

A black and white photograph of three people—two men and one woman—wearing glasses and looking at a tablet together. They are in a room with a mosaic mirror and a doorway in the background.

# Working with families, friends and carers

A framework for adult social  
care employers

In partnership with:

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# Introduction

**Families, friends and carers are often a vital part of the life of someone who needs care and support, and working well with them is an important part of delivering person-centred care.**

**When services know how to connect with families and are able to listen to them and explore solutions together, then the outcomes for individuals can be improved. The pivotal role that families can play in their loved one's care and wellbeing shouldn't be underestimated, which is why employers need to support and develop their staff to work better with families.**

Adult social care employers need to value the varied roles that families, friends and carers play, work with people who need care and support to identify the network of people that are important to them and strive to work collaboratively and respectfully with these people.

Whilst this sounds like a common sense approach, some employers have a culture that sees families, friends and carers as a problem and difficult to work with.

This framework sets out some good practice guidelines about what adult social care employers and their staff need to **know** and **do** to work effectively with people's families, friends and carers.

It's useful for adult social care managers or those in learning and development roles, such as human resources, trainers and learning providers, in any type of social care setting, including residential care, supported living, domiciliary care and/or voluntary organisations.

You can use the guidelines in the framework as a measure of good practice, to help you to review and assess how your service and staff work with families, friends and carers now, and identify what you can improve.

The framework can also give you an idea about what learning and development around 'working with families' might look like, to help you to design or commission training.

There's a sample training session, designed by the Avenues Group, which includes a session plan, facilitator notes, handouts and activities. You can download the training session templates and adapt them for your service.

Please note, that not all the points in the framework will be relevant for all settings. You can adapt and build on the framework, and tailor it to your service, the people you support and their families, friends and carers.

# A framework for adult social care employers

This framework sets out some good practice guidelines about what adult social care employers and their staff need to **know** and **do** to work effectively with people's families, friends and carers.

It covers four sections:

- establish positive relationships with families, friends and carers when your service is new to them
- recognise the importance of family relationships and your role in this
- maintain appropriate communication with families
- offer support to people who need care and support to maintain and manage family relationships.

The framework is split up into 'things to know' and 'things to do'.

The 'things to know' outline what staff need to know to work effectively with people's families, friends and carers. They can be used as a guide for learning and development.

The 'things to do' explain some of the ways that you can work effectively with families, friends and carers. You can use them as a set of guidelines to improve your practice - they can help you to review and assess how your service and staff work with families, friends and carers now, and identify what you can improve.

The guide's based on research that the Avenues Group did with people who need care and support and their families. You can read more about the research and the findings in appendix one of this guide. The Avenues Group support people with a learning disability and/or autistic people, however, we've consulted with a wide range of colleagues to ensure that the guide can be used by staff in any type of adult social care setting.

## Note about terminology

For ease, we've used the terms 'families' and 'family members' throughout the framework. This includes reference to people's partners and wider connections, including friends, distant relatives and carers, and shouldn't be read as people who are only formally related by birth or marriage.

## Note about legislation

The framework adopts a person-centred approach. The Mental Capacity Act 2005 states that we should assume that people have the mental capacity to make their own decisions.

If someone has the mental capacity to make a decision, when it needs to be made, their choice should take precedence over anyone else's. This means that sometimes, in practice, you might need to help people to explain the decision that they've made to family members who disagree with it, or do things that family members disagree with.

This framework explains some of the ways that you can manage these situations, to ensure that the individual is always at the heart of any decisions around working with families, friends and carers.

Where a person lacks the mental capacity to make a decision, you need to work in line with relevant legislation and guidance, including the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (currently under review) and the Human Rights Act.












## Practice examples in the framework

We've used examples throughout this framework to show how some of the 'things to do' might be done in practice. The examples are based on fictional but credible characters.

We're always looking for new practice examples to show how the guidelines can work in practice. If you'd like to provide a short case study about how you work well with families, please email [policy@skillsforcare.org.uk](mailto:policy@skillsforcare.org.uk).



## Establish positive relationships with families, friends and carers when your service is new to them

Things to know	Things to do
<p><b>What you need to do when your service first starts working with an individual and their family</b></p>	<p> Get off to a good start by making early contact with family members, where appropriate.</p>
	<p> Check if individuals and family members have previously said how and when they'd like to be involved, for example, in conversations with a social worker or care manager. Respect that decision and use it to start conversations, rather than repeating information.</p>
	<p> Offer to visit or meet with family members to understand their needs and concerns.</p>
	<p> Involve family members throughout the process when their relative starts to use your service. Be mindful that there may be occasions when this isn't possible, or you're asked not to.</p>
	<p> Respect family members' knowledge of their relative, and their history. Use this information to plan effective care and support.</p>
	<p> Agree how family members would prefer you to communicate with them, for example, email, phone, face to face or text messaging.</p>
	<p> Agree the frequency for communicating with family members, and under what circumstances you would otherwise contact them.</p>
	<p> Help family members to understand the role of your service by sharing information about your service and staff with them.</p>
<p><b>Your organisational values, policies and procedures, and how they support you to work with families</b></p>	<p> Ensure that your workplace values, policies and procedures enable staff to work well with families.</p>
	<p> Role model dignity, respect, empathy and compassion in all interactions with families.</p>
	<p> If policies and procedures don't support a partnership approach with families, ensure staff know who to talk to about changing this.</p>

**How to respectfully work in someone else's home (if applicable)**



Talk to individuals and their family about how they want you to work in their home and the things that are important to them about their family life. Identify and agree what you can do to best support this.



