

Sunbeam Community & Developmental Services	
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Policy Name: Professional Boundaries and Scope of Practice	

A.Preamble

Complex relationships exist between staff (paid workers), the persons they support, and the families / advocates of persons served 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 and scope of practice in the unique relationships and work environments involved.

B.Guiding Principle

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

The actual or perceived power imbalance between staff and persons served, 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.

C.Scope

This policy applies to all Sunbeam employees, volunteers, students and contracted service providers. All references to “staff” in this policy apply equivalently to staff, volunteers, students and contracted service providers in establishing, maintaining and upholding professional boundaries and scope of practice in providing programs and services to persons supported and in relationships with families/advocates of persons supported.

D.Definitions

1. **“Professional boundaries”** - Professional boundaries are limits that protect the space between staff’s position of power / influence / control and the vulnerabilities of persons supported.

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 persons served, in acknowledgement of the power imbalance that exists between persons served and staff who support them; Protect the quality of service of the organization / employer by ensuring clarity of boundaries and scope and practice for all parties involved.

2. **“Scope of Practice”** – Scope of practice identifies procedures, actions, processes and the “body of work” that an individual, role or profession is permitted to perform. An individual's scope of practice may be defined by any or all of the following: law, legislation and regulation; defined by a professional college, licensing authority or other regulatory body; specific educational and/or experiential requirements; organizational policy; demonstrated competence; job description.

E. 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 persons served when it is finally made clear to them that the professional-client relationship is exactly that and not a genuine friendship.
- 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 person served and their families / advocates understand the necessary professional boundaries and scope of practice under which staff must operate.

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

1. Friendly, not friends.

With persons supported:

The role of staff is to build, support and strengthen existing social, family and community networks of the person served. Staff and persons served may find this difficult as persons served 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.

Staff are not “friends and family” of persons supported. To encourage otherwise misrepresents the nature of the relationship to the person supported 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.)

With families / advocates of persons supported:

The concepts and principles with regard to staff’s professional boundaries in relationship to “friendly, not friend” with families / advocates of persons supported 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 of persons 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 and ensuring that they work within their scope of practice.

2. Supports and Services

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

Staff are required to comply with Sunbeam’s policies and procedures, legislative and regulatory requirements applicable to the programs, services and sector, apply and maintain professional boundaries at all times, and work within their scope of practice.

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 and scope of practice in providing supports and services to persons support.

With families / advocates of persons supported:

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

Subsequent policy sections provide strategies for addressing challenges that may be faced by staff with managing adherence to professional boundaries and scope of practice, specifically with regard

to requests from, expectations of, and possible pressure from families / advocates of persons served.

3. Balanced Professional Relationships

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

- ✗ *Entangled* (Over Involved) - self-disclosure, unnecessary touch, personal favours, 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

4. Scope of Practice

All staff at Sunbeam are required to comply with the scope of responsibilities, duties and authorization as defined within job descriptions, as required under relevant / applicable legislative requirements and as required under organizational policies, procedures and directives.

Additionally, many professions and roles have prescribed role / position / profession -specific scope of practice guidelines from governing colleges, professional associations, legislation or other defined sources.

At Sunbeam Community & Developmental Services, such professions and roles having external prescribed role / position / profession-specific scope of practice requirements include:

- Physicians (General Practitioners, Psychiatrists); Nurses (Registered Nurses, Registered Practical Nurses); Registered Dietitians; Occupational Therapists, Physiotherapists, Physiotherapy Assistants; Speech Language Pathologists
- Social Workers, Social Services Workers; Assessors; Board Certified Behavior Analyst
- Designated Accountants; Designated Human Resources Professionals.

At no time will staff be pressured, coerced, or otherwise expected to perform tasks or functions that fall outside of their scope of responsibilities, duties and authorization (“scope of practice”).

To learn more, please refer to the policy Appendix for Signs of Boundary Problems, Impacts of Crossing Boundaries and Strategies for Success in managing professional boundaries.

F. Scenarios & Examples for Critical Thinking

Scenarios and examples with regard to professional boundaries and scope of practice 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 persons served as well as to families / advocates of persons served.

