

The Triangle of Care for Children and Young People's Mental Health Services (CYP MHS)

A Guide for Mental Health Professionals



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Acknowledgements

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Introduction and rationale

The Five Year Forward View on Mental Health states:

‘Carers have a unique role to play for some people with mental health problems and are often responsible for navigating complex health and social care systems and providing support to help the person manage. This includes the children of parents with mental health problems, who are likely to provide a caring role. Mental health practitioners should have the knowledge and skill to involve carers appropriately, including working with the person using the service and carers to determine what information can be shared between the three parties.’ (Mental Health Taskforce, 2016).

NHS England’s Future in Mind (NHS England, 2015) document states:

‘We need to value the importance of recognising and promoting good health and wellbeing in all people, not just focusing on mental illness and diagnosis. There is evidence that supporting families and carers, building resilience through to adulthood and supporting self-care reduce the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities.’

The NHS Long Term Plan (NHS, 2019) provides drivers to implement the Triangle of Care, contained in the specific measures for carers and people with mental health problems.

NHS England will introduce best practice Quality Markers for GPs (action 2.33) to highlight best practice in carer identification and support, these will provide an important route for carers at primary level to be identified. There may be opportunities for secondary mental health services to consider how they can link in with carers identified in this way, so that carers are

further supported both in the community and by trusts, in relation to their specific needs when supporting someone in secondary care.

NHS England will also encourage the national adoption of carers passports (action 2.33) in health settings and set out guidelines for their use. Funded by the Department of Health and Social Care and developed by Carers Trust, free materials have been specifically developed with and for mental health trusts to develop local passports – in conjunction with implementing Triangle of Care.

Mental health services should consider how their planning with carers can help them meet new commitments to carers to have ‘contingency conversations’ (action 2.34) so carers have appropriate backup support in place when they need it.

As part of the increase in spending for mental health services (action 3.89), service providers could consider how they can use part of this investment to adopt the principles of the Triangle of Care model to include carers as equal partners in care.

The aim to end acute out of area placements by 2021 (action 3.102) must ensure that people with mental health problems are given adequate support and that carers are involved as equal partners in care in decisions around what is an adequate level of support to avoid inappropriate discharges.

It will be important that carers are involved in the ‘new approach to young adult mental health services for people aged 18 – 25 that will support the transition to adulthood’ (action 3.30) so that carers and patients get the right support in this transition period.

In July 2010, The Triangle of Care, Carers Included: A Guide to Best Practice in Acute Mental Health Care was launched (The Princess Royal Trust for Carers, 2010). It was updated in 2013 (Carers Trust).

The Triangle of Care approach was initially developed by carers and sought to improve carer-professional engagement in acute inpatient services. It has been successful in effecting positive change for carers by encouraging joined-up working between the carer, the person using services and professionals. It has now been extended to cover all services within a mental health service whether an inpatient, community or specialist service. Carers frequently report that their involvement in care is not adequately recognised and their expert knowledge of how the person with mental health issues is when well is not valued and included in care planning. You can find out more about the Triangle of Care and the latest guidance at <https://professionals.carers.org/triangle-care-mental-health>.

Currently, there are 36 mental health trusts in England implementing the Triangle of Care via a membership scheme administered by Carers Trust. Many of these trusts also provide CYP MHS and have told us that they would like more guidance about how they can work with children/young people and their families – including siblings – ensuring they are supported, valued and kept as well as possible.

Carers Trust has developed the Triangle of Care for Children and Young People's Mental Health Services (CYP MHS) as a supplementary guide to complement the Triangle of Care (Carers Trust, 2013) and to help mental health professionals in CYP MHS to be better able to identify, understand and support carers. There is also a new CYP MHS assessment tool, based on the earlier self-assessment tool, which aims to be more relevant to CYP MHS, enabling CYP MHS teams to get a true picture of how they engage with carers and families and support the creation of action plans to achieve further improvement.

To gain a better understanding of how CYP MHS are currently interacting with families, we consulted parent carers, young

carers, young adult carers, mental health professionals and children and young people using CYP MHS across England.

It is clear that the approach of the Triangle of Care and the six standards are equally as relevant and appropriate for CYP MHS as they are for adult mental health services. However, the guidance and self-assessment require some adjustments to adequately respond to the differences in how CYP MHS are delivered.

It is the intention of this resource to highlight the areas where adjustments are required, to explain why this is necessary, and provide solutions to the challenges.

About Carers Trust

Carers Trust is 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.

We do this with a UK wide network of quality assured independent partners and through the provision of grants to help carers get the extra help they need to live their own lives. With these locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and 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.

Our vision is that **unpaid** carers count and can access the help they need to live their lives.



