

SH HR 57

Professional and Personal Boundaries Policy

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Professional and Personal Boundaries Policy

1. INTRODUCTION

- 1.1. Staff working within Southern Health NHS Foundation Trust (the Trust) services have a responsibility in accordance with our quality standards to provide personal, effective and safe services to service users within their care.
- 1.2. Whilst it is recognised that it is important staff must establish a rapport with service users and provide friendly and accessible services, they are responsible for establishing and maintaining appropriate professional and personal boundaries between themselves, service users and their carers, in order to maintain a safe environment.
- 1.3. The rights and needs of service users and carers should be respected at all times. However, it is acknowledged 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 power. This power must not be abused at any time. It is essential, therefore, that all interactions between service users/carers and staff must be seen in terms of a professional relationship. Staff must have a clear framework within which to provide health and social care. 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 members of staff. Failure to meet this responsibility will be investigated and may be dealt with under the Trust's Disciplinary Policy and Procedure.
- 1.5. Socialising outside the professional relationship will constitute a breach of the professional and personal boundary. Staff are reminded that this includes befriending service users on a social networking site.
- 1.6. Staff must ensure that professional 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.
- 1.7. 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 Line Manager or professional lead.

2. SCOPE

- 2.1. This policy will apply to all staff directly employed by the Trust. This also includes trainees, secondees and staff on honorary contracts or on joint contracts with the Trust and another employer.

Please note this policy also applies to non-clinical (e.g. administrative staff) as well as clinical staff who will interact/come into contact with service users.

- 2.2. Furthermore, the policy covers relationships between:
- Staff and service users
 - Staff and staff
 - Staff and external individuals / organisations (to include carers and family members).

3. DEFINITIONS

3.1. Professional Relationships

- 3.1.1. **All** interactions between service users/carers and clinical and non-clinical staff must be seen in terms of a professional relationship.

Staff must recognise and understand that they are in a position of power. This power must not be abused at any time

3.1.2 Therapeutic Relationships

A therapeutic relationship is a professional relationship between the service user and the staff member in which:-

- the purpose is to meet the social care and/or clinical needs of the service user, and achieve a positive health outcome;
- the staff member has a responsibility for ensuring that objectivity is achieved at all times.

For further information on 'therapeutic relationships in Mental Health Inpatient Services', see Appendix 1.

3.2. Boundaries

- 3.2.1. Boundaries define the limits of behavior, which allows a member of staff and a service user to engage safely in a supportive professional relationship. This professional relationship is based on trust, respect and the appropriate use of power. Professional boundaries are the limits which protect the space between staff's power and service user's vulnerability.
- 3.2.2. The boundary between the professional and personal relationship is breached when the relationship between the service user and the member of staff moves away from being perceived in the best interest of the service user. Examples of this could be found in the list in Appendix 2, which identifies unacceptable behaviours.
- 3.2.3. Please note the difference between 'boundary violations' and 'boundary crossings' (Gutheil & Brodsky, 2008):-

Boundary violations - occur when staff cross the line of decency and integrity and misuse their power to exploit or harm service users. These forms of violations are usually exploitive and are always unethical, **motivated for the staff's benefit** rather than the service users.

Boundary crossings - are very different from boundary violations. It can be part of the therapeutic process, and **motivated for the benefit and clinical need of the service user**. A therapist/staff member may make a harmless deviation from standard practice, which is not exploitative and may assist in the progress of therapy; however it must be discussed in clinical supervision and clearly documented.

- 3.2.4. While maintaining boundaries is the prime responsibility of staff, service users could also violate boundaries when they use physical or verbal violence, or if they act in any other inappropriate manner such as using coercion or intimidation in therapy. A service user may also violate a therapeutic boundary if they threaten a member of staff, or ask them questions regarding their family and life circumstances.

For further information on 'Boundaries in Mental Health Services', see Appendix 3 and for 'Warnings Signs regarding Potential for Boundary Violations by Service Users', see Appendix 6.

3.3. Service User

- An individual who receives direct or indirect care by the Trust
- An individual who is using the services provided by the Trust but does not have a direct link to the staff member concerned
- A former service user (further information on relationships with former users are provided in Appendix 4).

4. ROLES AND RESPONSIBILITIES

4.1. Trust

- 4.1.1. The Trust has overall responsibility to have processes in place to ensure that staff are aware of this policy and adhere to its requirements.

4.2. Managers

- 4.2.1. Managers' responsibilities include the following:
- Ensuring this policy (and specific local procedures, where available) is disseminated effectively to their teams and that teams adhere to this at all times.
 - Facilitating regular and specific training and updating staff in relation to this policy (and specific local procedures, where available).
 - Ensuring that the topic of maintaining good professional/therapeutic relationships, personal and professional boundaries are the subject of regular team discussions in order to keep the policy requirements 'alive' and clearly understood at all times.
 - Ensuring that all staff understand how and why abuse occurs and have a clear understanding of how boundaries are breached, as well as how to manage challenging behaviours on the part of the service user.

