



Working with Families, Friends and Carers Policy

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Applies to	All Autonomy Care Group Limited adult social care services, employees, agency staff and contractors
Related documents	Consent and Mental Capacity; Data Protection and Confidentiality; Safeguarding Adults; Complaints; Equality Diversity and Inclusion; Professional Boundaries; Record Keeping; Visiting; Disciplinary and Suspension; Duty of Candour

Policy statement

Autonomy Care Group Limited will place the person receiving support at the center of every decision. Families, friends and unpaid carers will be welcomed as valued partners where this reflects the person's wishes, rights, consent and best interests. Their knowledge will be listened to without transferring professional accountability or disclosing information unlawfully.

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1. Purpose

This policy explains how Autonomy Care Group Limited works with the families, friends and unpaid carers of the people we support. It converts the Skills for Care framework into consistent day-to-day practice so that relationships are established positively, the person's choices remain central, communication is reliable, and family relationships are supported safely.

The policy is intended to improve outcomes for people, help prevent avoidable conflict, recognise the knowledge and contribution of those close to them, and provide clear, supportive safeguards for consent, capacity, confidentiality, equality and professional accountability.

2. Scope

This policy applies across CQC regulated services operated by Autonomy Care Group Limited, including residential care, supported living and community-based support where applicable. It applies to all workers and to managers responsible for care planning, communication, complaints, safeguarding, quality assurance and staff development.

For this policy, "family" includes relatives, partners, friends, advocates and unpaid carers whom the person identifies as important. Legal authority is not assumed from a relationship title. A next of kin does not automatically have authority to make decisions or receive confidential information.

3. Principles

- The person's voice, rights, preferences, identity and desired outcomes remain central.
- Capacity is presumed. A person may make a decision others consider unwise and may change their mind.
- Families are treated with dignity, empathy and respect, including when views differ.
- Involvement is tailored to the person and the particular decision; different family members may therefore be involved in different ways.
- Information is shared only where there is a valid reason, limited to what is necessary, and the decision is recorded.
- Staff seek accessible ways to communicate and work to address cultural, language, disability and digital barriers.
- Family knowledge informs care planning, while Autonomy Care Group Limited remains accountable for safe, lawful care.
- Concerns are welcomed, considered openly and acted on appropriately, without disadvantage to the person or family.
- Relationships are reviewed as wishes, capacity, risks and family circumstances may change over time.

4. Definitions

Term	Meaning
Person	A person receiving care or support from Autonomy Care Group Ltd.
Family friend or carer	A relative, partner, friend, advocate or unpaid carer important to the person.
Consent	A voluntary, informed and specific agreement given by a person with capacity for the decision.
Mental capacity	The ability to make a particular decision at the time it needs to be made.
Best interests	The statutory decision-making process used when a person lacks capacity for a specific decision.
Representative	A person with relevant legal authority, such as an attorney or deputy, or another person formally authorised for the matter.
Confidential information	Personal information that must be handled lawfully and securely, including health and care information.

5. Legal and regulatory framework

- This policy must be read and applied with the following legislation, regulations and guidance, as amended:
- Care Act 2014 and Care and Support Statutory Guidance, including wellbeing, prevention, involvement and safeguarding duties.
- Mental Capacity Act 2005 and Code of Practice, including presumption of capacity, decision-specific assessment, best interests and the least restrictive option.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 9, 9A where applicable, 10, 11, 12, 13, 16, 17 and 20.
- Human Rights Act 1998, including respect for private and family life.
- Equality Act 2010, including reasonable adjustments and protection from discrimination.
- UK General Data Protection Regulation and Data Protection Act 2018.
- CQC assessment framework and current provider guidance.

Important distinction

Consent to care or to sharing information must be considered alongside, but is not identical to, the organisation's lawful basis for processing personal data. Staff must follow the Data Protection Policy and seek management or data protection advice where the position is unclear.