TABLE F.1: Staff Professional Relationships with Persons Served Scenarios / Examples
<p>(a) Staff should not encourage or promote entangled (over familiar) relationships with persons served. Staff may be friendly with, not friends with, persons served. Staff should promoting the persons served existing friendships and / or encouraging the development of new friendships (not with staff)</p> <ul style="list-style-type: none"> • E.g. Staff are discouraged from sending a “facebook” friend request to a person served • E.g. Staff are discouraged from accepting a “facebook” friend request from a person served <p>Staff should not be encouraging, promoting or creating an over-reliance on the staff’s support to / relationship with a particular person served Staff should not be “playing favorites” with persons served.</p>
<p>(b) Staff should not be giving personal gifts to persons served. Staff should not accept personal gifts or anything of personal of monetary value from persons served.</p> <ul style="list-style-type: none"> • A “gift” of a drawing, painting or other “arts and craft” type of project created by a person served given to as staff member is generally an acceptable practice as it does not imply an over-familiar relationship.
<p>(c) Staff should not invite persons served to join them in social and recreational activities outside of paid working hours</p> <ul style="list-style-type: none"> • E.g. It is considered overly familiar, and potentially setting up false hope for a person served a staff member invites the person served to the staff’s home for a meal or other social visit / activity
<p>(d) Staff should not sign legally binding documents which explicitly or implicitly accept responsibly for or make decisions on behalf of persons served.</p> <ul style="list-style-type: none"> • Staff should not sign a “release” for a person served to return home from a hospital stay. • Staff should not sign consent forms on behalf of persons served • Staff should not sign for financial trusteeship of a person served (such as co-signing a loan on behalf of a person served, or opening a joint bank account) • Unless it is part of the staff member’s job description and scope of practice (such as for a nurse or other properly trained / supervised / authorized direct support worker) staff should not sign an agreement to provide administration of medications or other medical care to persons served • Staff should not accept or retain power of attorney or guardianship for a person served, regardless of whether it is POA for Personal Care or POA for Property.
<p>(e) Staff should not be loaning / giving money to persons served (and / or family members of persons served)</p>
<p>(f) Staff should not withhold information to or about a person served where such information disclosure may be legally required</p>
<p>(g) Staff should not provide or offer advice or guidance to persons served that is not within the staff’s scope of practice and job function</p>

**TABLE F.2: Staff Professional Relationships with Family /Advocates of Persons Served
Scenarios / Examples**

- (a) Staff cannot act as representatives of, or proxies for the families / advocates for persons served. 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.
 - E.g. 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 person served, not to act in the capacity of a representative of, or proxy for the family / parent / advocate.
 - If the family / parent / advocate wishes to identify a person as their representative / proxy for such purposes, it is solely the responsibility of the family / parent / advocate to identify, secure, legally contract with and compensate the representative / proxy person.
- (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 as they support persons served.
- (c) Direct support staff (including but not limited to nurses and unregulated direct support staff) cannot take direction on the administration of medication to persons served from families / advocates.
- Direct support staff may only take direction on the administration of medication to persons served from the prescribing physician.
- (d) Staff will not act as unofficial (paid or unpaid) “babysitters” or child-minders for other children of families / advocates of persons served.
- (e) Staff are not expected to tolerate rude, harassing, bullying or otherwise belittling behaviour from families / advocates of persons served.
- Refer to Sunbeam’s Code of Conduct for Persons Supported and Family Members
- (f) Images (still or motion) of persons served 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 persons served taken by staff for recreation, socialization, celebratory purposes will always be in alignment with the signed photo / video consent form, or absence thereof.
- Although families / advocates may occasionally request images to be taken of their loved ones (persons served) 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.
- (g) Staff are obliged to respond to crisis / emergency situations based on the organization’s policies and procedures, applicable legislation and particular scope of practice and practice standards that may apply.
- E.g. Families / guardians may not require staff to “call the family first before calling an emergency responder”
 - E.g. Families / guardians may not override or otherwise change how staff respond to crisis / emergency situations as long as staff are responding based on the organization’s policies and procedures, applicable legislation and particular scope of practice and practice standards that may apply.

**TABLE F.2: Staff Professional Relationships with Family /Advocates of Persons Served
Scenarios / Examples**

- (h) Staff are obliged to respond to instances of suspected or witnessed abuse, neglect and improper care based on the organization's policies and procedures, applicable legislation and particular scope of practice and practice standards that may apply.
- E.g. 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 particular scope of practice and practice standards that may apply.
 - E.g. Families / guardians may not exert any form of retribution against staff under such circumstances.
- (i) 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 person supported.
- (j) Staff must be diligent about ensuring that professional boundaries and scope of practice are maintained and applied at all times.
- E.g. Families / guardians may not attempt to encourage / develop over-familiar relationships with staff in an effort to have their loved ones (persons served) receive preferable treatment over all other persons served.

