

# PROFESSIONAL AND PERSONAL BOUNDARIES POLICY

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## DOCUMENT TRACKING SHEET

### PROFESSIONAL AND PERSONAL BOUNDARIES POLICY

Version	Status	Date	Issued to/approved by	Comments
V0.1	Draft	17/04/2008	Joint Negotiating Forum	
V0.1	Approved	11/06/2008	HR Workforce & Planning Committee	Appropriate Equality Impact Assessment completed and minor word changes have been made with no change to context
V1.0	Approved	20/11/2008	Policy Manager	Reformatting

### REFERENCES

Current NMC Code of Conduct (under revision March 2007)
General Medical Council. Good Medical Practice (2006)
General Social Care Council. Codes of Practice (2002)
CSCI Good Practice Guidelines

### RELATED DOCUMENTS

<i>All Trust and health economy documents which relate in any way to this document</i>	<i>Current Reference code of document</i>
Adult Protection Policy	KMPT.CliG.013.01
Whistleblowing Policy	KMPT.HR.002.01
Control & Admissions of Medicines	
Adult Protection	
Protection of Children	

### SUMMARY OF CHANGES

The Merger and revision of the two former policies. It has taken account of Trust format changes and ensures compliance with Equality Impact Assessment and the National Health Service Litigation Authority (NHSLA) requirements

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## **1 INTRODUCTION AND PURPOSE**

- 1.1 Staff working within the Trust's Services have responsibility to provide safe, effective and caring services to service users within their care.
- 1.2 Whilst it is recognised that staff must establish a rapport with service users and provide friendly and accessible services, they are responsible for establishing and maintaining appropriate boundaries between themselves and service users.
- 1.3 The rights and needs of service users should be respected at all times. However, by the very nature of the illness/disability of the service users within the Trust the relationship between the service user and worker is not one of equal balance.
- 1.4 Staff must recognise and understand that they are in a position of trust. This trust must not be abused at any time. It is essential, therefore, that all interactions between service users and staff must be seen in terms of a professional relationship. Staff must have a clear framework within which to carry out therapeutic interactions. Because there is a potential for positions of power to be abused and professional boundaries broken the Trust must make it clear that the responsibility to maintain such boundaries rests with individual workers. Failure to meet this responsibility may lead to formal disciplinary action being taken against them.
- 1.5 Staff must ensure that working relationships are not misread or confused with friendship or other personal relationships. This is essential in order to protect service users at a time when they may be vulnerable. It is also to protect staff from any risk of potential false allegations.
- 1.6 If a member of staff is in any doubt they should refer to their Professional Code of Conduct for additional guidance on professional and personal boundaries and/or seek advice from their professional lead or personnel manager.

## **2 OBJECTIVES**

- 2.1 The objectives of this policy is to:
  - 2.1.1 Clarify the roles of staff providing direct or indirect care to the service users.
  - 2.1.2 Clarify the expectations of service users.
  - 2.1.3 Clarify the division between the professional and personal relationships between service users and workers to enable consistent approaches to service users.

### 3 ROLES AND RESPONSIBILITY

- 3.1 This policy is written regarding all service users who are either currently receiving care or treatment or who have had past care or treatment and for all staff providing direct or indirect treatment irrespective of grade or discipline.
- 3.2 It also covers all areas of service, whether in a residential service, day service or in the community.
- 3.3 It is the responsibility of all line managers to ensure their staff, have a full understanding of this policy and that the policy requirements are adhered to by them and their staff at all times.

### 4 REQUIREMENTS

- 4.1 Immediately a worker thinks there is a risk of a potential breakdown of his/her professional boundaries he/she must bring it to the attention of the line manager.
- 4.2 If staff feel a colleague is at risk of potential breakdown of professional boundaries when they too have a duty to protect both service user and worker, and should bring the matter to the line manager.
- 4.3 Workers must alert their line manager if they have personal knowledge of a service user who comes under their care.
- 4.4 If a worker is aware, or becomes aware that he/she is related to a service user this should be brought to the immediate attention of the line manager.

