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Restoring Relationships: The Recovery of Love, Connection and Family

**Toolkit for Staff, Managers
and Providers in
Care Homes**



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Introduction



As the global pandemic took hold families felt a physical and emotional separation from their relatives living care homes. There was a disconnection of relationships, love and support for a sustained amount of time and families and relatives experienced a sudden void in their lives where the person used to be and all that went with loving and caring for them.

The use of “visitor” status and the provision of “visits” left families feeling that the love, connection and vital care they usually share with their relative living in the care home got lost. Restrictions led to them feeling excluded and not as involved as the normally would be.

As staff members and managers you have also experienced a huge range of emotions, loss and change whilst ensuring the safety of the residents you care for. It has not been easy and many of you have endured long periods of pressure, worry, stress and anxiety. You have all felt this physically and emotionally too, many of you spoke about the worry of relationships with families being stripped away or struggling to build new relationships as you haven’t been able to get to know families the way you normally would.

It has been extremely difficult, challenging and with high levels of uncertainty and fear of what is to come – your relationships with families and relatives may need some support. This toolkit has been developed in response to feedback from care home staff, managers and families. It aims to help and support, not blame or imply fault. Please use this resource as you need, you may already have processes in place that work for your families – you may find some tips to enhance these processes or make some new additions to your practice. If you don’t have anything like this in place and are struggling to know where to start – this is a good way to begin.

This toolkit will support you to:

- Introduce a Family Involvement Plan – which recognises families shared history and the importance and equal value of their care
- Create and maintain safe spaces and safe conversations with families and relatives
- Communicate with families in different ways
- Hear what families wanted you to know
- Approach feelings connected to unresolved grief and loss that families and relatives have experienced and what you can do to help
- Use a learning experience process to support you with the complex feelings and emotions you have experienced whilst navigating this very difficult time

Creating a safe space



As a staff member or manager you may feel anxious about family members or relatives asking questions, raising concerns or complaints or be generally unsure how to begin uncomfortable conversations. The experiences of the restrictions of lock down have created highly charged and very emotional situations which have caused some fractures in certain relationships. It is important to have some tools at your disposal to enable you to firstly create a safe space to communicate and then safe ways to question and find out what is most important to you.

What is a safe space?

A safe space is a space in which everyone feels welcome, respected and comfortable with being who they are, understanding that there is no judgement or blame. You should be able to be open, honest and speak freely.

Creating a safe space

- Listen to each other
- Allow each other a chance to speak. One person speaks at a time
- Only share information you are comfortable sharing and this is not forced
- Respect other peoples limits and feelings, ask them if you are unsure
- Speak respectfully about people whether they are present or not
- Everyone's opinions and experiences are valued equally
- Disagree with statements, not with the people making them
- Everyone is aware of the words and language they use and how this may make others feel and the effect it may have on them
- There is no shame and blame, only safe questioning and learning

Whether you are speaking on the phone, sending an email or having a conversation face to face, you can begin by asking or writing down that you would like to create a safe space. You can let the other person know how you are feeling at that particular time e.g. anxious, sad, or worried. It is also helpful to set out what you need from the beginning e.g. an opportunity to let them know about something that is uncomfortable or may be hard for them to hear, honest answers are vital, set the scene first.

Many families have expressed a real fear that if they complain or "rock the boat" then this will end up having a negative impact on their relative who is living in the care home. Using language such as complaint or complaining sets up an atmosphere for conflict or challenge. You can still invite questions about residents and their care in a safe way

which also puts the family member at ease and should enable two way conversations which result in actions or resolutions which are beneficial for everyone.

Safe ways to question

If you want to relay information, gain some clarity as to why a family member is upset or angry, or manage uncomfortable conversations it is helpful to start the questions in a safe way. These questions are based on the work of social researcher, Brene Brown¹ and the Dare to Lead programme. They are a really great tool to have in conversation where you want to question effectively, keeping the conversation open and allowing you to remain focused and in control.

This means that the person you are speaking to has to give you a fuller answer other than yes, no or I don't know and it opens up a wider conversation. It should give you better outcomes and help strengthen your relationship even if you have struggled with that in the past.

Try using one of these:

- Can you help me understand?
- Can you tell me more about?
- Can you walk me through that?
- Tell me why that doesn't work for you?
- What would work for you?
- Would you like to suggest something?
- Can I suggest something?
- What would be our next step?
- What are you looking for at the moment?
- Can you explain why you feel this way?
- What can I do to help you?



¹ www.daretolead.brenebrown.com

Unresolved loss and grief

“Emotions without a home to go to”



The situation created by lockdown restrictions and the separation of families from loved ones in care homes has created a huge amount of unresolved loss and has been a huge trigger of living grief. Many families themselves will be unaware that the strong emotions and feelings they have are coming from deep rooted places of grief. It will be helpful for you as staff members to have an understanding so you can react proactively to situations and support people to manage these feelings.

