# Professional Boundaries and Relationships at Work Policy

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1. Introduction

1.1 This Policy and its SOP provide information and guidance to managers and workers regarding acceptable professional and personal boundaries between individual workers
and service users as well as relationships between individuals who work together. The Trust recognises that workers need to establish a rapport with service users, their relatives and carers. Workers are also responsible for establishing and maintaining appropriate boundaries between themselves and service users, their relatives and carers. It is essential that all interactions between service users and workers are viewed and maintained in terms of a professional relationship.

1.2 The Trust values and relies on the professional integrity of objective relationships between workers. To ensure that Trust business is conducted and is perceived to be conducted in a professional manner this policy is necessary to recognise and manage the risks of personal relationships between workers which overlap with professional ones.

2. Purpose

2.1 The purpose of this policy is to support the management of risk of professional or personal relationships compromising any individual(s) or the Trust in the delivery of care to service users.

3. Scope

3.1 This policy applies to ALL workers, including employees on permanent or fixed term contracts and other persons who support and/or provide care to service users on behalf of the Trust, for example, volunteers, apprentices, agency workers and “bank” workers. This policy is applicable to all workers regardless of job role, banding or non-professional/professional status.

3.2 Workers with a ‘secondee’, ‘student’ or ‘trainee’ status or individuals employed by agencies will be expected to adhere to the standards required in this policy. Issues surrounding professional boundaries relating to such individuals may be referred to the appropriate employer.

4. Responsibilities

4.1 Trust Board - The Board has responsibility to oversee this policy and ensure that appropriate processes and actions are in place to prevent and address any professional or personal relationships which may compromise the integrity of the Trust and/or the care provided to service users.
4.2 Corporate and Divisional Directors - All Corporate and Divisional Directors are responsible for ensuring all workers are aware of this policy and their responsibilities under it.

4.3 Human Resources, Organisational Development and Equalities (HRODE) Committee - The HRODE Committee are responsible for ensuring that this policy is effectively and appropriately implemented. They are also responsible for ensuring that the processes within the policy are monitored and non-compliance is acted upon.

4.4 Human Resources, Organisational Development and Equalities (HRODE) Department - The HRODE Department are responsible for ensuring the provision of advice regarding the content and use of this policy, particularly when alleged breaches of professional boundaries are reported. When breaches of professional boundaries are reported, the Human Resources Department will liaise with Service / Clinical Directors and other relevant managers/Professional Leads to support investigations under the disciplinary procedure.

4.5 Line Managers - Line managers are responsible for ensuring the information within this policy is disseminated to all workers within their teams and that workers are clear about their responsibilities to maintain appropriate professional boundaries. Managers are expected to ensure the provision of any support or training to workers relating to professional boundaries is given to workers as appropriate. It is the responsibility of the Line Managers and Service Managers to report any alleged breaches of professional boundaries to professional bodies or other relevant external agencies. Line Managers are responsible for assessing the level of risk associated with any of the professional boundaries/personal relationships at work outlined in this policy. Line managers are responsible for producing an action plan and implementing measures to mitigate against identified risks as outlined in this policy.

4.6 All Workers - It is the responsibility of all workers to uphold the standards outlined in this policy. If workers are unsure about a situation, incident or relationship which may be covered by this policy they must seek advice from their Line Manager, other Senior Manager, Professional Lead, Professional Registration Body, Union Representative or the Human Resources Department.

Appropriate action will be taken against any worker who contravenes this policy. Dependent on the circumstances this could be seen as gross-misconduct which may be subject to action under the disciplinary policy and could result in dismissal. Where applicable workers will also be reported to their professional body and/or the Disclosure and Baring Service (DBS) and a referral made for investigation under safeguarding procedures.

5. Definition of Terms

5.1 ‘Worker’ - Anyone who delivers care or a service on behalf of the Trust regardless of job role, title, banding or professional status. For example workers on a permanent, fixed
term, locum or seconded basis, bank workers, volunteers, agency workers, bank workers, trainees and students.