6. Roles and Responsibilities

Role	Responsibilities
Directors and senior leaders	Set an open culture; provide resources and governance; review themes and assurance; ensure regulatory compliance.
Registered Manager or Service Manager	Implement this policy; ensure early engagement; oversee complex decisions; respond to concerns; audit records; ensure training and supervision.
Key worker or named worker	Coordinate the involvement agreement; maintain agreed contact; support relationships; update the care plan; escalate changes and concerns.
All staff	Respect the person's choices; communicate professionally; follow consent and confidentiality decisions; record accurately; report concerns and avoid boundary breaches.
Data Protection Lead	Advise on lawful information sharing, rights requests, breaches, retention and privacy risks.
Safeguarding Lead	Advise on abuse, neglect, coercion, exploitation and information sharing for safeguarding.
People receiving support	Be enabled to say who matters to them, how people should be involved, what may be shared and how they wish relationships to be supported.
Families friends and carers	Share relevant knowledge; respect the person's rights and agreed boundaries; raise concerns promptly; follow service safety arrangements.

7. Procedure when a person starts using the service

7.1 Preparation and first contact

- Review existing assessments, communication plans, advance statements, legal authority and recorded wishes so that people are not asked unnecessarily to repeat information.
- Ask the person, using their preferred communication method, who is important to them and who they would or would not like to be involved.
- Confirm each proposed contact's identity, relationship and any legal authority, and record evidence of authority where relevant.
- With the person's agreement, make early contact with family members, explain the service and offer a meeting or visit.
- Invite information about the person's history, culture, routines, communication, health, distress indicators, risks, strengths and preferences.
- Take care not to assume that family members share the same views or that the most vocal person necessarily speaks for the person.

7.2 Initial family meeting

- The key worker, team leader or manager should agree and record:
- the person's desired level of involvement for each named individual;
- what information may be shared, for what purpose and any exclusions;
- preferred communication method, frequency, accessible format and usual contact person;
- circumstances for additional contact, including significant events, health changes or emergencies;
- how visits, appointments, celebrations, activities and care-plan reviews will be supported;
- the respective roles of the person, family and staff, including decisions that remain professional responsibilities;
- known family tensions, safeguarding issues or risks and the plan for managing them;
- how questions, concerns, complaints and out-of-hours matters should be raised.
- The outcome must be reflected in the care and support plan and the Family Involvement and Communication Agreement. Staff must receive the information they need before providing support.

8. Agreeing involvement communication and information sharing

8.1 Consent and preferences

Staff should speak with the person directly, provide accessible information, allow sufficient time and offer communication support. Consent needs to be specific: for example, agreement to involve a parent in appointments does not automatically permit access to all records. The person may limit, decline or withdraw involvement, and staff will record and respect this unless another lawful and proportionate basis requires disclosure.

Preferences must be reviewed at least at each formal care-plan review and sooner after a material change, dispute, safeguarding concern, change in capacity or change in family circumstances.

8.2 Responding to contact from family members

- Verify the caller or correspondent before disclosing personal information.
- Check the current care plan and involvement agreement; do not rely on familiarity or "next of kin" status.
- Listen to information offered by the family member. Staff may receive relevant information even when they cannot disclose information in return.
- Share only what is authorised and necessary. If uncertain, explain that advice is needed and refer to a manager promptly.
- Record the contact, information shared or withheld, the reason, any action agreed and the person informed.
- Respond within the service's published timescale or provide an update and revised timescale.

8.3 When information may need to be shared without consent

Information may need to be shared without consent where there is a clear lawful basis and the sharing is necessary and proportionate, for example to prevent or respond to serious harm, meet safeguarding duties, comply with a legal requirement, or support a lawful best-interests decision. A refusal of consent will not be overridden solely because a family member disagrees with the person's choice.