Reflections on the six standards

About this resource

This resource supplements and sits alongside the earlier Triangle of Care resource (Carers Trust, 2013) which can be found at <https://professionals.carers.org/triangle-care-mental-health>. It recognises that implementing the Triangle of Care within CYP MHS may present challenges and opportunities that need further guidance than the earlier Triangle of Care guide currently provides.

The core principles of the Triangle of Care are that carers, people who use services, and professionals should work in equal partnership to promote safety, support recovery, and sustain wellbeing. This document seeks to provide a framework for CYP MHS professionals to achieve cultural change within their organisation in how they work with, and are informed by, carers and families of the children and young people they support.

The guide is also a resource for adult carers, young adult carers and young carers who are supporting someone using CYP MHS, to identify what they can expect of services. It also aims to show how those services can work in partnership with the children and young people they support to get the best outcomes.

The consultation that informed the resource

Between February 2017 and June 2017, Carers Trust gathered feedback from parent carers, sibling carers, children and young people using CYP MHS and CYP MHS professionals. The findings from the survey supported the development of this toolkit and can be found on Carers Trust's website [Carers.org](https://www.carers.org).

The findings have been used to ensure these services are relevant to both carers and professionals as well as the young person receiving care.

Each section offers some relevant examples which link to the different standards. In addition, we have sourced some good practice examples that also relate to the six standards and have included a *Spotlight on procedures* section to help professionals consider their own practice and where changes to this practice can support better working with carers.

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

Key issues for carers in CYP MHS

In the development of this resource, we engaged with adult, young adult and young carers to see what the issues were for them as carers of children and young people using CYP MHS. The issues raised from this information gathering were:

- Waiting lists for assessment and treatment.
- The perceived culture of 'parent blaming' when a child develops a mental health need.
- Issues around transition – school transitions, transition from children to adult services, changes in staff.
- Issues with regular communication with staff.
- Lack of a whole family approach.
- Crisis services not meeting expectations.
- Lack of ongoing support after treatment or interventions – families felt discharge meant they were left alone.
- Lack of information from referral – families are not necessarily aware of what CYP MHS can and can't do.
- CYP MHS staff failing to recognise the parent's caring role alongside their parenting role.
- Lack of recognition of siblings and the feeling that their views and ideas are not listened to.
- A lack of understanding among CYP MHS staff of what young carers and siblings may miss out on because the parent is providing enhanced support to the child who is accessing CYP MHS.



The six standards of the Triangle of Care

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

“I feel that they see you as a ‘parent’ and caring for a child whilst poorly is just what a parent does, not understanding the impact that 24-hour care of a child, when you have to work and have no one else to care for that child, actually has on a person.”

Parent carer

It is important to identify parents, siblings and other family members as carers, where they are providing additional support to the child or young person.

What is often forgotten is how much support is given to children and young people by their brothers or sisters. Siblings often feel that they were one of the very few people that their brother or sister could talk to.

When a young person using CYP MHS was asked if anyone else in the family cared for or supported them, they said:

“My siblings, they let me know that they are there for me.”

Young person using CYP MHS

The relationship between siblings is different to that between parent/s and a child and sibling carers often have unique insights into the support needs of their brother or sister. Young carers and young adult carers need to be identified and supported to ensure they themselves remain well and have an equal opportunity to achieve what they want from life.

“I had a hard time at school and think if I had more support earlier, I might have gotten more exams and have a few more options now. No one at school really understood how much I had to do for my sister, so they just thought I wasn’t very smart or maybe a bit lazy. It would have been nice if someone understood and could have stuck up for me. But I don’t regret anything. My sister had to come first.”

Young adult carer

In some areas of the country, waiting times for CYP MHS can be long and carers have expressed that they need information, support and advice to help their child during the waiting period to ensure their child’s mental health does not further deteriorate and to minimise family stress.

Children and young people are often already experiencing significant difficulties by the time they come to the attention of services that may refer them to CYP MHS and so, long waiting lists can exacerbate an already precarious situation.

“Before diagnosis is one of the hardest, loneliest times for a parent. Over the GP’s head. School couldn’t cope. My family were in crisis and every person I spoke to at CAMHS, although polite, were unable to help. Promises of ringing back. People leaving. I was a mum in desperate need of help and advice, sadly this didn’t come.”

Parent carer

An early appointment for carers to speak with a psychiatrist or other health professional is needed to ensure the initial assessment is balanced, correct, and considers all factors that may have an influence on the child or young person. The carer may have insights that the child or young person themselves is unable to identify and can give an overview of the history relating to the child or young person’s mental health, including how they are when they are not experiencing symptoms and signs that their mental health may be deteriorating.

