



Triangle of Care membership scheme annual update 2025



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1. Introduction

Welcome to South West Yorkshire Partnership NHS Foundation Trust's Triangle of Care (ToC) annual report 2025. This report will provide details of the Trust's progress against the Triangle of Care standards. It will also demonstrate to carers and the Carers Trust how the Trust continues to work to create an inclusive culture where carers, service users, staff, carer partnership support services and VCSE organisations work together to provide excellent care and support.

1.1. Our organisation and partners

The Trust provides community, mental health, learning disability and wellbeing services to over 1.2 million people across Barnsley, Calderdale, Kirklees and Wakefield. We also provide specialist secure mental health (forensic) services to the whole of Yorkshire and the Humber. There are around 600 inpatient beds spread across 40 wards in the Trust. We are the lead provider for the West Yorkshire adult secure provider collaborative and lead the South Yorkshire adult secure services collaborative.

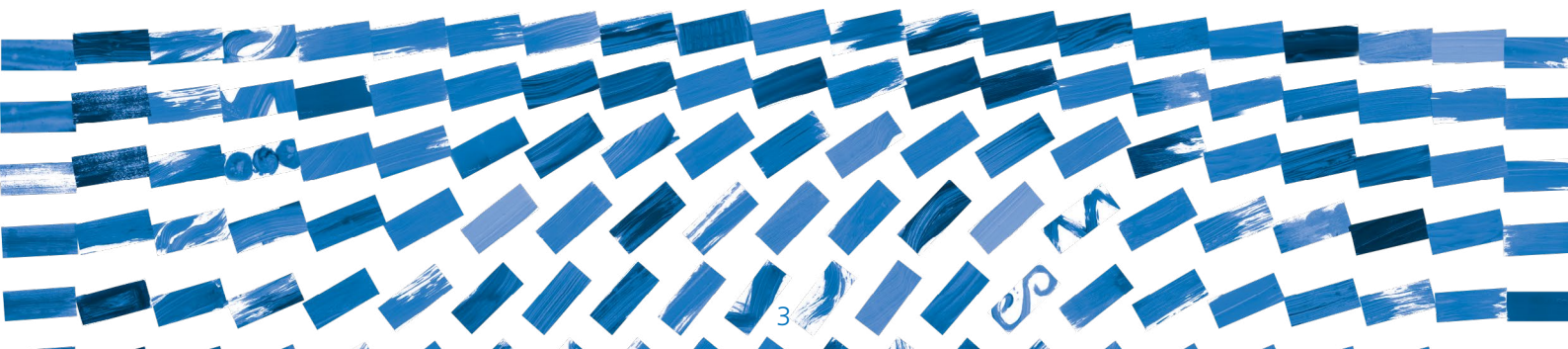
We employ almost 5,000 staff in both clinical and non-clinical support services.

In the last year, we received over 12,000 referrals to our urgent community response teams. A staggering 99.4% of these patients avoided a hospital admission. In an 18 month period, our virtual wards have provided consultant-led acute level care to 3,255 patients in their own residences. Typically, in one month alone at just one of our place-based child and adolescent mental health services (CAMHS), we make contact with over 2,500 individual children or young people. On average each of our individual community mental health teams receive around 500 referrals each month.

We are integral members of both the South Yorkshire Integrated Care System and West Yorkshire Health and Care Partnership, as well as being involved in provider collaboratives at each of our four places.

We are here to help people to reach their potential and live well in their communities and provide a wide variety of services across a large geographical area. We are a values-based organisation and our strong values guide our actions. Our staff act in line with our values to offer high-quality care in the right place and at the right time to service users, family, friends and carers.

As an NHS foundation trust, we are accountable to members through our members' council which is made up of elected members and nominated members from key local partner organisations. The Trust is run by our board of directors, our governing body who are responsible for setting the strategic direction of our organisation.



1.2 Our services

Our inpatient services include:

- 21 adult mental health inpatient wards
- 2 psychiatric intensive care units
- a learning disability unit
- 5 medium secure forensic wards
- 3 low secure forensic wards
- a low secure learning disability forensic unit.

We have secure forensic child and adolescent mental health services (CAMHS) in Wetherby Young Offender Institute and Adel Beck secure children's estate. In addition, we have three section 136 suites.

Our community services include:

- integrated home-based treatment teams
- early intervention services
- single points of access across our geography
- 4 child and adolescent mental health services (CAMHS) across our geography
- a perinatal mental health service
- care home liaison services
- recovery colleges
- talking therapies
- a street triage service
- general community and physical health services including learning disabilities and adult autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

The Trust was recently asked by NHS England to consider taking on the provision of services at Cheswold Park Hospital, a 112 bedded low and medium secure mental health hospital based in Doncaster. Our Trust has significant experience in providing medium secure services at scale and is the largest NHS provider of such services across Yorkshire and the Humber.

In October 2024, Cheswold Park Hospital transferred to the Trust. The Trust carer lead has met with key workers to discuss Triangle of Care and met with staff in May 2025 to begin the self-evaluation process.



Our Triangle of Care journey

We are proud to have achieved our first star and remain committed to ensuring all staff adopt good practice when working with carers and families. There are an estimated seven million unpaid carers in the UK, 13% of whom support people with mental health conditions. These carers can provide vital insight into the treatment and condition of those they care for.

The Triangle of Care is based on six principles which health and care providers can use to include and support unpaid carers, staff and those receiving care. This report will provide details of our progress throughout 2024 to 2025 against Triangle of Care standards, demonstrating our continued commitment to meaningfully support and involve carers in all we do.

The Triangle of Care outlines six key principles to achieve better collaboration and partnership with carers. It is widely accepted that these key principles (standards) can be applied to all service areas, as the self-assessment tool enables all health providers to assess their services and can be tailored to encompass the diverse services we provide.

The six key principles state that:

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 care pathway
6. A range of carer support services are available

These key principles are designed to ensure families, friends and carers are better involved and informed in the care of their loved ones, are supported in their caring role, and have a voice in all areas of the Trust. We are working to ensure that these six key principles are embedded in our everyday practice, forming a welcoming, diverse, respectful, collaborative, and empowering space where carers feel valued, included, and able to thrive.

Service areas across Barnsley, Wakefield, Calderdale, and Kirklees, plus forensic, learning disability, and ADHD/autism services have a responsibility for the completion of their self-evaluations and review of their self-assessment tool. They have the support of the Triangle of Care implementation group and service managers in order to update their progress on their Triangle of Care action plans, and demonstrate how Triangle of Care standards continue to be implemented, progressed and developed.

The Trust has achieved the Triangle of Care 1-star accreditation award, which recognises the Trust's commitment to ensuring all our ward staff adopt good practice when working with carers and families. We are now on the journey to achieve Triangle of Care 2-star accreditation by June 2026.

