



# Maintaining Professional Boundaries with Service Users

## Policy and Procedure

<b>Initiating Officer:</b>	<b>Approving Body:</b>
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# **Schedule of Amendments**

Policy / Procedure:

Version	Date	Author	Status	Comment

## **Policy Statement**

A professional boundary is the 'line' between the professional and personal relationship. When the professional boundary is crossed the relationship between the service user/ supporter/ donor/ volunteer and staff member moves from being objective to subjective.

A professional relationship can be defined as that between the service recipient and individual staff, in which the latter has a responsibility for ensuring that objectivity is achieved at all times.

In relation to this document a service recipient may be a child, young person, family member, visitor, donor or supporter. Staff refers to all employees of the organisation and volunteers working on behalf of DLCHT.

All DLT staff \*have a responsibility to maintain professional relationships with service users which are safe and effective. While 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.

The rights and needs of service users must be respected at all times. However, by the very nature of the DLT care and support services provided to children and their families, the relationship between service users and staff is not one of equal balance. Staff must recognise and understand that they are in a position of power. This power 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.

A breach of the professional relationship may occur with either a current or former service user or with immediate family members or significant others where this impacts on the professional relationship.

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. The responsibility to maintain such boundaries rests with individual members of staff.

This policy is designed to be inclusive and enables all staff to be able to practice professionally and with respect for the practice of other professionals in the multi disciplinary team. Failure to meet this responsibility may lead to formal disciplinary action being taken against them.

The challenge for professionals is to be aware of their own behaviours that may lead to the breaching of professional boundaries. Staff are encouraged to reflect on their own behaviours and that of their colleagues and recognise the indicators of potential breaches.

If a member of staff is in any doubt they should refer to their Professional Code of Conduct (where applicable), Head of Care or Director of Care Services or their relevant Head or Director of their Department, for additional guidance on professional boundaries.

*\*The term staff in this policy is used to include volunteers as well as employed staff*

## **2 Aims and Scope**

As there is potential for positions of power to be abused and professional boundaries broken, this policy provides staff with a clear framework within which to carry out all interactions, therapeutic and otherwise. The framework aims to clarify the division between professional and personal relationships to enable consistent approaches to service users.

It is acknowledged that service user's needs and the relationship between them and individual staff members can vary considerably which will involve staff using their professional judgement to ensure the maintenance of professional boundaries at all times.

The policy covers:

- 6.1 Self Awareness and Warning Signs
- 6.2 Non care Staff
- 6.3 Relatives or Close Friends who become Service Users
- 6.4 Relationships with Former Service Users
- 6.5 Professional Boundaries Breach by the Service User
- 6.6 Private Work
- 6.7 Attendance at Family Events
- 6.8 Attendance at Funerals
- 6.9 Ending the Professional Relationship
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- 6.15 Sexual Relationships and Insinuations
- 6.16 Acceptance of Gifts
- 6.17 Giving Gifts
- 6.18 Witnessing wills
- 6.19 Buying and selling
- 6.20 Provision of Substances to Service Users
- 6.21 Alcohol, illegal substances and smoking
- 6.22 Misuse of Money or Property
- 6.23 Misuse of Service Users Facilities, Property or Free Services
- 6.24 Treatment and Other Forms of Care

### **3 Related Hospice Policies/Procedures/Guidelines**

- DLT Employee Handbook
- Consent Policy and Procedure
- Diversity and Equal Opportunities Policy in the Care of Children and Families
- Safeguarding Children and Young People Policy and Procedures
- DLT Service User Involvement Policy and Procedures
- Press and Publicity Policy
- Clinical supervision Policy
- Volunteer Policy

#### **4 Responsibility/Accountability**

**Chief Executive:** has ultimate responsibility for the policies and procedures that govern work in the Hospices and for document control throughout the organisation.

**Director of Care:** is responsible for the content of this document, drafting, instigating revisions in response to changing guidance and practice at three yearly intervals as a minimum.

**All Staff:** are responsible for adherence to this policy and management and/or practice supervision policy. Staff must actively seek regular supervision which is used constructively in the area of disclosing any feelings that they may be developing for a 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 management and/or practice supervisor is responsible for seeking further advice on this.