Good practice examples

A whole family approach – case study

A carer was supporting her son who has autism spectrum disorder (ASD) and who was having difficulty dealing with his emotions and experiencing anxiety. The carer was also expecting her second child and was concerned about how to handle a new baby and a young child experiencing difficulties.

The CYP MHS prioritised her son’s referral and provided family therapy to support the changes taking place in the family unit. The service met with the carer, both with her son and alone, invited her to give her own opinions about her son’s mental health and treatments and kept in regular telephone contact with her. Her son’s worker met with the carer on a weekly basis to teach her techniques to help her son prepare for the new arrival. The service also provided information about support for the carer, including local carer services.

CAMHS Ready app

www.camhsready.org is an app which gives children, young people and their families information about CYP MHS and the opportunity to make a checklist for discussions at the first appointment. (North Staffordshire Combined Healthcare Trust in partnership with FutureGov, Neontribe, Enabled by Design and Social Spider).

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

Spotlight on procedures

- At referral, give carers:
 - Information about your service.
 - A realistic expectation of how long the child or young person may be waiting to have their first appointment.
 - The support your service can (and can’t) provide.



- Information and sources of local support for themselves (such as local adult and young carer services) and their child (such as local support groups and voluntary agencies).
- Information about who they can contact if the child or young person’s mental health deteriorates or they experience a crisis.
- Information about strategies which may be able to help the child or young person.
- Information about a carer’s assessment and how they can access an assessment.
- Actively pursue carer input when triaging cases. Carers can be best placed to give you a holistic picture of the child or young person’s current mental wellbeing, level of risk, upcoming events which may have a negative impact and the child or young person’s history.
- Where possible, maintain contact with the family during the waiting period to assess if the child’s or young person’s mental wellbeing has deteriorated since referral or if the family has experienced any changes which may impact on their ability to cope. Strong links with crisis services can also assist in highlighting when a child or young person’s need for assessment and support has become more urgent.

Identifying carers and their vital role

“I was shut out, ignored and treated, at times, as an overbearing parent when I insisted on an emergency appointment or support for my daughter after she went into crisis and we were at our wits’ end!”

Parent carer

“Not sure the consultant really ‘gets it’. Much of our discussion was trial and error – which was OK as he was being honest – but would have felt better if he had been dealing with me as an expert.”

Parent carer

It is important to recognise that carers have a wealth of knowledge and expertise about the child or young person they support, so carers’ views should be valued, appreciated and acted upon.

A common barrier to doing this is that staff may be concerned that the carer’s views may be different from those of the child or young person. It is important for carers to consider this when advocating for the child or young person they care for, and how this impacts on their view of the situation.

The Triangle of Care is a model which asserts that care is best delivered when carers, people using services and professionals share their expertise and experiences to ensure the best outcome for all.

“The positive experience at the end was when everyone started to work together, listen and put a plan in place that we could all work to, instead of all pulling in different directions with instructions/ assistance being offered that was not fit for purpose or could not be followed/ adhered to.”

Parent carer

Listening to young carers and young adult carers

“I know my sister so well and I am the only person she can really talk to. She really relies on me at home and to do things for her when she is too anxious to go out. So, I would have thought I would have some useful things to add. Plus, what the doctors decide affects me!!”

Sibling carer

Young carers and young adult carers are particularly likely to not be acknowledged by mental health services and professionals. Young carers often have a wealth of hidden insight and information into the mental health of the sibling they care for.

“Quite often young carers aren’t being identified because this information is not given to us that they are looking after someone, often they think it is ‘normal’. I have recognised this and have started asking the question about do you look after someone, but I just need to get better at asking. It then comes down to what do I do when a young carer has been identified? This is what I’m not too sure about.”

CYP MHS worker

More information about the mental health of young and young adult carers can be found in Standard 4 later in this resource.

Carer engagement

“Although I feel confident to be able to support the parent carers within my therapeutic work, I am unclear what other services are available, who would qualify from a carer’s assessment and how this is arranged.”

CYP MHS worker

The Triangle of Care recommends carer awareness training for staff to help them understand and engage with carers and families. This should be comprehensive, covering not only how to identify a carer, but how to work co-productively with them and support them with their own needs. It is important that carer awareness training also includes how to identify and support young carers.

“It’s all good identifying a carer, but what can you do for them once they’re identified?”

CYP MHS worker

When carers are engaged and valued as true partners in care, their experience of CYP MHS can be much improved:

“During my daughter’s first referral I felt I was kept in the dark however, the second referral after a serious relapse has been much better as CAMHS work with me to help my daughter.”

Parent carer

“[He] wouldn’t be where he is now without CAMHS’ involvement.”

