

CHILDREN'S HOSPICE SOUTH WEST

MAINTAINING PROFESSIONAL BOUNDARIES POLICY HR/MPB /29

Section 1 Policy administration

<u>Approved By / Include Date:</u>	Executive Approval: September 2012
<u>Policy Sponsor:</u>	Chief Executive
<u>Originator:</u>	Alana Marie Smith, Director of Fundraising, Operations and HR
<u>Responsibility For Dissemination:</u>	Senior and line managers
<u>Compliance:</u>	All employees, managers and volunteers
<u>Policy Monitoring And Review:</u>	The Director of Fundraising, Operations and HR will meet with SMT at 3 yearly intervals and review the effectiveness and quality of this policy or sooner if appropriate.
<u>Expected Review Date:</u>	June 2015

Section 2 – Policy scope

<p><u>Scope:</u></p>	<p>This policy applies to all employees, workers, volunteers and trustees of CHSW.</p>
<p><u>Policy statement:</u></p>	<p>This policy aims to help and protect staff in their professional relationships with children, families and other service users of CHSW by providing guidance on what is and what is not acceptable behaviour and when to seek advice.</p>
<p><u>Related hospice policies/procedures:</u></p>	<p>Safeguarding Children Policy Grievance Handling Policy Purchases Of Donated Items By CHSW Staff & Participation In CHSW Draws, Lottery And Raffles Use of Internet Email and Telephone Policy Social Media Policy Conduct and Discipline Policy Acceptable Behaviour Policy Public Interest Whistleblowing Policy</p>
<p><u>Compliance with statutory requirements:</u></p>	<p>This policy aims to ensure that CHSW complies with the statutory requirements of: Sexual Offences Act 2003 Protection of Children Act 1999 Data Protection Act 1998</p>

Section 3 - Contents

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Section 4 – Policy

4.1 Policy statement

CHSW's Maintaining Professional Boundaries shall apply to all employees, workers, trustees and volunteers providing direct or indirect care to children, families or other service users of CHSW.

4.2 Principles

The following principles will apply to the operation of this policy:

- a) All employees, workers, trustees and volunteers of CHSW will be committed to this policy and procedure and are responsible for ensuring that it is effective.
- b) Open communication between managers, employees, workers, trustees and volunteers will be encouraged and promoted.
- c) The effectiveness of this policy and procedure will be reviewed every 3 years, unless there are legislative changes or incident reviews that warrant an earlier policy review.
- d) Breaches of this policy and procedure may be dealt with through reference to CHSW's Conduct and Disciplinary Policy and Procedure.

4.3 Responsibilities

- a) Managers are expected to:
 - Demonstrate their commitment and support to this policy
 - Reflect the policy and procedure within their own management practice
 - Develop appropriate communication skills in order to deal with individual cases in a fair and sensitive manner
 - Know when and where to seek additional advice and support.
- b) Individual employees, workers, trustees and volunteers are expected to:
 - Comply with this policy and procedure
 - Communicate effectively with their manager on an ongoing basis and raise any issues of concerns as and when they occur
 - Co-operate fully with any organisations that provide support to CHSW and its employees in relation to this policy and procedure

4.4 Support and training

CHSW will provide appropriate resources, support and training to enable managers and employees, workers, trustees or volunteers to comply with this policy.

Section 5 – Procedure

5.1 Policy Summary

In order to provide a friendly and approachable environment for the children, their families and other service users, it is necessary that our workers develop approachable trusting relationships with our children, their families and other service users. However it is important that working relationships are not misread or confused with other friendships or other personal relationships. CHSW understand that this can be difficult in a hospice setting and such is the need for clear guidelines to help workers not overstep boundaries or leave themselves open to allegations of unprofessional conduct or abuse.

These guidelines provide a reference point, to protect service users, the organisation and CHSW workers. They will be used in staff induction, education and professional development and, where breached, may support formal management action.

These guidelines cannot cover every eventuality, but should be used as a basis for reflection and open debate about the ways we manage relationships with children / young people and their families. Workers should consult their line manager if they are unsure about a request, relationship, or the application of the guidelines to a particular situation.

