



The Triangle of Care Toolkit – A Resource for Mental Health Service Providers

Introduction

The Triangle of Care was launched in 2010 and was developed by carers who were supporting someone who regularly needed acute inpatient mental health services. It identified six key standards that if in place would mean that the carer would be better involved and supported by mental health services.

Since the launch, Carers Trust has led on the programme in England developing the original guide so that it can be implemented across all mental health services including specialist, forensic, children's, older people's and community.

In 2013 the Triangle of Care membership scheme was launched to enable mental health providers to receive formal recognition of their commitment to cultural change and carer involvement. Since its launch, 31 NHS trusts have joined the scheme and their experience, knowledge, good practice and pitfalls have been identified to help develop a toolkit for implementation of the Triangle of Care.

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The experiences of the 31 trusts who have joined the Triangle of Care membership scheme between 2013 and April 2015 have been extensive. Carers Trust has been able to identify good practice where it has been implemented which has ensured a more successful implementation of the Triangle of Care. These experiences have been collated to develop a toolkit. This toolkit aims to support trusts who are at the beginning of their Triangle of Care journey, those who are yet to begin and those who are already well progressed but want to learn from their peers and ensure a legacy of cultural change.

The toolkit will focus on the different elements that trusts should consider when implementing the Triangle of Care across their services:

- Strategic buy-in and support

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- Commissioning and reporting levers including Care Act 2014.
- Staff promotion and buy-in.
- Carer partners.
- Service user partners.
- Carer champions.
- What good looks like and celebrating good practice.
- A willingness to be honest and encouraging the value of honesty.
- Frequently asked questions.

These elements have been identified as important to successful implementation if they are in place. While not all the elements are in place in all trusts many trusts do have a majority in place and this has helped their journey be more successful.

Strategic buy-in and support

Triangle of Care implementation cannot be achieved through a top down approach. Strategic buy-in, support and understanding is vital.

In trusts where implementation has worked well, board members have a clear understanding of the purpose and expectations of the membership scheme, the support required by those leading the implementation and a long-term commitment that goes beyond the self-assessment stage.

A presentation to the Board of Directors and the Board of Governors can enable them to understand the purpose and value of the Triangle of Care and of the membership scheme.

Issues that have occurred when boards do not fully understand the purpose and value of the Triangle of Care include:

- A short-term focus on self-assessment completion with no support for long-term change.
- A focus on identifying greens (in the RAG rating system on the self-assessments) at all costs and focussing on this to the detriment of cultural change.
- A lack of investment and support to organisational change.
- Implementation being left to staff who do not have the seniority to influence organisational change.
- Staff feeling demoralised without recognition of the hard work put into self-assessment and to action planning for change.
- Carers and carer organisations losing faith with the service if the Triangle of Care is not implemented fully.

Positive steps that boards have undertaken in trusts where implementation has worked well include:

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- A director (at board level) who acts at the strategic lead for the implementation.
- Senior staff being open and clear about their support for the Triangle of Care and long-term change.
- Boards having realistic expectations and recognising that the Triangle of Care is not a short-term project.
- Identify a Triangle of Care lead in each business directorate and at each tier of management.
- Carer governors playing an active part in engaging, promoting and driving the Triangle of Care forward. Including governors on Carer Strategy Boards can be beneficial.
- Trusts having one or more dedicated carer governors who are also involved in the implementation and oversight of the Triangle of Care – this can help to support strategic buy-in.
- An open and honest attitude to the engagement and involvement of carers. Organisations that are honest about their involvement of carers up to joining the membership scheme encourage carers to support them through the process. Acknowledgement that they don't always know what carers need is incredibly beneficial.

Commissioning and reporting levers

We all know that people respond to different motivators and for every carrot we also need a stick. Commissioning, reporting and existing audits can act as levers to ensure the Triangle of Care is given the importance it deserves and ensures it becomes part of the regular reporting structure of the trust.

Some of the mechanisms that members of the Triangle of Care have used include:

- Commissioning for Quality and Innovation (CQUINs) – although caution is advised. CQUINs should be used as a lever for implementation and they must meet the needs of the full implementation and not focus on one service area.
- Trust dashboards – inclusion can ensure strategic buy-in and ongoing monitoring.
- Including the Triangle of Care on an organisation's quality account.

It is important to note that with the introduction of the [Care Act 2014](#) and [the Children and Families Act 2014](#), the Triangle of Care can support trusts to ensure they are compliant with their requirements in terms of identification of carers and ensuring they receive a timely and appropriate carer's assessment.

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Staff promotion and buy-in

As the Triangle of Care self-assessment has to be completed by staff on each ward and team and cannot be 'done' to them, it is important that staff have a clear understanding of what the Triangle of Care is, its value to not only carers but also to their service users and their own practice.