Generally as a society we tend to shy away from these more difficult conversations and feelings. We don't like things that are messy such as pain and grief and we often avoid talking about them from fear of not knowing what to say or saying the wrong thing.

But when you do that – when you avoid it, try to fix it or take it away, you don't make it better; you tell someone that it's not ok to talk about their pain.

You need someone to see your grief, recognise it as grief, acknowledge it as grief and validate it as grief. That is one of the most powerful and healing things you can do for another human being.

Unresolved loss and grief

Grief is an experience of reaching for someone or something familiar to find they are no longer there. It is the emotions we feel when everything that is familiar and safe to us changes; families and relatives are grieving:

- Lost time that they will never get back
- Connections and relationships
- Making memories
- Caring and loving someone
- The physical and psychological changes in people

This grief is a continuation of the grief first triggered when the decision was made for their family or relative to move into a care home. That is one of the hardest decisions for families to make and comes with a lot of guilt around whether that is the right decision or not. Many families will not have dealt with that grief as lockdown began and were then triggered into new cycles of grief which remained unresolved.

This type of grief last longer and can be more severe and intense over time. It will interfere with their ability to function normally in every day life.

They may be holding on tightly to the hope that if they are able to begin spending time with their loved one again, they can go back to normal or the way it was before. This will have a massive impact on families when they realise that this may not be the case. The pandemic is an unprecedented event that no one was prepared for and the level of grief and pain of families could not have been predicted.

Unresolved loss and grief

What do you say or do?

Grief arises from the loss of one or more of these deep rooted human needs:

Loss of Attachment	Who am I connected to?
Loss of Territory	Where do I belong?
Loss of Structure	What is my role?
Loss of Identity	Who am I?
Loss of Future	Where am I going?
Loss of Meaning	What is the point?
Loss of Control	I feel overwhelmed

If we look at this list, you can see that families and relatives of people living in care homes will have experienced most, if not all of these losses as a result of lockdown restrictions. Some family members or relatives may have experienced some of this loss before the pandemic as their loved one moved into a care home.

They have had no way to identify, manage or resolve these losses. This is why you may find that every day experiences and conversations about their relative living in the care home will spark off strong reactions including anger and sadness which are directed at you as staff members.

What helps?

- **Awareness** – the first step is being aware of how this is affecting families and encouraging them to open up, it will help to restart the process of connection and recovering relationships with you
- **Stock up on compassion** – everyone has different levels of fear and grief and that will appear in different ways. If someone is shouting or getting snippy with you – take a breath, be patient. Remind yourself that the person you are seeing at that moment is not usually who they are or who they want to be. Look beyond the words they may be saying and see the person who is grieving such a huge amount of loss.

What to say?

When you are faced with such an emotionally complex subject as grief it can be difficult to know what to say. Here are some hints and tips that will make it easier:

- **Acknowledge the situation** – say things like; “I know that you haven’t seen your mum in a long time” or “I know you haven’t seen your husband enough”
- **Express concern for them** – say things like; “I’m sorry to hear/learn that this has happened to you and your family”
- **Be genuine, don’t shy away from your own feelings** – say things like; “I am not sure what to say, but I want you to know that I care” or “I can’t fix this or take this away for you but I am here now to listen”
- **Offer support** – say things like; “Tell me what I can do for you”
- **Ask them how they feel** – listen to the answer. Don’t assume how they may feel on any given day.
- **It can help to ask someone how they are or how they feel, twice.** Often the automatic first response will be “I am fine or I am ok”, asking again signals that you really want to know
- **It can also be helpful to round off a conversation with** “Thank you for telling me” or “Thank you for being so open and honest with me”

What to do?

- **Be there**, even if you don’t know what to say, just having someone be there or on the other end of the telephone listening or replying to an email or message with supportive words can be really powerful
- **Listen and offer support** but don’t try and force someone to talk if they are not ready, let them know you are there and they can get in touch when they are ready
- **Make it clear that the offer stands open**, even if they don’t want to talk now, a day may come when they do
- **Be a good listener**, accept whatever feelings they express even if you can’t imagine feeling like they do, never tell them how they should or shouldn’t feel or say I understand how you feel – if you don’t, you must be willing to believe them as they see it
- **Give reassurance without minimising their loss** – try not to say things like; “time is a healer”, “things will get better”,
- **Avoid telling them how strong they are**, “you don’t know how they do it” as this puts pressure on them to keep things bottled up and to keep going

Unresolved loss and grief

How are families feeling?