5.2 ‘Current Service User’ (including carers and relatives)

- A current service user for whom a worker is directly involved in providing care for
- A current service user who has previously had direct care from a worker
- A current service user who has had no direct professional relationship with a worker

5.3 ‘Former Service User’ - A person who has received care or treatment from the Trust, or from other organisations whose services form part of the current Trust

5.4 ‘Therapeutic Relationship’ - A therapeutic relationship is a professional relationship between the service user and worker which puts the service user first. The worker has a responsibility for ensuring that objectivity and transparency is achieved at all times. It is important to distinguish between being approachable and having a friendly manner towards a service user, and becoming a friend / more than a friend, which is a personal relationship falling outside the expected and appropriate scope of a working relationship.

5.5 ‘Boundary’ - The ‘line’ between a professional and personal relationship. If this is crossed the relationship moves from being objective to subjective. For example intrapersonal boundaries involve decisions about how much of our personal beliefs to disclose about ourselves in a work setting and how much to express ourselves and discuss personal matters. In therapeutic sessions workers may be asked about issues of belief, circumstances and values and each situation requires a carefully thought out limit about what is an appropriate response. When the ‘line’ between a professional and personal relationship is crossed the relationship moves from being focused on the discharge of a professional duty to being something more akin to a personal relationship.

5.6 ‘Power Imbalance’ - An imbalance of power is often a feature in the healthcare professional/service user relationship, although this may not be explicit. Service users are often vulnerable when they require healthcare. They may be in crisis, confused about themselves and overtly mentally unwell. Healthcare professionals are in a position of power because they have access to resources and knowledge about the service user not available to them in their ordinary roles as citizens. They may have access to and control of resources that the service user needs. A power imbalance may also arise because:

- in order to be diagnosed or treated a service user will have shared personal information
- a worker in the discharge of his or her duties may perform physical interventions and examine a service user which can introduce a level of intimacy and/or physical contact during the diagnostic and therapeutic process
• a worker will know what constitutes appropriate professional practice whereas service users are in an unfamiliar situation and may not know what is appropriate.

It is the responsibility of workers to be aware of the potential for an imbalance of power and to maintain professional boundaries to protect themselves and service users. This involves being authentic and empathetic whilst neither giving personal information inappropriately nor behaving in a way which encourages belief in a special, exclusive or pseudo-personal relationship.

5.7 ‘Personal Relationship between Workers’ - It is difficult to define what constitutes a personal relationship between workers but for the purpose of Section 10 of this document the following relationships are defined as close personal relationships:

- Close or familiar relationships e.g. co-habitation, spouse/partner
- Family members
- A sexual/romantic relationship
- A business, commercial or financial relationship
- All of above where a Trust Worker is in a close working relationship with a worker from a partner agency.

6. Professional Boundaries between Workers and Current Service Users

6.1 The only appropriate relationship between a service user and a worker is a professional one that focuses upon the assessed, legitimate needs of the service user. Workers should be aware of the potential imbalance of power in this relationship caused by the service user’s mental health needs and consequent need for care, assistance, guidance and support. It is the responsibility of each worker to maintain appropriate professional boundaries within relationships at all times.

6.2 Helping and supporting others can be both physically and emotionally demanding and draining. Appropriate boundaries are therefore required in order to allow a service user and workers to engage safely in a professional caring relationship.

6.3 All professional relationships contain the potential for conflicts of interest. Workers may, on occasions, develop strong feelings for a particular service user, family member(s) or carers. These feelings in themselves are neither abnormal nor wrong but will compromise the professional relationship if they are acted upon improperly. If workers feel that they are developing an attraction or an overly familiar relationship with a service user.
user they must disclose such feelings at the earliest stage possible to their line manager, senior colleague or clinical supervisor.

6.4 Intense feelings about and towards service users should be the subject of clinical supervision whatever the nature of the emotion as these have the capacity to unbalance the working relationship and can result in harm if they are unrecognized and not dealt with appropriately. Members of teams have a duty to work to maintain the boundaries of each person within the team by not gossiping and also by reflecting on behaviours and patterns of interaction in the interests of service user care.

6.5 There may be situations where the ‘appearance’ of a possible relationship between a worker and a service user is open to being misconstrued. Workers finding themselves in a difficult situation, which may be open to being misconstrued, must report the matter to their Line Manager as soon as they become aware of this. Line Managers will ensure that this information is recorded and guidance given to the worker as appropriate. Workers can also seek advice from their line manager, professional lead or professional body on how to manage approaches by service users who are trying to initiate relationships which would breach professional boundaries.