Successful strategies for staff understanding and buy-in include:

- Presentations to ward managers to ensure they understand their responsibility and that of their teams. These are best delivered by the trust carer lead (or person leading on the Triangle of Care for the trust) in partnership with their local carer organisation and carers.
- Presentations to teams, explaining what the Triangle of Care is, how the self-assessment should be completed and the value of honesty. These can be delivered by the team leading on the Triangle of Care for the trust in partnership with carers and local carer organisations. Including local carer organisations in these helps to establish relationships between frontline staff and carers support services.
- The carer lead and their team supporting staff initially to complete the self-assessment, thus ensuring consistency, quality and honesty.
- Establishing a network of trained and committed carer champions who are able to support their colleagues through the self-assessment and improvement process.
- Celebrating the good practice – it's vital not to only highlight areas that need improvement. One of the clear outcomes of Triangle of Care self-assessments is the good practice identified on wards and in teams which can then be replicated across a service.
- Ongoing support enabling staff to ask questions, problem solve and understand what good looks like. A trust Triangle of Care steering group or carer champion peer support group is an excellent way to facilitate this, however ensuring staff attend is vital for success.
- Dedicated carer workers who can support staff with a specific training programme and advice.
- Carer awareness training (even having a dedicated trainer responsible for this). Those trusts that have invested in training have seen positive changes in staff understanding and engagement with carers.
- Providing staff with copies of the Triangle of Care guide so they can understand the rationale of Triangle of Care. Encouraging reading before completing the self-assessment can add context for the tool.

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Carer partners

After the first year of implementing the Triangle of Care membership scheme, Carers Trust updated the guidance and requirements for those trusts who joined the membership scheme. It became clear that those trusts who had established a relationship with their local carer organisations as well as ensuring they were actively seeking carer evidence to support the RAG ratings on their completed self-assessments were achieving more accurate self-assessments.

Not all trusts are able to have an organisation as a carer partner. For those, it is important to facilitate an active group of carers who are able to provide informed and up-to-date feedback. Carers should and must feel part of the process.

It is important that the carer partners (whatever form they take) are there to advise and monitor the implementation. Their feedback should be taken seriously and acted upon to ensure veracity of the process and long-term trusting relationships with carers.

In addition, it is important to establish a relationship with the local carer organisations. They will be able to not only support the process of implementation but build relationships with staff so that they are aware of what services are available to carers and how they can access them.

In trusts where a strong partnership has been built with their local third sector partners, both organisations as well as staff and carers have benefited. Examples include:

- As a result of the strong partnership between Sutton Carers Centre and Ward Three at South West London and St George's Mental Health NHS Trust both organisations have seen clear benefits. The carers centre has seen an increase in carer referrals and Ward Three has seen a reduction in complaints from carers.
- In Northamptonshire the working relationship between Northamptonshire Carers Centre and ward staff at Northamptonshire Healthcare NHS Foundation Trust has led to staff having a better awareness of what services are available for carers in their local area.

It is important to note that the Triangle of Care implementation should not be seen as the responsibility of the carer partner organisations. Their role is to act as a critical friend, monitoring progress, and offering advice, support and expertise. It is not to ensure that self-assessments and action plans are completed. Although they do play a vital role in ensuring the quality of these.

In addition to building a relationship with carer organisations who act as critical friends it is important for trusts to work to involve carers in the process of the Triangle of Care implementation.

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It is important to remember that carers (just like all people) come in all shapes and sizes and it is important to get as good a representation of them as possible. This includes, young and young adult carers.

Trusts who have ensured carers are included at all levels in the monitoring process, right down to ward level help build positive relationships between carers and professionals. It is important that trusts seek to include and gather evidence from a range of carers. The Triangle of Care presents an opportunity to include and build relationships with carers who may have previously been excluded from influencing the organisation's work.

Providing copies of the Triangle of Care guide to carers can ensure carers become better informed of the process and be true equal partners.

Service user partners

As the focus of the Triangle of Care is about improving carer inclusion and support it can be easy to overlook the need to include the key point of the triangle in the implementation of the standards.

Service users play a key part in the Triangle of Care. Many recognise the need for involvement and support of carers when they themselves are at their most vulnerable.

In addition, many of the good practice examples, tools and policies cited in the Triangle of Care are specifically for services users, for example advance statements.

Including service users in the steering and implementation groups for the Triangle of Care in your organisation can help create a truly equal relationship between all three partners. In addition, service users are able to offer insight into some of the barriers and challenges that may prevent robust implementation.

When involving service user partners in the implementation, just as with the involvement of carers, it may be useful to approach a service user organisation that can represent a wide range of services users, providing you with the diverse experience necessary. If you do not have a local organisation who is able to fulfil this role, then when recruiting service users it's important to ensure that the diversity of those who use all your services are represented.

Good practice example:

Sussex Partnership NHS Foundation Trust has set up a clear Triangle of Care to look at how it can implement the programme in one of its regions. Staff, carers and service users are working together to look at how the Triangle of Care can be embedded in their local services.

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Carer champions

Carer champions are vital to the successful implementation of the Triangle of Care in wards and teams. They act as the supporters, cheerleaders and activists of the Triangle of Care. They are quite literally the champions however the timely and successful implementation of a network of carer champions can ensure a smoother and more successful cultural change towards carer inclusion.