Parent carer



Carers in service development

The Government's Mandate to NHS England for 2017–18 (Department of Health, 2018) sets a goal that by 2020 services will:

'Ensure that patients, their families and carers are involved, through co-production, in defining what matters most in the quality of experience of services and assessing and improving the quality of NHS services.'

The Five Year Forward View for Mental Health (Mental Health Task Force, 2016) states, as one of its eight principles to underpin reform:

'Services must be designed in partnership with people who have mental health problems and with carers.'

Carers, along with children and young people who are using CYP MHS, will have a wealth of experience and ideas to support quality improvement in services. Carers form an important and consistent part of the care team of a child or young person and can identify gaps in services, devising creative ways to bridge these gaps.

Further guidance about engaging and working co-productively with carers can be found at <https://professionals.carers.org/carers-involvement>.

Children and young people with autism and a co-occurring mental health need

While autism is not a mental health problem, research has shown that 71% of children with autism have co-occurring mental health needs (Simonoff, E et al, 2008). One in ten young people with autism uses CYP MHS (Wistow, R and Barnes, D, 2009). There can be a lack of understanding by some about children and young people with autism who are using CYP MHS. A number of parent carers have highlighted the difficulty of appointments not

running to schedule, which resulted in their child having a 'meltdown'. Reactions of staff to this, including reception staff, can greatly influence how carers and young people view CYP MHS. Training and improved engagement with families of children and young people who have autism will help to understand their unique needs, improving and enriching the services for children and young people with autism and their families.

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

Confidentiality is an often cited issue when discussing the Triangle of Care. The principles of the Triangle of Care are clear that carers do need to know some information to effectively and safely provide care and support; and that this information can be provided in a way which does not breach the confidentiality of the person they care for.

CYP MHS staff felt most confident when they:

- Had clear consent and information sharing arrangements in place with the child or young person and their family.
- Had policies, procedures and laws to follow which gave them guidance on when to share information and what to share.
- Had received training and had experience and knowledge about sharing information and confidentiality procedures.
- Had the support of their team/colleagues/managers and supervision to help with complex cases.

This underlines the importance of conversations about, and agreement on, the level of information sharing taking place at the first appointment.

“I’ve always had a clear conversation with the [young person] and we are able to agree on what information can be shared. I’ve never been in a situation where a child or [young person] refuses for any information at all to be shared.”

CYP MHS worker

While there are cases where the child or young person doesn’t want to share any information, or sometimes even that they’re accessing CYP MHS, staff have a unique opportunity at the first appointment to discuss the reasons why the child or young person might not want some of this information shared with their family while supporting the negotiation and agreement of what they are happy to share. When this works, both parties can ensure the child or young person is getting the right support, both at home and when accessing services.

“At first, CAMHS used confidentiality as a reason not to work with me.”

Parent carer

“[CAMHS] told [my] daughter not to share what they had discussed. I was told to back off and not ask, even though she wasn’t eating!”

Parent carer

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

Carer leads – sometimes known as carer champions – are staff members in each team who help to keep their colleagues up to date with carer issues and changes in practice or legislation relating to carers, and help to direct the support that the CYP MHS provides for carers. It is important that all staff are responsible for identifying and supporting carers, and carer leads/ champions can support their colleagues to keep carers on the agenda.

It is also important for carer leads/ champions to think of all carers when planning services, not just adult carers. Young carers (aged under 18) and young adult carers (aged 16–25) provide emotional and practical support, which can impact on their own mental health and wellbeing.

“I also have mental health issues (anxiety and depression) so how this relates to looking after him (brother) and myself would be good.”

Young adult carer when asked what extra support they would like from services

A number of children and young people supported by CYP MHS may be young carers or young adult carers themselves. CYP MHS staff can work with the whole family to reduce the caring role for the child or young person by ensuring appropriate support is accessed.

Research undertaken by Loughborough University (Dearden, C and Becker, S, 2004) indicated that 31% of young carers in the UK care for siblings, while The Children’s Society, using Longitudinal Study of Young People in England data, reported in 2013 that 51% of young carers were caring for a sibling (Hounsell, D, 2013). This indicates that a significant number of the children and young people supported by CYP MHS may be receiving support from their siblings. Young carers and young adult carers are largely under identified, by services and, possibly, also by their families. Best practice would be to have the carer lead for the team also being young carer / young adult carer aware and ensure that they ask the question.



Good practice example

CYP MHS Carer's Assessment Workers

The CYP MHS Carer's Assessment Workers (CAWs) within Somerset Partnership NHS Foundation Trust form part of the Carers Services Team while working closely with colleagues in the Trust's CYP MHS.