2. Carers involvement/evidence

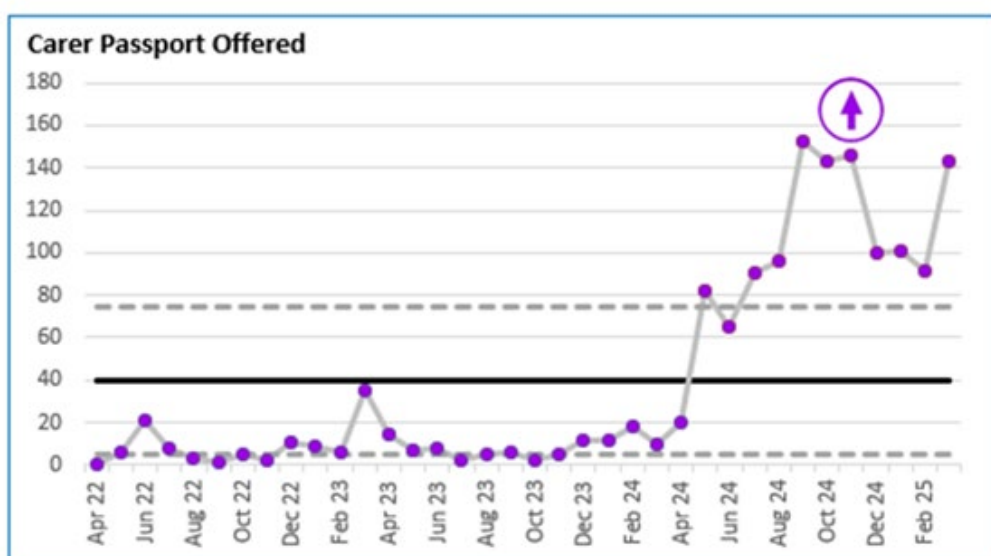
Extensive carer initiatives have continued to be a priority for the Trust over the past year, culminating in:

- the embedding of the newly reviewed coproduced carer passport
- a review of our family, friends and carers commitment by family, friends, carers, third sector and partners
- the disseminating of our carers pathway leaflet including carer feedback
- the delivery of our coproduced staff carers awareness training with over 400 staff trained in the last year
- the launch of our new carer ID cards and lanyards on Carers Rights Day 2024 which are specifically aligned to the principles of the Triangle of Care
- Our therapeutic fund has been utilised by a variety of carer groups and continues to support carer related activities such as wellbeing sessions, coach trips, afternoon teas, yoga sessions, and room hire

Carers passports

Our coproduced carers passport was reviewed by carers and partner organisations in November 2024 and launched in March 2025. It was reviewed by our unpaid carers from our carers network, staff carers from our staff carers network, our carer partner carer support organisations, VCSE colleagues, carer champions, carer leads, and members and volunteers to ensure the document remains relevant for today. It was agreed for there to be physical copies, interactive online copies and easy print versions. Changes were made to reflect the passport's wide range of audiences, and new information including how to acquire an easy read version, updates to local services, support/courses available, our lanyard and pathway leaflet information and our carers' "words" describing their role was also included.

The passport directly addresses several key principles of Triangle of Care: identifying and supporting carers, raising awareness of their role, offering clear and understandable support, and making them feel valued. It also streamlines access to appropriate support whilst promoting partnership and collaboration between the carer, service user, and care provider.



The chart above shows the significant progress we have made in ensuring the active offer of the carer's passport is captured on SystmOne since the roll out of the ToC. This increase continues to benefit from the active engagement of all our inpatient and community services with the programme. It also demonstrates their commitment to actively recognising the care and support offered to our service users by their carers, and equally to supporting the continued wellbeing of carers themselves.

Staff carers awareness training

Staff carers awareness training continues to be rolled out with over 400 staff now having had their training. The training aims to ensure that, along with the service user, the carer is at the heart of everything the Trust does.

The efficacy of the training can be shown with the increase in the carer passport metrics. Our dashboard shows that there is an increase in carer passports being provided to carers following training being provided. In 2025 there was a 700% increase of carer passports being documented as being provided to carers compared to the previous year.

To increase the trajectory of the training, the carers project manager (CPM) has developed and delivered a “train the trainers” course for carer champions to enable them to deliver bespoke training to their teams. In addition, the CPM has worked with a learning and development e-learning coordinator to develop a staff carers awareness training e-learning package to accelerate the training across the Trust and ensure training is reviewed and updated periodically.

The training sessions are delivered in a number of ways by the CPM with face to face training delivered to teams, or Microsoft Teams training delivered to staff who have booked on the training via learning and development. At some face to face sessions our carer partner support services are invited to deliver information on the services they provide within that area.

One carer has produced a video highlighting the need for staff to increase their awareness of carer wellbeing and involvement in the journey. The training significantly contributes to the principles of Triangle of Care by fostering partnership, understanding, and support. It helps staff understand the impact of caring, recognises carers' valuable contributions, and builds effective communication and collaboration, ultimately promoting safety, recovery, and wellbeing for all involved.



Staff Carers Awareness Training

About the course

Staff Carers Awareness Training is a training course for everyone which teaches people how to identify, understand and help someone who is caring for someone under the support of our services and beyond. The training will increase awareness of the carers within our community and workforce and how to link them to support and services available. The outcome of the training will be that staff will have increased their knowledge and understanding of Carers issues and rights, and identified ways in which they can support Carers and refer to Carers' and to enable staff to document this in our recording systems.

This resource has been developed to support one of the key elements (standards) to achieving the Triangle of Care by ensuring that all staff are 'carer aware' and trained in carer engagement strategies.

Learning Objectives

- Explain what is meant by being an unpaid carer and what resources are available to support
- Understand the barriers faced by carers
- Have a basic understanding of what would help Carers along their journey
- Understand the impact of caring on young Carers
- Enhance and promote carer practices

Duration: 2 hours 30 minutes

Method: Face to Face

For more information:

Learning and Development
01924 316267
LandD@swyt.nhs.uk

How to apply

Please submit an [internal study leave form](#) signed by your Line Manager via email to LandD@swyt.nhs.uk

[Click here for course dates](#)

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Carers network

The Trust has continued to build strong relationships with our carers network with over 150 members representing our localities. Within those memberships are also representatives from our place-based community partners, carer support partner organisations and health carers forums who represent carers from their organisations.

Every 3 months, the carers network facilitates meeting in support of the key principles of the Triangle of Care. This forms part of the actions on the network's action log. Self-evaluations are showcased, and the Triangle of Care data tracker is shared.

The network forms part of our network of "critical friends", and brings unpaid carers, staff carers, partner organisations, VCSE, and local authorities together. A range of support approaches are discussed, including collaborative working and the sharing of experience and information.

The carers network is attended by representatives from other groups. The network has been integral in the coproduction, development and review of many of our carer related resources.

Whether someone has just started their carer journey or has been a carer for many years, they can become a member of the carers network. It offers a safe space for them to express their views, and for their feedback to be shared with services for future service designs and improvements.

The network is proactively supporting the mapping of the patient and carer race equality framework (PCREF) carer support groups to identify opportunities for further engagement and to hear their voice.

Feedback from carers has also shown that over the last year there has been a cultural change in the carer ethos across the Trust. This was noted in the feedback from our panel review and submission report 2024:

"The panel particularly valued hearing the excellent and honest carer testimonies which showed carers were comfortable in giving constructive and open feedback to the Trust. We particularly welcomed Donna's in person testimony giving an overview of how feedback on her initial negative experience had been addressed and the difference high quality support had made both for her and her son."



Carers network



Purpose
To support and include carers as equal partners in the care and treatment of their family member/s and friends. The carers network is an integral part of our commitment to the family, friends and carers commitment: www.southwestyorkshire.nhs.uk/wp-content/uploads/2019/09/0766-Family-friends-and-carers-commitment-A4-V3.pdf

Operating model
The group meet quarterly for two hours. Meetings are chaired by a nominated carers lead from services or a nominated deputy chair from within the membership. A carer with lived experience or a carer champion will act as co-chair, supported by the wider membership.

Behaviours
The network will run and work in line with the Trust's mission, values and behaviours.

Governance
The group will provide updates to the equality and inclusion committee (EiC) annually, and any issues which require approval should be escalated to the group. A summary report of work undertaken by the group will be fed back to the EiC, including progress on the carers' passport (www.southwestyorkshire.nhs.uk/service-users-and-carers/carers-support/carers-passport/), staff carer awareness training, carers wellbeing training and any other related activities.

