomed by staff and carers alike. With the implementation of the Carers (Scotland) Act there is now an increased emphasis on cross-sector partnership working to deliver effective local support to carers to meet their personal outcomes and to support them to continue their caring role if that is what they want.

Carers Trust in Scotland is working with health boards, mental health services and health and social care partnerships to engage, include and support carers.

The Triangle of Care and the Carers (Scotland) Act

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 in line with carers' rights under the Carers (Scotland) Act.

What if, I was asked what would support me as a carer?

The Act gives carers of all ages the right to a personalised plan to set out their own personal outcomes which will help them cope with their caring role and have a life alongside caring.

Adult Carer Support Plan (ACSP)

Local authorities have a duty to offer an adult carer support plan to all identified adult carers. Adult carers can also request one. It will contain a range of information in relation to the caring role and the carer's own personal outcomes and needs for support. Preparing the plan, usually with a support worker, is a form of support in itself as in many cases a conversation about their own caring role allows the carer and support worker to think about and find solutions to issues and concerns and identify universal services which could help such as a local carers centre. The adult carer support plan can also help the carer think about things like future or emergency

care planning that they may not have thought about before. This preventative approach of signposting to information and advice services is valuable in helping to maintain carers' wellbeing and give them a chance to live as full a life as possible while providing care.

Young Carer Statement (YCS)

When it comes to young carers, one of the key aims of the Act is to ensure that young carers are children and young people first and foremost. To do that it is important that young carers are identified and offered a young carer statement. Young carers can also request one from their responsible local authority.

The statement allows for a young carer to think about aspects of the caring role they require support with, as well as thinking about future and emergency planning needs. The young carer statement is also used to ensure that the young carer is not undertaking any inappropriate caring.

Signposting young carers to universal services, information and support, such as a local young carer service, plays an important role in maintaining the balance between being a child and young person, and the caring role.

Staff knowing about adult carer support plans and young carer statements can then ensure carers are aware of their rights regarding these.

Mental health services, as with other health board services, can play a role in signposting carers to their local authorities to request an adult carer support plan or young carer statement, or letting local authorities know about identified carers.

The Triangle of Care is a process which aims to involve carers at all levels and gathers evidence to show the support provided to carers, the help to involve carers in sharing information for future planning and evidencing the steps taken to get feedback from carers about services provided.

What if, when planning discharge, I am involved?

Under the Carers (Scotland) Act, each health board must ensure that before a person being cared for is discharged from hospital, it involves any carer of that person in the discharge. This can only be done if the carer is identified in the first place. This duty applies where it is likely that a carer is to provide care after the person is discharged from hospital.

The duty to involve carers in discharge planning can either be for a planned or unscheduled admission (emergency admission). However, there are certain instances where this does not apply, such as Outpatients and Accident & Emergency¹. Where the service user is on suspension of detention under the Mental Health (Care & Treatment) (Scotland) Act 2003, or there is a conditional discharge under the same Act, there is a separate requirement to take account of the carer's situation and needs².

The Triangle of Care approach is vital at all stages during a service user's and carer's journey within mental health services, and especially so at discharge points as the type of care and intensity may have changed as a result of the hospital admission. If carers are not supported, listened to and valued at this stage, the pressure of providing care may increase if there is no consideration of the impact on the carer.

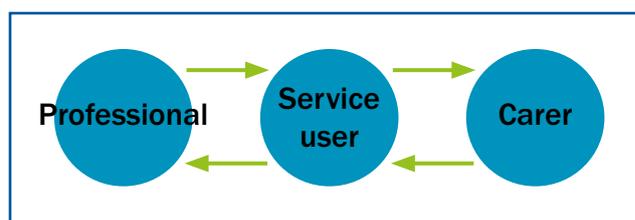
What if your service was responsive enough to be able to answer these questions and ensure compliance with the Carers (Scotland) Act?

Carers Trust Scotland 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 or community team or specialist service such as forensic service. The Triangle of Care has already been adapted for use with Child and Adolescent Mental Health Services (CAMHS) and can be accessed at Carers.org/scotland. 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.

¹ Carers (Scotland) Act, Statutory Guidance, 4.2.13.

² Carers (Scotland) Act, Statutory Guidance, 4.2.14.



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.”