#### **4.1 Monitoring and Review**

The Director of Care is responsible for initiating the review of the policy and procedure.

Adherence to the policy will be monitored via:

- the range of policies and standards which are referred to in this document
- complaints procedure
- disciplinary procedure
- Service user feedback
- Incident reporting via bimonthly Care Development & Clinical Governance report or other appropriate committees e.g. Fund Raising and PR or Finance and Resources.

#### **5 Compliance with Statutory Requirements**

- DH Standards for Better Health
- DH Private and Voluntary Health Care (England) Regulations 2006 16 (5)

Codes of Conduct:

- Nursing and Midwifery (NMC)
- Institute of Fundraising Code of Conduct
- British Association of Counsellors and Psychotherapy (BACP)

#### **6 Method**

##### **6.1 Self Awareness and Warning Signs**

There are indicators which should be considered as warning signs for possible breaches of professional boundaries. The context of the behaviour should be considered when evaluating potential risks.

Staff should consider the following indicators in themselves or colleagues:

- Frequent, unprofessional thoughts about the client while away from work
- Considering spending time with the service users or closely related family members outside working hours as a non representative of DLT
- Inappropriate discussion with parents/carers of sexual problems which should be referred to

another professional

Undue concern about meeting expectations of the service user  
 Inability to accept alternative opinions from colleagues about the service users care or support

- A belief that only the individual member of staff understands the client
- Feelings of personal responsibility for service user progress
- Awareness of more physical contact and touch than with other service users
- Considering engaging in the touching of a service user other than in a therapeutic context
- Considering flirtatious or overt sexual content in interactions with the service user
- Service user demonstrates obvious preference for a particular member of the team
- Self-disclosure of information of a personal nature to a service user and visa versa.
- Staff using the service user for their own emotional needs

When staff recognise any of these indicators in their own or colleagues behaviour, they should reflect on and review their motivations and adjust their practice accordingly. Staff must seek advice from their manager if these behaviours continue.

If staff recognise the indicators in the behaviour of a colleague, they should ascertain whether their colleague is aware of the behaviour and support reflection and a review of practice. When a junior member of staff has concerns about a senior member of staff and feels unable to discuss this with them, they should seek advice from their line manager or a senior member of staff.

The following questions may assist in reflecting on practice and the decision making process in relation to professional boundaries:

- What is my concern?
- What aspects of this context/situation are important?
- What are acceptable professional practice behaviours in this context/situation?
- Has clarification/advice been sought from a colleague/ manager?
- Is a beneficial service user outcome in the short and long term being ensured?
- Whose need is this meeting: mine or the service users?
- Am I prepared to do this openly or not? If not, why not?
- Will this action leave me or the service open to reasonable criticism?
- If it will, is there anything I can do to safeguard against this?
- What role does the service user see me in? Is the service user able to see me in more than one role and will this cause confusion?
- Will this action lead other service users to see this service user as my "favourite"?
- If a service user objected to this, would/could they make these feelings known?
- Will this action undermine the work of other professional staff?
- Am I prepared to record this or have it recorded?

The following framework should be used to guide practice in maintaining professional boundaries.

## **6.2 Non-care staff.**

Staff who are employed in non-care roles will come into contact with children and families as part of the everyday activities of the house, therefore, they need to have clarity around their role and the limits of their knowledge and skills, with the ability to recognise when and how to disengage from conversations and how to signpost the service user to the appropriate care team member. Staff will be given training on techniques to do this, but they must also feel able to seek support, advice and guidance from their line manager if they require it.

### **6.3 Relatives or Close Friends who become Service Users**

Staff should not work in their professional capacity for a relative or close friend. If an employee or an employee's family member becomes a service user consideration should be given to where both care management and service delivery should come from to ensure there is adequate separation between personal and professional relationships.

On occasion staff may find that they have information from their personal life which impacts on their professional role. These situations cannot all be anticipated in advance and will therefore have to be handled on an individual basis. However in the following circumstances the guidance below should be adhered to:

- Staff should declare an interest and excuse themselves from meetings when someone they know personally is to be discussed
- Information regarding a complaint, or safeguarding children or risk to a vulnerable adult should be shared with a senior manager even when it has been gained in a personal capacity
- If such information also concerns an employee the Director should be involved in the discussion and in deciding what action to take.