Membership
Open to carers and allies of the carers network. Recruitment of membership open all year round. Email gillian.cowell1@swyt.nhs.uk to become a member.

Measuring impact
The success of the network is measured by the level of members, influence and engagement, co-production and the opportunities for joint working with carers, services and external partners to improve Trust services.

Key topics

- Ensuring that families and carers matter in the service user journey.
- Triangle of Care.
- Making sure carers have a voice.
- Progress on actions that involve carers.

Collaborative working and accessibility
The network will co-create, co-produce, and co-design to support collaboration across the organisation and between other networks. The Trust's intranet and website will be a mode of communication and resource for all. Communication with members and others will be via the network's dedicated mailbox.

If you require a copy of this information in any other format or language please contact the Trust.

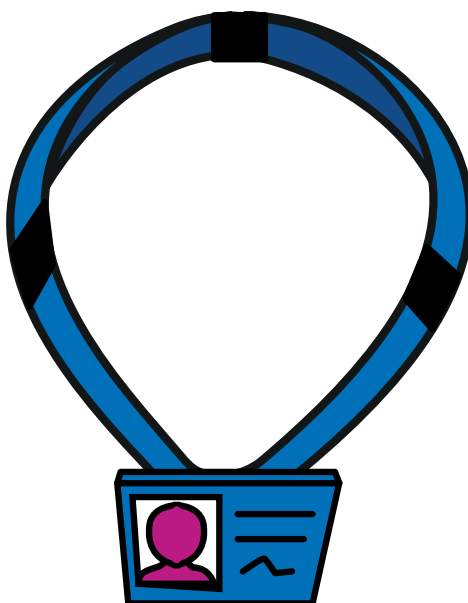
With all of us in mind.

The key principles of a having a carers network within the Trust is that it establishes a therapeutic alliance and partnership between the service user, carer, and staff, fostering collaboration and shared responsibility whilst providing a pathway for coproduction.

Carers lanyards

The launch of the carers lanyards and ID cards on Carers Rights Day 2024 was positive, with 1,030 lanyards disseminated to differing teams across our places. The table below shows where carers lanyards have been distributed.

Team	Amount
Forensics	150
Barnsley	100
Baghill House	50
Drury Lane	100
Laura Mitchell	100
Poplars	50
Priestley Unit	100
Unity Centre	50
Crofton	30
Folly Hall	50
Stroke recovery unit	20
Neurological rehab unit	20
Lyndhurst	20
Core team west	50
Wakefield memory team	20
Wakefield Admiral Nurses	30
Wakefield community mental health team west older people's services	30
Insight team (early intervention service)	30
Clark ward	30



In addition, raising awareness to the lanyards and their importance:

Individual	Service	Recognised themselves as a carer	Lanyard	Passport	Leaflet	Intranet shared via email	Discussion
Staff	CAMHS					Yes x2	Yes x3
Staff	OPS					Yes x6	Yes x8
Staff	EIP					Yes x1	Yes x1
Staff	CORE					Yes x2	Yes x4
Dad and mum with daughter	CAMHS	Dad said we are NOT carers but then the mum came back to me upset and said she did. Not been offered in service	No	Yes	Yes		Yes
Dad and daughter	CAMHS	Yes but they were not recognised as a carer in service	No	Yes	Yes		Yes
Dad and mum with daughter	CAMHS	Yes but they were not recognised as a carer in service	No	Yes	Yes		Yes
Dad and daughter	CAMHS	Yes but they were not recognised as a carer in service	Yes	Yes	Yes		Yes
Dad and wife with daughter	CAMHS	Wife went into appointment. Dad didn't recognise himself as a carer.	Yes	Yes	Yes		Yes
Dad and daughter	CAMHS	Yes and service had recognised them as this but they didn't have passport	Yes	Yes	Yes		Yes
Carer (friend)	CORE	Yes but service had not recognised them as a carer	Yes	Yes	Yes		Yes
Mum and son (over 25)	CORE	Yes but service had not recognised them as a carer	Yes	Yes	Yes		Yes
Mum and daughter	CAMHS	Yes but they were not recognised as a carer in service	Yes	Yes	Yes		Yes
Wife and husband	CORE	Yes but service had not recognised them as a carer	Yes	Yes	Yes		Yes
Total YES responses			7	10	10	11	26

Over 1,700 lanyards have now been disseminated to staff. Our video shows the story of a carer whose son is under our services and the value she places on being provided with a lanyard: https://youtu.be/6fGWsD6grEo?si=v_xcWiTHQCPX14IN. The video also shows our coproduced resources.

We celebrated the launch of the lanyards on a virtual event opened by Sharon Kennedy, assistant director of strategy, equality, and inclusion. The event included a talk of the history of the lanyards delivered by volunteer and carer Lynne Keady, who put forward the idea to have a generic carer lanyard and card that is recognised across all healthcare settings.

Lynne is a volunteer with both the Trust and Healthwatch Kirklees. Lynne worked with Healthwatch Kirklees colleagues and other community healthcare partners to provide support and promote the use of a carer lanyard that had already been designed and developed by Mid Yorkshire Hospitals NHS Trust. Lynne is a member of our Trust carers network and she has contributed to introducing the carer lanyard scheme across the Trust.

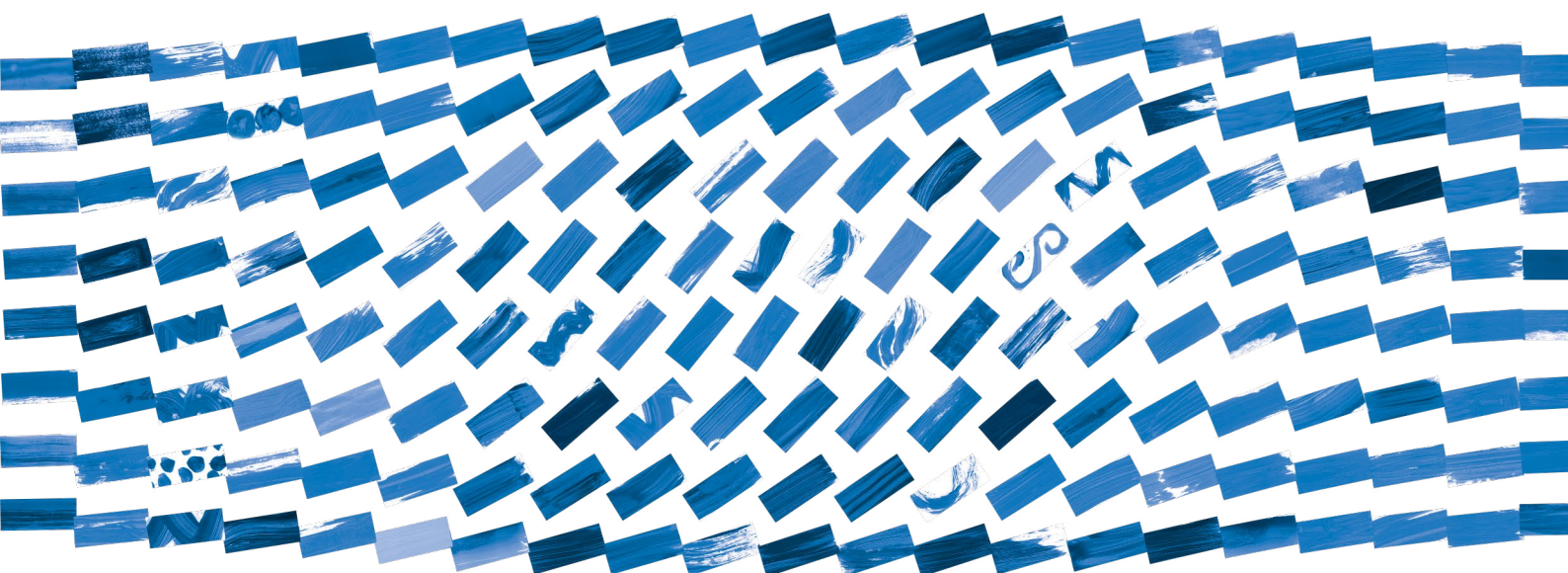
We endorsed Healthwatch Kirklees lanyards and have now developed and produced a similar lanyard scheme for all our inpatient and community teams. These lanyards are recognisable and can be used across all our health and care settings, along with a card which can be attached to the lanyard. Our lanyards have a QR code on them that identifies local carer support services from our partner organisations.

