

CLINICAL POLICY

Support of Carers within Gloucestershire Health and Care NHS Foundation Trust

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Version:	V2
Purpose:	The purpose of this policy is for GHC staff and services, to pledge a 'Commitment for Carers' as outlined in NHS England 2014 'Carer's Strategy'
Consultation:	Director of Nursing, Matrons, Professional Heads of Services, Clinical Leads, Integrated Community Teams, Children's and Young Peoples Services, Named Nurse for Safeguarding Adults, Named Nurse for Safeguarding Children, Information Governance and Risk Manager, Carer Champions, Gloucestershire Carers Hub, Gloucestershire Young Carers
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Audience:	All GHC staff
Dissemination:	Via Professional Heads of Services, Matrons, Carer Champions, Gloucestershire Carers Hub, Gloucestershire Young Carers. The policy will also be published on the GHC intranet, and its update will be listed on the Clinical Policy update bulletin
Impact Assessments:	This Policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust

Version History

Version	Date Issued	Reason for Change
V1	June 2018	New Guideline

V1.1	Jan 2020	Transferred to new Trust Template and updated Trust Name and details following merger of trusts
V1.2	June 2021	Extension agreed at CPG whilst a piece of work is undertaken by the quality directorate to produce a Trustwide Carer's Policy
V2	04/04/2025	Policy reviewed to align with onward Trust progression and delivery of the principles set within the Triangle of Care framework that sets to improve engagement with families and carers / Changed from Guideline (CLG067) to Policy

SUMMARY

This Policy has been reviewed to align with the Trusts pledge and commitment to both deliver and embed the principles and practices set within the Triangle of Care guidance (Carers Trust) across all clinical services, (both Mental Health and Physical Health) thereby demonstrating an improved culture of engagement with families and carers.

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ABBREVIATIONS

Abbreviation	Full Description
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GCH	Gloucestershire Carers Hub
GHC	Gloucestershire Health and Care NHS Foundation Trust
GSAB	Gloucestershire Safeguarding Adults Board

1. INTRODUCTION

Carers at the heart of 21st-century families and communities (HM Gov 2008) set out the following strategic vision and outcomes for carers:

‘Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen’ (DH, Carer’s Strategy 2014-16).

In 2014, NHS England acknowledged that the approach to care delivery should be based on a greater partnership between patient, carer, and clinician if viable solutions to the provision of elderly complex care were to be established.

As the care of patients becomes increasingly complex and the elderly population continues to grow, it has become imperative that Carers should be given the opportunity to influence care and service delivery at a national, local and an individual level. It is recognised that Carers make an immense contribution to society and moreover to the person they care for. This resource should be nurtured so that the benefits of this knowledge and expertise can be realised by both patients and clinicians.

Providing an environment of care where carers feel welcomed, informed, and supported is critical and is the first step in the organisational acknowledgment of their value. Research suggests that involving carers in the provision of patient care does improve clinical outcomes. (Lawler et al, 2013, Ewart et al, 2014).

A Carers’ Charter has been developed within Gloucestershire Health and Care NHSF Trust, and this outlines the core beliefs of all those working within this Trust; it should be seen as a statement of Trust’s commitment to this policy and can be seen as [Appendix 1](#).

2. PURPOSE

The purpose of this policy is to clarify the process by which:

- Carers are recognised, valued, and made to feel welcome by trust colleagues.
- Carers and healthcare professionals can work together to provide an improved quality of care for their patients and service users.
- Carers can be supported in their role and facilitated to provide agreed aspects of care safely in the hospital setting and at home.
- Healthcare professionals will be empowered to explore ways to facilitate the carers’ role and be encouraged to implement measures which will allow the role of the carer to develop further.
- Healthcare professionals aim to achieve the principles of the Triangle of Care (Carers Trust, 2016) so that there is a therapeutic relationship between patients, staff and the Carer that

promotes safety, supports communication, and sustains wellbeing.

3. SCOPE

All staff within Gloucestershire Health and Care NHS Foundation Trust.

4. DUTIES

General Roles, Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition, **GHC** will ensure that:

- All employees have access to up-to-date evidence-based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency, and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2005) – see section on [MCA Compliance below](#).