Unless immediate action is required in an emergency, staff should seek guidance from the manager, safeguarding lead or data protection lead. The record should identify the information, recipient, purpose, lawful justification, proportionality and who authorised the decision. The person should be informed unless doing so would create or increase a serious risk or would otherwise be unlawful.

8.4 Keeping families informed when a staff member is suspended

We recognise that the unexpected absence of a familiar staff member can be unsettling for people receiving support and their families. Where a staff member is suspended or temporarily removed from duties while a concern is considered, we will communicate sensitively and provide reassurance about the person's care. Suspension is a precautionary step and does not mean that wrongdoing has been established.

Agreeing who needs an update

The Registered Manager, supported by a senior manager and relevant HR, safeguarding or data protection advice, will consider who may be affected and what information would be helpful and appropriate to share. If the concern involves the Registered Manager, a senior manager will lead this communication. We will take account of the person's wishes, consent, capacity and communication needs, together with any representative's verified authority, as set out in sections 8.1 to 8.3.

Where an absence affects someone's support, key-worker relationship, planned activities or management contact, we will let the person and appropriately involved family members know promptly about the arrangements being made. Updates will be tailored to those affected. Where there is no impact on their care or safety, it may be appropriate to keep the reason for the absence private.

What families can expect us to explain

- That a staff member is currently unavailable, where this helps explain a change, and who will provide support or act as the main contact during their absence.
- How we will maintain safe, consistent care and support the person through any change, including any relevant protective arrangements.
- Where a concern or incident affects the person, what is known about their care, any actual or potential impact, the steps taken to support their safety and wellbeing, and what is being looked into. We will be clear about anything that is not yet established.
- Who to contact with questions or information, how to raise a concern and when to expect a further update. If we do not yet know when enquiries will finish, we will explain this and agree a date to make contact again.

- A staff member will only be identified where this is necessary to protect the safety or welfare of a person receiving support, is justified by a documented lawful basis, and has been authorised by a senior manager following appropriate advice

Balancing openness and privacy

We want families to feel informed and listened to while respecting the privacy of everyone involved. Employment records, witness accounts, personal details and disciplinary decisions will usually remain confidential. Any sharing of this information must have a recorded lawful justification and appropriate senior authorisation. Only the minimum information necessary for the intended purpose will be shared. We will explain these boundaries respectfully and continue to share necessary information about the person's care, safety, a concern affecting them or the response to their complaint.

Where a notifiable safety incident has occurred, the Registered Manager will follow the Duty of Candour procedure. This includes informing the relevant person as soon as reasonably practicable, offering an apology and reasonable support, explaining the known facts and further enquiries, and following up in writing. Suspension alone does not trigger these specific requirements. Safeguarding and regulatory referrals will be considered separately. Where other agencies are involved, we will work with them to protect enquiries while continuing necessary protective action and required communication. Information may be withheld where disclosure could prejudice safeguarding, police or regulatory enquiries

Staying in touch and sharing learning

A named manager will keep in touch at agreed intervals, even where there is little new information, and explain delays where possible. When enquiries are complete, we will share, where lawful and appropriate, relevant information about the care concern, lessons learned, service improvements and any changes to support arrangements

The manager will keep a clear record of communications, including what was shared, the reasons for sharing or withholding information, the lawful basis, advice and authorisation, and the next update date. Relevant care information will be recorded in care or safeguarding records, with private employment material held securely in restricted HR records. To help families receive consistent information, communication about the suspension will be led by the authorised manager or nominated contact.

9.Ongoing support

9.1 Working in partnership

- Make family members welcome in accordance with the person's wishes and service arrangements.
- Keep promises and agreed contact. If a deadline cannot be met, explain why and provide an updated timescale.
- Invite appropriate contributions to assessments, reviews, positive behaviour support, health planning and future planning, while keeping the person central.
- Offer reasonable information or learning to help families understand communication, health needs, autism, learning disability, mental capacity, positive behaviour support or other relevant matters.