The card can be used separately for those who want to identify themselves as carers more discretely and incorporates a QR code linking to our online carer resources.

Other places that recognise and provide the lanyard and a card are:

- Locala
- Mid Yorkshire Teaching NHS Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Kirklees Council
- GP practices in Kirklees
- Carers Count, Carers Wakefield and Making Space in Calderdale

Having a carers lanyard, which serves as a visual identification, aligns with several key principles of Triangle of Care. It facilitates clear identification of carers, promotes staff training in carer engagement, ensures policy and practice protocols for confidentiality, and designates roles responsible for carer support. All of these are crucial for creating a therapeutic alliance between carers, service users and professionals.

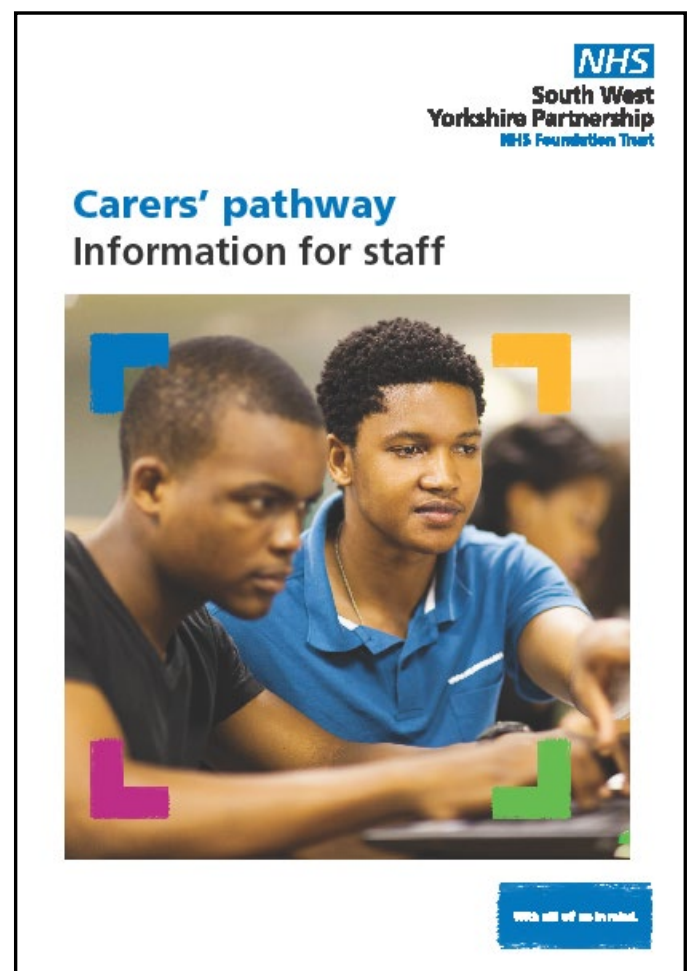
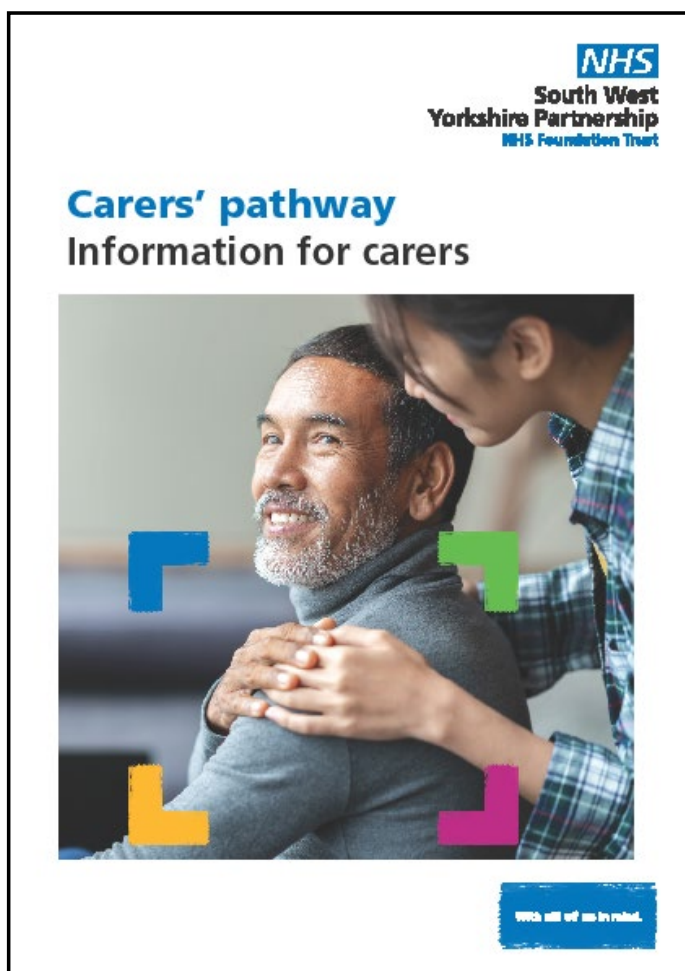


Carers pathway

The Trust's carers pathway is a way of ensuring carers receive the support they need at the right time. It also helps health care staff identify, recognise and support carers, and helps carers recognise if they are receiving the support they're entitled to.

Our carer pathway leaflets were coproduced and developed in early 2024 with our unpaid carer network, staff carers network and partner organisations to highlight a four step process in identifying, recognising, supporting and transitioning, with top tips and valuable information.

The staff leaflet acts as a checklist for involvement whilst the carer leaflet is their navigation tool. The leaflet also incorporates a carers patient experience survey which enables a carer to feedback on the service they have been provided. This feedback supports the self-evaluation process. Having these leaflets supports the principles of information sharing, access to support, and carer involvement, voice, and feedback.