- Ensuring staff for whom they are responsible are able to access regular clinical and management supervision as appropriate to their needs and that active engagement with these processes is monitored. If managers become aware that members of staff are not engaging within regular supervision, this should be raised with the member of staff. If the individual continues to remain disengaged from the supervision process, the lead for supervision should be informed.
- In the event of a possible boundary violation, takes this seriously and investigates all allegations and complaints.
- Adhere to the requirements and further responsibilities outlined in Section 6 of this Policy.

4.3. Staff

4.3.1. Staff responsibilities include the following, in particular these relate to social care and healthcare staff:

- Have awareness and comply with the policy (and specific local procedures, where available).
- Specifically, maintaining good professional/therapeutic relationships and appropriate professional boundaries with each and every service user. For further guidance, staff should refer to their Professional Code of Conduct and/or seek advice from their Line Manager or professional lead.
- Taking individual accountability for the promotion and protection of the interests of service users in their care, irrespective of race, disability, gender, age, religion, belief and spirituality, sexual orientation, pregnancy and maternity, marriage and civil partnership and gender reassignment.
- Developing their knowledge of good therapeutic relationships, personal and professional boundaries and refreshing this regularly.
- Increasing their level of self-awareness and the impact they have on the service user and therapeutic process.
- Alerting their Line Manager immediately they perceive there to be a risk of potential breakdown of boundaries in the relationship, an actual breakdown or an inability to establish the relationship appropriately in the first place, being mindful of the need to maintain service user confidentiality.
- Ensuring that they are working within an agreed framework of care and completing comprehensive care plans (which may highlight history of disrupted attachments, boundary pushing or inappropriate relationships).
- Regarding 'service user information', staff 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.

- Where staff engage in a therapeutic boundary crossing (see Section 3.2.3, in that they act purely in the best interests of the service user) this boundary crossing need to be clearly documented in the service user's clinical notes, and also raised by the member of staff in their clinical supervision/discussed with other members of the care team.
- It also the responsibility of all staff to make it explicit to service users how they can report incidents of boundary violations made by staff (in accordance with the safeguarding policies). Service users should be assured that any report that they make will be investigated.
- Adhere to the requirements and further responsibilities outlined in Section 6, if this Policy.

4.4. Human Resources

- 4.4.1. The Human Resources Team has a responsibility to ensure that the policy is followed, fairly and consistently. Their duties will involve:
- ensuring the effective implementation and embedding of the policy through education and monitoring activity; and
 - ensuring that the policy is maintained and updated accordingly in line with any organisational changes or legislative changes.

4.5. Trade Unions

- 4.5.1. Trade Union representatives have an important role to play generally in providing advice, support and, if required, representation to their members and working in partnership with managers and the Human Resources Team in looking to ensure that the Trust's Professional and Personal Boundaries Policy is implemented and embedded.

5. POLICY PURPOSE

- 5.1. The purpose of this policy is to:
- clarify the roles of staff providing direct or indirect care to service user;
 - clarify the expectations of service users and their carers; and
 - clarify the division between the professional and personal relationships between service users and staff to enable consistent approaches to service users.

6. REQUIREMENTS

6.1. Working with Service Users

- 6.1.1. The basic principles that govern professional practice when working with service users include:-
- 6.1.1.1. The relationship between staff and service users is a therapeutic caring relationship that must focus solely upon meeting the social care and/or

clinical needs of the service user. It is not established to build personal or social contacts for staff and it is not just about having a 'good relationship' with a service user. A safe and effective relationship between staff and patients must be **professional, therapeutic and purposeful**, with understood limits.

6.1.1.2. Moving the focus of care away from meeting service user's needs towards meeting the member of staff's own needs is an unacceptable abuse of power and violations of boundaries.

6.1.1.3. **Maintaining a safe, effective and professional therapeutic relationship and actively engaging in clinical supervision, as appropriate.**

- On occasions a member of staff may develop an attachment towards a particular service user. While this may be natural the staff member should ensure that this does not lead to a breach of professional boundaries or inequitable delivery of care. Staff should be encouraged to discuss these difficulties with their Line Manager or colleague as part of clinical supervision.
- Serious boundary violations tend to be a culmination of a series of less serious boundary breaches, if there is a 'slippery slope', supervision gives an opportunity for prevention (Simon 1989).

