RELATIONSHIPS BETWEEN STAFF AND THE PEOPLE THEY SUPPORT

GUIDANCE FOR STAFF

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# Relationships between staff and the people they support

**Guidance for staff**

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Relationships between staff and the people they support
Community and Adult Care Directorate

1. Introduction
The Directorate has a duty of care towards all people who are in receipt of commissioned services or a personal budget to purchase their own care, who by the nature of their needs will often be vulnerable, whether physically or emotionally. Adult care workers must recognise this vulnerability and protect people from exploitation and abuse; they must never take advantage of it for their own purposes. The Directorate also has a duty towards its staff and those of contracted providers, who may sometimes be manipulated or abused by the people they are working with in a professional capacity. This guidance is intended to help all staff maintain a professional relationship with the people they work with, to ensure they are aware of potential difficulties and to help deal with them.

The relationship between a social care worker and a person or carer they work with must be based on the eligible assessed needs of the person or their carer and the skills and knowledge of the worker engaged to help meet those needs. They should be aware from their own experience that it is harder to use skills effectively with a friend or relative, where there is an emotional involvement. It is therefore essential that while care staff may develop a close working relationship with a person they must never allow that to cloud their professional judgement.

2. Legal Context
Within the working relationship the same laws apply in relation to assault, theft, fraud and other offences as in the wider world.
The Mental Capacity Act 2005 has introduced two new criminal offences: ill treatment or wilful neglect of a person who lacks capacity to make relevant decisions (section 44).
Staff employed under Green Book conditions of employment are subject to a contractual requirement (at 2.1) to “maintain conduct of the highest standard such that public confidence in their integrity is sustained”.

3. Relevant policies and procedures
The following documents give additional relevant information and guidance:

National documents:
- General Social Care Council Code of Conduct
- Skills for Care http://www.skillsforcare.org.uk/home/home.aspx
- NJC for Local Government Services (Green Book)

Corporate documents:
- GCC Code of Conduct and confidential reporting procedure
- Employment handbook

Directorate documents:
- Sharing personal and sensitive information
- Safer Working Practice
- Employees who wish to foster/offer adult placements;
• Helping service users manage their financial and welfare affairs
  Secondary Employment
  http://www.gloucestshire.gov.uk/index.cfm?articleid=2330
• Equal Opportunities
• Intimate personal relationships and sexuality; (Learning Disability)
• Mental Capacity Act guidance;
• Protection of service user property
• Complaints
• Information management
  http://www.gloucestshire.gov.uk/index.cfm?articleid=4687

4. Scope
This policy is for all adult social care staff and staff from our independent care providers should be read in conjunction with the County Council’s Code of Conduct and any appropriate policies of the care providers.

5. Principles
• One of the Directorate’s core purposes is to assess people’s needs and establish the size of the personal budget which will meet those needs.
• In so doing staff must respect the dignity, privacy, safety and well-being of people.
• Staff must not take advantage of a person’s vulnerability or enable others to do so.
• Staff have the right to expect respect from the people they work with.

Staff need to be aware that failing to comply with these standards may result in formal disciplinary action, including dismissal, in line with the Council Council’s Code of Conduct.

6. Specific areas of concern
There are a number of areas where adult care workers must be particularly careful to avoid any opportunity for actual or perceived exploitation.

6.1 Pre-existing relationships
6.1.1 It is quite possible that at some point someone who is known or related to an adult care worker will be referred for an assessment of needs. It is the responsibility of the staff member to inform their manager of the relationship, so that they are not directly involved in the assessment or provision. Otherwise they may be perceived to be in a position leading to a conflict of loyalties.
6.1.2 It is difficult to provide an effective service to someone already known to adult care staff outside of their work situation— it requires a shift in the relationship and in the balance of power to allow adult care staff to ask relevant personal questions or to provide intimate care. There is a risk that the response would not be the most honest or appropriate for their current circumstances.
6.1.3 The person concerned may not wish to share some important information, because they would not want to do so in their role as a friend or relative, and might find it difficult to separate that from the new professional role.

6.1.4 The person concerned could try to use the relationship to get a ‘better’ service, or staff might feel an obligation to do so, putting additional emotional pressure on themselves and setting up unrealistic expectations.

6.2 Developing relationships

6.2.1 When people work closely together with shared aims and objectives, often on a one-to-one basis, it can be easy for a working relationship to develop into something more personal. Up to a point it may be argued that this may make for a more successful outcome, but it is responsibility of the staff member to ensure that the relationship remains on a professional footing at all times.

6.2.2 It is necessary to maintain a degree of objectivity in order to make appropriate care assessments and judgements, and to offer appropriate advice. If this objectivity is compromised you must discuss this in supervision and arrange to transfer the work to a colleague if necessary.