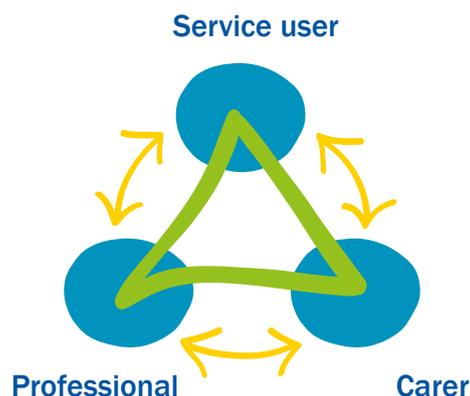
Carer speaking about when the person they care for had their first episode

“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 partners in care 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 service user often defines the service, but in most cases the bond between service user 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.

The Carers (Scotland) Act places an onus on services to actively encourage this partnership at all levels. Inviting carer participation and giving information, support and advice in a considered manner all underpin the duties within the Carers (Scotland) Act.

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 service user journey and may be pivotal in commencing recovery. Carers need to be kept informed and be seen as part of the treatment team, with information sharing at all stages of care.

Beyond carers' ongoing responsibilities for day-to-day care, service users in the acute phase of their illness require more intensive input and those who may previously have been hospitalised often remain at home and this can have considerable implications for carers. Carers often have the principal responsibility for care when the professionals are not there and are commonly faced with providing care to service users who are acutely unwell. Many emphasise the benefits

of the person they care for remaining within their home environment, providing that these benefits are fully realised through sufficient support and expertise on the part of the staff team. Intensive not Intrusive (Mental Welfare Commission Scotland, 2012) on standards for intensive home treatment teams, noted: 'An important part of offering intensive home care is the inclusion of carers in the process. Carers told us they generally felt involved and part of the care and forward planning.'

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

As has already been stated, the Carers (Scotland) Act places a duty on health boards to involve the carer when planning discharge. When that discharge is to a community mental health team 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 the service user adequately. In addition, inclusion and support of carers can support the recovery approach ensuring the service user has greater chance of achieving recovery.

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

Carer



Creating the Triangle of Care

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

In Scotland many acute services (whether inpatient, community, crisis or specialist) are now using some of these elements of best practice for ensuring effective carer engagement. The development and use of Scottish Recovery Indicator 2 over the past few years has also evidenced the importance of carer involvement. The Scottish Recovery Network identified that:

‘Anecdotal feedback suggests that where services do gather information from family members and carers they have been surprised at how left out and angry some people feel. There is a real sense of frustration amongst carers, both that their needs are not being fully assessed and that they sometimes feel they are denied the opportunity to collaborate and support the recovery process.’

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

(Chief Executive, Support in Mind Scotland, 2012)

Part 1 of The Mental Health (Care & Treatment) (Scotland) Act 2003, sets out guiding principles which anyone carrying out a function under this Act must have mind of. One of these is respect for carers; the Act states that: ‘Those who provide care to service users on an informal basis should be afforded respect for their role and experiences, should receive appropriate information and advice, and should have their views and needs taken into account.’

The implementation of the Carers (Scotland) Act places new duties on health boards to involve carers. The Scottish Government’s Carer’s Charter³ summarises this duty as: ‘Each health board must ensure that, before a cared-for person is discharged from hospital, it involves you [the carer] in the discharge of the cared-for person.’ This means that the hospital service must take appropriate steps to inform carers about discharge, invite their views concerning discharge and take into account the views of carers about discharge (as far as ‘reasonable and practical’). This involvement must take place regardless of whether a person is being discharged from hospital to home or hospital to another facility (such as a lower level security hospital or rehabilitation service).

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

³ Carers Charter, Paragraph 6, Scottish Government, 2018.

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

Carer

The key elements to achieving a Triangle of Care

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

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

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

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

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

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

To ensure proactive engagement, carers need to be part of the care planning and treatment process across the care pathway. This means, for inpatient 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.
- Discussion of carer’s needs.
- 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. Staff need to be aware that identifying carers includes those who intend to provide care. It must be acknowledged that due to the fluctuating nature of mental health, and potential length of a hospital stay, many carers are not recognised by services as they are not providing ‘hands on’ care. This is especially the case regarding carers of people in residential care, such as care homes, nursing homes or secure units⁴.