It is, therefore, the shared responsibility of managers and staff as well as clinical supervisors to:-

- Be an effective role model in relation to demonstrating appropriate professional boundaries with service users.
- Be open to colleagues/staff wishing to discuss areas of concern regarding relationships.
- Help develop a culture that allows for matters of concern/ risk, in relation to the maintenance of professional boundaries, to be discussed openly within teams and staff actions challenged appropriately.
- Systematically address topics of therapeutic boundary maintenance and staff-service user feelings. This allows a pre-emptive approach to these issues, rather than using only reactive methods which may leave individuals perceiving themselves as "problematic" and attempting to conceal their true feelings.
- Actively engaging in regular clinical supervision (with open reflection), as required. Such clinical supervision can be used constructively in the area of disclosing any feelings (positive or negative) that they may be developing for the service user, or that they experience regularly within their interactions with a service user. These disclosures will be kept confidential unless the situation does not change and/or is deemed harmful to the staff member and/or service user.
- Increase their level of self-awareness and the impact they have on the service user and therapeutic process.
- Be aware of the factors that may increase the likelihood of breaching professional boundaries. Some of these factors are highlighted in Appendix 5. If a staff member recognises these signs in their own behaviour, they need to reflect upon and review motivations for these behaviours and may need to adjust practice accordingly through supervision/discussion with Line Manager.

- Regarding 'service user information', managers/staff must ensure that the service users have access to up to date information about services and service philosophies.

- 6.1.1.4 To avoid any misunderstandings or inappropriate conduct staff should employ the following safeguards (NMC, 2012). The list is not exhaustive and if staff are in any doubt they should consult with their Line Manager:
- Keep to relevant personal detail in history taking
 - Provide adequate information and explanation which helps to avoid misunderstandings and misinterpretation
 - Honour confidentiality (except in circumstances summarised in Appendix 2, Section 4.2)
 - Maintain proper appointment systems
 - Provide suitable facilities with screens for undressing
 - Offer the choice for the presence of a trained chaperone during intimate examinations or treatment
 - Be aware of what is culturally acceptable to individuals, especially those of a different race or religion
 - Never use sexually demeaning words or actions or 'dirty' jokes
 - Refrain from undue familiarity
 - Be cautious of the context and intent if accepting a gift from a person in your care (see the Trust's Declarations of Gift, Hospitality and Interests Policy.)
 - Be aware that people may be vulnerable at times of crisis in their personal life
 - Get help early for personal crisis
 - Do not involve the people in your care, or members of their immediate family, or any other person involved with their care in personal problems

- 6.1.2. **Previous relationships and contact with service users within work**
Where members of staff know service users prior to entering the service, the staff member must immediately inform their Line Manager. The staff member should not be given the role of key worker. The Line Manager will explore with the member of staff issues around confidentiality and risk assessment.

6.2 Managing Boundary Issues

- 6.2.1. Staff may unwittingly be put in a position where their relationship with service users is compromised, or to be drawn into conversations or situations where their boundaries are being breached. In particular, working within inpatient settings inevitably leads to direct contact between staff and service users, with staff potentially having multiple roles. Service users have more time to observe staff.
Some warning signs regarding potential for boundary violations by service users are listed in Appendix 6.
- 6.2.2. A staff member should seek the guidance of their Line Manager/Clinical Supervisor if they are unsure about the nature of a relationship developing with a service user, or if they need advice on how they intend to deal with a situation. It is the responsibility of the staff member to take appropriate action to prevent a breach by a service user.

This action might include discussing the service user's behaviour and feelings in a supportive manner. In a mental health setting, staff may need to reflect the motivations for the thoughts, feelings or behaviours with the service user and also within their own supervision.

- 6.2.3. In situations where it has not been possible to access support in this way, any action which has been taken must be discussed with the Line Manager as soon as is possible.
- 6.2.4. Other staff in the team, particularly those who are likely to work with the service user, must also be aware of where a boundary has been breached, so they can maintain consistent practice with that service user (and a consistent explanation with other service users). (See Appendix 3 – for 'Understanding and Managing Boundary Violations' in Mental Health Inpatient Services).
- 6.2.5. **Importance of documentation**
If a breach of a boundary has been established, a written record (which includes documenting nature, purpose, location and details of contact) must be kept in the service user's documentation, in accordance with the principles of the Data Protection Act, to minimise further potential boundary breaches, and ensure openness and consistency.

6.3. Reporting Concerns in Relation to a Possible Breach of Boundaries

- 6.3.1. If a member of staff suspects a possible breach of personal and professional boundaries (for examples, see Appendix 2) on the part of a work colleague, they should report this to their Line Manager as a matter of urgency.
- 6.3.2. Prompt action is of paramount importance in order to safeguard the interests of both the service user and the member of staff concerned. Social care and healthcare workers have a professional duty to take action to ensure the people in their care are protected and failure to take such action could amount to professional misconduct on their part.
- 6.3.3. Breaches of personal and professional boundaries would normally be dealt with under the Trust's Disciplinary Policy and Procedure. The relevant Line Manager will carry out an initial fact-finding investigation to determine immediate actions required (this may subsequently result in the commissioning of an independent investigation in accordance with the Trust's Workforce Investigation Policy and Procedure).
- 6.3.4. Depending on the circumstances, the police may need to be alerted, as well as the regulatory body, if the member of staff is a healthcare professional.
- 6.3.5. Where a 'vulnerable adult or a child is involved in the breach, the relevant Safeguarding Adults Policy or Safeguarding Children Policy must be adhered to.
- 6.3.6. In the event of a complaint it will be for the Trust to establish the facts.
- 6.3.7. Provided concerns in relation to work colleagues are reported in a timely manner and in good faith, if they are subsequently discovered to be without

substance or unfounded, they will not result in any detriment to the staff member who has brought the concern to the managers attention.