### **6.4 Relationships with Former Service Users**

A breach of professional boundaries may occur where, following the ending of DLT services, staff use privileged information or position to develop an economic, sexual or personal relationship with the former service user. It is important in such circumstances that staff seek advice as soon as possible from their manager or Human Resources.

### **6.5 Professional Boundaries Breach by the Service User**

Initiation and/or consent by the service user in the case of economic, personal and/or sexual behaviour between staff and a service user, is not an excuse for staff to breach professional boundaries.

Where breaches of a professional boundary occur as a result of the behaviour of the service user, the member of staff should seek advice from their manager. The manager must make a written record of the event and complete an incident report. Any decision made to either continue or terminate the professional relationship should not compromise the provision of care or support.

### **6.6 Private Work**

Staff should not work privately for service users without prior discussion and approval from the relevant manager. Staff should not allow service users to work for them.

### **6.7 Attendance at Family Events**

Staff should not meet service users socially when off duty nor develop a friendship past the end of the professional relationship. In the context of the delivery of the holistic care plan there may be exceptional circumstances when it would be appropriate for a member of staff to attend a family event. In these circumstances there must be a discussion with the Head of Care and/or community Team Leader and agreement that it is appropriate.

In these exceptional circumstances:

- attendance must be in work time only
- staff must abide to their professional code of conduct and DLT's terms and conditions of employment
- attending staff are representing **all** DLT staff

Family events do not include events such as fundraiser's events and social events for families arranged by DLT.

## **6.8 Attendance at Funerals**

### **6.8.1 DLT's Responsibilities**

When a child/ young person dies DLT has responsibilities to:

- the bereaved family
- other service users who have not yet experienced the death that they are expecting
- DLT staff, with a 'duty of care' to support them and ensure that the emotional impact of death does not become disabling, and to help staff end the professional relationship from a family with whom they have been working.

While DLT wants to provide maximum support at times of bereavement, there is also a need to maintain 'business as usual' so that other families receive normal services, and staff can carry on working and supporting subsequent families. This requires professional objectivity so that staff can be supportive whilst carrying on with their duties, and by doing so provide stability and continuity of care, and demonstrate to families who are worried by a death or an impending death that they will be supported throughout the experience.

### **6.8.2 General Principles**

It must not be assumed that all families want DLT staff to attend their child's funeral. The lead Community Nurse should clarify the wishes of the family ensuring that they do not feel obliged to invite staff. The reason for attendance is to represent **all** aspects of DLT services.

Attendance at a funeral by any member of staff must be discussed with and agreed by the appropriate line manager. The maximum number of staff attending any funeral is three, although this may not be possible when staff are needed to maintain normal duties. In addition, staff requested by the family to provide specific support at the funeral i.e. support for siblings or to participate in the service i.e. read a poem or play a piece of music, may also attend.

Attendance at a funeral is considered to be part of normal working hours, as agreed on an



individual basis.

All deaths at DLT should be recognised with equal importance by staff. The same procedures should be applied to all children receiving DLT services.

DLT staff may, as part of their role, be involved in helping a family to make the necessary funeral arrangements.

### **6.8.3 Allocation of Staff**

When the family do not stipulate any preference for which staff they would like to attend the funeral, the child's Community Nurse and Head of Care must discuss and agree the most appropriate staff to represent DLT. The Head of Care must give prior consideration to the number of staff who are able to be released from duties in order to maintain normal services. The Head of Care must make the final decision.

Allocation of staff to represent DLT at funerals must be based on the care needs of the family. Consideration may be given to the following factors:

- Staff who have provided most care and support to the child and their family, during the child's life
- Staff who provided care and support to the child and their family at the end of the child's life
- Staff who were present at the child's death
- Staff who will continue to provide bereavement support to the family
- When the family are known to have a preference.

It must not be assumed that the chosen staff will want to represent DLT at the funeral. Head of Care must ask the individual members of staff if they wish to attend ensuring that they do not feel obligated to do so.

Where a volunteer expresses the wish to attend a funeral this must be discussed with the Volunteer Services Manager and/ or the Head of Care.