Carers may still be providing a level of care, especially as someone is going through an admission and settling in period. It is important to note the emotional impact on the carer when the person they care for is living in residential care, especially forensic settings which may carry further stigma and feelings of guilt, anger or hurt for carers. Carers caring for someone in a forensic setting may still have significant caring responsibilities at certain times, or for other family members. For children in residential care or NHS care, the statutory guidance notes that: ‘Parents are carers because of the amount of care required to be provided goes beyond that which is due just because of age’⁵.

Staff 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 the interests of the service user and other such

pieces of information 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?

A carer is someone who provides, or intends to provide, care for another person. A carer does not need to be providing care for a substantial amount of time or on a regular basis. However, a person is not identified as a carer if:

- This is only because of that person’s age (where they are under 18) or
- As a piece of voluntary work or in a contract to provide care.

A carer may or may not live with the person they care for, but irrespective 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 and siblings, but can also be 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.

⁴ Carers (Scotland) Act, Statutory Guidance, 1.1.28 et al, Scottish Government, 2018.

⁵ Carers (Scotland) Act, Statutory Guidance, 1.1.33, Scottish Government, 2018.

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

“Being a carer and dealing with services can be difficult, especially mental health services for some reason. We are trying to do our best and don’t have other ‘team members’ around. Services could learn a lot from us.”

Carer

All members of the mental health team need to know which carer(s) has taken responsibility for caring for an individual. This information needs to be recorded. If the person is a parent with a young family or a young carer themselves, then any pressure on the children in the family needs to be recognised and a referral to young carer 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, especially now in relation to the Carers (Scotland) Act provisions around adult carer support plans and young carer statements and involvement in discharge planning.

Best practice examples

- Carer Information Sheet – A4 form for gaining initial information about a carer. Developed by J. Ishmael and F. Mundell, Midpark Hospital, NHS Dumfries & Galloway.
- Young Carer’s Authorisation Card – used across Fife Young Carers services to help identify young carers and involve them in discussions and decisions about the person they care for. (Fife Young Carers Service, see www.fifeyoungcarers.co.uk).

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

Do all front line staff understand “being in the carer’s shoes”?

Underpinning the effective delivery of the 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 who undertake assessment and care planning should have received specific training in how to involve service users and carers. This is particularly important in community situations which are often reliant on the support provided by carers. 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. Staff need knowledge, training and support so that they are 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.

The Scottish Government recognises the importance of staff receiving carer awareness training. The statutory guidance for the Carers (Scotland) Act suggests that: ‘Health boards ensure staff readiness to involve carers in discharge planning.’⁶ Equal Partners in Care is a helpful online resource prepared by NHS Education for Scotland and Scottish Social Services Council, for overall carer awareness raising⁷.

⁶ Carers (Scotland) Act, Statutory Guidance, 4.2.20, Scottish Government, 2018.

⁷ Carers (Scotland) Act, Statutory Guidance, 4.2.21, Scottish Government, 2018.



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

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

Carer

Best practice examples

- Carer Awareness Training Sessions delivered to front line NHS workers. designed and delivered with input from carers. (Carers Trust Scotland and Network Partners across Scotland).
- Equal Partners in Care – online resource designed with input from carers and young carers across Scotland. (NHS Education for Scotland, see <https://learn.nes.nhs.scot>).

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. Carers 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.

Empowering carers by sharing relevant information enables them to continue with their caring role in as informed a way as possible. It is good practice to encourage the carer to speak to an independent person from a carer service for example, to help them understand any information given and how that may impact them as a carer.

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

The General Medical Council states, in s39 of its guidance:

'In most cases discussions with those close to the patient will take place with the patient's knowledge and consent. But if someone close to the patient wants to discuss their concerns about the patient's health without involving the patient, you should not refuse to listen to their views or concerns on the grounds of confidentiality. The information they give you might be helpful in your care of the patient.'

It is rarely acceptable for practitioners to refuse to see carers simply because the service user has not given consent.

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

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

A suggested example of good practice:

- Discuss with the service user if there is anyone providing significant care. Record and share this as required.
- If a carer is involved, then discussion establishes if the service user has capacity to give or withhold consent to sharing of information.
- If capacity is present the level of information to be shared with the carer should be agreed with the service user. This may be full, partial or no disclosure and recorded and signed by the service user.