6.4. Guidance for staff who are related or in a relationship

- 6.4.1. In general terms staff who are related (e.g. by marriage, brother / sister etc), or staff that form a relationship with another member of staff should not work together in the same service area. This may be allowed as long as certain conditions are met as follows:
- staff employed in the same job role should not work on the same shifts as each other;
 - where staff work in the same service area and one is more senior than the other, the senior person must not be the other's supervisor;
 - neither individual should exert influence over the other in relation to work issues;
 - either member of staff should report to their Line Manager where they feel that their ability to maintain personal / professional boundaries is being compromised by other work colleagues.
- 6.4.2. There may be exceptional circumstances whereby related staff do work alongside each other e.g. where one staff member is covering for other staff sickness and the alternative would mean using agency staff
- 6.4.3. The Line Manager will monitor these relationships and should discuss any concerns with either individual and seek appropriate action to ensure that personal / professional boundaries are managed and maintained.

Further information is provided in the 'Guidelines for the Employment of Related Persons' in the Recruitment and Selection Policy and Procedure – Manager's Toolkit.

7. TRAINING REQUIREMENTS

- 7.1. Training will be provided, as appropriate, to new staff as part of the local induction process. The existence and scope of this Professional and Personal Boundaries Policy and Procedure will be brought to the attention of all staff through information exchange, staff newsletters and any other method considered relevant, i.e. dedicated workshops/training events, or team/individual discussions.
- 7.2. Specific training will also be provided for managers to ensure they have the knowledge, skills and awareness necessary to operate this policy efficiently and effectively and to communicate it to their staff.

8. MONITORING COMPLIANCE

- 8.1. Human Resources (HR) will monitor and analyse data on an annual basis. HR will use the data to monitor the implementation of the policy and management of cases. In addition, the data will be collated and analysed for information to ensure the policy is being adhered to, to identify trends and any interventions required to address any problem areas.

- 8.2. Subsequently, the data will be used to inform and improve policies. HR will provide relevant reports, based on this data, to the Strategic Workforce Committee (SWC), Executive Board and the Joint Consultative and Negotiating Committee (JCNC).

9. POLICY REVIEW

- 9.1. The policy contained within this document will be in place for three years following approval of a review and amendments. An earlier review can take place should exceptional circumstances arise resulting from this policy; in whole or in part, being insufficient for the purpose and/or if there are legislative changes.

10. ASSOCIATED DOCUMENTS

- Clinical Supervision Policy
- Control and Administration of Medicines
- Declarations of Gift, Hospitality and Interests
- Disciplinary Policy and Procedure
- Equality, Diversity and Human Rights Policy and Procedure
- Exclusion Policy and Procedure
- Grievance Policy and Procedure
- Medicine Control, Administration and Prescribing Policy (MCAPP)
- Recruitment and Selection Policy and Procedure – Manager’s Toolkit
- Safeguarding Adults Policy
- Safeguarding Children Policy
- Standards of Dress, Uniform and Personal Appearance Policy
- Workforce Investigation Policy and Procedure
- Whistleblowing Policy
- Sexual Offences Act 2003
- Clear Sexual Boundaries Between Healthcare Professionals and Patients (CHRE, 2009)
- The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC, 2008)
- Good Medical Practice (GMC, 2006)
- Maintaining Boundaries (GMC, 2006)
- Maintaining Boundaries (NMC, 2012)

11. SUPPORTING REFERENCES

- www.chre.org.uk The Council for Healthcare Regulatory Excellence promotes the health and well-being of users of health and social care services in the regulation of health and care professionals.
- www.gmc-uk.org The General Medical Council regulates doctors and its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
- www.nmc-uk.org The Nursing and Midwifery Council is the regulator for the largest group of health professionals and exists to safeguard the health and wellbeing of the public.