The carer's assessment process encompasses all aspects of a parent carer's health and wellbeing and the optimisation of strategies to deal with the stress that caring can cause. This includes respite opportunities, alternative therapies, support of hobbies and interests and carer breaks. The work also includes the provision of emotional support, dealing with practical issues and lifestyle choices, relaxation techniques, healthy eating, exercise and building self-esteem. The carer's assessment service offers an opportunity to engage with parents in a way that addresses the practical as well as the emotional impact of their child's difficulties.

The CYP MHS CAWs also facilitate parent peer support groups and assist with organising managing difficult situations workshops, two of which are designed specifically for parent carers. They work closely with the Somerset Young Carers Project (Somerset County Council) to identify and support sibling carers.

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

Carers often tell us that they don't understand what CYP MHS can do, and don't know who to contact in the service. This can happen even when staff feel they have already given this information to carers. This disconnect can be explained by the timing and method in which carers are given information, as illustrated using the following example:

Mary's daughter, Liliana (15), has been exhibiting increasingly worrying behaviour over the last three weeks. Liliana has resumed her self-harming behaviour and has become severely depressed. She hasn't attended school for the last two and a half weeks.

Mary has been concerned and has been trying to get Liliana some support via her GP. The GP has referred Liliana to CYP MHS but there is a 12-week waiting list for assessment. Mary and her husband have both had time off work to look after Liliana and worry about their employment.

Mary has two other children, a boy aged 16 and a girl aged 13. Her 16-year-old son is very close to Liliana and is affected by her behaviour.

One day, Mary's 13-year-old daughter is taken ill at school and while she is out of the house Liliana harms herself. Mary has to call an ambulance and her 13-year-old is very distressed. Liliana receives treatment and is admitted to an inpatient ward. Mary stays overnight with Liliana but has a poor night's sleep. Mary feels exhausted and guilty. This is her first visit to a psychiatric ward.

Mary is told the visiting times of the ward verbally before leaving the ward. When Mary gets home she can't remember the information she has been told and has nothing to refer to from the ward.

In this example, Mary is unable to absorb any information from the staff member. A simple remedy could have involved giving Mary a brief introduction leaflet/booklet, which explained:

- The ward visiting hours.
- What it might be useful to bring in for her daughter. What she isn't allowed to bring in (such as sharps).
- Who Liliana's psychiatrist is and when she can speak with them.
- The telephone number of the ward.
- Details of local carer support services, in case Mary needs emotional support or advice about her rights as a carer, particularly regarding her employment.

Good practice example

The Children's Integrated Therapy and Nursing Service web page for parents and carers

The web page at www.lancashirecare.nhs.uk/childrens-integrated-therapy-and-nursing-service gives parents information about how the service can help their child, strategies that parents can use to support their child and contact details. (Lancashire Care NHS Foundation Trust).

Standard 6 – A range of carer support services is available

“As a mum who also has mental and physical health problems, trying to support a 10-year-old whilst keeping my own mental health stable is difficult. They need to understand the family as a whole and support the family as necessary. A full holistic, family support service is essential.”

Parent carer

“I really wish they gave advice on carer support groups; I feel so isolated.”

Parent carer

Carers of any age may need different support at different times. Some of the support they may need includes:

- Information about their rights as a carer.
- Advocacy, for themselves or the person they care for.
- A carer's assessment or whole family assessment which they are entitled to under the Children and Families Act.
- Information about the mental health needs of the person they care for.
- Information about treatments and/or medication.
- Family therapy/talking therapies that might be available.
- Peer support from other carers who have had similar experiences.
- How to access benefits or financial advice (including advice about grants).
- Support to maintain their own physical and/or mental health.



- How to access employment/education advice.
- Support navigating health and social care pathways.
- Support for other family members to understand or come to terms with the needs of the child or young person they care for.
- How to access respite or opportunities to take breaks from caring.

It would not be expected that mental health services would directly provide all this support for carers. A range of local services exist for carers and building strong local links between statutory and voluntary services will benefit all partners.

Good practice example

Rollercoaster is a support project in the North East of England for parents/carers who are supporting a child or young person with any kind of emotional or mental health problem. Rollercoaster was set up by two parents in partnership with Tees, Esk and Wear Valley Trust CAMHS service. The project ran voluntarily for two years and is now in the third year of commissioning supported by Durham County Council and funded via North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Group. Currently, the group meets in two locations, twice a month, and consists of guest speakers, discussion topics and practical tips. Groups are attended by a CAMHS nurse to support the discussions. In addition to the group, there is an E-network, Facebook group, training opportunities and links to local and national advisory work.

Conclusion

CYP MHS face a number of pressures and challenges. Staff work hard to provide the best service that they can for children and young people. Families and carers similarly are often facing additional pressures and challenges, doing their best to deal with the practical and emotional issues raised when a child or young person is experiencing mental ill health.