Treat people's homes and possessions with respect. Don't impose your own standards and way of living onto them, for example, with cleanliness. Consider things that you might otherwise take for granted like playing music, opening windows and spraying air freshener.



Avoid saying or doing anything that could feel like criticism or judgement of the way that people live and maintain their home and possessions.



When you're not able to maintain the agreed way of working, apologise quickly and ask family members to help you plan to avoid this mistake happening again.

**Francois**



Francois is 32 years old and has mental ill-health, depression, possible attention deficit hyperactivity disorder (ADHD) and a history of alcohol and substance misuse.

He's been accessing two hours per week of support to help with bills and housework in his flat. After his landlord gave him a notice of eviction, his social worker contacted a specialist domiciliary support provider to support him for 10 hours a week.

He isn't sure of his background and doesn't have any regular contact with his family. After discussing this with him, the support staff help him to write a letter to the last known address for his mum and dad, giving them his current address and letting them know that they can contact him if they want to.

Francois' dad rings the manager and says that he doesn't want to be in regular contact with Francois, but he leaves a phone number 'in case of an emergency'. The manager clarifies with him that this means if Francois is in hospital or in trouble with the police.

The support staff talk to Francois about how he feels about this. He says that he doesn't want 'anything to do with' his dad now and doesn't want him to know anything about him. The manager writes to Francois's dad to tell him that the service will respect Francois's decision.

They document this in Francois's care plan and let the support staff know. They review this formally with Francois every few months, and regularly have conversations with him about his family.

## Laura



Laura is 21 years old and has type one diabetes, a profound multiple learning disability and is autistic.

As a child, her parents wanted her to live at home and attend school. They supported her with all aspects of daily living, including personal care and at meal times.

Laura has no speech and uses Picture Exchange Communication System (PECS) to communicate. She often gets frustrated and distressed when she cannot get her message across, and displays this by kicking, screaming and banging her head repeatedly.

As she got older, her parents felt that they couldn't give Laura that support that she needs at home and were concerned about the impact of her behaviour on her younger sister. They reluctantly agreed that she would live in a specialist group/residential care home.













Laura doesn't have capacity to decide what information is shared about her with her family, so the service manager and social worker make this decision in her best interest. They agree to contact her parents if Laura starts to feel unsettled or distressed.










When Laura first moves in, the staff encourage her mum, dad, sister and grandma to complete a 'one page profile' to share with the team, as a way of getting to know each other.

Her parents also co-facilitate staff training sessions about the best ways to support Laura with her personal care and with eating and drinking.



## Recognise the importance of family relationships and your role in this

Things to know	Things to do
<p>The unique dynamics of different families and family relationships</p>	<p> Identify the significant people in an individual's life, and what skills and experience they can bring. Don't make assumptions about this.</p>
	<p> Communicate with the individual and their family to find out about them.</p>
	<p> Find out if, and how, an individual's family is involved in their care and support.</p>
	<p> Understand and respect that individuals have different perceptions of the role of family members.</p>
	<p> Recognise that individuals within a family will have different levels of involvement and different preferences for how this happens, and that there may be smaller family groups within a wider family.</p>
<p>Understand how people who need care and support want to engage with their family, and the support they need to do this</p>	<p> Where possible, ask the individual if, and how, they would like their family to be involved in their care and support.</p>
	<p> Establish what areas of their life the individual would like their family to be involved in, for example:</p> <ul style="list-style-type: none"> <li>■ updates about their health and wellbeing</li> <li>■ updates about social and everyday activities</li> <li>■ communication and decision making</li> <li>■ healthcare appointments</li> <li>■ planning care and support</li> <li>■ regular visits.</li> </ul>
	<p> Establish if there are any times or situations that the individual does <b>not</b> want shared with their family or particular family members.</p>
	<p> Prepare for the individual to want different family members involved in different ways, and discuss with them how this will work in practice.</p>
	<p> Consider how these decisions can be made if the individual doesn't have the capacity to consent.</p>
	<p> Document this in their care plan and review it regularly.</p>
	<p> Ensure that all staff are aware of this information.</p>

<p><b>Understand how families want to be involved in their relative's care and support, and the support they need to do this</b></p>	 <p>Ask family members about what aspects of their relative's life they're already involved in, and what they'd like to be involved in.</p>
	 <p>If family members are involved in an individual's care and support, plan ways to manage any associated risks.</p>
	 <p>Offer support to families to identify any support they need, and signpost them to accessible information and independent advice.</p>
	 <p>Identify if family members need any learning and development to enable them to support their relative in the agreed ways (for example, new ways of understanding and communicating with their relative).</p>
	 <p>Explore if and how family members can get involved in wider aspects of your service, such as activity planning.</p>
	 <p>Review this information regularly.</p>
	<p><b>The boundaries associated with working in partnership with families</b></p>
 <p>Clarify the individual's, the organisation's and the family members' role in providing care and support.</p>	
 <p>Avoid, where possible, getting involved in family conflicts or disputes. Ensure that staff can identify and manage situations where they might be involved in family conflicts.</p>	
 <p>Put policies in place that set clear boundaries about the relationship between staff and family members, and ensure that all staff know and understand them. It might include, for example, social media contact, sharing personal phone numbers, socialising outside of the workplace and/or receiving gifts.</p>	

## John



John is 30 years old and has a moderate learning disability. He has recently moved from his parents' house into supported living accommodation with five others.