APPENDIX ONE

Therapeutic Relationships in Mental Health Inpatient Services

1. A therapeutic relationship is the means by which staff hope to engage with a service user, and to work with them to facilitate their recovery. The focus of the relationship is based upon the needs of the service user, and thus the relationship is not designed to meet staff member's needs.
2. Whilst staff aim to engage service users in a collaborative therapeutic relationship, given the nature of an inpatient mental health setting, the therapeutic relationship is likely to involve an imbalance of power between staff and service users. This is due to staff having access to expertise and resources which the service user needs, and the possible vulnerability (that is, emotional or physical) of the service user in our care. The therapeutic relationship requires that staff remain objective in their interactions with service users, as much as is possible.
3. Given the nature of the client group in there should be an expectation that staff may be "pulled into" the service users personal scripts/circumstances. However, when staff are firm in their own boundaries, they can also help service user's form a sense of their boundaries which, given the history of many of the service users within an inpatient mental health setting, they may not have yet formed. When service users do pull staff into their personal scripts, the aim is to reflect openly on this experience within supervision. It is important that reflection is made upon interactions that are engaged in within the ward settings as well as those within the formal therapeutic context.

APPENDIX TWO

Unacceptable Practices

Unacceptable practices are those which put the professional/personal relationship in danger of violating the professional 'boundary'. The following list is not exhaustive and if staff are in any doubt they should consult with their Line Manager/Clinical Supervisor.

1. Breaches of Sexual Boundaries

- 1.1. In order to maintain professional boundaries and the trust of service users, staff must never display sexualised behaviours towards a service user. Sexualised behaviours can be defined as 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses and desires'. Sexualised behaviours can include, but are not limited to sexual advances.
- 1.2. Sexualised behaviour refers to a full spectrum of behaviours, actions and attitudes ranging from a naïve understanding of the therapeutic relationship to predatory behaviour. All forms of sexual behaviour between staff and service users are inappropriate. Sexual behaviours in this context are likely to impair the judgement of staff in their work with service users, and may also constitute an abuse of trust and authority.
- 1.3. Some examples of sexualised behaviours include:
 - Physical contact which could be construed as sexually suggestive
 - Sexual innuendo and/or insinuation
 - Inappropriate dress (please refer to the Trust's Standard of Dress, Uniform and Personal Appearance Policy)
 - Inappropriate use of language (both verbal and body). That is, language which is used to satisfy the need of the staff member concerned and is not likely to have any therapeutic benefits for the service user
 - Flirtatiousness
 - Asking therapeutically irrelevant questions of the service user.
- 1.4. The Council for Health Regulatory Excellence (CHRE) (2009) details a number of behaviours that, whilst they do not necessarily constitute a breach of sexual boundaries, may lead to displaying sexualised behaviour towards the service user or carers. All staff must be self-aware and recognise behaviours, these include:
 - Revealing intimate details to service user during a professional consultation
 - Giving or accepting social invitations where this is sexually motivated
 - Seeing a service user outside of normal practice (e.g. visiting a persons home unannounced and without a prior appointment)
 - Clinically unnecessary communications.
- 1.6. CHRE also highlights some of the consequences of breaches of sexual boundaries and offers guidance on recognising warning signs of breaches by professionals. They highlight that breaching of sexual boundaries can cause significant and enduring harm to clients, damage client and public's trust in

the individual professional and professionals more generally, and impair professional judgement.

- 1.7. Particularly, in the provision of mental health services, staff may encounter service users who are unwilling or unable to recognise the limits of sexual boundaries essential for an effective therapeutic relationship, at some point in time. Service users may have a history of emotionally impoverished and/or abusive relationships; as a consequence they may lack the capacity to develop intimacy. This may result in the service user projecting feelings of love or sexual attraction onto a member of staff.
- 1.8. Please note, some breaches of sexual boundaries may be deemed to be a criminal offence under the Sexual Offences Act 2003.

2. Acceptance of Gifts and Hospitality

- 2.1. Staff must not accept personal gifts or hospitality from service users or their carers or the service user's family/relatives, which may be interpreted as being given by the service user in return for preferential treatment. Where such gifts are offered, particularly where it is difficult to refuse a gift, then staff must discuss this with their Line Manager.
- 2.2. **In Mental Health Services** - staff have a responsibility to refuse receiving any gifts, food/drinks or other such items from service users. This includes making bets or gambling with service users. The meaning of the exchange could have deeper connotations for the therapeutic relationship and the service user.

A gift is defined as any object given directly to an individual or groups of individuals. Gifts may be an appropriate gesture from the service user to express their gratitude. However, accepting the gift would be inappropriate. The offering of a gift should lead the member of staff to consider the context that the gift was offered in; whether the service user might expect a difference in the level or nature of care given in exchange for the gift; whether the service user might feel obligated to give further gifts to the member of staff or other members of the team. Gifts of any type must never be solicited by staff.

- 2.3. Gifts and hospitality provided by outside organisations such as lunches, dinner or gifts as a result of a person's position within the Trust should be declared in accordance with the 'Declarations of Gift, Hospitality and Interests Policy'.

3. Inappropriate Personal Disclosure

- 3.1. Staff must not divulge any personal or intimate information about themselves or other staff members to service users or carers. This applies especially to factual or sensitive information.
- 3.2. **In Mental Health Services** - there may be times when it is appropriate for staff to provide feedback to service users regarding the thoughts and feelings they experience that are related to what is happening within the interaction or therapeutic context. The aim of this type of disclosure is to increase the

service user's emotional awareness, emotional expressiveness, empathy and emotional attunement with others.