When you are reconnecting or maintaining relationships with families, it is important to firstly understand the levels of unresolved grief and loss and then understand how that may be making them feel.

"We have lost the status of who we were – those life long relationships are forgotten. I am no longer recognised as a daughter"

"It is difficult to feel part of someone's life when you are forced to be separated"

"Staff are fantastic but they don't know her memories and her life – I do, and her family do"

"If I become upset or angry – it is not directed solely at you, I am angry and upset about the whole situation, the separation is breaking my heart"

"Recognise my hurt, it hurts to see you holding them or comforting them through a window – it feels like you have replaced me, they now look to you for reassurance – that used to be me!"

"No one can replace the love I have for her, that's unique. She has no life without me in it"



How families feel – what they told us

What do families fear the most?

- Being an outsider
- Having to ask permission or be allowed to do something
- We won't get back to normality
- The Unknown
- Loss of recognition or reaction from their loved ones
- That they think we abandoned them
- There will always be barriers and restrictions
- Time away has affected our relationships with staff
- Getting to know staff and the care home environment (relatives who only know the care home through the pandemic)
- The atmosphere of the care home has changed and won't return

Families and relatives may be feeling any combination of the fears listed above but will most likely not talk about that openly with you. This is where you can help by creating a safe space and asking the question – “What are you afraid of or fearful of?” This will open up the conversation and it may help strengthen your relationship with them if they feel safe enough to share their fears and you may feel you may want to share some of yours too as part of the conversation.



Communicating with families



What has worked well?

Families and relatives explained what types of supports and interaction have worked best for them during lock down. Many of you may already have these types of support in place but we felt it important to suggest some options for those of you who may be looking to change or introduce new options.

What good looks like

- Phone calls/Zoom calls
- Regular updates (can be weekly) by their preferred means e.g. email/ phone call
- Protected time to talk
- Checking in even if something has happened (e.g. a fall) just be honest and open, it is far worse hearing about an incident days later
- Don't answer any questions about a family member with the reply of "they are fine" or "they are ok" (families need more details and information. Ask them what they would like to focus on during the conversation)
- Full explanations for decisions around procedures or changes to restrictions etc. not just snippets of info (tell us why something is not able to happen)
- Facebook relatives groups
- Newsletters
- Regular Relatives Meetings (online in the interim)

"When they included me in the care plan and decisions, it legitimised my role more and recognised the importance of our mother – daughter relationship"

"When I have broken down in tears about the situation – I have been listened to and supported – this has made me calmer and I have felt understood"

"Keep telling me in detail of how they are; don't feel you have to soften the details as I need to have an understanding of what is going on as I spend so little time there"

Communicating with families

Family communication check list

Below is a check list of questions that families felt were important for staff to ask them or use to give them information. They want to be part of what is going on and feel this is a good way to share information, you should decide together the best way to do this e.g. phone call, email etc.

- What should they know, what has been happening?
- What is their relative or the staff struggling with?
- Are there any worries from staff perspectives about their relative?
- What decisions have been made about their care, can they be explained fully, have they been involved in the decisions?
- How can they help?
- What would they have done in these circumstances? (Ask families for advice on what they did at home. Ask them for suggestions to some of the problems you may be encountering)
- What are we doing to resolve/support this?



Staff learning experience



Communicating as you reconnect your relationship with family members or creating relationships with new families should be an ongoing learning experience. You may want to use this template as a manager to reflect back through processes and procedures with your staff team or you may want to use this as an individual to help you walk through your practice around relationships and communication.

Take some time to think about a time when you have been communicating with a family member of one of the residents you care for and ask yourself the questions suggested below to learn from your experience.

1. What went well? How do I know? Can I build on that?

2. What could have gone better? How do I know this? What could I have done differently?

3. What changes must, should or could I make?

4. What difference could these changes make?

5. How will I make these changes happen?

6. What might stop me making these changes?

7. How can I try and work around this?

8. What resources or support will I need to ensure the changes are made?

Family Involvement Plan: Guidance for staff – “included not excluded”



You may not have knowingly or willingly made families feel excluded from the care of their relative living in the care home, but the current situation and the physical separation has resulted in families feeling this way.

One of the biggest fears reported by families was the feeling of no longer being involved or part of their relatives' care. One family member asked that it be looked upon as “shared care” and that they want to feel “included not excluded”.

These are some of the thoughts they shared:

“What we offer to our families gets lost”

“I have been her daughter for 62 years, I know my mum's feelings and life experiences, please ask me what is best for her”

“Regard me as part of the team; don't see me as extra work”

“Trust me and talk to me as if I work with you”

“The caring doesn't stop just because they are living in care home”

“Don't see me as the enemy, we need to work together – I support the importance of the job you do”

We wanted to find a way to encourage that “shared care” as well as recognising and valuing families and relatives contribution to the care of their loved ones, all the extra little things that they used to do with or for that person. If the resident is new to the care home it is vital to enable the family to have somewhere to explain what kind of things they would normally do with or for the person in the community and what they would still like to continue doing if possible.