He has lots of family members, friends and relatives that he wants to keep in touch with.

He has a different relationship with each of them and would like support staff to understand this, so that he can maintain these boundaries.

When John's mum visits, he's happy for her to support with his personal care. If they're going out somewhere, she'll often come in early and support him to have a shower and get dressed. They agree that John's mum will give staff 24 hours' notice when she's going to visit, when possible.

John's sister also visits regularly, but she doesn't get involved in any personal care. She enjoys cooking and when she's visiting, they like to cook together in the communal kitchen. His sister will call the evening before to let staff know, and staff will remind John so he doesn't eat beforehand.

She's also identified that she'd like to have a better understanding of autism and how this affects John's life. The support team arrange for her to attend 'Supporting someone with autism' training with staff.

John's dad is a keen amateur photographer and John enjoys going out and taking photographs together and looking at them on his laptop. John's housemate also enjoys photography, and his dad agrees that he can go out with them. He's delighted about the fact that he's contributing not only to his son's life, but to somebody else's.

John also likes to keep in touch with his uncle and cousins. They occasionally phone each other and send postcards and Christmas cards – however, John doesn't want staff to share any personal or health details with them.

## Dorothy



Dorothy is 75 years old and lives in her own home. She had a stroke six months ago and has been working with a physiotherapist to improve her movement and mobility. She accesses support from a domiciliary care service for two hours per day.

The physiotherapist has stopped their regular visits but has given Dorothy exercises to do daily.

Dorothy's daughter rang the manager of the service and asked if staff could support her to do the exercises when they visit. However, Dorothy doesn't want to do the exercises and refuses when staff offer to help.

Her daughter is insistent that staff should 'make' her do the exercises, and regularly rings the agency to talk about this.

The manager arranged a meeting with Dorothy and her daughter to talk about this. The manager explained to Dorothy's daughter that it was her choice whether she does the exercises or not, and that staff could not 'make' her do them.

They agreed that staff would remind and encourage Dorothy to do the daily exercises, highlight the benefits of her doing so, and offer to support her. Dorothy could then make an informed decision about whether she wants to do the exercises or not. If she doesn't, staff could do other activities with her.

The manager discussed this with staff in the team meeting and gave them advice about how to manage the situation if Dorothy's daughter approached them directly about it.

They set up a meeting every two months to review this approach and review the risks of Dorothy not doing the exercises.

## Nadine



Nadine is 30 years old and has a moderate learning disability.

She regularly attends a local day centre and has formed a close relationship with another female attendee, Nicola.

Nadine's auntie, her closest living relative, doesn't approve of this relationship and called the day centre manager to ask her to 'keep them apart'. She doesn't think that it's 'appropriate' for Nadine to have a personal, and potentially sexual, relationship with another woman.













Next time Nadine comes to the day centre she seems upset and tells the manager that her auntie told her to stop seeing Nicola.

The manager comforts Nadine and explains that it is her choice about who she enters a relationship with. Nadine asks for her support to talk to her auntie.

The manager invites Nadine's auntie to the day centre, and the three of them talk about the situation.

The manager explains that Nadine has the mental capacity to make her own decisions, and that personal relationships are a healthy part of everyone's lives.

## Maintain appropriate communication with families

Things to know	Things to do
<b>How to build rapport and communicate well with families</b>	 If an individual is being visited by family members, offer support to make them feel welcome.
	 Respond to requests and messages from family members promptly and in a way that works for them.
	 Take family member's concerns seriously and be mindful not to take them personally.
	 Do what you say you will do, in the agreed timescales, or keep people updated and informed if this isn't possible.
<b>When and how to provide information to families</b>	 Find an appropriate and agreed balance between the individual's right to privacy, and their choice to share information with family members.
	 Agree with the individual what information you'll share with their family members and help them to communicate this to those family members.
	 Respect the rights of the individual in regards to information that they do not want to share with family members.
	 Fully understand the Mental Capacity Act 2005 and best interests decisions as they relate to individuals and their family members.
	 Discuss with the individual about occasions when you might have to share personal information with a family member.
	 Interact with family members in a way that respects their individual experience, culture and expertise.
	 Explore and address your own unconscious bias when working with and supporting families.
	 Adapt your attitude and behaviours, as needed, to support families.

<b>How to address concerns, dilemmas and conflicts that may arise when working with families</b>	 Ensure that everyone puts the individual at the focus of any conversation.
	 Listen carefully to individuals and family member's concerns, grievances and complaints. Ensure that they feel heard and decide, together, what actions will be taken.
	 Understand that what one family member sees and identifies as 'normal' may not be the same for others.
	 Be open to explaining how and why you're providing care and support in the way that you are, and invite family members to suggest ways that they do it.
	 If needed, explain the importance of choice, involvement and mental capacity assessment of the individual, to their families - they might need learning and development to aid this understanding.
	 Be confident in your own skills and knowledge about how and when to challenge decisions.
<b>How to involve families when planning for the future</b>	 Understand the wishes of individuals and their family members, to plan for the future, including their needs and aspirations.
	 Follow your organisations policies and procedures for documenting future planning.
<b>The organisational and legal requirements for recording information</b>	 Understand and comply with your organisation's policies and procedures around recording and sharing information, including General Data Protection Regulations (GDPR) and confidentiality policy.
	 Discuss confidentiality and privacy with individuals and their family members from the start.
<b>The agreed process for reviewing how you work with families</b>	 Get feedback from families about how staff work with them and express your workplace values. Use this to shape, change and improve the quality of support.
	 Offer family members suggestions or comments in a way that preserves your relationship with the family.