5. MENTAL CAPACITY ACT COMPLIANCE

Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person is able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) [Mental Capacity Act 2005 \(legislation.gov.uk\)](#).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](#).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney (LPA) or a deputy appointed by the Court of Protection to make specific decisions on behalf

of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) [Office of the Public Guardian - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the person's best interests by other people. To be legally binding the person must have been over 18 when the Advance Decision was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.

Where the decision relates to a child under the age of 16, the MCA does not apply. In these cases, the competence of the child must be considered under Gillick competence. If the child is deemed not to have the competence to make the decision, then those who hold Parental Responsibility will make the decision, assuming it falls within the Zone of Parental control. Where the decision relates to treatment which is life sustaining, or which will prevent significant long-term damage to a child under 18 their refusal to consent can be overridden even if they have capacity or competence to consent.

6. POLICY DETAIL

6.1 Involving and Supporting Carers in their Role

Carers and the essential role they play should be identified at the time of the patient admission or at the first visit within the home or community setting. The leaflet "Information for Carers, along with the "Information for mental health carers" should be made available at the time of admission or admission to caseloads and will support the process of identifying the carers.

The admission process should be seen by healthcare professionals as an opportunity to explore the role that the carer wishes to continue to play in the care of the patient and the ways that this can best be facilitated by the health professionals working within that service. If appropriate, the carer should be signposted to the options for visiting in the hospital setting and care giving including the GHC commitment to John's campaign for patients with dementia. (See [Appendix 2](#)).

At the end of the admission process the carer should have a clear understanding of how they can help support the patient to recover their health more quickly and how they can be supported to prepare for the patients discharge both at home and in hospital.

6.2 Information for Carers

Information should be given on local support available including support groups such as: 'Carers Cafés,' local transport, opportunities to stay overnight when in hospital, visiting times the options available locally for refreshments and general routes of communication.

Carers should routinely be offered a referral to GCH where further exploration of needs can be undertaken whether signposting, engaging with the support groups and activities on offer, or the ability to receive a full carers assessment. GHC staff will submit the referral to GCH, the automated reply email will be pasted into EPRS. The full process for this is detailed in [Appendix 3](#).

Signposting to other Support Services (e.g. Gloucestershire Young Carers, Age UK, Alzheimer's

Association, Stroke Association, Gloucestershire County Council Adult Helpdesk, Carers Alliance, etc.), as appropriate.

Carer literacy should be considered when providing written information.

Interpreting services should be considered and may be required for carer and/or patient in addition to those required by the patient. For further information refer to GHC Interpreting and Translation Policy.

Details of the main carer and any carer involvement and communication should be recorded in the electronic patient record. Carers should be enabled to continue caring for the patient once they leave the hospital setting and move into the community setting.

Healthcare professionals will provide training and involve carers in day-to-day care where deemed appropriate and will endeavour to empower the carer to feel confident to continue with the procedures necessary for ongoing care of the patient. Healthcare professionals will ensure that carers know who to contact for help and advice.

Healthcare professionals should ensure that discharge planning should take into account carer responsibilities, source additional help where required and signpost the carer and patient to other areas for help.

Each Team or site (as appropriate) will provide a visible and updated 'Carers Notice board' with details of local facilities, support, and information services, but additionally to include the Carers Charter, information on Triangle of Care and Johns Campaign. ([Appendix 4](#)).

6.3 Planning Care

The following will be taken into consideration when carers are involved:

- Consent must be sought from the patient for carer involvement and information sharing.
- Where the capacity of the patient to agree to specific decision is in doubt, a mental capacity assessment must be undertaken and recorded in the electronic record. Where the patient is assessed as not having capacity to make a specific decision, a decision must be made in the best interest of the patient (Mental Capacity Act 2005).
- Where it has been established that a patient lacks capacity to make specific decisions and requires decisions to be made on their behalf in their best interests, it should be established if any Carers involved, have legal decision-making powers under either a Lasting Power of Attorney or a Deputyship Order. Where a Carer has relevant legal decision-making powers, they should be the decision maker in relation to any best interests' decisions that need to be made on behalf of the patient.
- **Learning disabilities or dementia** – reasonable adjustment will be made and the use of the Traffic Light Assessment/This is Me, if available.
- **Knowledge, experience, and opinions of the carer** – ensure carers feel welcomed and are involved in care planning with the patient's agreement and consent also when it is in the patient's best interests.