- Signpost carers to local authority carer assessments, advocacy, peer support, benefits advice and other independent support where appropriate.
- Use family feedback, compliments, concerns and complaints to improve the service.
- Review whether staff practices support or unintentionally obstruct important relationships.
- Recognise loss, transition and changes in carers' health, availability or circumstances and update plans promptly.

9.2 Respectful behaviour and working relationships

Autonomy Care Group Limited is committed to positive, respectful and constructive relationships between people we support, their families, friends and carers, and our employees. Staff are expected to treat families, friends and carers with dignity, courtesy and respect, including when concerns are raised or views differ. We ask that the same standards are shown towards our employees.

We recognise that families and carers may at times be worried, frustrated, distressed or dissatisfied, and they will always be supported to raise concerns, challenge decisions, make complaints or advocate for the person they care about. Raising a concern or disagreeing with a member of staff will not in itself be regarded as unacceptable behaviour.

To help maintain safe and respectful working relationships, behaviour towards employees should not include bullying, harassment, discrimination, sexual harassment, intimidation, threats, abusive or degrading language, deliberate humiliation, or other conduct that could reasonably cause an employee to feel unsafe or personally targeted.

Where concerns arise about behaviour, the service will seek to address these constructively and proportionately. This may include discussing the concern with the individual, agreeing expectations or communication arrangements, involving a senior manager, completing or reviewing a risk assessment, or agreeing alternative arrangements for contact where necessary.

Any action taken will consider the rights, wishes and needs of the person we support and will not unnecessarily interfere with their important relationships. Restrictions on contact or visiting will only be considered where necessary, proportionate and lawful, and will not be used simply because a relationship is difficult.

Where an incident is serious, including threats, violence, discriminatory abuse, harassment or a safeguarding concern, it will be addressed under the relevant organisational procedures and, where necessary, referred to the appropriate external agency.

10. Capacity best interests and advocacy

10.1 Capacity

Capacity is presumed and assessed only where there is a reasonable basis to doubt it. Any assessment must relate to the specific decision and time, identify all practicable support provided, and be completed by an appropriate decision-maker. A diagnosis, communication difficulty, family disagreement or an apparently unwise decision does not by itself establish lack of capacity.

10.2 Best interests

Where the person lacks capacity for a specific decision, the decision-maker must follow the statutory best-interests checklist, consider the person's past and present wishes, feelings, beliefs and values, and consult relevant family members and others unless inappropriate or unsafe. Consultation informs the decision; it does not transfer the decision to the family unless someone holds applicable legal authority.

The decision and reasons must be recorded, including options considered, risks, consultation, any disagreement and why the chosen option is least restrictive. Any valid and applicable advance decision, attorney or deputy authority must be checked.

10.3 Advocacy

Staff must consider advocacy where the person has substantial difficulty being involved and no appropriate person can support them, where an Independent Mental Capacity Advocate is required, or where independent support would help resolve a conflict or protect the person's voice.

11. Concerns disagreements complaints and safeguarding

11.1 Early resolution

- Listen without becoming defensive and clarify the concern and desired outcome.
- Check the person's views, consent, capacity and immediate safety.
- Separate disagreements about preference from evidence of unsafe or unlawful practice.
- Explain relevant responsibilities and decision-making clearly, without disclosing information that cannot be shared.
- Agree actions, owners and timescales, and confirm them in writing where appropriate.
- Offer a meeting, mediation, advocacy or senior review when this may help.
- Explain the complaints process and the right to raise safeguarding or regulatory concerns.

11.2 Safeguarding and family-related risk

Staff should follow the Safeguarding Policy where there are indicators of abuse, neglect, coercion, controlling behaviour, exploitation, discriminatory abuse, organisational abuse, financial abuse or self-neglect. A family relationship should neither prevent appropriate scrutiny nor lead to automatic suspicion. The person's safety, wishes and desired outcomes will guide proportionate action within the applicable legal framework.