- In Scotland, any person over the age of 16 is presumed to have capacity and to be able to make decisions about their own health care and about the sharing of personal health information (the Age of Legal Capacity (Scotland) Act 1991).
- If a person over the age of 16 does not have this capacity then Adults with Incapacity (Scotland) Act 2000 is the law which sets alternatives in place, and mental health professionals will only be bound to share health information if the carer also has appropriate guardianship powers.
- If a service user wishes no disclosure, these wishes must be respected, but staff should regularly revisit this decision. However, if the carer is aware of the individual's involvement with mental health services then staff can share information around care and treatment without breaching confidentiality. Help, support and general information around mental illness can be given to carers at any time even if an individual refuses sharing of information (Mental Welfare Commission for Scotland, 2018).
- It is good practice for any paperwork, including letters, relating to the carer to be stored in a separate section of the service user's notes. This can reduce the risk of disclosure of carer or service user confidences.



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

Best practice examples

- Carers and Confidentiality. A best practice guide for staff working with carers. (Mental Welfare Commission for Scotland, 2018).
- Consent to Share Information Sheet – a form for staff to complete with service users informing staff what (and if) information can be shared. Developed by J. Ishmael and F. Mundell, Midpark Hospital, NHS Dumfries & Galloway.
- Carer Information Sheet. This is a set of questions asking the carer about the crisis or events leading to admission. It asks the carer what type of things they do to support the person being cared for when becoming unwell. This helps validate the carer's role and knowledge of the person being cared for, informing staff of how much the carer already knows. The questions also seek to find out what the person being cared for is like when well, so aiding recovery. Developed by J. Ishmael and F. Mundell, Midpark Hospital, NHS Dumfries & Galloway.

Under the Mental Health (Care & Treatment) (Scotland) Act 2003, service users have the right to have any Advance Statements taken into account by anyone carrying out duties under the Act. While these statements are expressly for the use of service users, good practice would be to ensure there is a section within the statement which outlines which information should be shared and with whom. Those supporting service users to complete Advance Statements should advise adding this into the statement. Carers should be made aware of the service user's right to prepare such a statement even if the statement is not shared with the carer. This is a way for the carer to provide support to the person being cared for.

Best practice examples

- Advance Statements Guidance Booklet, Advance Statement films and examples. (Mental Welfare Commission for Scotland, see www.mwscot.org.uk/get-help/getting-treatment/advance-statements/).

All mental health services are using 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.

Best practice example

- Let's Talk about Recovery – a leaflet introducing recovery and encouraging conversations around what recovery means. (Scottish Recovery Network, see www.scottishrecovery.net).

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

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

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

Designated carer leads will also promote good practice among colleagues. Knowledge and understanding of carers' rights, especially in relation to health board duties around involvement at discharge, will ensure services follow their responsibilities under the Carers (Scotland) Act and carers are made more aware of their rights under the Act. A carers lead can also be the contact between individual carers and staff at meetings and reviews, can promote carer resources within the community, and liaise with carer support organisations. Wards/teams that have appointed a carers lead say there is quickly an improved relationship between staff and carers.

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

Carer

Carers often find it difficult to monitor their relative 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

- Person Centered Improvement Advisor coordinates carer support, information and involvement. (The State Hospital, Carstairs, Lanarkshire).
- Lead nurse identified (on a temporary basis) to introduce Triangle of Care across inpatient mental health and older people services in Dumfries and Galloway. (NHS Dumfries & Galloway).

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

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 mental health 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.



It may not be necessary for community mental health teams to provide a letter of introduction if the carer is familiar with the team, however having an information leaflet about the team is good practice for new carers along with a letter of introduction.

Best practice example

- Carer's Initial Introductory Letter. (Several NHS mental health services across Scotland).

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/carers 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 I feel responsible for calling for help and then he was sectioned. It was horrible!”

Carer

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

The Royal College of Psychiatrists in its publication National Standards for In-Patient Care (The Royal College of Psychiatrists, 2017) recommends that carers should be given an explanatory written document focusing on immediate matters and providing basic information about the ward, at the time of admission or as soon as possible afterwards. This may include what practical items the service user will need in hospital, visiting arrangements and facilities for seeing visitors in private, an explanation of any ward procedures such as locked doors, protective times during the day, rules regarding prohibited items, arrangements regarding smoking and mobile phones, safety procedures, information about the staff involved with the service user and contact numbers for the ward.