6.2.3 The expectation for adult social care staff is similar to that for teachers or medical staff; it is presumed that designated tasks will be carried out in a professional manner, with a degree of objectivity which facilitates fair assessments and appropriate decisions.

6.2.4 It is never acceptable to have an intimate relationship with a person known to the Directorate in a professional capacity. Regardless of how the staff member may see the relationship, it leaves them open to allegations of exploitation, abuse of authority, unfairness, harassment or even sexual assault, and is contrary to point 5.4 of the GSCC Code of Practice:

5 As a social care worker, you must uphold public trust and confidence in social care services.
In particular you must not:.............
5.4 Form inappropriate personal relationships with service users

6.2.5 This does not necessarily preclude relationships with people who have been known to the Directorate in the past, nor with people currently known to the Directorate but with whom there are no professional links. However in the latter case there needs to be an awareness of the potential for a clash of loyalties, if for example the person is unsatisfied with the service they are receiving.

6.3 Confidentiality

6.3.1 Social care workers need to be aware of the policies and procedures relating to securing and sharing information, and ensure that no personal information about a person with whom you are working is disclosed to an unauthorised person.

6.3.2 Staff must not attempt to access ERIC records for anyone for whom they do not have a professional responsibility.

6.3.3 Social care workers should not share personal information about themselves or their family with people, unless for a clearly defined purpose in relation to the person’s situation – for example personal experience of a service being offered. In small communities it may be more difficult to maintain confidentiality, and so staff need to be aware of the risks.
6.3.4 Adult social care workers should avoid giving people a blanket assurance that they will keep everything they are told confidential. Apart from assessment information, for which consent to share is routinely sought, workers may be given information about abuse, or a medical condition, or a criminal act; once staff have that information, there is a duty to act on it, whether directly or by persuading them to share the information with someone who may be more appropriate to respond. If there is an acknowledgement that adult social care workers have people’s best interests in mind it is likely to be more successful when it comes to persuading them to take the next step. It is usually best to remind them that the information might have to be shared before they disclose any details. This may in many cases be what they want to happen, but feel unable to do it themselves.

6.4 Communication
6.4.1 For some people email may be their preferred way of communicating. For recording and retention purposes emails must be treated as letters.
6.4.2 Text messages can be a useful alternative to a Minicom for people with impaired hearing, but only mobile phones provided for work purposes by the Directorate should be used, and texts should be restricted to arrangements for meetings or similar topics.
6.4.3 Personal mobile or home numbers should not be given to people with whom adult social care workers are involved. This blurs the distinction between personal and professional relationships, and is open to abuse: the timing, frequency or content of calls will not be in your control. Dialling 141 before using a BT landline will withhold the number, but it should be remembered that mobiles normally display the caller’s number.
6.4.4 Although both texts and emails lend themselves to a more informal style, you must ensure they are as clear, informative and appropriate in tone as any other professional communication.
6.4.5 Any abusive or offensive communication should be reported to your line manager, and the guidelines in Safer Working Practice should be consulted.
6.4.6 People should be addressed by the name/title they prefer. Workers need to be aware of the effect of the style and tone of voice.
6.4.7 When recording workers need to be clear about what is factual and what is opinion, and this needs to differentiated in the records. People have a right to access their files so accurate recording is essential.

6.5. Cultural and religious issues
6.5.1 Workers need to be aware of general issues which may affect working with people of other faiths or cultural backgrounds, and be proactive in informing themselves about any issues specific to the people they may be working with.
6.5.2 There is an expectation that all workers will deal with people in a culturally sensitive way, acknowledging and respecting differences. There may be a need to work with the person to see how their support plan will meet their holistic needs.

6.6 Intimate personal care
6.6.1 People who need intimate personal care must feel as much at ease as possible in situations where they are at their most vulnerable. Workers must always respect their dignity, privacy and safety, and try to combine competence with
empathy. (See the Intimate Personal Care and Clinical Tasks policy: http://www.gloucestershire.gov.uk/index.cfm?articleid=2280 )

6.6.2 Some people may try to take advantage of intimate situations; it is probably best to remain calm and matter-of-fact about this, while pointing out that their behaviour is unacceptable. Workers should discuss their behaviour with their line manager to decide how best to address this and identify a consistent response with the particular individual.

6.7 Admitting other people into the person’s home
6.7.1 Only those people having legitimate business with the person concerned should be admitted to the home, and then only with their permission. This would include their friends and family, other care providers, trades people who have arranged to call, and properly identified meter-readers etc.
6.7.2 Adult social care workers must not invite their own friends or family members into a person’s home.