These guidelines and procedures aim to protect and help workers by highlighting examples what is and what is not acceptable behaviour and are listed under 3 headings:

- 1. Prohibited on all occasions**
- 2. At the Line Manager's discretion and recorded**
- 3. At workers' own discretion**

5.2 General Principles

There are important general principles that underpin professional behaviour when engaged in long-term work with children and their families:

- **Safeguarding/Child Protection**

All CHSW workers have a responsibility to ensure the welfare of children, families and other service users of CHSW, and a duty to act on any concerns about a child's welfare, safety and protection. It is important that the relationship with a family does not cloud assessment or delay action.

- **Confidentiality**

CHSW workers must respect the right of children, families and other service users to confidentiality. Colleagues also have this right. A casual conversation about another child, family or colleague, might easily become a breach of confidentiality.

- **Personal Safety**

CHSW workers are obliged to take reasonable care of themselves and other people who might be affected by their actions, by identifying, avoiding and reporting dangerous or risky situations. Workers can help themselves by avoiding inappropriate disclosure of personal information.

- **Dignity and Respect**

CHSW workers should treat all children, families and other service users with dignity and respect in a non-judgemental manner.

5.3 Definitions

***Note:** Whenever there is reference to 'children' within this document it refers to children and young people. It also applies to both the children and young people who have a life limiting/life threatening condition and the children/young people who are their siblings.*

Boundary: Defines the limits of behaviour which CHSW workers have in their professional relationships with children, families and other service users of CHSW. These boundaries are based upon trust, respect, acceptable behaviour and recognises professional codes of conduct.

Service Users:

- A current child, family member, CHSW supporters or volunteers or other service user who the CHSW worker provides direct or indirect care or service
- A child, family member, CHSW supporters or volunteers or other service user who the CHSW worker has previously provided direct or indirect care or service
- A child, family member, CHSW supporters or volunteers or other service user who has no direct contact with the CHSW worker but is receiving a service from CHSW.

CHSW Worker: An employee, worker (employed or contracted either directly or indirectly by CHSW), trustee or volunteer who provides care or services to CHSW service users.

Befriending or Friend

All CHSW workers should understand the difference to befriending and being a friend. Befriending is appropriate and is a professional relationship made to meet a child's, family member's or other service user's need. Becoming a friend is not appropriate and is a non-professional relationship where the needs of both parties are being met.

5.4 Examples of Behaviours

5.4.1 Behaviours Prohibited on All Occasions

- **Sexual relations or sexualised behaviour** (see definition in Appendix 1) **with the child / young person or a family member**. Workers may find themselves attracted to a service user, or vice versa, but it is their responsibility never to act on these feelings or approaches, and to recognise the harm that any such actions would cause. If a service user displays sexual behaviour to a worker, the worker should try to re-establish a professional boundary and document the incident. If this is not possible the worker must seek guidance from their manager. For examples of sexual behaviour please see *Appendix 1*.
- **Kissing or saying you love a child / young person or family member**. A kiss on the cheek may be acceptable from a child, only if instigated by the child, is part of the family culture and the worker is comfortable with this. Endearments such as 'dear' or 'love' should be avoided except where a young child or older person finds these words reassuring, it is part of the family culture and the worker is comfortable with this. Over time, as CHSW workers get to know children and families well, they will have a clearer understanding of what is and is not acceptable to individual children and families, but initially great care should be taken not to cause offence by the inappropriate use of terms of endearment or physical contact.
- **Rough handling or dangerous play**. Parents may choose to accept a higher level of risk than is safe or advisable for professional carers. Further guidance can be found in the Care Contact Policy.
- **Receiving, giving or lending your own money** or entering into any financial transaction to or from a service user. This also includes as a CHSW worker acting as power of attorney, trustee, executor or beneficiary of a service user. Donations received for CHSW should be accepted and processed in accordance with CHSW processes for voluntary donations.
- **Social meetings**. Social meetings with service users outside of working hours, in a restaurant, pub, family home, or other venue, are not acceptable. CHSW workers should never take a service user to their own home. It is acceptable to care for a service user in public places and venues (such as cinema and play centres), within working hours, where this is in accordance with standard practice and service delivery e.g. taking siblings on outings. This should be noted in the child's care record. If CHSW workers are unsure about a particular request, this should be discussed and agreed with their line manager or the Duty Manager in advance.
- **Offering Lifts to service users**. It is not appropriate for CHSW workers to offer lifts to a service user outside of their normal working duties. In exceptional

circumstances e.g. in the case of emergency or by not doing so would put the service user at risk, this may be allowed if agreed with the line/duty manager and must be recorded.