By staff and carers working together in equal partnership with the child or young person, their collective knowledge and expertise can be used to devise individual care and support plans to help support recovery for the whole family.

With half of all adults diagnosed with a lifetime mental illness experiencing symptoms by age 14, and three quarters by their mid-20s (Kim-Cohen, J et al), CYP MHS has a unique opportunity to support children and young people and their families in the development of tools to build lifelong strategies, achieving the best mental health and outcomes possible.

We hope this resource will be a useful tool in supporting CYP MHS to implement the Triangle of Care within their services. A range of resources and support can be accessed via <https://professionals.carers.org/triangle-care-mental-health> and more information can be obtained from Carers Trust by emailing policy@carers.org

When it works well, referral to CYP MHS can be a positive event in the life of young people and their families.

“I had a great experience with CAMHS. They listened, helped and when a mistake was made, helped rectify it immediately and calls were made. This helped us feel safe and in control with care for my son where, with some organisations, you don't get that.”

Parent carer



Further information

Commissioning for Quality and Innovation scheme (CQUINs) and the Triangle of Care

The Commissioning for Quality and Innovation (CQUIN) scheme is a payments framework designed to improve the quality of care to patients, and transparency of services, provided by organisations providing services under an NHS Standard Contract.

NHS England implemented CQUINs in 2009, making a portion of providers' income conditional on improvement in the quality of specific, identified service areas. Each year since, there have been new CQUINs set from April to March, focussing on different service areas. In 2017, NHS England rolled out a two-year CQUIN scheme, designed to give providers the opportunity to implement quality improvement initiatives over a longer period and so achieve greater stability on the CQUIN goals.

While CQUINs are useful motivators for providers to implement greater support for carers within their services, they must not be relied upon to effect long-term change, due to their transitory nature.

Relevant CQUINs are:

- Improving services for people with mental health needs who present to A&E.
- Transitions out of CYP MHS.

More information can be found at

www.england.nhs.uk/nhs-standardcontract/cquin/.

The Care Act 2014

The Care Act 2014 largely came into force in April 2015.

It puts in place significant new rights for carers in England including:

- A focus on promoting wellbeing.
- A duty on local councils to prevent, reduce and delay need for support, including the needs of carers.
- A right to a carer's assessment based on the appearance of need.
- A right for carers' eligible needs to be met.
- A duty on local councils to provide information and advice to carers in relation to their caring role and their own needs.
- A duty on NHS bodies (NHS England, Clinical Commissioning Groups, NHS Trusts and NHS Foundation Trusts) to co-operate with local authorities in delivering the Care Act functions.

The Children and Families Act 2014

Following extensive lobbying by the National Young Carer Coalition chaired by Carers Trust, The Children and Families Act 2014 gives young carers a right to assessment and to have their needs met.

The Care Act and the Children and Families Act together should provide a framework to ensure whole family needs are met and inappropriate caring for young people is prevented or reduced.

The rights of parent carers have also been addressed within the Children and Families Act. A local authority will have a duty to provide an assessment to a carer of a disabled child aged under 18 if it appears that the parent carer has needs or the parent carer requests an assessment.

Carers Trust has produced a briefing on the Children and Families Act and its key provisions for young carers, young adult carers and their families. See https://professionals.carers.org/sites/default/files/children_and_families_act_briefing.pdf.

You can also read an overview of the rights for young carers and young adult carers and their families in both the Care Act and the Children and Families Act. See www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/young-carers-and-parent-carers/enacted.

The Young Carers (Needs Assessments) Regulations 2015 can be found at www.legislation.gov.uk/uksi/2015/527/pdfs/uksi_20150527_en.pdf.

Further information about the laws relating to carers in England can be found on the Carers Trust website at Carers.org/article/policy-and-legislation.

Local support for carers

You can find your nearest carer service by using our Find local care and carer services facility at **Carers.org** (any time) or calling 0300 772 9600 (Monday–Friday, 9am–5pm).



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Between February 2017 and June 2017, Carers Trust gathered feedback from parent carers, sibling carers, children and young people using CYP MHS and CYP MHS professionals. The findings from the survey can be found on [Carers.org](https://www.carers.org).

Appendix 1: Triangle of Care for CYP MHS self-assessment tool

Tips and guidance for staff completing the self-assessment tool

The Triangle of Care for CYP MHS self-assessment tool enables mental health providers to assess their services on a ward by ward or team by team basis.

The tool is easy to use and involves a simple traffic light system for assessing current service delivery.

General guidance

- Consistency – although individual services and teams can complete the self-assessment, it is recommended that all teams complete the tool at the same time as a co-ordinated exercise, encouraging ownership at an organisational level.