6.6 Under no circumstances should workers form intimate personal or sexual relationships with service users. Workers should not behave in a way either inside or outside of the workplace which may call into question their professional conduct or endanger the confidence service users, relatives and carers place in the Trust to deliver care. Examples of inappropriate actions or relationships include:

- Breaching sexual boundaries including acts, words or behaviours of a sexual nature alongside forming a sexual relationship with a service user (these could constitute offences under Sexual Offences Act 2003 and will be reported immediately via the Trust’s Safeguarding procedures)
- Any other type of personal relationship
- Friendships including friendships via texting, the internet and social networking sites
- Divulging personal details to service users about themselves or colleagues, including personal contact details (this includes via the use of internet social networking sites)
- Accepting significant gifts or favours
- Entering into a financial relationship this includes the setting up of business/organisations etc.
- Banter / play-fighting which sometimes occurs on longer-term in-service user wards where familiarity can become excessive and inappropriate
6.7 The list above is not exhaustive. It has been drawn up to enable workers to know and understand the types of conduct which would be deemed inappropriate.

6.8 Disciplinary Action: Failure to maintain professional boundaries with service users may lead to disciplinary action being taken and dependant on the circumstances and, where appropriate, a referral to professional registration bodies being made and or referral for investigation under safeguarding procedures.

6.9 Pre-existing Relationships: If a close friend, partner or family member of a worker accesses services provided by the Trust it is the responsibility of the worker to maintain each relationship within its own appropriate boundary. Where personal or business relationships precede the professional relationship or where dual relationships exist workers must inform their line manager at the earliest opportunity. Any such instances will be handled in a sensitive manner and the worker will be given the opportunity discuss and explore potential boundary conflicts. It may be appropriate for a service user to be treated by another team / professional within the team or in the case of admission for the worker to be moved to another area of the Trust for the duration of the service user’s treatment.

7. Reporting Potential Breaches of Professional Boundaries between Workers and Service Users

7.1 Where a worker becomes aware that there is a risk that they could or have developed a non-professional relationship with a service user they must immediately seek advice from their line manager or another senior manager.

7.2 On receipt of a report of a breach or potential breach of professional boundaries action must be taken by line management and the worker concerned to prevent further development of a non-professional relationship. This can include (and is not limited to), support, guidance and/or investigation under the disciplinary policy as appropriate.

7.3 Where colleagues are aware of the possibility that an inappropriate relationship is developing between a service user and a worker they should immediately raise it with their line manager, another senior manager or head of profession (if applicable). Should a worker not feel able to raise any concerns through the usual management channels
the Public Interest Disclosure (Whistle Blowing) Policy can also be used to report concerns.

7.4 On being informed of the possibility of an inappropriate relationship between a worker and service user the relevant manager must immediately undertake a fact finding process to discuss the issues that have been raised with the worker involved.

7.5 Once such discussions have taken place, where necessary steps should be taken to ensure that the relationship / potential relationship does not develop further. Appropriate action must be taken to ensure any issues are reported and investigated using the correct process e.g. a safeguarding referral, Serious Incident Report (SI), and/or a disciplinary investigation. Where a disciplinary investigation is deemed to be necessary the Human Resources Department should be contacted immediately.

8. Professional Boundaries between Workers and Former Service Users

8.1 Former service users can be harmed as a result of a sexual relationship with a healthcare professional who has been involved in their treatment, although circumstances can clearly differ. A relationship between a healthcare professional and a former service user which would almost never be appropriate would be:

- if the healthcare professional provided long term emotional or psychological support to the former service user
- where the former service user was suffering from mental health issues at the time of treatment from the healthcare professional

8.2 Sexual relationships with a former service user will often be inappropriate regardless of how long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship, which will often have involved an imbalance of power.

8.3 The possibility of a sexual or personal relationship with a former service user may arise, for example, through social contact. If a worker develops a personal or sexual relationship with a former service user of the Trust they must seek guidance from their line manager at the earliest opportunity to minimise the risk of any subsequent allegations of abuse or serious misconduct which in turn may raise concerns about their professional integrity or the integrity of the Trust.