Important steps to ensure a robust and successful carer champion network include:

- Having a carer champion in all levels of management in your organisation.
- Ensuring a network of support for carer champions, this includes ensuring ward and team managers are aware of their responsibilities for the implementation as well as the champions.
- Ensuring the Triangle of Care is not the sole responsibility of team leaders and ward managers, however, it is important to ensure that they are fully supportive of the carer champions in their teams.
- A high profile recruitment programme that shows the advantages to staff of becoming champions.
- Training for all new champions before they take up the role.
- A clear role description.
- A regular peer support system to ensure that each carer champion benefits from the support of their peers.
- Considering recruiting more than one champion per ward and team to address the issue of sickness and staff moving on or changing roles.
- Considering including champions training in the organisation's continued professional development to provide an incentive to staff to take up the role.
- Recognising that sometimes the best person for the role is the person with the most passion and drive.

A number of organisations have asked who makes the best carer champion. Some providers have found that stipulating the champions have to be a specific grade and above has helped ensure more robust implementation, however others have favoured enthusiasm over seniority. Both options appear to have their merits and work for each of the organisations who have chosen them. It is worth noting that whichever system is adopted carer champions must have clear and open support from their managers and receive allocated time to undertake their Triangle of Care and carer responsibilities.

Good practice example:

- Somerset Partnership NHS Foundation Trust holds a regular Carer Champion Peer Support Day, this includes an opportunity to problem solve and share good practice. In addition a regular training session is included in the day.

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- Cheshire and Wirral Partnership NHS Foundation Trust developed a role description and has a training session for new carer champions.
- Mersey Care NHS Trust has included the carer champion role in its continuing professional development programme.

What good looks like and celebrating good practice

One of the biggest challenges of the Triangle of Care implementation is ensuring the completion of the self-assessments. One of the key challenges of the self-assessments is ensuring quality, ownership, value and that they remain 'live'.

Many NHS services are asked to undertake a wide range of audits for outside organisations, as such many teams may perceive the self-assessments as another tick-box to complete so it is important to bare this in mind when introducing the Triangle of Care to staff.

When rolling out the self-assessments into wards and teams it is a good idea to consider the following:

- What are your timescales? You need to consider your deadline for submission of all your self-assessments and ensure you can get them all back from wards and teams and review them in time.
- Do staff understand what the Triangle of Care is, and have they had chance to read the full guide and ask questions before completing the self-assessment?
- Have you ensured staff understand that the self-assessment isn't punitive? It is a tool for improvement and to identify good practice?
- Have you ensured strategic leads as well as staff know that honesty is the best policy? It has been shown that where a perception that 'all greens' is the goal the self-assessment is less valuable and staff tend to resent it more.
- Have you given staff clear guidance on how to complete the self-assessment, including the need to include clear evidence for each element as well as actions?
- Are you providing initial support and an opportunity to answer follow-up questions?
- Can the whole team input into the process? Although carer champions and ward/team managers should have overall responsibility for the completion of the self-assessment it is important that the whole team is involved.
- Have you provided staff with a clear timeframe for completion? As the self-assessment is long, this is vital. It is also useful to reassure them that it can be completed in portions before it is submitted.

Ensuring the quality of the self-assessments is not only beneficial to the person responsible for submitting them for peer review, but also to teams and the organisation as a whole.

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For wards and teams, an honest and clearly completed self-assessment can be used as a resource for improvement, identifying areas of need and showcasing good practice. For the organisation, it help identify gaps between policy and practice, training needs and issues with an organisation's systems which have prevented staff fully implementing policy. In addition, where an organisation is showing an honest assessment of their services and a clear commitment to long-term change; carers feel more confident that the support they are providing the process is worthwhile and will become an ally in the process as well as a critical friend.

Good practice examples:

- Hertfordshire Partnership University NHS Foundation Trust's Carer Support Workers visited teams to advice and provide guidance on self-assessment completion before teams completed their self-assessments.
- Northumberland Tyne & Wear NHS Foundation Trust asked staff to complete a pilot self-assessment to establish a baseline of understanding and completion quality which then enabled it to provide guidance to teams before they completed the full self-assessment.

A willingness to be honest and demonstrating its value

For many, showing candour and honesty in previous audit processes has been scary especially when considering the impact perceived failure can have on an organisation. It is therefore important to reflect on what the Triangle of Care membership scheme was created for. The programme aims to support organisations to undertake long-term cultural change and this cannot be achieved without a willingness to hold a mirror up and truly reflect on one's current practice.

Many staff have reported being pleasantly surprised at the value they have found in undertaking the self-assessment and organisations have been able to identify a wide range of good practice across their services which they are then able to share.

It is important to show staff that where they aren't meeting the standards of the Triangle of Care the organisation is ready to support them to improve this not punish them.

Frequently asked questions

1. Is there a fee to join the Triangle of Care?

At present there is no fee to join the membership scheme.

2. Do all services need self-assessing?

Yes, all the services that your organisation provides must be self-assessed. All inpatient services, community services, crisis teams, rehabilitation, learning disability, substance misuse, older peoples and any specialist service that comes into contact with carers should be self-assessed.

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3. Is my mental health trust a member of the Triangle of Care?

You can see which NHS trusts have joined the membership scheme [here](#).

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