- **Swearing or expressing anger at a service user.** This is at no time acceptable. If a service user is aggressive to CHSW workers this should be discussed with the line manager and the worker can expect and demand the active support of his/her manager or appropriate senior to address the situation. Failure to provide such support could constitute a failure in CHSW's duty of care.
- **Disclosure of inappropriate information** - Gossip or hearsay should not be entered into, further guidance can be found under CHSW's Acceptable Behaviour Policy. CHSW workers should not share personal details about other workers or service users other than information relating to a service user's care or treatment.
When a child who uses the hospice service dies, their family is usually asked whether they give permission for other children/families who knew them and ask about them to be told about the child's death and CHSW workers will take guidance from them.
- **Disclosing own problems** - including health, financial or personal issues, instead of listening to the needs of child or family. It may be useful for CHSW workers to ask themselves "Who am I doing this for?"
- **Disclosing political views, beliefs or personal values.** CHSW workers should be aware of their potential to influence vulnerable service users and workers must not promote their own personal beliefs.
- **Misuse of trust and the balance of power.** As a result of their knowledge, position and/or the authority of their role, all CHSW workers are in positions of trust in relation to a service user in their care and they are therefore in a position of power or influence over the service user through their work. CHSW workers must understand the power this can give them over service users and ensure that an unequal balance of power is not used for personal advantage or gratification.
- **Competing for affection or undermining the parental role.** This may occur when comforting or showing affection, giving gifts, or disciplining a child.
- **Formal responsibilities not part of workers' role in CHSW.** This may include references for employment or finance, witnessing wills or other legal documents and for example acting as godparent or bridesmaid. Advice or help with benefit applications relating to a service user's disability are an accepted part of the support role. Note: Senior Managers acting on behalf of CHSW may provide appropriate references or support family applications for funding within their discretion.
- **Personal or domestic services outside of work and not related to CHSW workers' role,** including: transporting family members in personal car, babysitting or the supervision of other children, ironing and other domestic tasks or errands.

- **Disclosing personal contact details.** CHSW workers should never give out personal contact details to service users e.g. personal telephone numbers, email addresses. Staff should also be aware that if they phone a child/family from their own home telephone number or their personal mobile phone that they should prefix the phone number with 141 and this then ensures the person being phoned is not able to access the telephone number. See also the CHSW Use of Internet Email and Telephone Policy.
- **Interact via Social Media Networks not part of official role.** CHSW workers will not interact with services users on either personal or CHSW social media sites unless this is an official part of their role. Please see CHSW Social Media Policy for further guidance.

5.4.2 At line manager's discretion and recorded

- **Working with someone previously taught, supervised or know socially, or who is or was a member of CHSW worker's family.** Situations that could lead to conflict or tensions in role and responsibilities, should be discussed and agreed in advance with line managers, and the decision recorded.
- **Weddings, funerals, christenings and birthday parties.** Representation at ceremonies and celebrations should be discussed and agreed in advance with line managers and the team. It will rarely be possible or appropriate for more than two team members to attend in a paid capacity and if attending the gathering following a funeral service it is usually appropriate to stay for a limited time only. If attending in an unpaid capacity this should be at no cost to CHSW e.g. 'bank staff' should not be employed to cover for staff wishing to attend outside of their formal work capacity.
- **Receiving gifts for self or team.** Gifts of money to individuals must not be accepted, although donations to CHSW are clearly welcome, our policy on the Purchase of Donated Items by CHSW Staff may also be a reference relating to donations. Under normal circumstances other gifts should not be accepted, however where the service user may be upset or insulted if refused or it is given as a heartfelt thank you or in appreciation this may be appropriate. It is advisable to inform service users that as good practice CHSW workers are not allowed to accept gifts. Where it is appropriate to accept the gift, other than items of low intrinsic value (seen as under £20) such as chocolates, this will be recorded, the manager should be informed, and the gift acknowledged with a letter of thanks. It should be made clear to the person offering the gift that it is accepted on behalf of the team.
- **Giving a gift.** Departmental teams should agree a consistent approach to all gifts and cards and gifts at Christmas and birthdays, to avoid any suggestion of favouritism between families or between team members.