### 5 DEFINITIONS

- 5.1 **Therapeutic Relationships** - A therapeutic relationship is a professional relationship between the service user and the worker in which the latter has a responsibility for ensuring that objectivity is achieved at all times.
- 5.2 **Boundary** - When the 'line' between the professional and personal relationship is crossed and the relationship between the service user and the worker moves from being objective to subjective. An indication of this can be found in the list in Section 6, which identifies unacceptable behaviour.
- 5.3 **Service User/Service user/resident** - A service user is someone in receipt of care and also known as a patient, client or resident. A service user can:
  - 5.3.1 Be directly receiving care from the worker
  - 5.3.2 Previously have received care from the worker
  - 5.3.3 Be receiving care from another service and have no direct contact with the worker
- 5.4 **Worker** - This is anyone who is employed by the Trust, or seconded in a professional capacity who provides direct or indirect care including volunteers, students.

## 6 UNACCEPTABLE PRACTICES / BEHAVIOUR

### 6.1 Sexual Contact

6.1.1 Sexual acts

6.1.2 Requests for/suggestion of sexual acts

6.1.3 Physical contact, which could be construed as sexually suggestive.

6.1.4 Sexual innuendo and/or insinuation.

6.2 Some examples of more subtle inappropriate behaviour may include the following:

6.2.1 Inappropriate dress.

6.2.2 Inappropriate use of body or verbal language i.e. language which is used to satisfy the need of the worker concerned and are not likely to have any therapeutic benefits for the service user.

6.2.3 Asking the service user inappropriate questions regarding their sexual habits.

6.3 **Acceptance of Gifts and Hospitality** - Staff must not accept personal gifts or hospitality from service users, which may be interpreted as being given by the service user in return for preferential treatment. Where it is difficult to refuse a gift, then staff must discuss this with their line manager.

6.4 **Inappropriate Personal Disclosure** - At times it may be appropriate to disclose some personal information as part of the therapeutic relationship. Inappropriate personal disclosure might include:

6.4.1 Personal information such as debt/personal relationships.

6.4.2 Discussion about other staff members

6.5 **Provision of Substances to service users which are not prescribed** - All medication must be administered in accordance with the Policies for the Control and Administration of Medicines.

### 6.6 Misuse of Money/Property

6.6.1 Staff must adhere to the Policy for handling of service users' money and property.

6.6.2 Staff should refrain from loaning their personal property as this can be deemed as favouritism against service users and therefore conflict with personal boundaries, trust and dependency issues and could also be discriminating against other service users.

- 6.7 **Misuse of Service Users Facilities and Property** - Staff must not use service users' facilities or property for their own use.
- 6.7.1 Examples of these are as follows:
- a) Washing machines/ironing boards/dryers etc.
  - b) Cooking facilities.
  - c) Television/videos (except for education and information purposes and where it is part of the care plan).
  - d) Eating service users' food.
- 6.8 **Discrimination** - This can take the form of subjective comments, which can be either written or verbal about service users:
- 6.8.1 Culture or race
  - 6.8.2 Gender
  - 6.8.3 Sexual orientation
  - 6.8.4 Age
  - 6.8.5 Physical characteristics, not necessarily disability i.e. large nose etc
  - 6.8.6 Disability
  - 6.8.7 Religious belief
  - 6.8.8 Any other personal aspects
- 6.9 **Treatment and Other Forms of Care** - It is not acceptable for the worker to carry out treatment or give other care when:
- 6.9.1 It is not part of the service users care plan
  - 6.9.2 The worker is not qualified to do so
  - 6.9.3 When it has not been discussed with the team.
- 6.10 Some examples of these are as follows:
- 6.10.1 Taking images, audio or visual recordings without the permission of the service user.
  - 6.10.2 Hair cuts
  - 6.10.3 Massage
  - 6.10.4 Alternative therapies
  - 6.10.5 Religious rituals

- 6.11 **Abuse of Power/Creating Dependence** - Staff have a responsibility to discourage over-reliance of the service user on one worker and to encourage and enable the service user towards independence. Some examples of abuse of power and the potential for creating dependence are as follows:
- 6.11.1 Inviting service users to the worker's home
  - 6.11.2 Socialising outside the therapeutic relationship
  - 6.11.3 Encouraging the service user to rely on one worker
  - 6.11.4 Using the service user for the worker's emotional needs
- 6.12 **Supervision** - Staff must actively seek regular supervision, which is used constructively in the area of disclosing any feeling that they may be developing for the service user. These disclosures will be kept confidential unless the situation remains unresolved and the relationship develops into a personal one, in which case the supervisor will be responsible for seeking further advice on this.
- 6.13 **Service User Involvement** - Workers are expected to explain the relationship between them and the service user in a sensitive manner and where appropriate form a contract of care with the service user.