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

Best practice examples

- Carers and Family Centre, The State Hospital – this is a dedicated space within the hospital for carers and families to use, find out about State Hospital and get other information as required. (The State Hospital, Carstairs, Lanarkshire).
- Ward leaflet explaining nature of setting and what to expect within the Intensive Psychiatric Care Unit. Developed by J. Ishmael, Midpark Hospital, NHS Dumfries & Galloway.

Carer information packs

As part of support to the carer, a more in-depth carer information pack should be provided. This should give carers and families 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 experiencing 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.

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

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 support 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.

The Carers (Scotland) Act statutory guidance states: ‘Providing good quality, appropriate and timely information and advice to carers has dual benefits of improving the health and wellbeing of carers, and the cared-for person, reducing the potential need for, and costs of, crisis management.’⁸

This may be particularly important for carers from black, Asian and minority ethnic (BAME) communities. Steps should be taken to ensure that the cultural and language needs of families or other carers are taken into account in preparing how best to provide carer information. Carers tell us that the availability of information packs for carers was scarcer than for service users, although some condition specific charities have produced such packs. However, the distribution of these packs is variable.

⁸ Carers (Scotland) Act, Statutory Guidance, 6.1.1, Scottish Government, 2018.



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.”

Carers

Best practice examples

- **Information for Carers.** Comprehensive information pack designed with input from carers, see www.tsh.scot.nhs.uk. (The State Hospital, Carstairs, Lanarkshire).
- **Carers Information Pack** – information sheets for carers. (Support in Mind Scotland, see www.supportinmindscotland.org.uk).
- **Menu of Questions.** This is a leaflet produced with carers, offering suggestions of types of questions carers may wish to ask members of mental health teams. See Carers.org/scotland or www.supportinmindscotland.org.uk/. (Carers Trust Scotland and Support in Mind Scotland).

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.

Discharge planning and aftercare support

Planning for discharge should be an integral part of the care pathway and carers are a valuable part of this process, with goals and, where possible, timelines in mind when the care plan is developed.

The Carers’ Charter states that: ‘If the person you are caring for is admitted to hospital, the health board must take appropriate steps to:-

- inform you as soon as it can about when the person you care for is to be discharged;
- invite your views about the discharge; and
- take your views into account when planning the discharge (as far as “reasonable and practical”).⁹

The exceptions to the above are when a person being cared for is being discharged from outpatients or A&E and, in terms of mental health, where there is a suspension of detention for a period of time. This is because there is a duty on any person carrying out a function of the Mental Health (Care & Treatment) (Scotland) Act to have regard to any views of carers as stated in Part 1 of that Act, Guiding Principles. For discharge this includes suspension of detention and conditional discharge.

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.

⁹ Carers Charter, page 11, Scottish Government, 2018.

Best practice example

- The Carers (Scotland) Act statutory guidance highlights the Triangle of Care as an example of a model of care to ensure carer involvement¹⁰.

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 about because an individual has been detained under The Mental Health (Care & Treatment) (Scotland) 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 carers should be offered a referral to a local carer support service, or young carer service. These services can provide support and information about their rights under the Carers (Scotland) Act, including the right to an adult carer support plan or young carer statement. This requires good connections within the community and knowledge of which organisations can offer adult carer support plans or young carer statements.

Adult carer support plans and young carer statements are only part of the support available to carers. It is important that carers are supported to access as wide a range of support as is available through universal services, for example peer support groups, local carer services, educational services, libraries and leisure centres. Taking a preventative approach in dealing with the impact of being a carer can reduce anxiety and stress and improve overall outcomes for carers of all ages.

Some carers may decline referral to other agencies for good reasons at that point but they should be given the option to revisit this decision 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 which is why it is recommended that staff liaise with local carer services which may be better placed to provide such carer support away from inpatient settings.

Useful work can be undertaken with family members or other carers to develop strategies to deal with challenging or difficult situations they may experience in their role as carers. Carer support groups run by carer services may welcome the attendance of mental health staff to provide ongoing support, reassurance and information.

While carer group support meetings are much valued, provision for one-to-one time with a professional such as a named nurse 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 mental health 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 from local carer services may helpfully attend ward round or review meetings when carers are in attendance and need support.

¹⁰ Carers (Scotland) Act, Statutory Guidance, 4.2.24, Scottish Government, 2018.



