

# RESTORE POLICY: Practice: Professional Boundaries

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Valid until: May 2019

## 1 Introduction

- 1.1 These guidelines apply to all staff, volunteers, trustees, and students on placement. The term “staff” hereafter applies to all of these categories.
- 1.2 The term “service user” refers to a person using any of any Restore’s services.
- 1.3 The range of relationships between the two groups will vary from therapeutic to business-like to more informal. It is important that these guidelines are viewed in the context of the sort of professional relationship that exists with service users.

## 2 Setting the Scene

- 2.1 Staff are required to maintain professional boundaries throughout the therapeutic relationship with service users. In any therapeutic setting, there is an unavoidable imbalance in the staff/service user relationship with the staff member having access to in-depth personal information about the service user, which the service user would not normally share with anyone other than trusted family or close friends. This could result in the service user wanting the staff member to fulfil the role of ‘close trusted friend’ or the staff member feeling a need to fulfil this role.
- 2.2 If a personal friendship is formed, it is very likely to have damaging effects on the therapeutic relationship. The staff member may lose the ability to remain objective, because personal thoughts and feelings towards the service user intrude on the primary task of always acting in their best interests. The service user may lose the ability to discuss therapeutic needs honestly as they are concerned about how this will affect the staff member’s feelings. The effects on the service user may be devastating, so in order to avoid this situation, staff are required to maintain professional boundaries throughout the therapeutic relationship with service users.

## 3 Definition of Boundaries

- 3.1 Boundaries are the framework within which the therapeutic staff/service user relationship occurs. Boundaries make the relationship professional and safe for the service user, and set the parameters within which therapeutic services are delivered. Professional boundaries typically include, time and venue of interaction with the service user, personal disclosure by staff, limits regarding the use of touch, and the general tone of the professional relationship.
- 3.2 The primary concern in establishing and managing boundaries with each individual service user **must be the best therapeutic interests of the service user**. Except for behaviours of a sexual nature or obvious conflict of interest activity such as abuse, boundary considerations often are not clear-cut matters of right and wrong. Rather, they are dependent upon many factors and require careful thinking through of all the issues, always keeping in mind the best interests of the service user. This is best done in a team approach where peer input can help maintain objectivity and this in turn will promote consistency with the service user by the staff team and avoid confusion or blurring of the boundaries.

## 4 Implications

There are a number of areas in which it is essential to maintain boundaries. Below are some typical areas that can present difficulties.

- 4.1 **Self-disclosure:** This is only appropriate if it is in the best interest of the service user e.g. demonstrating real empathy by sharing a similar personal experience.

**4.2 Giving or receiving significant gifts, services or favours:** This may cause the recipient to feel obligated to behave differently with the gift giver or give/expect 'special' care.

**4.3 Dual and overlapping relationships:** Where this is an issue, it is essential that this made explicit and discussed with a senior staff member. For example, a new service user may be someone you have met in another work/social context.

**4.4 Becoming friends:** Generally, staff should avoid becoming friends with service users and should refrain from socializing with them unless this is part of an appropriate therapeutic activity. Staff must not drink alcohol on these occasions as they are part of work and use of alcohol whilst on duty is prohibited.

Although there are no explicit guidelines that prohibit friendships from developing once support has terminated, staff must consider this very carefully. In assessing the appropriateness of this for the individual service user, it is recommended that the issue is discussed with a senior member of staff, to identify any potential conflict of interest. This is because potential imbalances may continue to exist and influence the service user, well past the termination of the formal therapeutic relationship.

**4.5 Maintaining established conventions:** Avoid providing support in social rather than professional settings such as giving personal telephone numbers to service users or having contact with service users out of work hours in order to provide support.

**4.6 Physical contact. E.g. hugs or touching:** Staff must recognise diversity of cultural norms and be cognizant that such behaviour may easily be misinterpreted.

## 5 Filters to avoid violating Professional Boundaries

The following are examples of filters staff could use to assess whether their acts or interventions are within appropriate therapeutic boundaries:

Ask yourself -

- Would I do this for/with every service user I work with? If the answer is 'no', is it possible that you are inappropriately favouring this service user over others?
- Is this work related and in work hours? If the answer is 'no', have you considered referring the service user to a suitable service or way of meeting this particular need and not doing it yourself?
- Is this a work venue or a venue permitted by work? If the answer is 'no', what about referring the service user to a suitable service or way of meeting this particular need rather than doing it yourself?
- Would I feel comfortable offering or accepting this kind of behaviour in front of my colleagues, the other service users or the specific service user's family or care team? If the answer is 'no', you are probably violating professional boundaries.
- Does my line manager know about this and agree to it? If the answer is 'no', you definitely need to discuss it with them, preferably in advance.
- Is this in line with our agreed therapeutic approach with this service user? If not, you will need to check this with colleagues.

Is it part of my job to get into this territory? Am I giving this person the answer they want rather than the answer they need? If you are not sure, you need to talk to the other people involved with the service user.

## 6 How to monitor Professional Boundaries

- Self-reflection and review
- Informal discussions amongst colleagues and peers
- Supervision discussions
- Peer monitoring and reporting of concerns
- Staff meetings and discussions

Violation of professional boundaries is a slippery slope that staff seldom intentionally set off on. However, things can quickly spiral out of control and staff are often taken by surprise, as they did not expect the situations that arise. These usually take the form of a complaint or allegation against them by affected service user, carer, support worker or by their colleagues.

As Restore's services are for people considered 'vulnerable adults', any allegation against a staff member will be investigated, as required by Restore safeguarding policy. Depending on the nature of the allegation, the staff member may be suspended from duty whilst the matter is investigated and an outcome determined. If the allegation is sound and is shown to be of a serious nature, this is likely to result in termination of employment. Please refer to the disciplinary policy regarding this process.

***I have received a copy of Restore's Professional Boundaries Policy and I will adhere to this policy.***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_