6.4 Delivering Care

When Carers support care delivery the following points should be considered:

- The Multi-Disciplinary Team remains accountable for all care given, including that given by the carer; therefore, care should be given in partnership with all healthcare professionals.
- Staff should ensure that carers are aware of and undertake correct procedures in relation to hand hygiene, use of protective clothing, waste disposal and the correct handling of laundry, whilst emphasising that most of these procedures are not required at home.
- All Carers should be supported to participate as much as they are able to or safe to do so in agreement with the patient.
- Carers should be involved in discharge planning from the time of admission to GHC and should include end of life care.

Healthcare professional staff will ensure the following is also considered:

- **Delivering same sex accommodation with carers present in the hospital setting** – see Single Sex Accommodation Policy (CLP163)
- **Maintaining confidentiality and effective communication** – ensure bounds of confidentiality are discussed and maintained with Carers to ensure that care is effective and utilises appropriate information from carers/care workers. It may be appropriate to discuss the level of information shared with a young carer. Ensure all communication is face to face and free from jargon.

6.5 Carers Facilities within Inpatient Services

Where GHC can support John's Campaign, GHC will offer comparable facilities at each Community Hospital for Carers which will include refreshments, a private room for rest with access to shower facilities to allow overnight sleeping. Where this is not available then facilities will be provided to allow overnight sleeping alongside the patient.

7. SHARING INFORMATION AND CONSENT TO SHARE

7.1 Patients with Capacity

Consent to use or share an individual's person-identifiable information should be either i) freely / willingly given (this is known as explicit consent or ii) where information is to be used for legitimate clinical purposes assumed by way of the person raising no objection (this is known as implicit consent). Best practice is to check the persons preference at first contact, then at regular intervals thereafter, but at least once every 12 months. It is important to keep an up-to-date record of individuals consent within patient records. Patients with capacity must agree to confidential information being shared with carer/care workers. Where the patient holds consent for information sharing, it may still be shared where there is a risk to the patient's health or for another legal reason.

Carers must have sufficient knowledge of the patient to enable them to provide effective care. They must also be able to discuss issues relating to their caring role and Trust staff should assist in trying to solve these. General information (e.g. about diseases and treatments) can still be given without breaching confidentiality.

Confidential information provided by carers is governed by the same confidentiality requirements as for information provided by patients. Staff should agree with carers with whom information can be shared.

Staff must ensure they are aware of cultural differences and attitude that may impact on carers and their understanding of confidentiality.

Where a service user is aged under 18 and considered by the clinician involved in their care, to have sufficient understanding to make informed decisions, the GHC consent to Treatment Policy should be followed.

Information shared must be documented in the patient's health record on the Electronic Patient Record.

7.2 Patients without Capacity

Until assessed it must be presumed that the patient has capacity for the decision. If capacity is in doubt, an assessment must be undertaken and recorded.

The Trust will adopt the following measures in the case of patients without capacity:

- The team caring for the patient must discuss and use their professional judgement to balance the patient and carer needs. A decision will then be made in the patient's best interest. (The Best interest check list is available on the Trust intranet). N.B. the Carer may be the best interest decision maker if they have appropriate legal authority under a relevant Lasting Power of Attorney or a Deputyship Order.
- All decisions must be documented within the electronic recording system being used and shared with the team caring for the patient and the carer (except where to do so would increase risk).
- Trust staff will work according to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, engaging with carers on a decision-by-decision basis.
- Where no legal representative is available to consent to the sharing/use of person-identifiable information, and it is necessary to avoid detrimental delay to an individual's treatment, a 'best interests' decision may be made by the clinician involved in providing care.
- The MCA also provides a range of ways in which people can formally act for those unable to make their own decisions. For example:
- Attorneys appointed under Lasting Powers of Attorney (LPAs) (health and welfare).
- Deputies appointed by the Court of Protection.

If an individual does not have an appointed representative or any family representation, then an Independent Mental Capacity Advocate should be engaged (details of which can be found on the Trust Safeguarding intranet page).

7.3 Safeguarding

The patient must remain at the centre of care and involved in all decisions. Where the patient lacks capacity for a specific decision, carers should be involved in the patient's care, where this is in the patient's best interest BUT carers and relatives must also act in the patient's best interest at all times (including those with Power of Attorney). A safeguarding referral must be considered if an adult with care and support needs or any child, is experiencing, or at risk of experiencing,

abuse, or neglect. Refer to the [GHC Safeguarding Adults Policy \(CLP101\)](#), or the [GHC Safeguarding Children's Policy \(CLP071\)](#), and/or contact the GHC safeguarding advice line (0300 421 6969) for any advice and support.