## Dean



Dean is 19 years old and has a mild learning disability, epilepsy and cerebral palsy.

He lives with his mum and older brother and has regular contact with his dad who lives nearby. He's been allocated a personal budget to employ his own personal assistant (PA), with support from his mum, dad and brother.

One day, Dean's PA arrives to help him to tidy his room and do his laundry.

Dean says that he doesn't want to do these jobs and wants to play Grand Theft Auto on his xBox. He asks his PA not to tell his Mum when she gets back, especially because she doesn't want him to play that game.

The PA confirms that he must keep Dean's information confidential but talks to him and suggests that his mum will be able to see that he hasn't done his laundry or tidied his room, and asks how Mum will react.

They agree that they'll do the chores together quickly, and then Dean can do as he wishes after that. They support Dean to call his brother to arrange a gaming session later in the week. No one tells his Mum what game they were playing.

A month later Dean's PA is supporting him after college, and while they're together Dean has several cans of lager. His brother is coming to the house later as their Mum is working a night shift.

Dean asks the PA not to tell his brother that he's been drinking. His PA raises a concern about this, as alcohol can affect his epilepsy medication. They also know that Dean's brother will bring some more alcohol for them to drink together, and so he should know for Dean's safety.

However, Dean says again that he doesn't want his brother to know.

When Dean's brother arrives, the PA suggests that he should talk to Dean about how much he's had to drink already.

Dean, his family and PA arrange a meeting the following week to make an agreement about when and what level of information the PA should share, when not to do so may put Dean at risk.



## John



John is 30 years old and has a moderate learning disability.

He's recently moved from his parent's home to a supported living situation with five other people, and is coming to terms with having more freedom, choice and control.

John starts going to a local social club and forms a relationship with another member, who starts going to his house for tea.

They spend time together in John's room and his parents ask the staff to stop this happening.

Staff explain to them that John has the right to spend time in his room with any visitors that he chooses, and that they will not stop this from happening.

Initially his parents want to raise a safeguarding alert as they feel staff are failing to protect him from abuse.









An independent advocate works with John and assesses that he has the capacity to make this decision.





The staff discuss this with John, and they talk about how they can talk to his parents about this together, to help them to understand.

John asks that the staff meet with his parents first, and then he speaks to them later. Although they're not happy with this decision, they recognise that it's his choice to make.

John wants to continue to talk to his family about his new relationship and asks staff for advice about how to bring it up.

## Offer support to people who need care and support to maintain and manage family relationships

Things to know	Things to do
<p><b>How people who need care and support want to maintain family relationships, and how staff can support this</b></p>	<p> Review if and how people who need care and support want to maintain their family relationship(s).</p>
	<p> Support the individual to be engaged with family members to the level and in the way that they wish to do so. If needed, suggest a range of options for them to manage relationships with different family members and support and respect their decisions.</p>
	<p> Offer the individual support to identify and develop opportunities to engage with their family members.</p>
	<p> Support individuals to set goals around family involvement, and document these in their care plan.</p>
	<p> Ensure that any decisions are made in the best interest of the individual, which may not necessarily be in the best interest of the family.</p>
	<p> Ensure that families understand the Mental Capacity Act 2005 and best interests decisions. If needed, provide training, or there are lots of online videos that explain the Act.</p>
	<p> Ensure that staff know how to guide families with the Mental Capacity Act 2005, and provide training if needed.</p>
	<p> Support the individual and their family members to spend time together in a way that benefits them and be aware of activities that an individual enjoys doing with their family members. Create and maintain opportunities for them to continue, and make sure that your support doesn't get in the way of these activities.</p>

<b>The ongoing support that family members might need</b>	 Reflect on how you work with families on a regular basis and make the required changes to improve this.
	 Offer support to family members to review the ongoing support that they need, which might change over time, and signpost them to accessible information and independent advice.
	 Offer support to family members to review their skills and knowledge. Identify if they need any learning and development and find ways of meeting those needs.
	 As family member's circumstances change, explore how individual family member's involvement may need to change, and find ways to support these changes.

## Laura



Laura is 21 years old and has type one diabetes, a profound multiple learning disability and is autistic. She's recently moved from her family home into a specialist group/residential care home.

Laura is close with her younger sister, Lucy, and would like to maintain this relationship.

Lucy is moving away to university and asks staff to consider how they can support her to keep in touch with her sister.

The staff agree that they'll use Skype on an iPad to stay in touch once or twice a week. They agree that Lucy will call on a Sunday evening at 17.00, and will call beforehand if she's not able to do this.

The manager adjusts the rota so that when Lucy is home in the holidays, she can access extra support to take Laura away for girly weekends.