If a family member raises a safeguarding concern, staff must receive and record it, take immediate protective action if required, report it without delay, and explain what can be

shared about the response. Confidentiality must not be used as a blanket reason to ignore or silence concerns.

12. Visits and maintaining relationships

People will be supported to maintain contact and receive visits in line with their wishes, rights and assessed needs. For care-home services, arrangements will comply with Regulation 9A. Any restriction will be based on an individual, lawful and proportionate assessment rather than staff convenience, a punitive response or the fact that a family relationship is difficult.

- Ask how the person wants contact to happen, including in-person visits, telephone, video calls, messages, events and time in the community.
- Support privacy and reasonable hospitality while protecting the rights of other people using the service.
- Make reasonable adjustments for disability, communication, culture, faith, distance and digital access.
- Risk assess specific concerns and use the least restrictive workable measure. Record the reason, scope, duration, review date and authorisation.
- In emergencies or outbreaks, follow current law and official guidance and support alternative contact if normal arrangements are disrupted.
- Support the person to reduce or end contact where this is their capacitated choice, or where a lawful best-interests or safeguarding decision requires it.

13. Professional boundaries

Warm, respectful relationships are encouraged, alongside clear professional boundaries. Staff should use authorised communication channels and should not use personal social media accounts, share personal telephone numbers, enter private financial arrangements, accept significant gifts, socialise outside authorised arrangements, or become involved in family disputes. Any exception should follow the relevant policy and be authorised and recorded.

Staff should not promise secrecy. They must explain that information will be handled respectfully and shared only with those who need it when safety, law or professional duties require this.

14. Recording and information governance

Records must be timely, factual, respectful, relevant and accessible to authorised staff. They must distinguish fact, the person's words, a family member's view, professional opinion and the decision taken.

The following must be recorded where applicable:

- important people and relationships, preferred terminology and contact details;
- the person's consent and limits for each contact, including the date and method obtained;
- legal authority and checks completed;
- capacity assessments and best-interests decisions;
- communication preferences, agreed frequency and significant-contact triggers;
- visits, material contacts, information received and disclosed;
- concerns, complaints, safeguarding issues, conflicts and actions;

- changes in wishes, risks or family circumstances and resulting plan updates.
- Access must be restricted to those who need it. Records must be retained and securely disposed of in accordance with Autonomy Care Group Limited's retention schedule and data protection arrangements.

15. Training supervision and support

All relevant staff will receive induction and refresher learning proportionate to their role. Learning should use realistic scenarios and, where appropriate, involve people receiving support and family members.

- person-centred practice and co-production;
- communication and accessible information;
- Mental Capacity Act decision-making and best interests;
- consent, confidentiality, data protection and information sharing;
- safeguarding, coercion and professional curiosity;
- equality, cultural humility and unconscious bias;
- complaints, conflict resolution and professional boundaries;
- accurate care planning and record keeping.

Supervision should provide space to reflect on challenging interactions, emotional impact, bias, boundary issues and learning from feedback. Managers should offer guidance and take proportionate action where practice appears dismissive, defensive, overly restrictive or inconsistent with the person's wishes.

16. Monitoring assurance and review

The Registered Manager or delegated lead will review implementation through audits, observation, feedback and governance. Findings will lead to named actions, timescales and follow-up checks.

Measure	Evidence and frequency
Involvement planning	Sample of care plans and agreements checked quarterly for current consent, named contacts and review dates.
Communication reliability	Complaints, missed contacts and response times reviewed monthly.
Experience	Feedback from people and families, including those who are less frequently heard, reviewed at least annually.
Capacity and sharing decisions	Sample of assessments, best-interests records and non-consensual disclosures audited quarterly.
Visiting and restrictions	Any restriction reviewed individually and included in monthly governance.
Workforce competence	Training compliance, supervision themes and competency concerns reviewed quarterly.
Learning and improvement	Complaints, safeguarding, incidents and compliments triangulated through governance and action plans.