It is important to note that the carer may speak to staff about abuse or neglect, and may also speak about intentional or unintentional harm both from or even to the person they are providing support for.

Staff will therefore be required to listen carefully to the information imparted, to explore this information in more detail, to consider the wellbeing and best interests of both parties and to consider whether implementing safeguarding enquiry and processes is required and appropriate.

[Care and support statutory guidance - GOV.UK](#)

8. CARE WORKERS

The assistance that Care Workers can provide will be dictated by their terms and conditions of employment. The attendance of a Care Worker to hospital with the patient will need to be negotiated with the agency employing that Care Worker, or their employer. If they are able to attend with the patient in their current employment their role will be:

- To provide familiarity and reassurance to the patient.
- To help in communication between patients and staff to achieve the care and treatment required.
- To help the patient understand their health problems, treatment, and care.
- To provide essential day-to-day care as they may do in the community to the patient.
- To have all relevant information and knowledge to support and provide care for that patient when discharged, which includes follow up arrangements.

Care Workers are able to provide personal care only with the agreement of the patient and staff. Care Workers are not able to provide any clinical/professional care. GHC staff cannot delegate their duty of care to Care Workers. Therefore, they are not covered to undertake nursing duties other than those associated with the activities of daily living such as feeding, washing and other tasks associated with personal care.

Care Workers will not be employed by the Trust except if they have already been accepted on to the Trust Staff Bank as the necessary employment and governance arrangements are not in place to safeguard the patient, care worker and employer. They do have a vital role to play in supporting the patient and their role should be negotiated as with carers.

Nursing staff remain accountable for the delivery of all aspects of care provided to the patient during their time in hospital.

9. DEFINITIONS

Carer: - A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. (NHS England, 2014).

Young Carer: - A child or young person under the age of 18 years who provides regular or ongoing care and/or emotional support for a family member who is physically or mentally ill or

disabled, or misuses substances. This may include siblings if the parent is unable to provide appropriate care.

Care Worker: - An employee who provides care to a person or a number of children and or adults, who are ill, frail, disabled or have mental illness. They may work in various setting, including the person's home or residential care home paid care workers are referred to as care workers in this document.

Parents as Carers: - Parents who also take on the role of carer/care provider and provide specific care and treatment to meet the extra health needs of their child. In some circumstances it is the parent(s) who remain the Carer/Care provider for their adult child; for example, in the case of some people with learning difficulties.

10. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?		YES
Monitoring Requirements and Methodology	Frequency	Further Actions
Ongoing collection of data from clinical teams is required. Audit detailing status of individual teams' progression and completion of the Triangle of Care Self-Assessment. This is detailed in a Trust wide matrix and includes information obtained from Electronic Patient Recording Systems	6 monthly audit to assist monitoring of compliance and progression	This will support detail submitted in annual reporting to not only the Carers Trust but additionally to Service Directorates and wider Trust forums
Information can be obtained from teams that have begun or completed the ToC Framework Self-Assessment	Teams are required to report on any changes and progress made to the Ambassador for Carer Practice	Teams are required to undertake an annual review of the Self-Assessment, to consider progress made, any areas that require improvement, with time limited plans to implement any required changes and to submit this updated report to the Ambassador for Carer Practice
All Managers, Clinical Staff and Carer Champions have a responsibility to engage with the principles set within the Triangle of Care Framework	Ongoing	Line Managers and Carer Champions to work alongside Ambassador for Carer Practice to ensure improved engagement with families and carers is maintained

11. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the [Incident Reporting Policy](#). For moderate and severe harm, or deaths, related to patient safety incidents, Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the [Duty of Candour Policy](#) and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

12. TRAINING

Completion of mandatory training, for Safeguarding and Mental Capacity Act.

Completion of Carer Awareness Training on the Care to Learn portal.