Appropriate self disclosure may include personal statements about the staff member which are intentionally revealed for the purpose of modelling and education, fostering a therapeutic alliance, validating reality, and encouraging autonomy. However, such comments are most appropriately placed in the context of therapeutic work, and may require particular consideration in the context of supervision.

4. Concealing Information from Colleagues about Service Users

- 4.1. Particularly in a multidisciplinary team, information regarding service users is shared with members of the team so that service users can be responded to in an integrated, consistent and safe manner. If staff working, within the service choose to conceal particular information about a service user, there may be subsequent negative impacts upon the therapeutic relationship and the quality of care that can be offered to the individual from other members of the team. There may also be negative impacts upon the member of staff if the concealing of information is a consequence of being groomed or manipulated by a service user.
- 4.2. The types of information which might be particularly dangerous to fail to share with colleagues might include:
 - personal information
 - the intention of a service user to self-harm or harm others
 - not reporting violent or critical incidents/issues
 - over familiarity of service users
 - flirtatious behaviours of service users
 - manipulative behaviours of service users
 - issues around child protection and vulnerable persons
- 4.3. Please note: dependant on supervision and the professional's good therapeutic skills, there are occasions in a confidential psychotherapy setting where it is appropriate to keep some things discussed by the patient confidential, even from the rest of the team as long as there is no danger of harm, suicide etc involved – patients often need to feel they can discuss highly personal things without the whole team knowing about them.

5. Provision of Substances to Service Users which are not Prescribed

- 5.1. No staff member should provide or administer substances to service users which are not prescribed. All medication must be administered in accordance with the Medicine Control, Administration and Prescribing Policy (MCAPP).

6. Misuse of Money/Property

- 6.1. Staff must adhere to the policy for handling of service users' money and Property contained within the Trust's Financial Procedures document.
- 6.2. Staff must not borrow from or lend money or property to service users, carers or relatives.

7. Misuse of Service Users' Facilities and Property

- 7.1. Staff must not use service users' facilities or property for their own use. Examples of these are as follows:

- washing machines/ironing boards/dryers etc
- television/videos (except for education and information purposes and where it is part of the care plan)
- eating service users' food
- service user's telephone unless for an emergency
- cooking facilities*

*An exception to this is TQtwentyone staff working in Supported Living Homes who may, where locally agreed, use cooking facilities whilst on shift.

8. Discrimination

- 8.1. This can take the form of subjective comments which can be either written or verbal about service users:

- race;
- disability;
- gender;
- age;
- religion, belief and spirituality;
- sexual orientation;
- pregnancy and maternity;
- marriage and civil partnership;
- gender reassignment; or
- any other personal aspects.

- 8.2. Staff should maintain an awareness that their own core beliefs, attitudes, values and personal experiences might occasionally subscribe to assumptions and stereotypes of the service user's characteristics (as outlined in Section 8.1).

- 8.3. Boundaries can be breached when a member of staff's decision making is influenced by factors based on discriminatory stereotypical assumptions and this could impede therapeutic/clinical intervention aims and targets.

- 8.4. Other areas which should be considered as a possible breach of boundaries include:

- Distancing others to engage in private conversations using language, slang or 'code switching' which excludes or prevents others participation.
- Showing a preference to an individual based on age, gender, race etc.
- Providing additional support to the service user without consulting the multidisciplinary team.

9. Treatment and Other Forms of Care

9.1. It is not acceptable for staff to engage in other activities or give other care when:

- it is not part of the service user's care plan
- the staff member is not qualified 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/carer
- Hair cuts
- Massage
- Childcare
- Alternative therapies
- Religious rituals

10. Working outside of the clinical role

10.1. A task for staff is to determine what is and is not acceptable behaviour while acting within their role. Boundary violations and crossings are seen as activities outside of the individual's usual professional role. It is important that all staff work within their competence and training.

10.2. If staff believe they are being asked to work outside of their role, by either a service user or another member of the team, they should question why this is being asked of them and reflect upon the appropriateness of them undertaking the task. The individual should explain why they are unable to undertake the task and could suggest other more suitably qualified disciplines/staff who could undertake the task. Such tasks should also be discussed with the team in order that the most appropriate person/people complete this.

11. Not maintaining a professional therapeutic relationship/roles of 'staff' and 'service user'

11.1. Whilst encouraging meaningful and emotionally intimate relationships within therapy, it is essential to maintain the boundaries of each individual's role within the therapeutic relationship. In this way, it is important that service users do not become viewed as friends.

