

MANUAL OF ADMINISTRATION

TOPIC: SUPPORT SERVICES	SUBJECT: PROFESSIONAL BOUNDARIES	Code: SS209
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Preamble

Complex relationships exist between staff (paid workers), clients, and the families / advocates of clients in the field of Developmental Services. It is essential to define professional boundaries in such relationships and to ensure that all parties involved have a clear understanding of the need for, and the ongoing application of professional boundaries in the unique relationships and work environments involved.

Guiding Principle

Professional boundaries prevent discrimination and/or exploitation stemming from power imbalances. Professional boundaries are necessary for protecting clients, families / advocates, and staff.

The actual or perceived power imbalance between staff and clients, for example, should not be regarded negatively but instead should be acknowledged as a fundamental aspect of such relationship. The existence of this power imbalance should be a central consideration when staff form and manage their professional relationships.

Definitions

Professional boundaries- Professional boundaries are limits that protect the space between staff's position of power / influence / control and the vulnerabilities of clients.

Professional boundaries:

- Define the role of staff in relation to others;
- Address the inherent power imbalance, the risk of undue influence and the essential need for role and expectation definitions in such relationships;
- Enable staff to function professionally and appropriately in all situations;
- Protect staff from compromising their core personal / professional values, and protect them from potential legal / liability risks;
- Protect clients in acknowledgement of the power imbalance that exists between themselves and staff who support them; Protect the quality of service of the organization / employer by ensuring clarity of boundaries for all parties involved.

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Balanced Professional Relationships

Staff must ensure a BALANCED professional relationship exists with clients, and with families/advocates. The continuum of professional relationships can be defined as:

- Entangled* (Over Involved) - self-disclosure, unnecessary touch, personal favours, sharing personal contact information, contact after working hours over- extending self and responsibilities.
- ✓ *BALANCED* - authentic, caring, conscious of boundaries, aware of power dynamic, professional judgement and self-reflection.
- Rigid* (Under Involved) - own agenda, inflexible, condescending, not attending

Policy Standards

Professional boundaries enable staff to avoid either over- or under-involvement with persons supported and their families/advocates.

- Over-involvement can lead to disappointment on the part of clients when it is finally made clear to them that the professional-client relationship is exactly that and not a genuine friendship or that all staff are not maintaining the same level of involvement which can be confusing to the client.
- Under-involvement can negatively impact the levels of connection between the staff and the person served, resulting in neglect or inappropriate emotional distancing.

It is the responsibility of staff to ensure that such relationships remain professional, and that the clients and their families/advocates understand the necessary professional boundaries which staff must operate within.

Where staff may feel pressured by to breach the necessary professional boundaries, staff must recognize this pressure, identify the source of pressure and be intentional about addressing it and referring to the requirements of this policy and/or involve their immediate Supervisor in helping to resolve such matters.

Friendly, not friends

With clients:

The role of staff is to build, support and strengthen existing social, family and community networks of the clients. Staff and clients may find this difficult as clients are often isolated, lonely and in need of friends, but it is the role of the worker to build friendships not to be the friendship.

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Staff are not “friends and family” of clients. To encourage otherwise misrepresents the nature of the relationship to the client and will lead to persons supported experiencing feelings of confusion, distress, grief and loss when the time comes that the staff is no longer their paid support worker and thus no longer a part of their life (due to such occurrences as staff turnover, retirement, re-assignment of duties, etc.) When some staff give the impression of friendship/family the clients may also misinterpret relationships with other staff, expecting the same type friends and family relationship from all staff,

With families/advocates:

The concepts and principles with regard to staff’s professional boundaries in relationship to “friendly, not friend” with families/advocates are similar to those outlined above, but also have an additional layer of complexity. Whether intentional or not, it is not uncommon for the relationship between staff and the families/advocates supported to feel like a “families and friends” relationship. It is the responsibility of staff to ensure that professional boundaries are applied and adhered to and communicated if / when there may be a need for clarification of expectations.

Families/advocates might overtly encourage their relationship with staff to be accepted as a “families and friends” relationship, either intentionally or not. Regardless of such pressures, staff must be diligent about maintaining their professional boundaries.

Supports and Services

The primary objective of staff is to provide quality supports and services to enhance the quality of life of clients. Protecting the health, safety and wellbeing of all clients is an essential focus of staff’s responsibilities.

Staff are required to comply with Avenue II’s policies and procedures, legislative and regulatory requirements applicable to the programs, services and sector, apply and maintain professional boundaries at all times.

With persons supported:

Staff are expected to identify and address any requests, pressures or situations which may put at risk their adherence to professional boundaries in providing supports and services to clients.