# Sample training session

The Avenues Group, funded by Skills for Care, developed this sample training session. It's based on training for adult social care organisations that support people with a learning disability and/or autistic people. However, it might also be useful for other services.

We recommend that family members are involved in planning the session and take part in it.

You can adapt and build on the content to tailor it to your organisation, the people you support and their families.

It's important that the trainer or facilitator has a good understanding of person-centred approaches and can explain the Mental Capacity Act 2005 as and when it's appropriate to the group discussions.

You can deliver it as a one day event, or break it down into bite-sized sessions. Each session has handouts and activities that you can download and print off.

[Download the full day session plan here.](#)

[Download a zip file of the session plan, exercises and activities here.](#)

You can also download the individual modules here.

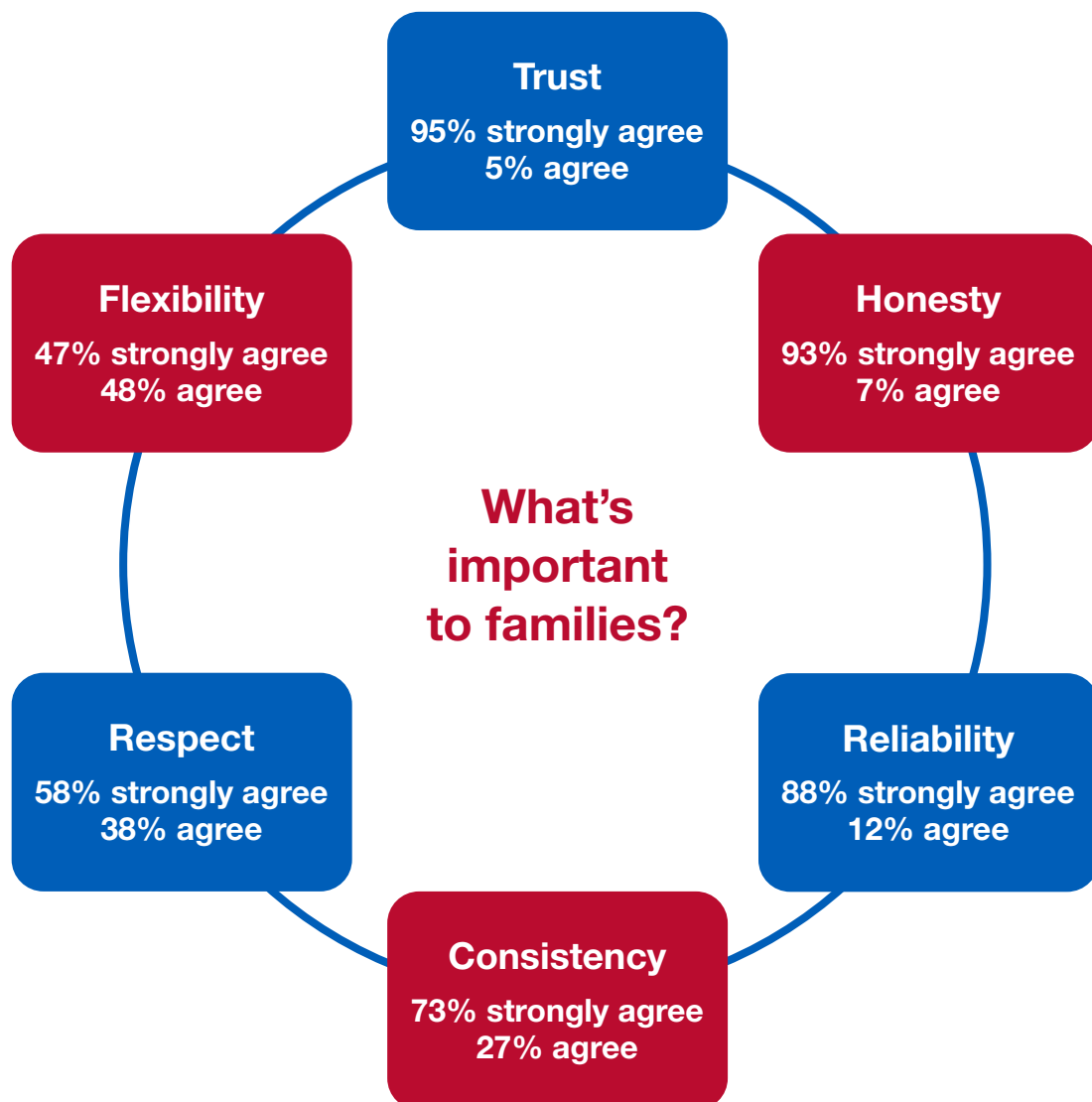
Session plan	Handouts and activities for the session
<a href="#">Introduction and ice breaker</a> (30 minutes)	<a href="#">Handout 1: Training programme</a> <a href="#">Exercise 1: If you... cards</a>
<a href="#">Session 1: The importance of successful relationships</a> (45 minutes)	<a href="#">Exercise 2: What's important to me cards</a>
<a href="#">Session 2: The importance of good and effective communication</a> (60 minutes)	<a href="#">Exercise 3a: Active listening skills (delegates copy)</a> <a href="#">Exercise 3a: Active listening skills (facilitators copy)</a> <a href="#">Exercise 3b: Active listening skills</a>
<a href="#">Session 3: Dealing with difficult situations and/or conflict</a> (60 minutes)	<a href="#">Handout 2: Root cause analysis</a>
<a href="#">Session 4: Turning worries into actions</a> (90 minutes)	<a href="#">Handout 3a: Facilitator notes</a> <a href="#">Handout 3b: Case study</a> <a href="#">Handout 4: Delivering good customer service</a>
<a href="#">Session 5: Planning for success</a> (30 minutes)	<a href="#">Handout 5: One page profiles</a> <a href="#">Handout 6: Keeping in touch circle</a> <a href="#">Handout 7: What will be different?</a> <a href="#">Handout 8: Reflective learning log</a>

