

Measuring Outcomes from the Triangle of Care

The need to measure

Carers often refer to the standards within the Triangle of Care as “not rocket science” and there is a general push across mental health (and wider health services) to implement the standards of the Triangle of Care in all health and social care settings. However, it is important to remember that we need to evidence the impact of implementation (especially as opposed to non-implementation) of the Triangle of Care. A number of different organisations are using different methods to measure outcomes from the Triangle of Care implementation; it was noted that it may be useful to share this knowledge with all of those working on Triangle of Care. If you have any additions that can be added to this list, please email Ruth Hannan: rhannan@carers.org

General Outcome Measures

The majority of feedback on outcomes measuring is related to measures for carers, the methods vary and how this information is used.

It is worth noting on a wider scale when implementing the Triangle of Care it is beneficial to do a baseline assessment and then follow up assessments so that improvements can be mapped and monitored.

External/Partnership Outcomes Measures

- Countywide initiatives i.e. Hertfordshire’s Commitment to Carers gathers data on how long a carer is in a caring role before being offered help or is identified.
- A number of organisations carer strategies or carers charters are based on the six standards this enables a clearer link with service development and a monitoring tool.
- Organisations who are piloting the Friends and Family Test have added supplementary questions to obtain specific Triangle of Care feedback.

Carer Feedback

It is worth noting that any questions whether for quantitative or qualitative purposes should be clearly linked to the Triangle of Care standards to ensure consistency and clearer correlation.

- A number of organisations are using carer questionnaires and surveys; these are being based on the six standards and are being used to obtain a baseline of carer satisfaction to measure improvements against. However, it is worth noting that surveys/questionnaires present challenges of their own: low

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response rate and the accuracy of feedback (i.e. how recent was the carer's experience of a ward) are particular areas of difficulty..

- “Realttime” feedback methods are also being used by a number of organisations, they are including specific questions included on the self-assessment tool to obtain up to date feedback to compare with ward self-assessments. Those who are using this method have noted an increase in feedback rates and more up to date data.
- An App is being trialled in one organisation allowing carers to rate the organisation against the six standards.
- A number of organisations have different feedback forms i.e. “Points of View” “You Said, We Did” that link to Triangle of Care actions.
- Carer feedback has been obtained through attendance at carer support groups and dementia cafes.
- Organisations have also used video interviews with carers – this can also be used to train staff and help them engage with the carer experience.
- One organisation is holding focus groups with carers to ascertain the right types of questions to ask carers.

Statistical Evidence and Auditing

- On a Triangle of Care pilot site (one hospital within a trust) the number of carers referred to ward carer volunteers and the number of carers referred to and joining the carer support group is monitored.
- A Triangle of Care pilot ward measures the number of carers referred to the local carers centre as well as the number of complaints the ward receives.
- Measuring the number of carers recorded before and after implementation and the monitoring the number of carers referred for and/or provided with a carers assessment.
- Dip sampling carer records and auditing care plans.
- One organisation is exploring the correlation of readmissions with carers who are included in discharge planning.

Qualitative Data

A number of organisations are including case studies and carer testimonials as well as gathering raw data to demonstrate the quality and value of the outcomes. Issues that are being raised in carer groups are being linked to Triangle of Care implementation to measure impact.

Non-Carer Outcomes Measuring

It is worth noting that the value of the Triangle of Care is not only the improvements for carers but also the positive impact on staff and service user experience.

- A number of organisations are including Triangle of Care element to their staff surveys.
- Supporting staff with their action plans to enable them to see a comparison in service provision over a period of time.

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- Organisations are asking staff to note the benefits after implementation.

Linking Outcomes Measures with Other Activities

- A number of organisations are measuring the impact of carer training.
- One organisation is developing a Social Return on Investment model to assess the impact of training.
- There was a suggestion to link Triangle of Care with Rapid Improvement Workshops that exist in some organisations.
- As lack of carer involvement is regularly cited as a contributory factor of Serious and Untoward Incidents there was a suggestion that this had the potential to being linked to outcomes.

Depth & Breadth of Outcomes Measuring

Roger Stanbridge has provided a number of recommendations based on research that he and Frank Burbach have conducted in relation to the Family Liaison service in Somerset, these are:

The evaluation needs to take place at both a trust/organisational level but also at a team and individual level. Carers' feedback is of course vital to ensure that services are focused on carers' needs.

“In setting up the Family Liaison Service we asked for written family/carers feedback after each meeting (see Gore and Stanbridge,2012) using straight forward questions (What was helpful? What was unhelpful?). We also created a designated page on the Electronic Patient Record for recording family and carer information, meeting dates, information given, carer assessments offered etc, which could then be audited.

In establishing the family interventions in psychosis service we carried out research interviews with families who had experienced the service using a semi-structured questionnaire (see Stanbridge et al, 2003). Similarly in providing staff training in family inclusive ways of working we always asked staff for structured written feedback and also to set goals for their own individual and team practice as well as auditing team practice using case note data (see Stanbridge et al, 2009 & 2013).”

There are a number of other ways in which audit and measurement could play a part in staff development and extend trust-wide goals into routine clinical practice. For example;

“Perhaps all interviewees for clinical appointments in mental health services should be asked about their involvement with families and carers as standard. Perhaps all individual staff appraisals in trusts should include questions about their involvement with families of clients on their caseload, together with data such as percentage contacted and written feedback from families they have had contact with.

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An important group to include here would be the Human Resources departments to ensure that these kinds of issues/questions are incorporated into the standardised processes of the organisation. Also, the Research and Development departments to encourage the coordination of family and carer research and the involvement of carers as well as professionals in carrying out research. All this in itself could be audited.”¹

Conclusion

It is worth noting that a number of organisations have acknowledged that one of the key improvements they are seeing is in staff attitude to carers and carer and staff engagement. This shift in cultural practice and attitudes is proving to be a slow process but feedback is positive; however, this is one of the key areas that prove the hardest to measure in terms of outcomes.

As the Triangle of Care develops and embeds further in health and social care practice a more detailed outcome measuring tool is required to do the initiative the justice it deserves.

¹ Stanbridge, R. I., Burbach, F. R., & Leftwich, S. H. (2009). Establishing family-inclusive acute inpatient mental health services: a staff training programme in Somerset. *Journal of Family Therapy*, 31: 233–249.
Stanbridge, R. I., Burbach, F. R., Rapsey, E. H. S., Leftwich, S., & McIver, C. C. (2013). Improving partnerships with families and carers in in-patient mental health services for older people: a staff training programme and family liaison service. *Journal of Family Therapy*, 35: 176–197.
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