This policy will be reviewed at least annually and sooner following relevant legal or regulatory change, a serious incident, learning from complaints or safeguarding, or evidence that the policy is not effective.

Appendix A Family involvement and communication agreement

Complete with the person in an accessible way. Use a separate row for each family member, friend, carer or advocate.

Field	Record
Person's name	
Preferred communication method	
People important to me	
People I do not want contacted or involved	
How I was supported to make these choices	
Date agreed	
Review date and review trigger	

Named person and relationship	Areas of involvement	Information that may be shared	Do not share	Method and frequency	Extra contact triggers

Consent and Authority Check

Question	Yes No or Not applicable	Evidence or action
Does the person have capacity for this decision?		
Has valid consent been obtained and recorded?		
Is any legal authority claimed and verified?		
Are safeguarding or conflict risks identified?		
Has the care plan been updated and staff informed?		

Person's signature or recorded indication: _____ Date: _____

Staff member: _____ Date: _____

Representative or advocate where applicable: _____ Date: _____

Appendix B Staff decision guide

A family member asks for information

- Pause and verify identity.
- Check the person's current wishes, capacity and recorded agreement.
- Check whether the requester has relevant legal authority; verify its scope.
- Identify the purpose and share only what is necessary and lawful.
- If consent is absent or unclear, do not guess. Seek manager or data protection advice unless urgent action is required to protect someone.
- Record the request, decision, reason, information shared and follow-up.

A family member disagrees with the person's choice

- Confirm the person's choice and whether capacity is in question for this specific decision.
- Support the person to understand relevant information, risks and options.
- Listen to the family's information and concerns without allowing pressure to replace the person's decision.
- If the person has capacity, respect their decision even if others consider it unwise.
- If capacity is lacking, follow the best-interests process and consider advocacy.
- Escalate safeguarding indicators or serious unresolved conflict.

A person changes who may be involved

- Discuss the decision privately and check for coercion or communication barriers.
- Assess capacity only if there is a reasonable basis for doubt.
- Update the involvement agreement, care plan and access controls promptly.
- Explain the change to the affected family member only to the extent permitted.
- Support the person and review any risk, emotional or practical consequences.

Emergency rule

Take necessary and proportionate action to protect life or prevent serious harm. Share only relevant information, notify the appropriate lead as soon as possible, and record the decision and rationale.

Appendix C Manager Audit Checklist

Audit item	Met	Partly	Not met	Evidence and action
The person has identified who is important to them and how each person should be involved.				
Consent and information-sharing preferences are specific, current and accessible to staff.				
Any legal authority has been verified rather than assumed.				
Communication method, frequency and additional-contact triggers are documented.				
Family knowledge is reflected in care planning where appropriate.				
Capacity and best-interests records are decision-specific and complete.				
Visits and relationship support reflect the person's wishes and least restrictive practice.				
Family concerns and complaints show timely response, clear actions and learning.				
Safeguarding information is recognised, escalated and handled proportionately.				
Records distinguish facts, views, professional judgments and decisions.				
Staff can explain confidentiality, consent, boundaries and escalation routes.				
Feedback demonstrates that people and families feel listened to and respected.				

Audit lead: _____ Date: _____ Follow-up date: _____

Appendix D References

Skills for Care. Working with families, friends and carers: a framework for adult social care employers. Published 2022; PDF updated 2023.

Care Quality Commission. Regulations 9, 9A, 10, 11, 12 and 13: guidance for providers on meeting the regulations.

Department of Health and Social Care. Care and Support Statutory Guidance.

Ministry of Justice. Mental Capacity Act 2005 Code of Practice.

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Acas. Suspension during a work investigation. <https://www.acas.org.uk/suspension-during-an-investigation/the-process-for-suspending-someone> (accessed 15 October 2026).

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