# Appendix one: The Avenues Group research with families

The Avenues Group did research with people who need care and support and their families, about what they wanted to see when working with staff. They got survey responses from 93 families and did a focus group.

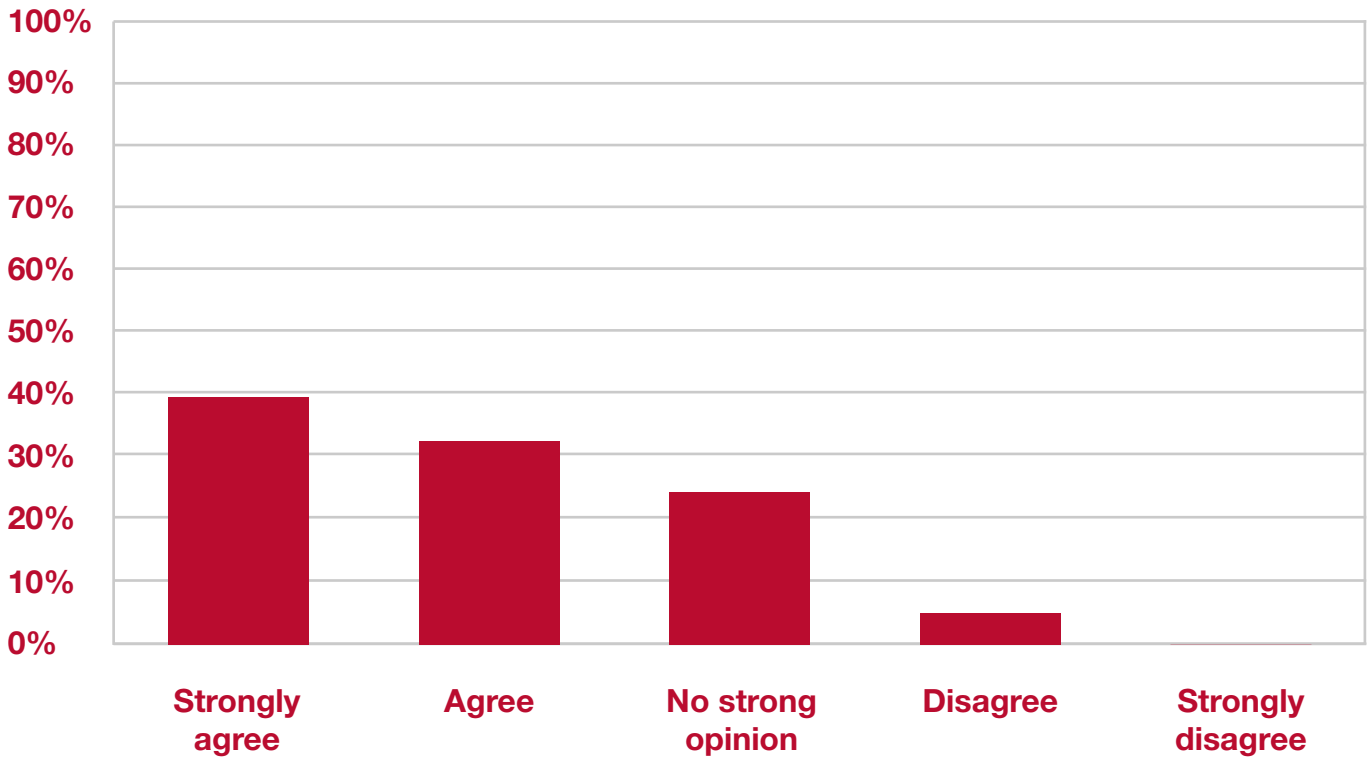
The Avenues Group support people with complex needs, acquired brain injury, a learning disability and/or autistic people, in London, East and South East England, and the West Midlands. They provide supported living, residential and outreach services.

During the research, families told them the six most important things to them are:

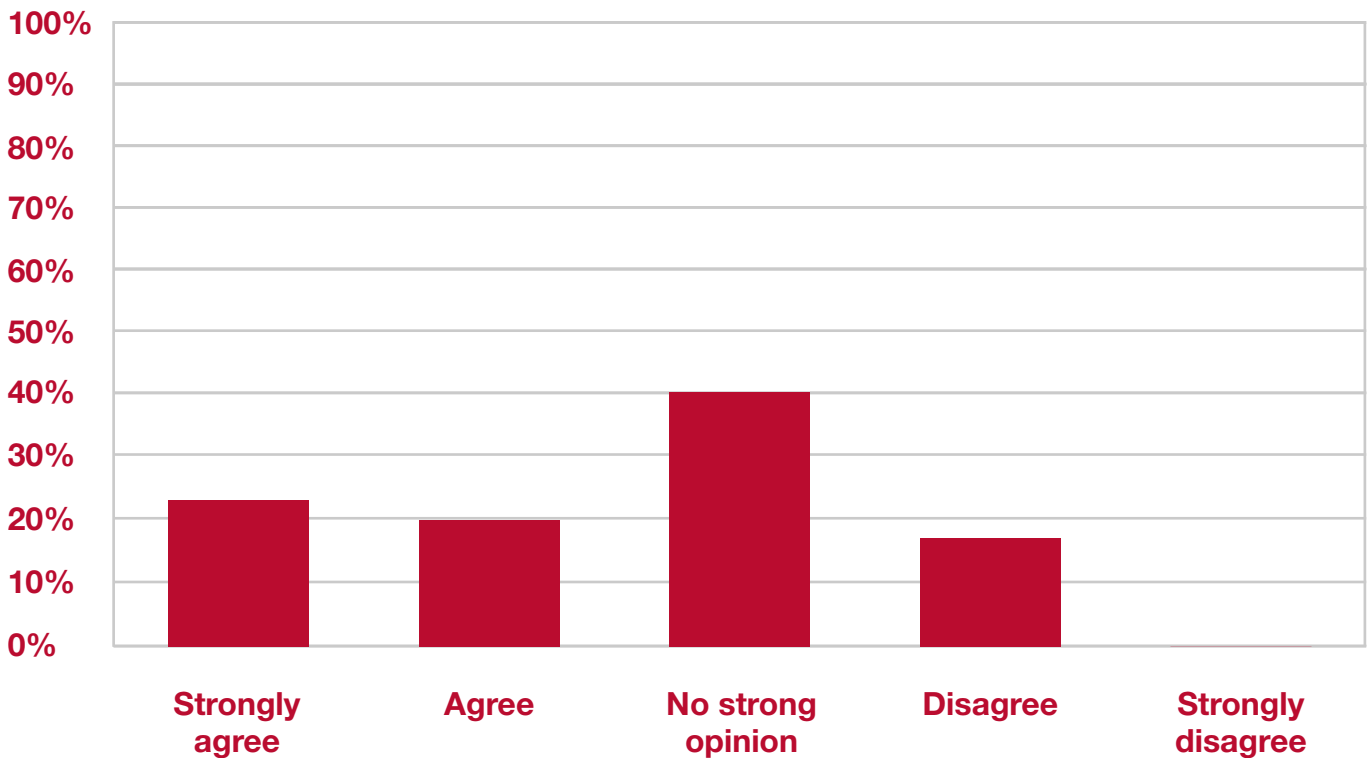


Other key areas of importance identified by family members included:

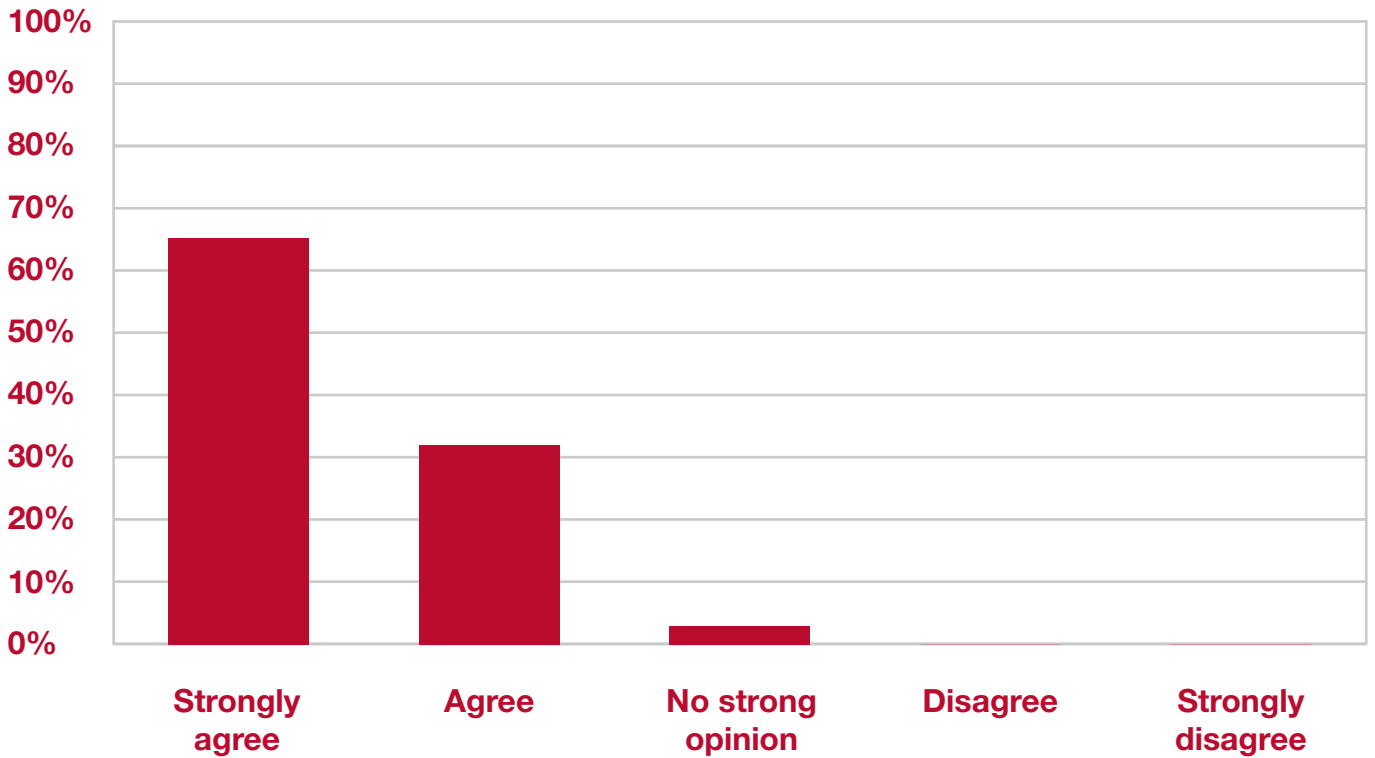
**“I like to be involved in choosing the organisation which supports my family member”**