## **7 MANAGERS**

- 7.1 **Service User Information** - Managers must ensure that the service users have access to up to date information about services and service philosophies.
- 7.2 **Adult Protection / Child Protection** - If it is decided that a vulnerable adult or a service user's child has been exploited in any way by a member of staff, then an adult protection or protection of children alert must be raised as per local policy.

## **8 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS**

- 8.1 Qualified workers have the responsibility to ensure that they have knowledge of and an understanding of the importance of keeping boundaries and the theories and the concepts of appropriate boundaries which will ensure that unqualified workers have an opportunity to understand these as well.
- 8.2 To be incorporated within the Induction process for each area by the immediate line manager

## **9 STAKEHOLDER, CARER AND USER INVOLVEMENT**

- 9.1 This policy will be used by all employees of the Trust. Employees will be informed of the policy and changes via the Policy Manager using the Trust website. This will be published on the internet for access to the public.
- 9.2 This policy was reviewed and commented on by the HR Workgroup. The review and consultation process was undertaken by the HR Managers in the East/West of the Trust before being sent to the Joint Negotiating Forum (JNF)



including Union representatives' approval. Final approval was obtained from the HR Workforce Planning and Development Committee.

## **10 EQUALITY IMPACT ASSESSMENT**

- 10.1 All public bodies have a statutory duty under the Race Relation (Amendment) Act 2000 to "set out arrangements to assess and consult on how their policies and functions impact on race equality." In effect to undertake equality impact assessments on all policies/guidelines and practices. This obligation has been increased to include equality and human rights with regard to disability age and gender. See Equality Assessment at Appendix A.

## **11 HUMAN RIGHTS**

- 11.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that requirements of the Human Rights Act are properly upheld.

## **12 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT**

<b>What will be monitored</b>	<b>How will it be monitored</b>	<b>Who will monitor</b>	<b>Frequency</b>	<b>Evidence to demonstrate monitoring</b>	<b>Action to be taken in event of non compliance</b>
The number of cases brought against staff for having staff/patient relationships	Through the HR committee, Joint Negotiating Committee	Human Resource Dept	yearly	Audit of cases	Disciplinary

## **13 EXCEPTIONS**

- 13.1 None

## APPENDIX A      EQUALITY ASSESSMENT& HUMAN RIGHTS

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

	<b><u>EQUALITY IMPACT SCREENING</u></b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	<b>To establish if the proposed project, policy or strategy has any relevant equality and diversity issues/negative impact on minority groups.</b>			
	<b><u>Stage 1 Initial Screening</u></b>			
	<b>For Service Users/Staff employed, seconded or contracted to the Trust</b>			
1.	Does the document discriminate on the grounds of:		X	
	a) Age		X	
	b) Race		X	
	c) Gender		X	
	d) Culture		X	
	e) Religion		X	
	f) Sexual Orientation		X	
	g) Disability		X	
2.	Does the document actively promote equality & enhance community relations?	X		
3.	Is the impact of document likely to be negative towards any group?		X	
4.	If so can the impact be: <ul style="list-style-type: none"> <li>▪ Avoided?</li> <li>▪ Minimised?</li> <li>▪ Justified?</li> </ul>			
5.	<b><u>Stage 2 Full Screening</u></b>  <b>If you have identified a potential discriminatory impact of this policy, guidance or document then a full impact assessment of the document must be completed.</b>  <b>All policies where Stage 2 full equality impact assessments have been completed must be forwarded to the Trust's Equality and Diversity Steering Group for approval/further guidance prior to ratification.</b>  <b>In extreme circumstances the Chair of the Equality and Diversity Steering Group can advise accordingly to offer guidance/approval.</b>			

The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that requirements of the Human Rights Act are properly upheld.

## **APPENDIX B       PERSONS/GROUPS INVOLVED IN THE DEVELOPMENT AND APPROVAL OF THIS DOCUMENT**

### **HR Managers:**

### **Level of involvement:**

**East:**

*Review and comment*

**West:**

*Review and comment*

### **HR Officers:**

**East:**

*Review and comment*

**West:**

*Review and comment*

### **Senior HR:**

**East:** Associate HR Director

*Review and comment*

**West:** Associate HR Director

*Review and comment*

HR Director

*Review and comment*

**Other:**

Joint Negotiating Forum (JNF)  
Policy Group

*Review and approval/ratification*

HR Workforce Planning and  
Development Committee

*Review and approval/ratification*