This policy is to be applied in conjunction with Sunbeam's policies and guidance in areas including but not limited to:

- *Communication & Communication Principles*
- *Code of Conduct for Persons Supported and Family Members*
- *Scope of Practice.*

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This Appendix supplements the organizational policy “Professional Boundaries and Scope of Practice” and should be used as a learning and reference resource to aid in the understanding and application of this policy.

APPENDIX

Signs of Boundary Problems

Staff should be aware of signs of possible issues with applying, maintaining and upholding professional boundaries. Such signs of boundary problems may include, but are not limited to:

- Staff self-disclosing their own personal information,
- Staff discussing their own personal problems,
- Staff visiting persons supported outside of paid work time,
- Inviting persons supported to meet friends/ family of staff,
- Staff staying for longer lengths of time after shift ends,
- Staff excessively worrying about persons supported outside of paid work time,
- Persons supported and/or family / advocates of persons supported referring to staff as their “friend” or as being “part of the family.”

Impacts of Crossing Boundaries

Understanding possible impacts of staff crossing boundaries (staff not upholding professional boundaries) is helpful in ensuring staff awareness and appreciation for the importance of professional boundaries. Examples of impacts of staff crossing boundaries may include:

<p style="text-align: center;"><u>To Persons Served</u></p> <ul style="list-style-type: none"> • Increased dependence on staff • Unrealistic expectations from the person supported and his/her family • Distress when relationship breaks down • Grief and loss when staff leaves the person supported • Potentially explosive • Satisfying staff's needs rather than focusing on needs of self • Decreased self-determination • Increased opportunities for abuse 	<p style="text-align: center;"><u>To Families / Advocates of Persons Served</u></p> <ul style="list-style-type: none"> • Disclosure of personal information of the client or family by the worker, or of worker by the client or family, including excessive and/or inappropriate self-disclosure • A family / parent / advocate pressuring a staff member to act in the capacity of the family's / parent's / advocate's legal representative in matters related to the care and support of the person served, and • Staff considering the person served or family / advocate to be a 'friend' or allowing the client / family to have that view.
<p style="text-align: center;"><u>To Staff</u></p> <ul style="list-style-type: none"> ○ Increased expectations of persons supported and their families / advocates ○ Inability to provide objective support ○ Difficulty setting limits ○ Crossing ethical boundaries ○ Impaired judgement ○ Inaccurate assessments ○ Vulnerability to burn out ○ Prioritizing short term feelings of satisfaction 	

Strategies for Success

<p style="text-align: center;"><u>To Build & Maintain Professional Boundaries</u></p> <ul style="list-style-type: none"> • Be alert to potential conflicts of interest • Explore reasonable remedies for these conflicts, collaborating with your Supervisor and colleagues • Consult policies and other employer provided information resources • Design a plan to address boundary issues • Document steps taken to address issues • Develop a strategy to monitor/ reflect on behaviour 	<p style="text-align: center;"><u>Use of Self Reflection</u></p> <ul style="list-style-type: none"> • Am I treating this person supported differently than I do other persons supported? • Which of my emotions are being triggered? • Is this relationship meeting my own personal needs? • Would I be comfortable if my colleagues became aware of this situation or interaction? • Is this in the best interest of the person supported? • Whose needs are being served? • Will this have an impact on quality of service? • Does this action benefit me?
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<p><u><i>Knowledge & Competencies to Assess Boundaries</i></u></p> <ul style="list-style-type: none"> • Ability to identify boundary violations • Ability to apply critical thinking skills to relationships between self (as staff) and persons served, and families/advocates of persons served • Ability to heighten awareness of self and others • Ability to initiate change in behaviour 	<p><u><i>Ethics</i></u></p> <ul style="list-style-type: none"> • Always work in the best interest of the persons served • Follow behavioural expectations • Use professional judgment in situations in which expectations and interest of persons served are unclear • Identify a range of boundary violations • Be aware of self and others
<p><u><i>Express Your Boundaries</i></u></p> <ul style="list-style-type: none"> • Clearly communicate your boundaries • Consistently reinforce your boundaries • Explain why professional boundaries are necessary • Don't ignore boundary issues – address them head on so that persons supported, their families / advocates and your colleagues may learn from these moments. 	