Trust initiatives

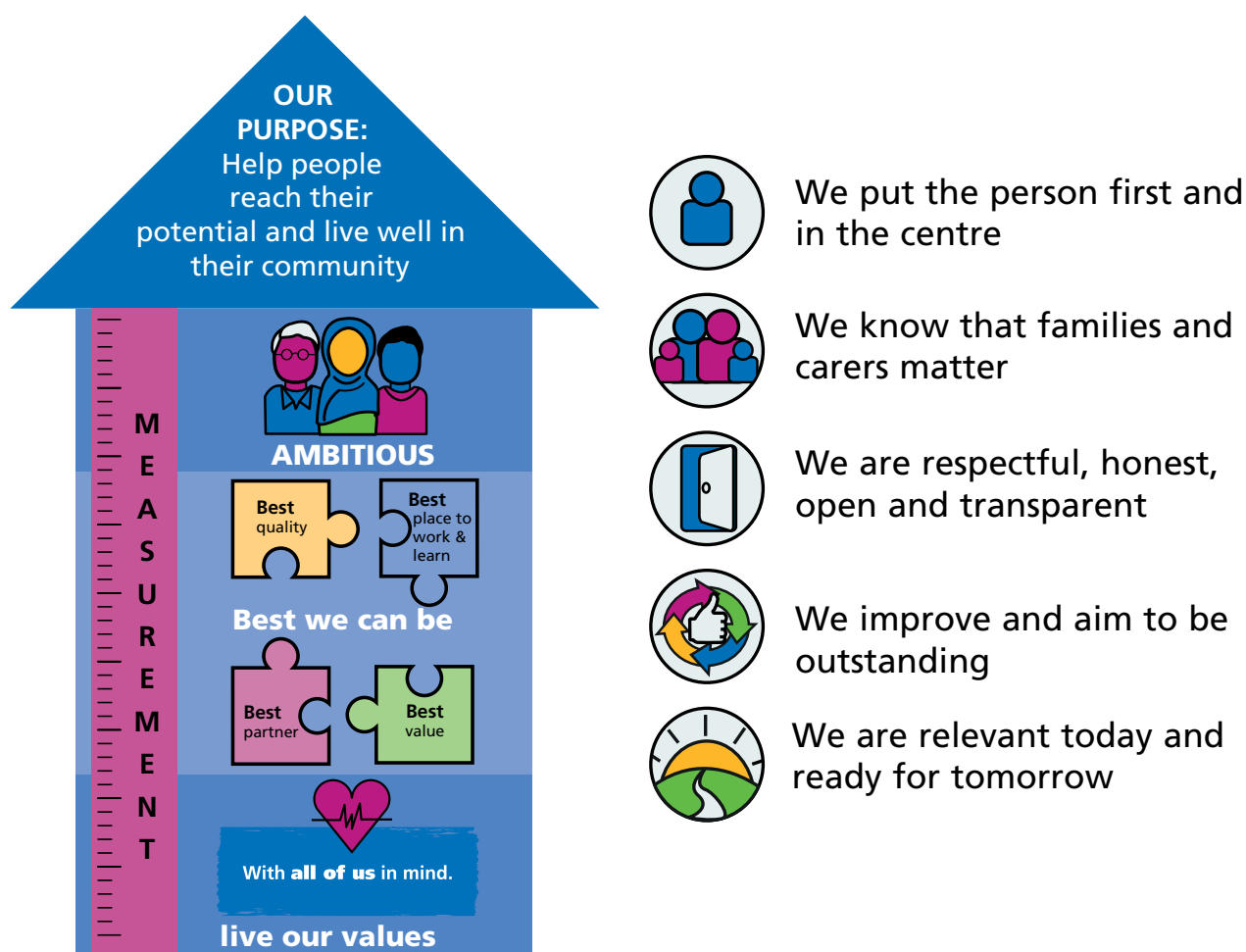
Strategy and values

This report also delivers an overview of recent initiatives undertaken to demonstrate our carers are an integral part of our culture. As part of our strategy refresh, we undertook a comprehensive engagement process: #allofusconversation. Our staff, unpaid carers, and partner carer support organisations participated in the conversation and offered a wealth of knowledge which has been of great benefit to service redesign and transformation plans. What we have been told will help shape and support the refresh of our Trust's overall strategy over the next five years and support the development of a new Trust clinical strategy.

The strategy refresh impacts all six principles of Triangle of Care as it emphasises partnerships, communication, and the mutual respect between the service user, their carer and staff. By reviewing and updating the Trust strategy we can reinforce carer engagement across all corresponding strategies.

Our clinical strategy has been developed to help us to achieve our vision and to drive the delivery of our strategic aims.

- Strategic aim one: We will live our values
- Strategic aim two: We will be the best we can be
- Strategic aim three: We will be ambitious



Clinical strategy 2024 – 2030: “Helping people to reach their potential and live well in their community”

There was a multi-faceted approach to ensure breadth and depth of engagement from a wide range of key stakeholders.

- We used specific questions within the Trust strategy refresh engagement, including surveys and focus groups. This then fed into network meetings.
- We then conducted a specific engagement session with the medical network and allied health professionals (AHPs) and then with each professional group led by the members of the clinical strategy steering group.
- The clinical strategy steering group met fortnightly to develop the strategy, every 2 weeks from Dec 2023-Nov 2024. Below is the terms of reference and membership for the clinical strategy development.

Terms of reference – clinical strategy steering group

Introduction and purpose

A small group representative of our clinical professions and key support services responsible for the writing of the Trust's clinical strategy. The group must ensure that key stakeholders can contribute to the strategy and that it is reflective of the Trust's overall strategy, vision, mission and values.

Aims

- To develop a Trustwide clinical strategy that is representative of the services we provide and the care we deliver
- To identify key stakeholders and support communications with those stakeholders through the development of the strategy, producing clear and frequent communication
- To ensure the group continues to deliver what it has set out to and in a timely way. To agree and support any remedial activity if required
- Support in the alignment of the priority golden threads of equality, involvement and addressing inequalities, social responsibility and sustainability, and trauma informed recovery approaches.

Priorities

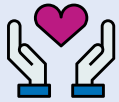
- To enable the Trust to deliver on its ambition of being an anchor institution and support teaching and training
- Prioritising our future provision of care within the context of complex challenges in the healthcare landscape, including addressing health inequalities
- A strong service user and carer voice
- Delivery of high quality, innovative and evidence-based services, aligned and underpinned by other Trust strategies
- Operating framework
- Fortnightly meetings with action notes (meetings may be recorded for purposes of action notes)
- Members must ensure they are represented if unable to attend to maintain momentum of the strategy development
- Quorum – at least one representative from each clinical group or support service.

Membership

- **Lead** - Katie Puplett
- **Allied health professionals** - Alison Clements
- **Communications and equality, diversity and inclusion** - Dawn Pearson
- **Medicine** - Kiran Rele, Syed Badshah, Dussa Jhansi Rani and Elizabeth Ajibade
- **Mental health nursing** – Carmain Gibson-Holmes & Tim Mellard
- **Physical health nursing** – David Yockney
- **Learning disabilities** – Gayle Jenkins
- **Pharmacy** – Kate Dewhurst
- **Psychology** – Tracey Smith
- **Research** – Wajid Khan
- **Social work** – Soyeb Aswat
- **Carers representative** – Gillian Cowell
- **Digital** – Paul Foster
- **Social responsibility and sustainability** – Tony Wright
- **Joint senior responsible officer** – Subha Thiyagesh and Darryl Thompson



The clinical strategy aligns with the Trust strategy and sets out our ambition to improve and provide outstanding care. Partnership working is integral to the success of the strategy, alongside hearing from and listening to the voice of our service users and carers. Between January and March 2024, we conducted extensive conversations, events, focus groups and surveys and used previous insight where it was still relevant to help us shape this strategy. This infographic showcases the feedback we received from a huge range of people in our communities.



Clinical care was rated good or very good.



Most people felt involved in the decision making around their care but some thought it could be done in a more meaningful way.



Our communities want clinicians to have a greater awareness of cultural and religious practices and options for culturally appropriate foods.



People wanted more local drop in events and more accessible information online.



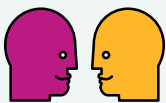
People wanted more of a sense of connectivity with communities and families.



People placed value on person-centred, joined-up care that prevented them from being added to another waiting list.



People advocated for more involvement in the design and development of services.



Most said they preferred face to face contact rather than surveys or online requests.



Our communities asked for our help in breaking down stigmas associated with mental health conditions.



Patients and service users want to be able to access more creative activities, physiotherapy and exercise within our mental health services.



People wished for more diversity in the workforce and better access to interpreters and alternative methods of communication.

