Triangle of Care

A step by Step Guide to Completing the Self-Assessment for CMHTs

Introduction
The Triangle of Care (ToC from herein) self-assessment tool is a vital resource to enable mental health staff and services, carers and service users to look at level of involvement and support provided to carers; to work together to improve service delivery; and to change the culture of the whole organisation to one of carer inclusion and whole family working.

Over the past few years, many Community Mental Health Teams (CMHTs) in Scotland, have been asked to undertake ToC self-assessment process, as well as in-patient wards. This process seems to have caused a bit of a difficulty, with many CMHTs finding the self-assessment structure more suited to in-patient services, for example, “we’ve been working with families for quite some time, so why would we suddenly send out a letter offering an appointment to discuss what we do?” CPN, NHS Greater Glasgow & Clyde.

The answer to this, is that in this instance it is not about sending out a letter of introduction, but giving the carer the chance to speak to team members on an individual basis. Many cares find it difficult to speak in front of the person they care for, but might welcome the chance to have a chat, either face to face or via telephone, with a member of the team. However, we can take action from this and change the wording slightly to ensure that staff are aware that what we are looking for here is that carer has access to the team where this is appropriate.

As a result of working with several CMHTs the following guide has been developed to assist CMHTs in the completion of the self-assessment tool. This is based on good practice, what is expected and what carers need.

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. It is also important at this stage that staff have the chance to meet and discuss the implications of Triangle of Care. In Scotland this can be assisted/facilitated by Carers Trust Scotland via Mental Health Development Coordinator, contact details at end of document. This will give staff a chance to raise issues, questions, concerns or suggestions.
### Step 2
Ideally ToC process should be a team effort. For some CMHTs this might be more difficult to achieve, due to nature of how team works. 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 is at this stage that consideration has to be given to involving carers and carer organisations. Some parts of the assessment may need to be completed by staff teams, but it is important that carers and carer organisations are fully kept involved in the process, possibly contributing to any changes in recording systems, or providing feedback on collecting information from carers for example.

It might be that individual team 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.

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 etc.) 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.

### 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 on admission, some CMHTs may feel this is not relevant. However this would be the chance for teams to look at whether in fact the carer was identified when team started to engage with service user, and whether this is still relevant. If no consent was given to involve the carer, check this is still the case.

This might also be a good time for community staff to check whether any young people in the family are now taking on caring duties. This could help identify young carers and so enable them to get support.

By doing this it will help you to identify whether a process is happening consistently and prevent carers/young carers going unidentified, vital information being missed and a positive relationship with the whole family being built.

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, many CMHTs will already be working with carers and so this would not be necessary. However, this does not mean that teams should not develop such an introductory leaflet. The leaflet should state what the CMHT does, members of the team (not names but job titles) with a brief explanation of what the role is about, moving on from CMHT and other information about crisis contact or out of hours contact.

An introductory letter has been developed for use with in-patient services, but this might not be needed with existing CMHT carers. For new carers then this might be something to consider and sent out along with information leaflet about service.

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 referrals made to such services. It is encouraged that CMHTs make contact with local carer and young carer services to establish routes of joint working that might help provide information to CMHT staff about what the carer services can offer.

It might also be a good idea to display local carer information leaflets/posters in outpatient areas or CMHT clinics. Some CMHTs have established links with local mental health carer groups and provide updated information or education sessions to carers once or twice a year, depending on what carers wish to discuss. This is the case in Argyll and Bute in the Oban, Lorne and the Isles CMHT and it works very well. There is a good sharing of information, none of which is confidential, and a chance to air concerns (on both sides) and link in with any consultations or

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developments within the CMHT or carer service which might be of relevance to carers and CMHT staff.

Step Seven
Following on from completion of self-assessment CMHT 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 taken into account, for instance do they think CMHT 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. CMHT 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 has to be given to test out the action plan and put things in place. Ideal is to develop a time line and suggest a yearly self-assessment process involving carers and carer organisations. For example:

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<tr>
<td>Started</td>
<td>Completed</td>
<td>Developed</td>
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<tr>
<td>31/01/17</td>
<td>31/03/17</td>
<td>April 2017</td>
<td>May 2017</td>
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This gives an idea of a timeline whereby assessment process is commenced at end of January 2017 and completed by end of March 2017. Action plan, including working with carers and carer organisations, is developed during May 2017 and implemented from May 2017 until end of January 2018 when the 2nd assessment process would begin again, and so on.

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 for the service. Therefore, when you know you have a process in place it is always worth asking yourself these questions, this can be particularly useful in relation to the following:

- Provision of information to carers on medication and mental health.
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- 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 Drs and CMHT staff to discuss the situation of the person they care for and how they are involved or will be involved in this.
- Information on carers’ rights including Adult Carer Support Plans or Young Carers Statement, (formerly known as carers’ assessments) and the implications of the new Carers Act (Scotland) and the duty on health boards to involve carers in discharge planning, amongst other things.

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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