### **6.8.4 Support for Staff**

In recognition that the nature of work at DLT can be stressful for care staff, the following methods of support are provided:

- Debriefs
- Clinical Supervision
- Employee Assistance Programme
- Case Management Team meetings

Staff are expected to use one or more of these opportunities to receive support to meet their needs so that they can maintain a professional approach to families and to their work.

## **6.9 Ending the Professional Relationship**

A family may end their involvement with DLT for various reasons.

Staff must involve the family in planning an appropriate ending with DLT services which meets the individual needs of the family. When applicable, this should be led by the Lead Community

Nurse .

The purpose in planning the ending is to:

- meet the individual needs of families
- maintain an adequate level of support while gradually reducing that support
- ease the transition process
- empower and enable families
- reduce feelings of abandonment.

In addition to the above, when a child dies and the family wishes to continue using DLT services for bereavement support, an appropriate ending of contact with DLT care staff not involved in providing bereavement care must be considered with the family to meet the family's individual needs. Discussion with the family should include the following:

- the need for an ending
- the purpose of planning an appropriate ending
- timescale with an agreed end
- identifying staff that families particularly wish to have an acknowledged ending with
- an appropriate approach to meet the family's needs

The following approaches may be considered:

- final home visit by staff
- meeting with staff who provided end of life care to child
- planned visits to the hospice building by the family
- support telephone calls by staff
- attendance at recognised DLT events such as Memory Days, Christmas Parties
- attendance of staff at funerals
- other appropriate approach which must have a therapeutic outcome for the family.

This must be discussed and approved by a Head of Care.

## **6.10 Creating Dependence**

When a service user relies on one member of the team, or when a member of staff becomes possessive about providing care to a particular service user, it can limit the experiences of their colleagues and be detrimental to team working as well as the service user. A high degree of involvement by one staff member to a service user can cause other families to feel that they are not experiencing the same level of care.

- Staff have a responsibility to discourage over-reliance of the service user on one member of staff and to encourage and enable the service user towards developing professional relationships with a team of staff. This is especially so during end of life care.

In exceptional circumstances, it might be appropriate to delay going home after the end of a shift, for example, if a child has just died.

It is not be acceptable:

- for staff to be called in on a day off because the service user will not accept care /support from other staff
- to delay an element of care for a preferred member of staff.

### **6.11 Staff Accessibility**

Staff should not be accessible to service users when off duty and must not give out their own or other staff members' home phone number or address, personal mobile numbers, e-mail addresses OR electronic social networking site information such as FACEBOOK, MSN. This is for their own protection. All messages and requests for help, assistance or advice must go via the Head of Care or designated person in charge. Any breach of this should be reported immediately to the Head of Care.

### **6.12 Personal Disclosure**

When information of a personal nature is disclosed to a service user it must be done purposefully and have therapeutic value. The use of personal disclosure by staff may be used to:

- reduce the power differential between service user and staff
- elicit service users to reciprocate
- demonstrate a genuine understanding of the service user's situation

Staff must not divulge any personal information about themselves or other staff members which is not of therapeutic value to their relationship with the service user such as private telephone numbers, own health issues, relationships with their own family members, colleagues or other service users.

### **6.13 Concealing Information**

Staff must not conceal information about service users from colleagues. This might include:

- personal information
- the intention of the service user to self-harm or harm others
- violent or critical incident/issues
- issues around safeguarding children and vulnerable persons.

### **6.14 Physical Contact**

Outside of normal care giving activities to service users' staff should exercise caution regarding physical contact. Consideration should be given to the following:

- Cultural differences
- Age
- Stage of development
- Cognitive ability
- Vulnerability and emotional state
- How a member of staff's actions may be interpreted.

## **6.15 Sexual Relationships and Insinuations**

Staff must not have:

- sexual relationships with service users
- physical contact which could be construed as sexually suggestive

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

- Inappropriate dress
- Inappropriate use of body or verbal language
- Asking the service user inappropriate questions regarding their sexual habits

## **6.16 Acceptance of Gifts**

A gift is anything that is given directly to an individual or a group of individuals and includes hospitality. Gifts must not be solicited from service users under any circumstances.