5.4.3 At worker's own discretion

- **Physical contact.** Close physical contact, such as cradling or hugging, is often essential in the care and emotional support of children and can be a vital means of communication and comfort when the child or young person has profound disabilities. Such contact should always be with the child's approval/consent (however expressed), appropriate to the care and social context, and appropriate to the child's age and development. Specific communication needs should be recorded in the child's care plan. Refer to the Consent Policy for more detailed guidance.
- **Familiarity with family members or other service users.** CHSW workers should always check and use the child or young person's preferred name. Use of the first names of other family members should be at their discretion, but only if the CHSW worker also feels comfortable with this. Use of own first name is at the worker's discretion although accepted CHSW practice is to use first their first name to create a less formal atmosphere. Physical contact with family members, such as a hand on the shoulder, should be appropriate to the situation or initiated by the family member. Where a service user has initiated physical contact and a CHSW worker feels uncomfortable with the level of contact they should seek guidance from their line manager.
- **Disclosing personal information.** In disclosing personal information, such as marital status or sexual orientation, CHSW workers are responsible for exercising their own professional judgement about the wisdom and necessity of the disclosure, and the potential effect on his/her working relationships with the service users. Usually this would only be in response to a direct question asked of the CHSW worker and then only at their discretion.
- **Being aware of potential infatuation.** A service user may develop an infatuation with a CHSW worker and this can result in a high risk of words or actions being misinterpreted and high levels of professional behaviour must be maintained. If a CHSW workers becomes or suspects that a service user is developing an infatuation then this must be brought to the attention of their line manager.
- **Behaviour management and physical intervention.** There are situations where service users will display difficult or challenging behaviour, however physical interventions can only be justified in exceptional circumstances. Further detailed guidance should be sought from the Care Physical Intervention Policy and Contact Policy.
- **Bereavement follow-up.** This is an essential part of any service for families caring for children with life-limiting or life-threatening conditions. Identified contacts for service users will continue to provide support in times off bereavement as required by the families. If CHSW workers require support in managing bereavement issues with their service users they can contact the CHSW bereavement coordinators.

- **Providing information and advice.** CHSW workers should be aware of the need to empower service users and provide information and to encourage them to achieve outcomes and make informed choices themselves. Workers, however, should be aware for their own safety, not to influence the service users with personal views, if he/she does not have the knowledge or experience then to have the confidence to refer further and to be realistic and honest in information given.
- **Physical examinations/intimate care.** Where a physical or intimate examination is deemed necessary the guidelines in the Care Policies for Physical Intervention and Contact must be referred to.

5.5 Managing Boundary Issues

- a) If a CHSW worker thinks that there is a risk of potential breakdown of their professional boundary they must bring this to their line manager's attention. This will be made without automatic risk of disciplinary proceedings and are encouraged to discuss these feelings openly.
- b) Where it is agreed that the CHSW worker can not continue to provide care or work with the service user the following will happen:
 - An alternative worker will found to provide the care
 - A full handover will be provided
 - The service user will not be made to feel that they are in the wrong as a result of care being handed over
- c) Where a CHSW worker feels that a colleague is at risk of a potential breakdown of professional boundary then they have a duty to protect both the service user and the work colleague and must bring the matter to the attention of their line manager.

5.6 Breach of Policy

- a) Any employee who breaches this policy and procedure may leave themselves open to action being taken under CHSW's Conduct and Disciplinary Policy and procedure, including the possibility of dismissal.
- b) Any non-employee who breaches this policy and procedure may leave themselves open to their work with CHSW being ceased.
- c) All users who breach this policy and procedure may leave themselves at risk of prosecution.
- d) The Care Quality Commission (CQC) will be informed within 24 hours of any serious alleged clinical misconduct.