We created a Family Involvement Plan (FIP). The FIP will enable families to illustrate the love, connection and care they usually share with their relative. It should compliment care plans and activity planning that already exists in the care home. It should be flexible and adaptable as the needs of person change and their condition evolves. It will not act as a tool to blame and shame staff in care homes about what they are not doing – it aims to enhance the care already received and assist care home staff to develop care plans and activities for residents.

The key to the FIP is that it will provide person centred care in the truest sense of the word as it underpinned by love and connection between families. The FIP is underpinned by Maslow's Hierarchy of Needs¹ – and has the potential to meet both the basic level of needs and the next level of psychological needs of the residents. This is a high priority for everyone as the prolonged absences may have led to the possibility that in some cases (through no fault of anyone) the residents may not have had their psychological needs met.

The FIP will help focus families and relatives on planning for their return, giving them something positive and proactive to focus on. It will help families and relatives to restore their relationships with loved ones in care homes who they haven't seen for many months and it will aim to help restore the relationships that have become fractured between families, relatives and care home staff.

The FIP asks families to think about ideally how often they would like to be in the care home and how long the time they spend there would be. These questions in the plan and the plan itself are not designed to pressure staff they should work in partnership with procedures and guidance. You should encourage families to fill in the FIP themselves and look through the families' version of this toolkit. Use it as the starting point to plan, discuss and agree together what is possible in the immediate term, short term and longer term as you move forward. If something they ask for is not possible at all then it is important to be honest, explain why not and then suggest alternatives that can be achieved.

A copy of the FIP should be included in the care plan of each resident and all relevant staff aware of it and the contents. A copy should also be given to the relevant family member for their records.

¹ <https://www.simplypsychology.org/maslow.html#gsc.tab=0>

Family Involvement Plan (FIP)

Name:		Date:	
Name of Resident:			
Relationship to Resident:			
How long have you known the resident?			
Ideally, how often would you like to be in the care home? <i>Please tick</i>			
Everyday <input type="checkbox"/>	Twice a week <input type="checkbox"/>	Once a week <input type="checkbox"/>	Once a fortnight <input type="checkbox"/>
Once a month <input type="checkbox"/>	Other:		
Ideally how many hours would you like to spend with your relative? <i>Please tick</i>			
<1 hour <input type="checkbox"/>	1 hour <input type="checkbox"/>	2 hours <input type="checkbox"/>	3 hours <input type="checkbox"/>
4 hours <input type="checkbox"/>	As long as they like <input type="checkbox"/>		
What did you do with your relative before the pandemic in the care home or at home if they moved into the care home during the pandemic?			
What would you like to continue doing now or begin doing now?			
What is important to me:			
Best ways to involve me:			

Best ways to communicate with me? <i>Please tick</i>	
Phone <input type="checkbox"/>	Email <input type="checkbox"/> In person <input type="checkbox"/> Facebook <input type="checkbox"/> By newsletter <input type="checkbox"/> Relatives meeting <input type="checkbox"/>
What will help create a safe space for me? <i>(E.g. Be honest, tell me even if it will be difficult for me to hear, let me cry, tell me at the beginning that there is information that will be upsetting, ask me what you can do to make it safe before we start)</i>	
<div style="border: 1px solid black; height: 150px;"></div>	
Other family members/relatives who would like to be involved in the care and what they would like to do:	
<div style="border: 1px solid black; height: 150px;"></div>	
Any activities or interventions connected to my relative's health I want to contribute to: <i>(For example: Speech and Language, Physio etc)</i>	
<div style="border: 1px solid black; height: 150px;"></div>	
Family signature:	<div style="border: 1px solid black; height: 30px;"></div>
Staff signature:	<div style="border: 1px solid black; height: 30px;"></div>
Review date agreed for FIP:	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

A copy of this FIP should be included in the care plan of the resident and all relevant staff aware of it and the contents. A copy should also be given to the relevant family member for their records



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We would like to thank all of the families and relatives of people living in care homes and all of the care home staff and managers who gave up their time to support the development of the toolkit. We appreciate how open and honest everyone was about very complex and emotional aspects of their individual experiences.

It is important to seek support for your own health and well-being during this time. Speak to your GP if needed, talk to family, friends or go to other trusted places of support including:

The National Wellbeing Hub

Visit www.nationalwellbeinghub.scot

Call The National Wellbeing Helpline on
0800 111 4191

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