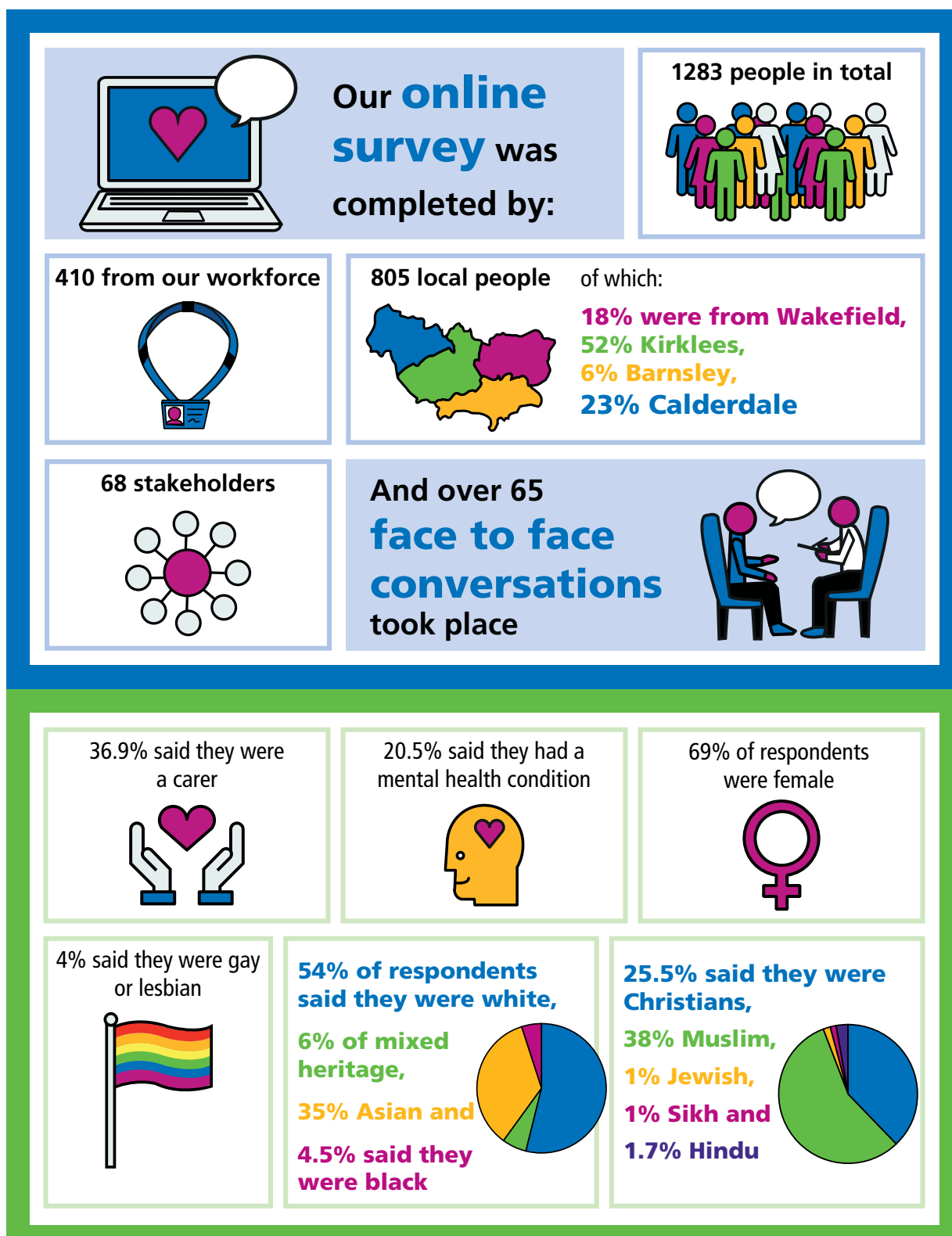


Care closer to home, remote options for treatment, recycling and other sustainable activities are important to our communities.

Equality, diversity and inclusion strategy

Our equality diversity and inclusion (EDI) strategy 2025/2026 ensures that everyone is helped to live well in their community. It describes how we will work to actively understand our communities and colleagues so that all of us reach our potential, identity does not predict outcome, and this is the best place to work and learn for all. Explicitly, the strategy sets out our EDI approach and plans for our community of colleagues and also the communities we serve. An important part of the communities we serve are our service users, patients and carers.

This is who we heard from:



The EDI policy supports the Triangle of Care framework. The strategy highlights that the Trust views carers as their adopted tenth protected characteristic, promotes fairness, respect, and inclusion in all aspects of care where everyone's unique needs and preferences are considered. The policy impacts with fairness and respect, inclusion, equality of opportunity, respects diversity and prevents discrimination and considers intersectionality. Carers are part of the equality, inclusion and involvement priorities action plan.

Our submission report and panel presentation for our first star in 2024 highlighted how we value staff honesty on areas for further improvement, including ongoing improvement to engage carers from racialised communities. Over the last six months we have been working on our patient carer race equality framework (PCREF) high level action plans and this work was proudly showcased during a launch event on Thursday 3 April 2025.

The launch of the PCREF implementation plan was attended by colleagues, partners, and members of our communities. The event brought together key stakeholders with the aim of sharing learning and facilitating understanding on how to improve people's experiences of mental health services, ensuring better access, experiences, and outcomes for our racialised and marginalised communities.

The session featured presentations from NHS England national mental health equalities adviser Dr Jacqui Dyer on the national context of PCREF, and Zoe Reed from pilot site South London and Maudsley NHS Foundation Trust about how the framework has been implemented.

Our equality and involvement team also shared our local approach and context, and this was reflected on people's lived experience through our community voice. We also delivered our implementation plan, including priority areas and PCREF action plan, exploring the work already in progress to reduce health inequalities. We also detailed the next steps of our journey to embed PCREF within our organisation and services to improve access, experience and outcomes for our service users and carers.

Slides and photos from the event and more information are on the Trust's website: <https://www.southwestyorkshire.nhs.uk/get-involved/equality-and-involvement/patient-carer-race-equality-framework-pceref/>

The PCREF implementation plan strongly aligns with the principles of Triangle of Care, particularly emphasising partnership, collaboration and equity. The plan encourages coproduction and collaboration between service users, carers, and staff with the wider community. It explicitly addresses race inequalities aligning with the Triangle of Care goal to promote wellbeing for all and the importance of gathering feedback. It also promotes staff training and awareness.



Carer Confident

In Carers Week 2025, we were awarded Carer Confident Ambassador status by Employers for Carers, making us the first NHS Trust in the north and only the third in the UK to receive the certificate. The certificate is presented to employers who have demonstrated that they have built an inclusive workplace where carers are recognised, respected and supported.



There are three levels of Carer Confident status, with Level 3: Ambassador being the highest. To achieve the status, we evidenced how the Trust provides a wide range of information and support for carers throughout their caring journey, supports carers at all stages of employment, enables and encourages carers to take up practical support both from within and outside the organisation, and champions caring and carers internally and externally.

Connecting people

Our connecting people programme is about giving people a voice, and engaging family, friends, and a person's community. Being a "community connector" means supporting local services and contributing to the future of the NHS, learning more about how the NHS works, learning new skills and taking part in training. It also means giving people a say in how health is supported in local communities, and gathering information from community members to help make a difference. As of May 2025, we have 82 trained connectors. Connectors can reach different locations across the Trust.

Area	Number of trained connectors
Wakefield	33
Barnsley	20
Kirklees	27
Calderdale	14
Other	6



Volunteer charter and strategy

Our Trust has a volunteer charter and strategy (July 2024 to July 2027). We work in partnership with voluntary and community sectors and NHS partners to enhance opportunities to the services we provide.

