

Triangle of Care

A step by Step Guide to Completing the Self-Assessment for Child and Adolescent Mental Health Services (CAMHS)

Introduction

The Triangle of Care (ToC from herein) self-assessment tool is a vital resource to enable staff, services, carers and service users to look at how a team currently include and support carers, and to work together to improve their service delivery, but also to change the culture of the whole organisation to one of carer inclusion and whole family working.

As a result of some preliminary discussions with CAMHS practitioners, the following guide to completing a self-assessment tool has been developed. This is based on good practice, what is expected and what carers need. Please note that the term carer is used here to refer to carers of all ages.

Step 1

The first and most important step is often forgotten by many staff and services. It is simply to read the Triangle of Care guide. By reading the full guide prior to completing the self-assessment staff will have clear context for many of the elements, see their value and avoid misunderstanding and confusion.

Step 2

Ideally ToC process should be a team effort. For some this might be more difficult to achieve, due to nature of how teams work. However, it is important to remember that the self-assessment is for the whole service and if this isn't recognised improvements will be difficult to embed.

It might be that individual staff members conduct a self-assessment to look at their own practice, but it might be an idea to discuss progress at team meetings to ensure that all members of, what is usually a multi-disciplinary team, have a chance to input and comment.

Step Three

When it comes to the Triangle of Care honesty is the best policy. The Triangle of Care programme is different to other audit and kitemark processes in that there is no pass/fail. It is about an opportunity to truly reflect on current practice and start putting the building blocks in place to execute cultural change for the benefit of all.

This means services should not be afraid to score themselves red or amber if they don't feel confident that they are fully meeting a criteria or that they can fully evidence it.

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Senior managers should support honesty as the best policy and have no recording system that looks at “how many” greens, ambers or reds its services have received through the RAG rating system.

Step Four

Complete all the boxes, even if you feel confident you are doing something or there is something that doesn't happen and you can't make it happen locally (change to IT systems, for example) it is still important that all the boxes on the self-assessment are completed especially the evidence and the action boxes.

Step Five

Consistency is often one of the issues related to carer experience, for every great carer experience there are always another five that are poor, this is due to lack of consistency in staff knowledge and service delivery. The Triangle of Care provides teams with a way to ensure they are being consistent in their service delivery to carers; in addition, it may enable managers to identify training gaps for staff around carer awareness and understanding impact of caring.

Step Six

Evidencing your self-assessment is one of the most important parts of the process; this doesn't just mean that you say it happens or that a certain policy exists. The evidence is your opportunity to show that they happen or show that the policy works and staff understand it.

For the question about carers being identified as soon as possible after initial contact, for example, some in CAMHS may feel this is not relevant as they are already working with the family. However, this would be the chance for teams to look at whether there is more than one carer in the child or young person's life. This would be the chance to enquire about siblings acting as young and/or young adult carers. Siblings tell us they often get overlooked as carers, so this is a good time for staff to revisit who is providing care and to what extent. If child can provide consent to involve the carer and no consent was given, check this is still the case.

Below are a couple of examples of the kind of evidence you could include to show you are meeting standards:

For Standard 5, where an introduction to service is asked about, a simple leaflet could be provided, or a letter sent to the carer asking him/her to get in touch with the named nurse. The Triangle of Care for use within CAMHS provides ideas of what can be put into such a leaflet or information sheet and these are based on feedback from carers. If the setting is a CAMHS inpatient area, perhaps some photographs can be used to show parts of the ward which may be out of bounds for visitors, but which patient may use. Having this information can reduce the anxiety experienced by carers. If you decide to create a leaflet about a ward or CAMHS team it should state what the ward/team does, members of the team (not names but job titles) with

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a brief explanation of what the role is about, provide information about discharge process, and if relevant, including periods of passes out of the ward, (when might this be used and why, who decides), accessing education provision, if service is an inpatient unit, and other information about crisis contact or out of hours contact.

Evidence for achieving Standard 6 comes in the form of being able to demonstrate that staff are aware of community services which can provide support to carers and young carers, and referrals made to such services. It is encouraged that CAMHS staff contact local carer and young carer services to establish routes of joint working that might help provide information about what the carer services can offer. It might also be a good idea to display local carer information leaflets/posters in patient and visitor areas of the ward or reception areas. Some CAMHS teams have established links with local carer services and provide updated information or education sessions to carers/young carers once or twice a year, depending on what carers wish to discuss.

Step Seven

Following on from completion of self-assessment staff should then work with carers and carer organisations to look at the results and jointly agree a plan of action to address any issues, or to maintain the current way of involving carers. It is important that carers views are considered, for instance do they think staff engage with them, provide them with information and signpost them to relevant services. If this is not happening, then the action planning stage is when to address this by asking carers how best this could be achieved. Staff could ask for this part of the action plan to be completed by the carer service with carers so making it a truly joint approach.

Following development and implementation of action plan, the whole self-assessment process begins again. It is vital to stress here though that this does not happen straight away. Time must be given to test out the action plan and put things in place. Ideal is to develop a timeline and suggest a yearly self-assessment process involving carers and carer organisations. For example:

1 st self-assessment		Action Plan		2 nd self-assessment		Action Plan	
Started	Completed	Developed	Actioned	Started	Completed	Developed	Actioned
Jan 2018	Mar 2018	April 2018	May 2018	Jan 2019	Feb 2019	Mar 2019	April 19

This gives an idea of a timeline whereby assessment process is commenced at end of January 2018 and completed by end of March 2018. Action plan, including working with carers and carer organisations, is developed during April 2018 and implemented from May 2018 until end of January 2019 when the 2nd assessment process would begin again, and so on.

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Step Eight

When considering certain elements of the self-assessment which you may feel you can confidently complete as green, it's always worth asking yourself a simple question: "Do I know this works? Do I know this is what carers need?"

Many processes and systems are put in place as these are the most expedient for the person implementing them but are not always what's needed for the receiver or the service. Therefore, when you know you have a process in place it is always worth asking yourself the above questions, this can be particularly useful in relation to the following:

- Provision of information to carers on medication and mental health.
- Provision of information to carers on local carers services.
- Offering an appointment to carers to gather information or pass on information
- Providing carers, the opportunity to meet with CAMHS staff to discuss the situation of the person they care for and how they (both carer and service user) are involved or will be involved in this.
- Information on carers' rights including Adult Carer Support Plans or Young Carers Statement.
- Involvement in discharge planning, either from hospital, between services or from CAMHS in general.

These are the things that the Triangle of Care offers you the opportunity to review; it is not merely asking you to do something but instead offers you the opportunity to review, change, experiment, improve and work with carers, which will ultimately lead to the formation of an equal partnership in care between services and carers.

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