8.4 If a worker thinks that a relationship with a former service user might develop, he or she must seriously consider the possible future harm which could be caused and the potential impact on their own professional status. They must use their professional judgment and give careful consideration to the following:

- when the professional relationship ended and how long it lasted
• the nature of the previous professional relationship and whether it involved an imbalance of power

• whether the patient was particularly vulnerable at the time of the professional relationship and whether they are still vulnerable

8.5 A relationship with the carer or relative of a former service user will often be inappropriate for the same reasons that a relationship with a former service user is inappropriate.

8.6 A personal or sexual relationship with a former service user of the Trust, their carers /or relatives is only ever likely to be acceptable where a workers contact with the service user, their carers or relatives during treatment was minimal or was a considerable amount of time ago.

8.7 To avoid any concerns about the professional integrity of healthcare professionals who have entered into relationships with former service users of another Trust where the healthcare professional was involved in their care as a worker of that Trust, workers must share such information with their line manager as soon as the worker is aware of the relationship.

9. Professional Boundaries between Workers who have or Develop Close Personal Relationships

9.1 Workers who have close personal relationships should not have a direct reporting relationship or be in the same line management chain without the relationship being known to an appropriate manager. Alternative management arrangements should be put in place to ensure that one party is not involved with any management activity or processes involving the other party e.g. appraisal, promotion, recruitment or selection.

9.2 Workers who are involved in a relationship with other colleagues need to be aware at all times of their behaviour towards each other in the work environment. The Trust expects workers involved in a close personal relationship to recognise that overt displays of affection for example could embarrass other colleagues.

9.3 As part of the recruitment process applicants are required to declare if they are related to a Director, or have a relationship with a Director or worker of the Trust. Should a relationship develop between workers once they are undertaking duties for or on behalf of the Trust, to protect the integrity of individuals and the Trust, individuals are encouraged to disclose such relationships at the earliest opportunity to their line manager or another senior manager.

10.1 Where a manager is informed of a close personal relationship between workers within the same team, line management chain or between workers closely linked by the provision of a business support services (such as finance, human resources, IM&T etc.), they must work with all individuals concerned to identify any potential risks and conflicts of interest from both the individuals and Trust perspective. Wherever possible an agreement should be reached in relation to the expectations and arrangement in the workplace to mitigate possible conflicts of interest (or the perception of such). In the absence of agreement the service management must make arrangements in consultation with the other parties involved. Arrangements must be documented as to how to respond to any potential risk or conflict of interest. Options which may be considered are as follows (this list is not exhaustive):

- No action necessary
- Changing shift patterns to ensure that working together is kept to a minimum
- Changing the duties of one or both of the parties
- Changing the line manager relationship in specified circumstances
- Changing any mentor/trainee relationship in specified circumstances
- Re-deployment

All of the above (including no action necessary) must be objectively justifiable in terms of service need and the risks being considered.

10.2 Working arrangements to avoid conflicts of interest (or the perception of them) must be reviewed at agreed intervals and as and when service changes dictate.

10.3 Any information disclosed should remain confidential and should not be disclosed to other parties without the permission of those involved unless the disclosure resulted in concerns about the provision of care to service users.

11. Professional Boundaries and the Use of Social Networking Websites and Media

11.1 What workers post on such websites may be relevant to their employment with the Trust and professional status with regards to professional boundaries. As social networking sites make personal information publically accessible, the potential for workers to breach professional boundaries or bring the Trust into disrepute means that workers should be cautious about what they post on social networking sites. Most social
networking sites do allow users to customise privacy and permission settings thus workers should give consideration to the permissions set and who is allowed to view their personal profiles.

11.2 The use of workers personal social media to interact with Service Users is not permitted.

11.3 See the Trust’s Social Networking Policy for more guidance on the appropriate use of social media in a work setting.

12. Implementation

12.1 The policy will be implemented through dissemination to managers within the Trust. Communication to all staff on the new policy will be cascaded via management and Directorate DMT Reports.

13. Training

13.1 All managers are expected to disseminate information in relating to this policy to their workers.

14. Equalities Impact Analysis

14.1 The Equality Impact Analysis relating to this policy, can be obtained from the Trust website.

15. Monitor Compliance

15.1 This policy will be reviewed every three years or earlier if there are legislation changes. The monitoring of this policy will include the escalation of HR casework relating to professional boundaries to monthly DMT report and bi monthly HRODE Committee. Where non-compliance is identified an action plan will be drawn up and monitored at the HRODE Committee. Where remedial action can be taken immediately, the action must be recorded appropriately.