Completed self-assessments should be sent to an independent person or the organisation's carer lead to review. It is good practice for local carer partners (a carer forum or group, or representative(s) from a local carer service) to also review the self-assessments to provide feedback on where they feel the team is doing well. They may notice areas where the team is providing good support which has not been recognised by the team or identify areas where improvements could be made.

The review should check that the ratings and action points are consistent. This will also enable identification of common issues across teams, ensure consistent roll out across the organisation and identify good practice which can be shared with colleagues.

- Honesty and candour – adopting this principle will benefit the organisation or team when completing the self-assessment.

Staff who have completed the tool previously have found it a more positive experience to adopt a warts-and-all approach. This enables teams to see what they are doing well and action plan more clearly for areas that require improvement. The tool is useful to reflect, help plan and implement quality improvement in partnership working with carers, as with other tools, such as Plan, Do, Study, Act (PDSA) cycles.

No team or ward is expected to be perfect and some areas where staff feel the service is red are to be expected. It is crucial to convey to teams that identifying themselves as red in a criterion is not negative as it shows the team is aware of its practice in relation to carers. It is recommended that organisations do not adopt a league table system as this may encourage staff to focus upon 'being green' instead of focusing upon the outcomes for carers and the people they care for. It is important also to celebrate successes and share good practice within the whole organisation so that other teams can benefit.

- Clarity – to ensure accuracy it is advised that data used can be evidenced, for example, checked against training records.
- The By whom section of the form – this section should include the name of the person or people who will be responsible for this area and any others involved in the actions for the criterion.



- Traffic light ratings

| | | |
|--|---|--|
| The criterion is met less than 50% of the time | The criterion is met 50–79% of the time | The criterion is met 80% or more of the time |
|--|---|--|

- For example – criteria 1.1, identifying the carer routinely; this should be occurring with 80% or more of carers if rated green and should be clearly evidenced.
- Another example is criteria 2.1 – staff have received carer awareness training; this should be rated green when 80% of staff have either received the training or are booked on to it and when the training is up to date and relevant. Crucially, this 80% must include the most senior staff in the team, including psychiatrists.

Golden rules

- All staff must read the guidance within the Triangle of Care for CYP MHS before completing the self-assessment form.
- All boxes must be completed, even if the criterion has been marked green. Further improvements may be action planned, or a plan of how to maintain the rating can be detailed in this instance.
- Marking a criterion as red does not denote failure, but an honest appraisal of current support and partnership undertaken with carers and a commitment to change.
- While some criterion may be dependent upon organisation-wide processes (for example, carer awareness training), most are not. Teams are encouraged to develop their own local solutions and share the outcomes with their colleagues across the wider organisation.

- Evidence for Red Amber Green (RAG) ratings must be provided and checked by carer leads/champions.
- Each team should devise an action plan arising from its self-assessment. These plans should be realistic on known resources, and measurable.
- The self-assessment should be completed annually to assess progress and areas of difficulty.

Reminder: About carers

- A carer is anyone who cares, **unpaid**, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
- A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol.
- Young adult carers are young people aged 16–25 who care, unpaid, for a family member or friend with an illness or disability, mental health condition or an addiction.

In CYP MHS, parents and siblings are likely to be providing additional support to the child or young person using CYP MHS and would, therefore, be carers.

Triangle of Care for CYP MHS self-assessment tool

Name of service:

Date self-assessment commenced:

Date self-assessment finalised:

Name of staff member completing:

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

| | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|---|---|---|-------------------|-------------|-------------------------|----------|----------|
| 1.1 | | | | | | | | |
| 1.2 | | | | | | | | |

- The carer(s) are routinely identified with the child/young person when carrying out an assessment
- Special circumstances of carer(s) are recorded, for example:
- Parent of young family
 - Single parent
 - Sibling carer
 - Young carer or young adult carer (cont)



Standard 1 – (continued)

| | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|----------|----------|----------|--------------------------|--------------------|--------------------------------|-----------------|-----------------|
| | | | | | | | | |
| | | | | | | | | |
| 1.3 | | | | | | | | |
| 1.4 | | | | | | | | |
| 1.5 | | | | | | | | |
| 1.6 | | | | | | | | |

Standard 1 – (continued)

| Criteria | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|--|---|---|---|-------------------|-------------|-------------------------|----------|----------|
| 1.7 Carer(s) have access to advice re: advocacy, welfare rights, other sources of support for themselves, their family and the child/young person using CYP MHS | | | | | | | | |
| 1.8 The initial assessment asks if the child or young person using CYP MHS provides care for someone else NB: The young person may not have identified themselves as a carer | | | | | | | | |

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"> • How to identify carers • Awareness of carers' own needs • Supporting young carers and young adult carers (cont) | | | | | | | | |