At the heart of volunteering is the Trust's volunteer service. Our volunteer service is accredited by Investing in Volunteers. Volunteers are the unpaid heroes of our Trust and we value each and every contribution from those who give their time, commitment and dedication to support our work.

Volunteers enhance and add value to our Trustwide service offer. We know that having volunteers in service settings contributes to an improvement in outcomes and enhances the experience of those people who use our services.

People who volunteer come from the local communities we serve. These people offer an unprecedented wealth of insight, talent, creativity and skill. By capitalising on this wealth of assets we ensure that people who use our services feel supported by their own community.

As a Trust we are committed to working in partnership with our communities to increase the range of volunteers in all our services and settings. We know the more reflective our volunteers are of the communities we serve, the more relevant our services become. Volunteers can offer personalised, cultural, spiritual and creative contributions and offer the time that people need. By working this way our Trust can provide the best possible high-quality care so services are person-centred, compassionate, caring and effective.

The service headquarters are based at Fieldhead Hospital in Wakefield. The Trustwide volunteer service ensures that all our volunteers feel valued and are at the centre of our approach. We have over 160 volunteers across our services, and our aim is to have a volunteer working in every service across the Trust.

Culture of Care

In 2024, the Trust became part of the NHSE Culture of Care programme. This programme aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work. It aligns with the NHSE quality transformation programme (QTP).

The programme adopts a quality improvement approach at its core with 76 standards across 12 core commitments. Embedded within the approach are three guiding equity principles of anti-racism, trauma informed approach and autistic approach. This is currently a pilot on four working age adult wards across the Trust, with a plan to follow the quality improvement methodology and roll out good practice across all wards within the year 2026 onwards. Key to the programme is an approach that adopts carers and we have aligned the programme standards within our wider Triangle of Care attainment.

3. Self-assessments action plan update

Over the last 12 months the Trust has continued to make significant progress in implementing the Triangle of Care standards. We know there are areas for improvement, particularly in focusing, identifying, and supporting young carers.

A recent review of our carers passport to ensure it meets the needs of all of our services and is an identifiable resource for carers including parent and young carers has been invaluable.

The carers project manager attends West Yorkshire Young Carers (WYYC) peer support meeting and the Trust's children and young people's experience, equality and involvement group to identify consistent support for our young carers. A key outcome from these meetings was to update staff on services supporting carers who care for children and young people. In addition, after assessing the need we updated our carers intranet with definitions of what a parent carer and young carer are. This was also added to the staff carers awareness training.

By addressing these we were able to further improve carer outcomes for staff, carers, and patients. This is an area that continues to need more attention as future collaborations with our integrated care boards (ICBs).

Carers data is key to support the improvements we are making. Our current carer questionnaire on SystmOne doesn't currently support carer data from racially marginalised groups or those requiring reasonable adjustments, for example, those with a neurodiversity. This is a focussed area of work and data is required to support our work around PCREF.

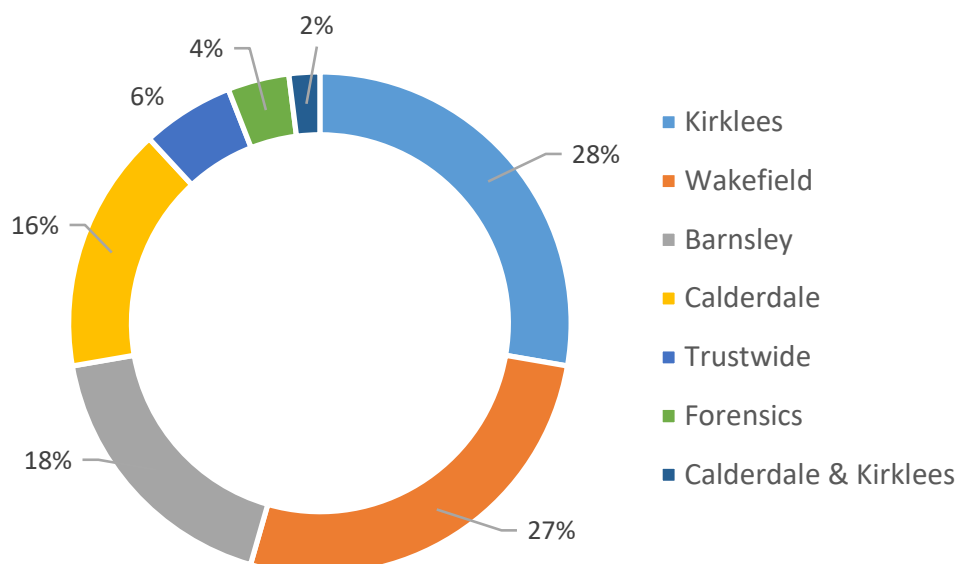
In addition, to understand the current experiences of carers from marginalised communities, we plan to engage further and ensure our support offer is relevant. We need to map the carer support offer for marginalised communities and form connections with those communities to work better for them.

We are working towards achieving a culture change at the Trust and understand this is a gradual process that takes time. Embedding the new ToC practices is a focus and work is underway to support our staff to drive forward new practices.

The completion of our carer questionnaire is increasing in line with the roll out of the staff carers awareness training. Whilst progress is gradual, change is happening and it is important we continue to foster an environment where carers are consistently recognised and supported. Our therapeutic funded activities, carer partner organisations, carer networks, and forums are important, and their continued commitment is needed to fully embed these changes and achieve the desired outcomes.

We currently have 40 self-evaluations in from our community teams which equates to approximately 40% of the total teams. We are working to recapture the momentum and ensure work is underway to support our frontline teams with completion of their self-assessments.

Below is a summary of the current completed self-evaluations across our community services and teams:



Distribution of year 2 services / teams by locality

Locality	No	Yes	Total
Barnsley	39%	61%	50%
Calderdale	75%	25%	50%
Calderdale & Kirklees	50%	50%	50%
Forensics	0%	100%	100%
Kirklees	75%	25%	50%
Trustwide	33%	67%	50%
Wakefield	56%	44%	50%
Grand Total	55%	53%	54%

% RAG completion by services / teams by locality

Similar to the findings in year 1, the completed forms to-date indicate training as a key priority area for improvement with 20% of responses rating themselves as red across standard 2.

A challenge within the Trust is understanding which teams require distinct self-assessments, as a number of our teams are connected. We are looking at adopting the approach that was put into place for the Trust trauma informed pathways.



4. Feedback on our approach to carers and the ToC

Our Kirklees mental health carers forum (KMHCF) provided some feedback:

"Gillian (Cowell, carers project manager) has been an integral part to our Kirklees mental health carers forum meetings, by firstly being a regular attendee at the meetings. She is often called upon as a guest speaker to update the group on many things to do with mental health carers and one of them lately, being the progression of the Triangle of Care journey that the Trust is taking.

"We get regular updates from her as to how this journey is going on. Additionally, our carers (members) are regularly called upon to take part in focus groups/meetings for this journey to be successful and of course involve carers in this co-production process.

"We feel we have a two-way communication method with Gillian.