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

Carer

Best practice examples

- Carers Trust Network Partners provide a range of carer services across Scotland. More information can be found at Carers.org.
- Young carer services – a mix of organisations providing young carer services either in groups or individually to young carers across Scotland. Scottish Young Carer Services Alliance, see Carers.org/scotland for more information).

Discussing a carer’s own priorities

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 their right to an adult carer support plan (or young carer statement), and, if necessary, refer them to either the responsible local authority or local carer service. Carers should benefit from the dialogue involved in the process. It is rarely sufficient to carry out such a discussion in a one-off interview. This may be the first occasion when the carer’s interests have been addressed and their primary focus 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.

Best practice examples

- What to expect leaflets. These are a set of information sheets, put together with carers and national carer organisations, which explain different parts of the Carers (Scotland) Act. (www.carersnet.org/carers-act-resources).

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. However, within specialist services, such as in patient forensic units and eating disorder facilities, family work may be provided as part of on going care and treatment.

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 a break from confronting recent painful experiences and so be unwilling to participate.

Best practice example

- Esteem Glasgow is a community mental health service for people usually aged 16–35 and experiencing their first episode of psychosis. Esteem offer family work as part of its service. (NHS Greater Glasgow & Clyde and Health and Social Care Partnerships).

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 satisfaction.

Best practice examples

- Carer Feedback Form - used following discharge from hospital either face-to-face with the carer or via telephone. The carer can take the form away and complete it on their own. This provides a good way of involving carers in ensuring the mental health service is meeting their needs and gaining information which could help with further planning of the service in the future. Developed by J. Ishmael and F. Mundell, Midpark Hospital, NHS Dumfries & Galloway.
- Care Opinion Scotland – used to gather feedback from carers and service users on service provision. (Across NHS sites, see www.careopinion.org.uk/services/nhs-scotland).

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.

Using the Triangle of Care will ensure mental health services are aware of the Carers (Scotland) Act and the duties stated within it. This can then lead to carers feeling empowered and valued – improving their own situation and the support they can give to the person who is unwell.

Carers provide an enormous amount of care in the community for people with mental ill health. The ongoing development of home based care at times of acute illness is further evidence of the need to give considerable attention to the views and needs of carers.



The shift of care from hospital to home can mean much greater reliance on carers, with a consequent impact on their lives and a greater need for engagement and support.

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

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

Services for carers

In the majority of locations in Scotland, services for carers may be provided by voluntary organisations. The Scottish Young Carers Services Alliance also operates throughout Scotland to bring together all the services working with young carers. All front line staff should make themselves aware of their local carer support provision and other services.

Appendix 1: Triangle of Care self-assessment tool

Tips and Guidance for staff completing the self-assessment tool

The Triangle of Care self-assessment tool enables mental health services to assess themselves 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 carers and mental health service staff who have begun to assess their services. These notes have been written for inpatient services and community mental health teams. They can be accessed on Carers.org/scotland.

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: <ul style="list-style-type: none"> • Parent of young family • Single parent • Caring for parents • Young carer • Carer with mental ill health • Friend • Partner • Relative • BAME carer 								

(continued)



Standard 1 – (continued)

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

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

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



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

	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 notes and letters are kept in a separate section of the service user's notes/on IT systems							

(continued)

Standard 3

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
3.7	Advance Statements or directives are routinely used, and Named Person is identified and noted								
3.8	A recovery plan is in place								
3.9	Practice guidelines re: information sharing with carers are in use								

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

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



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

	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 problems arise								

(continued)



Standard 5 – (continued)

Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
5.11 The carer is asked for feedback regarding the service provided as part of service monitoring and improvement								
5.12 The carer is provided with information on their rights to support under the Carers (Scotland) Act								
5.13 The carer is helped to understand how to access local support services								

Standard 6 – A range of carer support is available

Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
6.1 A carer support service, and/or young carers service, is in place locally with dedicated carer support workers in post								
6.2 Carer has access to local carer advocacy services, if available								

(continued)

Standard 6 – (continued)

	Criteria	R	A	G	Where are we now?	Action plan	Evidence of achievement	By whom?	By when?
6.3	Carer has access to one-to-one support when needed								
6.4	A new carer is automatically offered referral for an adult carer support plan, or if a young carer, a young carer statement								
6.5	If a carer refuses referral for an adult carer support plan, or if a young carer, a young carer statement, written information should be provided for further consideration								
6.6	Family therapy or talking therapies are offered to carers and family if required								



References

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