With families/advocates of persons supported:

There may be times when families/advocates request, expect or otherwise attempt to exert pressure (intentionally or not) on staff which could result in staff being in breach of professional boundaries.

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Scenarios & Examples for Critical Thinking

Scenarios and examples with regard to professional boundaries are provided to help staff to understand, and to use critical thinking, professional judgement, and self-reflection to clearly assess what are acceptable and not acceptable practices and behaviours. This is not a comprehensive nor exhaustive list of scenarios and examples. Many of these scenarios and examples could equally apply to both clients as well as to families/ advocates.

Staff Professional Relationships with Clients

Scenarios / Examples

- (a) Staff should not encourage or promote entangled (over familiar) relationships clients. Staff may be friendly with, not friends with, clients. Staff should be promoting the clients existing friendships and / or encouraging the development of new friendships (not with staff)
- Eg. Staff are discouraged from sending a “facebook” friend request to a client
 - Eg. Staff are discouraged from accepting a “facebook” friend request from a client
- Staff should not be encouraging, promoting or creating an over-reliance on the staff’s support to / relationship with particular clients.
Staff should not be “playing favorites” with clients.
- (b) Staff should not invite clients to join them in social and recreational activities outside of paid working hours
- Eg. It is considered overly familiar, and potentially setting up false hope for a client when a staff member invites the person served to the staff’s home for a meal or other social visit / activity.
- (d) Staff should not sign legally binding documents which explicitly or implicitly accept responsibly for or make decisions on behalf of clients.
- Staff should not sign a “release” for a client to return home from a hospital stay.
 - Staff should not sign consent forms on behalf of clients
 - Staff should not sign for financial trusteeship of a client (such as co-signing a loan on behalf of a client, or opening a joint bank account)
 - Staff should not accept or retain power of attorney or guardianship for a client, regardless of whether it is POA for Personal Care or POA for Property.
- (e) Staff should not be loaning/giving money to clients (and / or family members of clients)
- (f) Staff should not withhold information to or about a client where such information disclosure may be legally required
- (g) Staff should not provide or offer advice or guidance to clients that is not within the job function

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Staff Professional Relationships with Family /Advocates

Scenarios / Examples

- (a) Staff cannot act as representatives of, or proxies for the families / advocates. Staff's objective is to support the person served, not to act as representatives for parents / families / advocates.
- Families / advocates cannot ask, expect, pressure or demand that staff act as their representatives or proxies.
 - Eg. if a family / parent / advocate is unable to attend their loved one's medical appointment, any staff who accompany the person served to the appointment are there to support the client, not to act in the capacity of a representative of, or proxy for the family / parent / advocate.
- (b) The tasks, functions, responsibilities, assignments of staff is solely directed by the staff's employer.
- Families / advocates cannot direct the tasks, functions, responsibilities assignments of staff.
- (c) Staff will not act as unofficial (paid or unpaid) "babysitters" or child-minders for other children of families / advocates.
- (d) Staff are not expected to tolerate rude, harassing, bullying or otherwise belittling behaviour from families / advocates.
- (e) Images (still or motion) of clients taken by staff for clinical / therapeutic reasons may be taken and stored on the client's electronic health record.
- The determination of when and how such images are taken is at the professional judgement of staff and/or as directed by a treating health professional.
- Images of clients taken by staff for recreation, socialization, celebratory purposes will always be in alignment with the signed photo / video consent form. The images should never be posted on any staff's social media accounts.
- Although families / advocates may occasionally request images to be taken of their loved ones (clients) by staff, the decision to take such images is solely at the discretion and professional judgement of staff and any other considerations related to time, workload, operational pressures and resources within the context of their role and their work setting.
- Families / guardians must abide by this direction. If families / guardians want such discretionary images taken, and staff are unable to accommodate their request, then the families / guardians always have the option of taking such images themselves.
- (f) Staff are obliged to respond to instances of suspected or witnessed abuse, neglect and improper care based on the organization's policies and procedures and applicable legislation.
- a. Eg. Families / guardians may not demand, direct or exert influence to attempt preventing staff from responding to instances of suspected or witnessed abuse, neglect and improper care based on the organization's policies and procedures, applicable legislation and practice standards that may apply.
 - b. Eg. Families / guardians may not exert any form of retribution against staff under such circumstances.
- (g) Families / guardians may not demand, direct or exert influence to attempt to have staff share information / communications in such a way that could be considered a breach of the personal health information, or a breach of confidentiality of a client.
- (h) Staff must be diligent about ensuring that professional boundaries are maintained and applied at all times.
- Eg. Families / guardians may not attempt to encourage / develop over-familiar relationships with staff in an effort to have their loved ones (clients) receive preferable treatment over all other clients served.