"The group were so glad that the Trust recruited Gillian into this carer involvement post. With her energy and enthusiasm we have taken great steps with regards to the following:

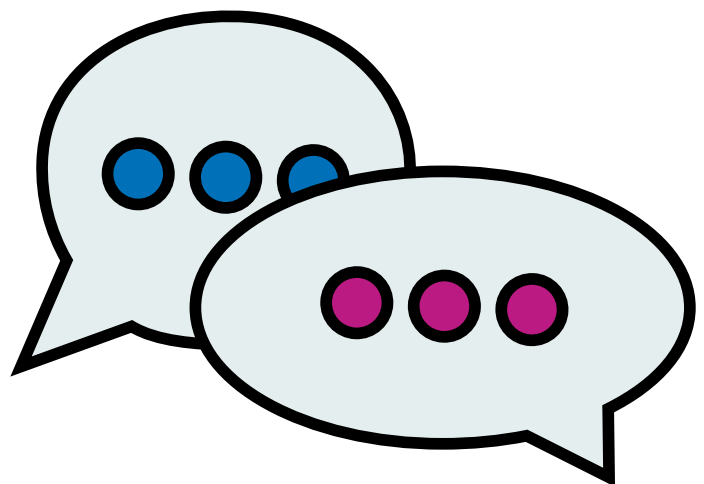
1. Trust carers passport
2. Carers lanyard
3. Triangle of Care
4. A better service all round for carers, as she is a carer herself
5. We feel as a group we are in a better position now than ever to have carers' views heard at the Trust
6. The Trust has added carers as a tenth characteristic to the existing nine protected characteristics

"The KMHCF would be delighted to talk to anybody who would like to know what mental health carers think about services delivered by the Trust."

Yakub Rawat

Carers Count

Cloverleaf Advocacy
Fourth Floor, Empire House
Wakefield Old Road
Dewsbury
WF12 8DJ



5. Key roles

Across the Trust we have a number of key roles which support carers and the embedding the principles of the ToC.

a. Carer leads

There has been a significant increase across the Trust in carer dedicated roles. Although we recognise that carers are everyone's responsibility, these roles focus on the support and wellbeing of carers and their involvement in the wider carer agenda.

b. Carer champion

A carers champion is a named member of staff working in an area such as a ward or community team. They promote awareness of issues that might impact on carers' wellbeing and their involvement in the care of service users. They also help to highlight services and initiatives designed to support carers, such as staff carer passports and the Triangle of Care. This is a voluntary role.

We have a carer champion descriptor and have a distribution list of over 80 champions. The carers project manager and carers leads are working on more uniformity of their offer with new workshops and the implementation of Triangle of Care. We expect there to be at least one active champion in each ward and team by the implementation of star 3.

c. Carer lead

A carers lead oversees the work that is carried out in one of our areas e.g. Barnsley, Calderdale, Kirklees, and Wakefield. They help to develop and standardise the way that carers are engaged by supporting the carer champions that work within their area, coproduce carer related resources, promote good practice, and ensure the voices of carers are heard and responded to. A carers lead is expected to chair the carer network and act on issues raised. This is a voluntary role.

We have a carer champion in all our places and one in forensics. The carer lead in forensics is called involvement and engagement lead and is employed by Humber Teaching NHS Foundation Trust.

d. Family and friends practitioner

A family and friends practitioner works in the family and friends team. This is a service that works with people who are supporting someone receiving care from a Barnsley mental health service. A family and friends practitioner looks at the various aspects of a person's life that are impacted on by being a carer. This might include things like encouraging time to follow up leisure activities or how to 'self-care'. A family and friends practitioner can help carers to learn about and understand their mental health and wellbeing, and develop different ways of responding to situations.

There is one family and friends team in Barnsley consisting of two family and friends practitioners.

e. Family and systemic psychotherapist

A family and systemic psychotherapist works with the social networks around a referred person. This might be their family, friendship groups, mental health services or wider care networks. A family and systemic psychotherapist draws on various theories to help the network think about the patterns of interactions that might be occurring, or ways that people view themselves or others that might be contributing to difficulties. This work may be done directly with the family or in consultation with parts of the system. This is a paid role.

We have recently mapped the offer across our services:

Location	Staff qualified	Hours	Team
Wakefield	2	48.75	Core team east and west
Kirklees/Calderdale	1	30	Psychiatric liaison team - hospital wards
North Kirklees	1	37.5	Core team
Barnsley	1	37.5	Core and enhanced teams
Wakefield	1	Generic post	Early intervention team
Calderdale	1	18.5	Early intervention team
Barnsley	1 in training	22.5	Early intervention team
South Kirklees	1	37.5	Early intervention team
Trainees (all levels, not yet skilled enough to work with families)	Awaiting numbers	N/A	N/a

f. Family liaison officer

From August 2023 we also have a family liaison officer with a specific bespoke role in developing the Trust's response to bereavement support. They work alongside the patient safety team/suicide prevention, looking at the Trust's bereavement standard and revisiting the idea of bereavement link workers.



6. What's next?

Key to the programme has been a benchmarking of our current position, which will be looked at again in 2026 to address how views and experiences have changed. Embedded into this benchmark were questions around carer confidence and how carers are involved proactively with individuals' care and support. The work we have been undertaking proactively on Triangle of Care has been evidenced within the ward and organisational responses and has been recognised nationally by the programme as a positive for the Trust. We are now seeing the Triangle of Care being mentioned in wider Culture of Care programme discussions.

In July 2025 the national Culture of Care programme is releasing a carer survey to provide feedback alongside the current patient and staff surveys being undertaken on the ward. This is an important development as it will aid us to triangulate intelligence that we have received from wards both in the benchmarking and ongoing quality improvement change ideas, and how the carers of patients feel about their experiences on the ward and service provided. Learning from this will also aid the quality improvement aspects as the programme continues to develop.

Embedded into the Culture of Care programme is a specific development around service user engagement to complement the already proactive approach the Trust takes to staff, service user and carer experience and feedback. This development started in the Trust in June 2025, and will continue to develop momentum through the coming months so we can achieve a consistent co-production approach and offer across the Trust and our services. Carers are key to this approach.

7. Closing thoughts

Carer project manager, equality and involvement team:

"The carer support team are humbled to have been highly commended at our 2025 Excellence awards with their application: "Creating equity for carers in a person's journey through services" in the category of living our values - equality and involvement excellence. It's not until you see the impact the changes and developments we are making have on the carer that the true meaning of this work is realised. Writing this report helped me to visualise where we are going and how we need to keep up the momentum to get there."

Contact details

Gillian Cowell, carers project manager



If you require a copy of this information in any other format or language please contact the Trust.

إذا كنت تحتاج إلى نسخة من هذه المعلومات بأي تنسيق أو لغة أخرى، فيرجى الاتصال بـ Trust. (Arabic)

اگر شما به یک نسخه از این اطلاعات در هر قالب (فرمت) یا زبان دیگری نیاز دارید، لطفاً با بنیاد (Trust) تماس بگیرید. (Farsi)

Ha a jelen információk másolatát más formátumban vagy nyelven szeretné megkapni, akkor kérjük, hogy lépjen kapcsolatba a trösztel. (Hungarian)

ئەگەر پوونوووسی ئەم زانیاریانەت بە هەر زمان یان فۆرماتیکی دیکە پێویستە تکایە لەگەڵ ئیمە پێۆهندی بگرە. (Kurdish Sorani)

Jeśli potrzebują Państwo uzyskać kopię niniejszej informacji w innym formacie lub języku, prosimy o kontakt z Funduszem Zdrowia. (Polish)

Se necessitar de uma cópia destas informações em qualquer outro formato ou idioma, entre em contato com a Fundação. (Portuguese)

جے تہانوں ایس جانکاری دی اک کاپی دی کسے ہور فارمیٹ یا بولی وچ لوڑ اے تے مہربانی کر کے ٹرسٹ نال رابطہ کرو۔ (Punjabi Pakistani)

Dacă aveți nevoie de o copie a acestor informații în orice alt format sau limbă, vă rugăm să contactați Trustul nostru. (Romanian)

اگر آپ کو اس معلومات کی ایک کاپی کی کسی دوسرے فارمیٹ یا زبان میں ضرورت ہو تو براہ مہربانی ٹرسٹ سے رابطہ کریں۔ (Urdu)