#

# Policy on RELATIVES, FRIENDS AND INFORMAL CARERS

Document Details

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**Policy Statement**

This charity is committed to involving relatives, friends and carers in the partnership working that is inevitable when putting together a package of care. However, it should be noted that no assumption should be made regarding the sharing of information or the involvement of relatives, friends and carers in the care planning process. Consent to share any written or verbal information must be given expressly by the member and any deviance to this must be recorded in the care plan, assessment of need or pre- admission assessment. This ensures that staff know exactly who can be involved in the sensitive discussions surrounding the member and their needs.

This document outlines the policy of this charity in relation to involving relatives, friends and informal carers in our dealings with Members.

**The Policy**

This charity recognises that the services it provides to a member are only one part of the network of care and support on which the member depends. We will always strive therefore to cooperate with and help any relatives, friends and carers whom a member identifies to us. We believe that each member should be able, in ways and at a level they themselves decide, to maintain relationships with relatives, friends, and carers; furthermore, that those relatives, friends and carers should be consulted and involved in any aspect of the assessment, care and support of a member that the member wishes. We see relatives, friends and carers as partners in caring for Members and, subject always to the principle that the needs and wishes of the member remain paramount, we value and seek to encourage their involvement in the life and work of the charity. We undertake always to deal courteously with the relatives, friends and carers of Members.

**Specific Procedures**

* Staff of the charity will only communicate with a relative, friend or carer of a member with the member’s express permission. We will always respect the member’s right to privacy in their affairs, particularly in relation to information about them held by or known to the charity. Subject to those limitations, we will attempt to involve named relatives, friends and carers in all appropriate areas of a member’s assessment and care;
* Prior to providing services to a member, we will offer both full information on the charity’s services and facilities, and the contract of service to any relative, friend or carer whom the prospective member identifies to us, with written material in a relevant language, style and format;
* In carrying out the needs assessment or pre-admission assessment of a prospective member, we will consult any appropriate relative, friend or carer; will take fully into account any information they supply about the member and about their relationship to the member; and will respect their privacy and other rights. We will be especially sensitive in situations where our staff visit a prospective member in a property where a relative, friend or carer also resides;
* Where appropriate, we will, in the course of carrying out a needs assessment, seek and take into account information about the needs and wishes, as carers or members in their own right, of any relative, friend or carer of a prospective member;
* We will be responsive to information provided by relatives, friends and carers during any further assessment or re-assessment of a member’s situation carried out during their period of receiving services;
* We will take particular care in dealing with the relatives, friends and carers of members who come from minority cultures, ensuring that our staff are familiar with and respect practices relating to families, kinship and social relationships;
* We will involve appropriate relatives, friends and carers in drawing up, reviewing and implementing the care plan of the member to whom they are related or otherwise connected;
* We will involve appropriate relatives, friends and carers in all aspects of the day-to-day care that our staff provide for a member, if this is what they and the member wish; will consult them in advance if possible and involve them in the decision about any change of care or support worker; and will keep them fully informed on issues relating to the care provided;
* We will record the names and contact details of relatives, friends and carers with whom the member wishes us to communicate and establish, both with them and with the member, the circumstances in which they are to be informed or contacted about any significant development;
* We will take all possible steps to encourage and facilitate contact between members and their relatives, friends and carers, by helping in arrangements if a member wishes to welcome visitors to their home;
* We will never act to restrict contact between a member and their relatives, friends and carers, except at the request of a member or, where aggression to staff becomes on issue;
* We will be particularly responsive to the need to involve and cooperate with relatives, friends and carers at times of the increasing infirmity, terminal illness or death of a member; will show sensitivity to any special requests made to us regarding rituals, cultural practices or required methods of care associated with dying and death; and will try to respond to the needs of relatives, friends and carers after the death of a loved one;
* The relatives, friends and carers of a member who have been named by the member as approved by them will have access to that member’s record, whenever they require it;
* We will encourage, enable and empower members’ relatives, friends and carers to make complaints and suggestions about the service and ensure that these are promptly investigated and, where appropriate, acted on;
* We will systematically seek the views of members’ relatives, friends and carers on the services the charity provides, using consultation processes and surveys, and will incorporate this material into our quality-assurance procedures;
* We will encourage and assist the formation of groups of relatives, friends and carers both locally and nationally as an aid to expressing views in ways that can lead to improvements in our services;
* If a member expresses a wish that the charity should have no further contact with a relative, friend or carer, that wish will be respected;
* If a member expresses a wish to cease contact with a relative, friend or carer, we will as far as possible support them in carrying out that decision;
* If it is apparent or suspected that a member is suffering any form of abuse from a relative, friend or carer, we will take all necessary steps to protect the member, to report to the relevant authorities, and to collaborate in any further enquiry and action;
* We will respect the right of a member at any stage to appoint a representative to deal with the charity on their behalf, and we recognise that this may be someone other than the relatives, friends and carers with whom we had previously had contact. We will provide information to members, relatives, friends and carers about independent advocates who can act on their behalf, and about self-advocacy schemes.
* We accept that from time to time, relationships can breakdown and will work hard to build and maintain professional working relationships, but we will also act to protect staff from unwarranted harassment or abuse.

**Informal carers who deliver care**

This term often includes family and friends and in End of Life situations, often includes Death Doulas. In practice, this is a formal part of the care plan, with specific roles and tasks which the informal carer fulfils as part of the overall care and support to the member.

It is important to separate informal caring as their role is often more of an emotional support mechanism rather than a task related one. However, where they undertake tasks of a personal care nature the following should be considered;

* do they have sufficient skills and knowledge to undertake the identified task(s) safely?
* are they able/willing to attend training e.g. moving and handling techniques?
* agree who is the lead on the visit where the informal carer is undertaking the tasks, particularly important where there is a double up
* how are they going to record their care delivery, particularly where monitoring is part of the care needs e.g. fluid intake, bowel movements
* when they can’t fulfil their role/visit, who is responsible for their cover?

Although it is informal care, it is important that the care plan delivery is still evidenced during their caring role and this should be agreed and recorded in the care planning process

**Related Policies**

Adult Safeguarding

Care and Support Planning

Meeting Needs