Standard 3 – (continued)

| | Criteria | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|---|---|---|---|-------------------|-------------|-------------------------|----------|----------|
| 3.2 | Agreement is reached with the child or young person about the level of information which can be shared with the carer (where the child or young person is deemed to be Gillick-competent) | | | | | | | | |
| 3.3 | If a child or young person who is deemed to be Gillick-competent wishes no disclosure, staff regularly revisit this decision with them | | | | | | | | |
| 3.4 | Carer is offered support and general information when the child or young person wishes no disclosure | | | | | | | | |
| 3.5 | Carer is encouraged to share information re: the child or young person to inform the assessment and treatment | | | | | | | | |
| 3.6 | Carer's care plan, notes and letters are kept in a separate section of the service user's notes/on IT systems | | | | | | | | |



Standard 3 – (continued)

| | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|------|----------|----------|----------|--------------------------|--------------------|--------------------------------|-----------------|-----------------|
| 3.7 | | | | | | | | |
| 3.8a | | | | | | | | |
| 3.8b | | | | | | | | |
| 3.9 | | | | | | | | |

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

| | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|----------|----------|----------|--------------------------|--------------------|--------------------------------|-----------------|-----------------|
| 4.1 | | | | | | | | |
| 4.2 | | | | | | | | |

Standard 4 – (continued)

| Criteria | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|--|---|---|---|-------------------|-------------|-------------------------|----------|----------|
| 4.3 A carer champion/ lead network or peer support forum is in place locally to provide support to carer leads in implementing the Triangle of Care in their service | | | | | | | | |

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

| Criteria | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|--|---|---|---|-------------------|-------------|-------------------------|----------|----------|
| 5.1 Upon first contact/ referral, the service provides the carer(s) with an introductory letter which explains: <ul style="list-style-type: none"> • What the service can (and cannot) provide • Points of contact (for example, psychiatrist, named nurse and care co-ordinator's name) • How long the wait for first appointment is likely to be (cont) | | | | | | | | |



Standard 5 – (continued)

| | Criteria | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|---|---|---|---|-------------------|-------------|-------------------------|----------|----------|
| | <ul style="list-style-type: none"> Information and sources of local support for themselves and the child/young person they care for Information about strategies to support the child/young person Any out of hours/ crisis provisions Information about how to obtain a carer's assessment | | | | | | | | |
| 5.2 | An early formal one-to-one appointment is offered to the carer(s) to hear their story, history and address carer concerns | | | | | | | | |
| 5.3 | Upon first contact, the service has meeting and greeting protocols in place to reduce carer distress and address concerns | | | | | | | | |

Standard 5 – (continued)

| | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|--|----------|----------|--------------------------|--------------------|--------------------------------|-----------------|-----------------|
| 5.4 | | | | | | | | |
| | Carers are routinely given an information leaflet covering immediate practical matters (for example, visiting times and allowed items in inpatient settings or crisis/out-of-hours services in community) upon referral to the service | | | | | | | |
| 5.5 | | | | | | | | |
| | Locally developed carer information packs are provided to new carers at first meeting | | | | | | | |
| 5.6 | | | | | | | | |
| | The cultural, language and accessibility needs of carers have been addressed in the preparation of the information pack | | | | | | | |
| 5.7 | | | | | | | | |
| | The format of the information pack is flexible and regularly updated | | | | | | | |
| 5.8 | | | | | | | | |
| | A member of staff is made responsible for commissioning, storing and issuing the packs | | | | | | | |



Standard 5 – (continued)

| | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|------|----------|----------|----------|--------------------------|--------------------|--------------------------------|-----------------|-----------------|
| 5.9 | | | | | | | | |
| 5.10 | | | | | | | | |
| 5.11 | | | | | | | | |

Standard 6 – A range of carer support is available

| | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|----------|----------|----------|--------------------------|--------------------|--------------------------------|-----------------|-----------------|
| 6.1 | | | | | | | | |
| 6.2 | | | | | | | | |
| 6.3 | | | | | | | | |

Standard 6 – (continued)

| | Criteria | R | A | G | Where are we now? | Action plan | Evidence of achievement | By whom? | By when? |
|-----|--|---|---|---|-------------------|-------------|-------------------------|----------|----------|
| 6.4 | <p>All carers are automatically offered:</p> <ul style="list-style-type: none"> Information about a carer's assessment A referral for a carer's assessment should they wish A referral to their local carer service/group | | | | | | | | |
| 6.5 | <p>The carer's needs and plans are regularly re-assessed</p> | | | | | | | | |
| 6.6 | <p>Family therapy and/or talking therapies are offered to all carers (including sibling, young and young adult carers) and family if required (may require external referral)</p> | | | | | | | | |





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