6.8 Visits
6.8.1 Workers may only use their own vehicle to transport people when this has been agreed as part of the care plan for a specific purpose and the appropriate insurance cover is in place.
6.8.2 Any accompanied visits must be as agreed in the care plan.
6.8.3 Workers must not take people to their own home, or to any place which has not been authorised.
6.8.4 If a person is admitted to hospital community staff would not normally be expected to visit them except in relation to their on-going or amended care plan. (see the Protocol for Hospital to Area transfers). However, if they have very few friends or family members who can visit easily during a prolonged stay in hospital staff may wish to visit them. This may be particularly the case if staff have worked with them for a long time. This needs to be discussed with a line manager, as it may not be appropriate to raise expectations about future care. If a visit is agreed, this will be in the worker’s own time. All such visits must be recorded on the person’s file.
6.8.5 When somebody dies it may sometimes be appropriate for a worker to attend their funeral, memorial service or other ceremony. If it is someone known to an employee for a significant time, or who has received substantial support from them, they may wish to attend; it may however be a good idea to check with the family first, particularly if there has been little or no direct contact with them. Workers should also discuss this with their manager.

6.9 Additional work
6.9.1 Care workers who visit people in their homes may become aware of additional help required or desired which is not available through the Directorate’s commissioning framework. Workers must not undertake additional work in these circumstances, either on a voluntary or paid basis. This is primarily because it blurs the boundaries between the work commissioned by the Directorate and the additional work they may do, making an accurate assessment or review of need difficult. There may also be insurance issues in the case of an accident – was the member of staff working in an official or unofficial capacity at the time? (In some very specific circumstances it may be
an agreed arrangement with your line manager—see the Private Paid Work policy.)

6.9.2 If workers regularly undertake additional tasks not included in the care plan, this may cause difficulties for staff who may cover in their absence or take over from them, and raise unrealistic expectations on the part of the person concerned.

6.10 Money, gifts and bequests

6.10.1 Workers must not lend money to people they are working with in a professional capacity, or borrow money from them. Workers must not write out cheques for people they are working with. Nor must they arrange for or influence people they are working with to lend money to or borrow from any third parties, except for a legitimate service-related reason previously approved by the line manager.

6.10.2 If workers are authorised to help people manage their money must always be kept separate from that of the worker and accurate records kept. For further advice see: Helping Service Users to manage their Financial and Welfare Affairs

6.10.3 Workers must not sell goods or services to people they are working with in a professional capacity or buy from them. Nor must they arrange for the sale of goods to or purchase from third parties, except for a legitimate service-related reason previously approved by the line manager.

6.10.4 Workers must not recommend family or friends to carry out work in a person’s home.

6.10.5 To avoid any suspicion of influence workers must not witness wills for people.

6.10.6 If a worker is a named beneficiary in a person’s will they must discuss this with their line manager, who will advise on the best course of action. This may be a way of a person expressing gratitude for the service they have received so some suggested ways of using the gift would be by purchasing something to benefit the team or by donating the money to a charity nominated by the team.

6.10.7 Workers must not normally accept gifts from people. However, for some of the people known to the Directorate there may be a need to make a gesture towards shifting the balance away from always being the recipient, and they may feel unable to accept further help which they may need. If a person is insistent, the matter must be discussed with the line manager; if the proposed gift is of little monetary value or might be shared within a team it may be possible for the manager to accept it, while reinforcing the message about any future gifts.

6.10.8 Workers should not give gifts to people with whom they work.

6.11 Property

6.11.1 Workers should naturally treat people’s property with respect, but accidental damage may occasionally happen. This must be reported to the line manager, as it may be covered by GCC insurance or that of the contracted provider.

6.11.2 Similarly, if any of a worker’s property is damaged in the course of their work it should be reported, as it too may be covered.

6.11.3 If a person has to leave their home unexpectedly with no obvious family/ neighbour/ friend to secure the property and ensure the safety of any
valuables, workers may need to carry out the Protection of service user property procedure. This must always be done by two people and carefully documented, as prescribed in the policy.

6.12 Fostering and Adult Placements
6.12.1 Applications from staff to foster or to provide adult placements are always acceptable, and the approval process will be the same as for any other applicants. However staff will not have anyone placed with them with whom they have a professional link, in order to maintain the separation of the roles. There is a specific relevant policy: Employees who wish to foster/offer adult placements

7. Monitoring and Review
7.1. It is expected that the issues covered in this guidance will be discussed in supervision and any difficulties addressed at an early stage.
7.2. Complaints and disciplinary procedures will be used to identify any particular areas of difficulty.
7.3. This policy will be reviewed in accordance with current reviewing policy practices.

8. Implementation
This policy will be implemented through induction procedures and through staff supervision.