When staff see service users as friends, it may be difficult to also see the service user's pathology. It may also make it more difficult for the member of staff to assert themselves with the service user. Thus, therapy may focus more upon agreeing with one another and less on the need for change. It is useful for staff members to reflect upon how they would feel about raising difficult topics with particular service user. If staff feel that they would be anxious or frightened about raising such topics, they should discuss this with their Clinical Supervisor/Line Manager.

11. Abuse of Power/Creating a Dependence

- 11.1 The abuse of power and oppressive practice are closely linked. Oppression has been defined as 'the negative and demeaning exercise of power'. The dictionary term uses the phrase 'unjust or cruel exercise of authority or power'. Staff should be sensitive to the issues of power/powerlessness and oppression as they relate to service users. Knowledge and expertise, access to information and resources, and statutory powers are all factors which influence the therapeutic relationship
- 11.2. 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. It is important that staff attempt to empower service users to advocate on their own behalf and gain skills to respond to situations independently, and where this is not possible, to encourage use of the advocacy service.
- 11.3. Some examples of abuse of power and the potential for creating a dependence are as follows:
- encouraging the service user to rely on one individual staff member such as in the design of a care plan
 - using the service user for the staff member's emotional needs
 - over enthusiastic attempts to offer support to service users could lead to an over-reliance or dependence from service users.

12. Socialising outside the Therapeutic Relationship

- 12.1. If an activity is not part of an agreed and designated care plan, then the staff member must not attempt to socialise with a service user or their carer such as inviting them to their home or befriending them on a social networking site.

13. Banter

- 13.1. In an in-patient mental health setting, service users often use banter to alleviate anxiety or as a method of communicating superficially with others. The motivation for using banter can also be used sarcastically with the intent of causing others emotional distress.

Staff who engage in the use of banter should consider that their behaviour could be perceived by service users as having a relationship beyond the therapeutic alliance. Service users could misconstrue their relationship with the member of staff as being similar to 'mates' or 'buddies.' Although friendly communication is a positive method of developing a boundaried therapeutic relationship with service users, staff should be careful to monitor the reaction of the service users and ensure the underlying motive for their interaction is professional.

APPENDIX THREE

Boundaries in Mental Health Inpatient Services

1. It is clear that boundaries in therapy, in fact, define the therapeutic environment. There are two types of boundaries in therapy. The first one is boundaries that surround the therapeutic relationship and the second is boundaries that are drawn between clinician and service user.
2. Professional boundaries are the limits which protect the space between staff's power and service user's vulnerability. Professional boundaries are interpersonal in their construction. Use of appropriate boundaries facilitates safe and therapeutic practice, and results in safe and effective care. Blurring boundaries can be a result of transference and counter transference. Transference is the process whereby a person unconsciously displaces or transfers onto individuals in his/her current life those patterns of behaviour and emotional reactions that originated with significant figures from childhood. Counter-transference is the tendency of a professional to displace onto a client feelings caused by people in the professional's past. This can be a very strong positive or negative reaction from the professional.
3. **Understanding and managing boundary violations - effective risk management and assessment**

Other staff in the team, particularly those who are likely to work with the service user, must be aware of where a boundary has been violated, so that the risk can be assessed and managed using a team approach. Specifically, dynamic risk assessments and the identification of warning signs should be carried out, as factors contributing to risk differ according to the service user, the context and over time. The management of risk is more effective when based on a good risk assessment.

APPENDIX FOUR

Maintaining Personal and Professional Boundaries with Former Service Users

1. In relation to medical doctors, the General Medical Council (GMC) (2006) specifically states that sexual relationship with a former service user may be inappropriate, regardless of the length of time elapsed since the therapeutic relationship ended. This is because it may be difficult to be certain that the professional relationship is not being abused.
2. However, with any staff, if circumstances arise in which social contact with a former service user leads to the possibility of a relationship beginning, staff must use their professional judgement and give careful consideration to the nature and circumstances of the relationship, taking account of the following:
 - when the professional relationship ended and how long it lasted
 - the nature of the previous professional relationship
 - whether the service user was particularly vulnerable at the time of the professional relationship, and whether they are still vulnerable
 - whether the member of staff will be caring for other members of the service user's family.

If staff are not sure whether they are – or could be seen to be – abusing their professional position, it may help to discuss the situation with their Line Manager, or confidentially consult their professional body. Medical doctors may also consult with an impartial colleague, a defence body, medical association or confidentially with a member of the GMC Standards and Ethics team.