6 - Further Guidance

For a list of Sexualised Behaviour as defined by CHRE 2008 please see *Appendix 1*
To help with deciding what is acceptable and if behavior is within professional boundaries might find it useful to review the professional boundaries questions in *Appendix 2*.

Useful References

- *Council for Healthcare Regulatory Excellence (2008), Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals. CHRE London www.chre.org.uk*
- *Enfield Social Services. Guidance on Professional Boundaries between staff & service users: <http://openlearn.open.ac.uk/file.php/1614/lvia/oucontent/course/274/offprint24.pdf>*
- *General Medical Council (2006). Maintaining Boundaries: http://www.gmc-uk.org/static/documents/content/Maintaining_Boundaries.pdf*
- *General Social Care Council (2011) - Professional Boundaries - Guidance for Social Workers http://www.gsc.org.uk/cmsFiles/Conduct/GSCC_Professional_Boundaries_guidance_2011.pdf*
- *Guidance for Safer Working Practice for Adults who work with Children and Young People*
- *Nursing and Midwifery Council (2008). Advice for nurses working with children and young people. <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Advice-on-working-with-children-and-young-people/>*
- *Nursing and Midwifery Council (2008). The Code. www.nmc-uk.org*

Appendix 1 – Examples of Sexualised Behaviour

Definition: Sexualised behaviour – acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires.

Examples of sexualised behaviour by healthcare professionals towards patients or their carers:

- asking for or accepting a date
- sexual humour during consultations or examinations
- inappropriate sexual or demeaning comments, or asking clinically irrelevant questions, for example about their body or underwear, sexual performance or sexual orientation
- requesting details of sexual orientation, history or preferences that are not necessary or relevant
- internal examination without gloves
- asking for, or accepting an offer of, sex
- watching a patient undress (unless a justified part of an examination or part of care routine)
- unnecessary exposure of the child/young person's body
- accessing a child/young person's or family member's records to find out personal information not clinically required for their treatment
- home visits with sexual intent
- taking or keeping photographs of the child/young person or their family for personal use.
- telling children/young people or family members about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details
- clinically unjustified physical examinations
- intimate examinations carried out without the child/young person's explicit consent
- continuing with examination or treatment when consent has been refused or withdrawn
- any sexual act induced by the CHSW worker for their own sexual gratification
- the exchange of drugs or services for sexual favours
- exposure of parts of the CHSW worker's body to the patient
- sexual assault

(Adapted from *Council for Healthcare Regulatory Excellence 'clear sexual boundaries between healthcare professionals and patients: responsibilities of health care professionals', 2008*)

Appendix 2 - Questions to Ask Ourselves if our Behaviour is within Professional Boundaries

Sometimes it is good to ask ourselves questions on how we conduct ourselves and on reviewing this and how others might see the situation can help us identify if we are acting within professional boundaries. When in doubt these questions may well help.

General Professional Boundaries Questions

- ✓ Would you be comfortable discussing all of your actions and the rationale for these actions, in a supervision session with your manager?
- ✓ Would you be uncomfortable about a colleague or your manager observing your behaviour?
- ✓ If challenged, could you give an explanation as to how your actions are grounded in your professional ethics?
- ✓ Do your actions comply with the relevant CHSW policies?

Relationship Questions

- ✓ Is your relationship focused on promoting the wellbeing of the service user?
- ✓ Are your personal needs being met through your contact with the service user?
- ✓ Has the service user ever behaved in a way that suggests that they have misunderstood your professional relationship?
- ✓ Is your relationship with the service user, their friends or family adversely influencing your professional judgement?
- ✓ Is the only relationship you are having with the service user, their friends and their family a professional one? If not, have you made your line manager aware of this?

Upholding Trust and Confidence Questions

- ✓ Is your behaviour outside of work having a negative impact on your ability to fulfil your CHSW work responsibilities?
- ✓ Would your behaviour have the potential, whether inside or outside of work, to undermine the public's trust and confidence in CHSW services?

Remember - Always

- ✓ **Adhere to this policy**
- ✓ **Be transparent in everything you do**
- ✓ **Record your actions**
- ✓ **Discuss 'boundary' issues which you are concerned about with your manager**

(above table adapted from General Social Care Council - Professional Boundaries - Guidance for Social Workers)