13. REFERENCES

DH – Care Act (2014) www.legislation.gov.uk

Gloucestershire Carers Hub: [Gloucestershire Carers' Hub | PeoplePlus](#)

Gloucestershire Young Carers: [Gloucestershire Young Carers | Charity | UK](#)

Carers Assessment Guide: [UK | Carers UK](#)

The Carers Trust (2016) *The Triangle of Care. Carers included: A guide to best practice for Dementia Care.* London. [the-triangle-of-care-dementia-england.pdf](#)

The Carers Trust Triangle of Care Overview April 2023 [The Triangle of Care](#)

The Carers Trust Triangle of Care Assessment Tool Guidance 3rd Edition April 2023 [triangle-of-care-self-assessment-tool--guidance-3rd-edition-april-2023-final-.pdf](#)

Department of Health (2017) *the lives of young carers in England*
[The lives of young carers in England - GOV.UK](#)

NHS England (2016) *An Integrated Approach to identifying and assessing carer's health and wellbeing* [identifying-assessing-carer-hlth-wellbeing.pdf](#)

NHS England's 'Commitment for carers' (2014) [commitment-to-carers-may14.pdf](#)

Mental Capacity Act (2005) [Mental Capacity Act 2005](#)

John's Campaign: [John's Campaign](#)

14. ASSOCIATED DOCUMENTS

[Best Interest Form](#)

Appendix 1 Carer's Charter
[GHC Carers Charter](#)

Appendix 2 – Link to John's Campaign
[John's Campaign](#)



Appendix 3 - Referral Process from GHC through to GCH



Adult Carer Assessment Pathway between Gloucestershire Health and Care and Gloucestershire Carers Hub (GHC and GCH)

The GHC Care Coordinator (or other if involved in the patient's care) establishes if there is a carer, or carers involved during the information gathering and assessment process. This information, along with any further details is to be recorded on the patient electronic recording system (in Rio this is under "Carer Information").

Care Coordinator to speak to carer about their needs.

If the carer feels more support would be beneficial then information on Gloucestershire Carers Hub should be given and consideration also given to completing a referral form.

The referral form is found on the Gloucestershire Carers Hub main website page
Look under - Professional Information - How do I refer, or professional referral form which is located on top right-hand side. Once submitted, this form goes directly to the GCH triage team who will contact the carer.
It is imperative that the referrer completes their details so should GCH require any further information or need to liaise with the referring team, they can do so.
Should you have any queries please call the Hub on 0300 111 9000 or utilise the chat box.

Making the referral in this manner generates an automatic confirmation email which can be cut and pasted to the patient electronic recording system that GCH have received the referral.

GCH will now contact the carer, determine the level of support needed or desired, and consider whether a full carer's assessment is required.

Upon request and with consent of the carer GCH can provide the referrer with an outcome which will need to be recorded on the carer's part of the patient electronic records.

working together | always improving | respectful and kind | making a difference

Appendix 4 – Triangle of Care Poster



The Triangle of Care is a therapeutic alliance between carers, service users and professionals. It aims to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers.

The six principles of The Triangle of Care:

- 1 Carers, and the essential role they play, are identified at first contact or as soon as possible thereafter.
- 2 Staff are carer aware and trained in carer engagement strategies.
- 3 Policy and practice protocols regarding confidentiality and sharing information are in place.
- 4 Defined post(s) responsible for carers are in place.
- 5 A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway.
- 6 A range of carer support services is available along with a self-assessment tool.



"When I attended the meeting, I felt more confident in the care that was being provided to my partner."

Carer

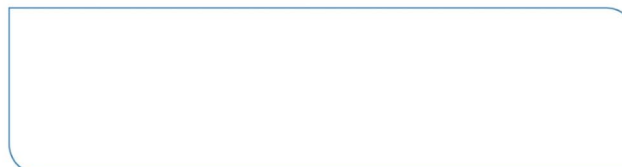
"The Triangle of Care is a really practical way of working co-productively, listening, sharing and learning from each other, in a framework of safety respect and honest dialogue."

Service user

"Being involved with The Triangle of Care has enabled the team to focus on how to involve carers more effectively, and has certainly improved our practice."

Mental health professional

Find out what is happening locally so that you can keep informed of developments in your organisation



Further information

A national Triangle of Care steering group, chaired by Carers Trust, aims to ensure the project represents those working to improve carer support in mental health services and to drive forward good practice across England.

To find out more, tel: 0300 772 9600, email: policy@carers.org or visit professionals.carers.org

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