APPENDIX FIVE

Warning Signs regarding Potential for Boundary Violations by Staff

1. It is important that all staff are aware of their own behaviours. Each individual working with service users should reflect upon theirs and others behaviours to look for warning signs of potential breaches of a therapeutic relationship. Examples of such signs might include the following:
 - Frequent thinking about a service user outside of working hours/context
 - Seeing a service user frequently outside of organised therapeutic contact or seeking out interactions with the service user
 - Planning the care of others around the service user
 - Self disclosure of information of a personal nature to the service user
 - Inability to accept alternative opinions from other colleagues about the service user or their goals
 - A belief that only you understand the service user
 - Feelings of personal responsibility for the service user's progress
 - Awareness of greater irritation if the system delays the service user's progress
 - Flirtatiousness with the service user
 - Emotionally acting out
 - Being sexually attracted to the service user
 - Feeling happy when you see the service user
 - Changing your behaviour during interactions with the service user
 - Spending more time with the service user than with other service users
 - Volunteering to do a large amount of activities with/for the service user, e.g., helping, talking to, searching, taking letters to, and mediating on behalf of.
 - Undue concerns about meeting the expectations of the service user and not reflecting on this with the team
2. In addition, if a member of staff places an emphasis on wanting a service user to like them, be nice to them, or give them recognition, the needs of the service user may not be adequately met and the interaction could be detrimental to the service user. In these circumstances, the focus of the relationship becomes unhealthy as it meets the needs of the member of staff and not those of the service user.
3. If a member of staff recognises any of these warning signs, they may need to reflect upon and review the motivations for the thoughts, feelings or behaviours. Individuals should also be aware of factors that may increase the likelihood of breaching boundaries. Research suggests that these factors include: stressors in personal life, breakdown of personal relationships, substance use, mental illness and professional isolation.

APPENDIX SIX

Warning Signs regarding Potential for Boundary Violations by Service Users

1. Some service users may engage in behaviours that challenge the boundaries of the relationships that they have with staff. These behaviours might include:
 - Bullying
 - Harassing
 - Intimidating
 - Ignoring / giving silent treatment
 - Shouting or being verbally abusive
 - Grooming
 - Paying compliments
 - Inviting staff to sit in their room/bed space
 - Repeatedly requesting to see particular members of the team
 - Choosing to confide in only particular members of the team
 - Monitoring a member of the team
 - Interrupting conversations between staff members and other service users
 - Asking for favours or 'special treatment'
 - Asking to be treated differently
 - Asking members of the team to keep secrets

APPENDIX SEVEN

Equality Impact Analysis Screening Tool

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination**, **advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team

Name of policy/service/project/plan:	Professional and Personal Boundaries Policy
Policy Number:	SH HR 57
Department:	Human Resources
Lead officer for assessment:	Rita Hawkshaw: Best Practice Lead Ricky Somal: Equality and Diversity Lead
Date Assessment Carried Out:	January 2013

1. Identify the aims of the policy and how it is implemented.

Key questions	Answers / Notes
Briefly describe purpose of the policy including <ul style="list-style-type: none"> How the policy is delivered and by whom Intended outcomes 	The policy provides guidance on establishing and maintaining appropriate professional and personal boundaries between staff, service users and their carers.

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)

- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	The Equality and Diversity team will report on Workforce data on an annual basis.
2.2	What equalities training have staff received?	All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment
2.3	What is the equalities profile of service users?	The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	<p>The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality, Diversity and Human Rights. This will be based on 4 key objectives that include:</p> <ol style="list-style-type: none"> 1. Better health outcomes for all 2. Improved patient access and experience 3. Empowered, engaged and included staff 4. Inclusive leadership
2.5	What internal engagement or consultation has been	

	undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff	
2.6	What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations	

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this

	Positive impact (including examples of what the policy/service has done to promote equality)	Negative Impact	Action Plan to address negative impact			
			Actions to overcome problem/barrier	Resources required	Responsibility	Target date
Age	<p>Applied to all protected characteristics: The policy clearly indicates that the maintenance of professional boundaries is paramount to a good therapeutic relationship between workers and service users which puts the needs of the service user first at all times.</p> <p>The policy makes reference to how a potential imbalance of power between a worker and service users can compromise the delivery of care to service users if professional</p>					

	boundaries are not maintained.					
Disability		No negative impacts identified at this stage of screening				
Gender Reassignment		No negative impacts identified at this stage of screening				
Marriage and Civil Partnership		No negative impacts identified at this stage of screening				
Pregnancy and Maternity		No negative impacts identified at this stage of screening				
Race		Cultural differences can affect individual's ideas about their personal boundaries. Staff members should be sensitive to this and treat Service Users and Carers in a way that reflects their views and wishes and preserves their dignity.	Support and advice can be sought from the Trust Equality and Diversity Lead Staff must not demonstrate behaviours towards a client which may be perceived by the client as being	Equality Act 2010: Race Relations Act 1976 Race Relations (Amendment) Act 2000	All staff	On-going

			suggestive of thoughtlessness or disrespect for the patient's culture and/or religious beliefs.			
Religion or Belief		Cultural differences can affect individual's ideas about their personal boundaries. Staff members should be sensitive to this and treat Service Users and Carers in a way that reflects their views and wishes and preserves their dignity.				
Sex		No negative impacts identified at this stage of screening				
Sexual Orientation		No negative impacts identified at this stage of screening				