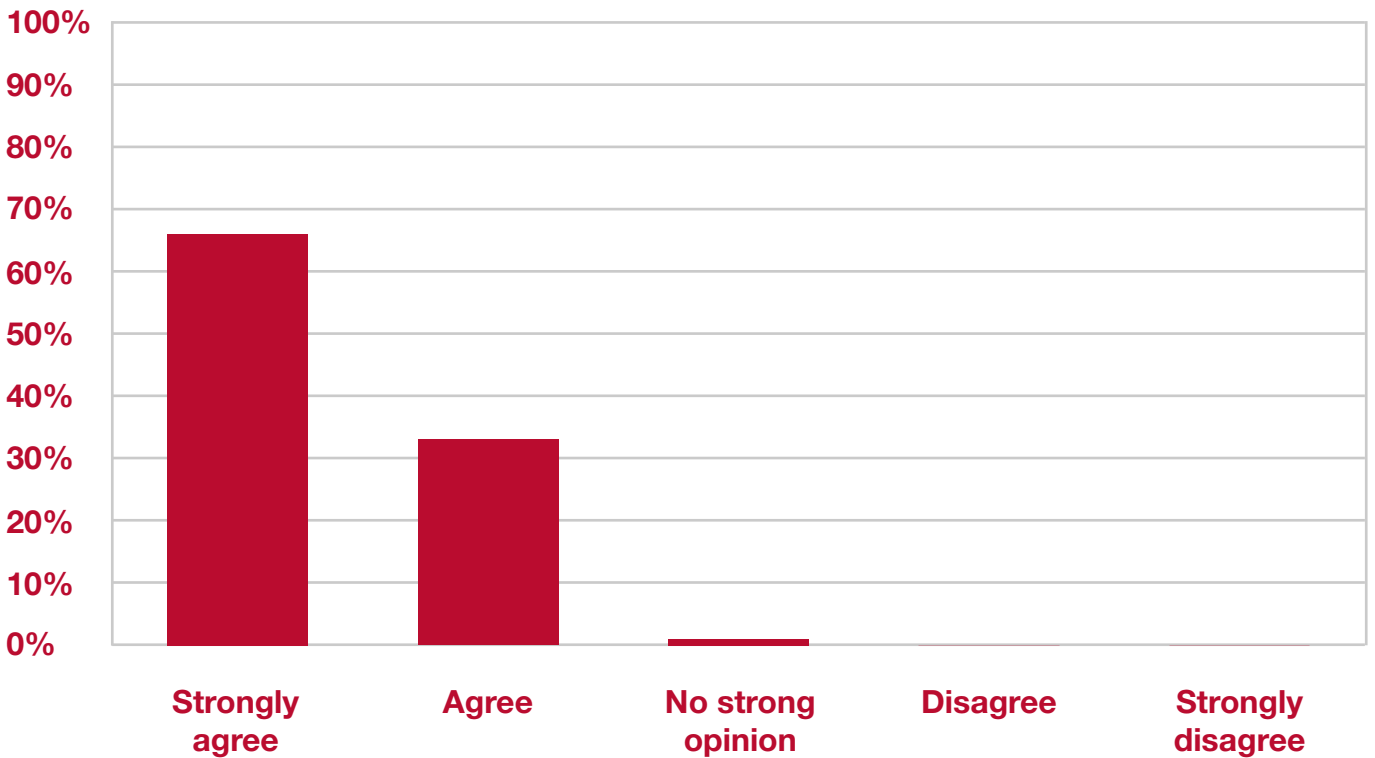
**“I like to be involved in choosing who supports my family member on a day to day basis”**



**“I would like to hear about the successes of my family member”**



**“I would like to be involved in decisions that affect my family member’s care and support”**



Here are some of the things that family members said.

Some families said that they have a **positive experience** of working with staff, and suggested ways to do this. They said:

**We have trust, admiration and gratitude for our son's support.**



**[They] make us feel welcome when we visit.**

**A good use of modern technology like texting and email is useful.**



**Understand that parents just want to know what's happening. If a suggestion isn't going to work, that's ok, but tell us why. Be open to explaining your decisions.**

Unfortunately, some others had a **negative experience**.



**I rarely hear support staff talk about the importance of communicating with families.**

**As a parent I needed to push for involvement in my son's life, as support workers are often resistant and appear to want to cut us off from our son, who we have a good relationship with.**









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