However, a gift may be an appropriate means for a service user to express their gratitude and staff should consider each situation carefully to ensure that they understand why the service user may be offering a gift. The offering of a gift may be part of the service user's cultural beliefs and values, and they may become upset if the gift is not accepted.

When choosing to accept a gift, staff should take the following factors into account:

- the context of the situation in which the gift is offered
- whether the service user will expect a consequent difference in the level or the nature of care
- whether the service user will feel obligated to provide gifts to other members of the care team or other service providers
- whether the gift will change the nature of the relationship
- the value of the gift in monetary terms.

There may be situations where it is difficult for staff to refuse to accept a gift. In these situations, staff must carefully consider the implications of accepting the gift and, if unsure about it, seek advice from a manager. A member of staff may choose to accept a small gift on behalf of DLT, when the gift giving is initiated by the service user and is of therapeutic value to the service user. Staff must always be aware of the effect of accepting a gift on the service user's family and significant others.

When a gift has been accepted, staff must disclose this to their manager as soon as possible and the receipt of the gift must be recorded in an appropriate place i.e. service users care record and management supervision record or donor flex record.

Under no circumstances should an individual staff member accept personal gifts including

tickets, from a charity supporter/ donor whilst working in their professional capacity. Neither may gifts for personal use be solicited from charity supporters/ donors and other service providers.

### **6.17 Giving Gifts**

When giving gifts on behalf of DLT to service users, staff must carefully consider the implications of this action. Staff must be aware of the effect of giving gifts on the service user's family, other service users and external agencies. Gift giving may be acceptable when:

- it is given from DLT not an individual member of staff
- it does not change the nature of the professional relationship between the service user and the staff
- it does not affect the relationship that other service providers have with the service user
- there is no expectation that the service user gives a gift in return
- it does not have the potential to negatively affect the feelings of other service users

### **6.18 Witnessing wills**

Staff (or any member of their family) must not witness wills for service users or be named an Executor or Beneficiary of a will.

### **6.19 Buying and selling**

Staff must not sell things to, or buy things from, service users.

### **6.20 Provision of Substances to Service Users**

Staff must not provide substances to services users which are not prescribed.

All medication must be administered in accordance with the Management and Administration of Medicines in the Hospice Building and Community Setting Policies

### **6.21 Alcohol and illegal substances**

Staff must not consume alcohol, or take illegal substances while on duty. On duty is defined as whenever a staff member is carrying out DLT business. Therefore, none of these activities may be engaged in with service recipients.

### **6.22 Misuse of Money or Property**

Staff must adhere to the DLT procedures for handling of service users' money and property. All items must be recorded on arrival and checked out on discharge. Staff must not accept personal responsibility for looking after any valuable on behalf of a service user.

### **6.23 Misuse of Service Users Facilities, Property or Free Services**

Staff must not use service users' facilities or property for their own use.

Staff must not accept free services from service users or their families, where such services would normally be charged for.

### **6.24 Treatment and Other Forms of Care**

It is not acceptable for staff to carry out treatment or give other care when:

- it is not part of the service users care plan
- the member of staff is not competent to do so
- when it has not been discussed with the team

Some examples of these are as follows:

- Taking images, audio or visual recordings without the permission of the service user
- Hair cuts
- Alternative therapies
- Religious rituals.

## **7 Staff Training Requirements**

All DLT staff must ensure they understand the need for maintaining professional boundaries and have adequate skills to recognise when they are at risk of breaching these boundaries.

Qualified staff have the responsibility to ensure that they have knowledge and understanding of the importance of keeping boundaries in accordance with their professional code of conduct.

## **8 Evidence Base**

General Medical Council (2006) Good Medical Practice [www.gmc-uk.org](http://www.gmc-uk.org)

General Social Care Council (2002) Codes of Practice [www.gsc.org.uk](http://www.gsc.org.uk)

Institute of Fundraising (2006) Code of Conduct

<http://www.institute-of-fundraising.org.uk/bestpractice/>

Nursing and Midwifery Code of Conduct (2008) [www.nmc.gov.uk](http://www.nmc.gov.uk)

Nursing and Midwifery Board (2007) Professional Standards Guideline 2 Professional Boundaries for Midwives ACT

Pasque Charity (2004) Staff Attendance at Funerals Policy

