

# The Boundaries Clock – Questions



**Help or Harm.** Consider the actual or potential benefit to, or abuse of, the person in the here and now<sup>1</sup>



Take time to consider:

- 1.05<sup>2</sup> How will the intervention help the person right here and now? Is there any way in which this intervention may harm the person right now? Can help in the present cause the person harm in the future? Can denial of help to this person in the present be helpful to them now or in the future?
- 1.10 What extra safeguards do you build in for the most vulnerable people?
- 1.15 How does your approach change as people get more involved in the community?



If you have extra time:

- 1.20 Helping is the central activity of health and care services, but workers are generally prohibited from giving or receiving gifts. Meanwhile, informal exchanges of help build friendships and community. How do you reconcile these points?
- 1.25 Workers sometimes help the people they support but then keep their helpful act secret from their colleagues (perhaps just offering a hug). What is going on?
- 1.30 Giving and receiving help can create a sense of warmth and human connection between people, while denial of a request for help can have powerful emotional consequences. How does the intervention deal with these feelings? Is it better to engage or keep your emotional distance?
- 1.35 Friends exchange gifts and confidences. If your working relationship is a bit like a friendship, how do you manage the risk that confidential matters may be inadvertently disclosed? Are communities poor at confidentiality?

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<sup>1</sup> The *Boundaries Clock* has been developed by Peter Bates. It helps thinking on safeguarding and professional boundaries in order to prevent social exclusion and promote inclusion. It is a work in progress and continues to evolve. See also the *Boundaries Clock* diagram, worksheet and chapter 2 of Gilbert P (ed) (2010) *The Value of Everything* Lyme Regis: Russell House Publishing. Contact [peter.bates@ndti.org.uk](mailto:peter.bates@ndti.org.uk) for training or permission to quote.

<sup>2</sup> The metaphor of a clock is to make the ideas more memorable. Traditional bullets have been replaced by times to reinforce the metaphor. The choice of 5 minute intervals between points has no particular significance.

# The Boundaries Clock – Questions



**Person-centred**. *Adapt your conduct to the people involved and their context*



Take time to consider:

- 2.05 Particular services or disciplines are allowed to do things that others are not. Physiotherapists touch their patients, family placement workers invite people into their own home, peer support workers disclose their own personal story of distress and care staff help people use the toilet. Does your job title or role make the action you propose acceptable?
- 2.10 How will your response change if you are off duty or at work in the evening or weekend rather than office hours? Should arrangements be different for volunteers or students who are involved in the service? What if you worked in the administration department? How should things change if the person is in crisis, discharged, living in a residential or secure setting, or potentially violent?
- 2.15 How would your idea of acceptable conduct change if you were working with young children, very elderly people or those from different ethnic or cultural groups?



If you have extra time:

- 2.20 Most harm by staff occurs through well-meaning actions that the worker thinks are tailored to the person - rather than motivated by malice – and so some people talk about a ‘slippery slope’. Do your supervision, training and whistle-blowing systems help workers recognise and change their inappropriate actions?
- 2.25 How has the personalisation and self directed support agenda changed things in relation to staff conduct, boundaries and safeguarding?
- 2.30 How varied and diverse is your practice? Have you slipped into a pattern of always using the same handful of approaches or are you constantly inventing, discovering and adapting new ways to support the person?
- 2.35 Person-centred planning focuses upon the person, while person-centred teams recognise that the worker is a person too. When is it OK for one worker to operate in a different style to their colleagues and when should you aim for a consistent approach?

# The Boundaries Clock – Questions



**Community.** *Make the most of the person's informal community relationships*



Take time to consider:

- 3.05 People in communities who are lonely and isolated are more vulnerable and at high risk of abuse, while large, diverse and interlinked networks improve quality of life and protect people through information exchange, mutual support and advocacy. How does your plan help the person to build informal connections and friendships in their community?
- 3.10 Apart from your role as a worker, you have many connections with community groups and friendships with individuals that you have built up in your leisure life. If you choose to do so, is it OK to harness these connections to assist the person develop their life in the community? In other words, can your friends become their friends? It would be wrong to use your power as a worker to further your own business, political, religious or social interests.
- 3.15 When you are off duty, you occupy the same community as the person. How do you manage the accidental community contacts that take place whilst off duty? What about intentional community contacts that will occur if you deliberately choose to attend a social setting that is also used by someone supported by your service?



If you have extra time:

- 3.20 Could a chaperone help to keep the person safe? Meeting in a public place is one way of engaging other people in this kind of low-key support.
- 3.25 What can you learn from the approach to professional boundaries adopted by workers doing Community Development, anthropology, action research or community engagement?
- 3.30 What are the distinctive ways to build community in urban, rural and minority communities in your patch?
- 3.35 Frontline staff need to provide subtle, unobtrusive support in public settings so that the person's standing in their community is not spoilt. How do you get this right?

# The Boundaries Clock – Questions



**Person**. *Focus on the person and their unique resources, relationships and needs*



Take time to consider:

- 4.05 Paid relationships should be principally for the person's benefit – not to meet the worker's needs – so how much do your appointment times and so on have to fit around your organisational needs?
- 4.10 Some workers have a role that is all about helping the person gain specific skills and solve named problems, while others spend time helping the person have a good time by focusing on pleasure, interest, social interaction and shared interests. Which aspects of the person's life should you be involved in and which are none of your business?
- 4.15 Review a typical care record. Make a list of all the person's gifts, strengths and talents you find there compared with all the difficulties, needs and problems that are written about. How could you work even more positively with people's strengths?



If you have extra time:

- 4.20 Do needs include the need to care for others? For example, a basic survival skill for many adults is to learn to be patient while someone else shops! How do we support the person to develop a generous spirit? How does your service assist people to make the transition from one-way to reciprocal relationships, from formal to informal relationships, from artificial to natural relationships?
- 4.25 Have you ever been invited, as a worker, to attend a 'rite of passage', such as a wedding, of someone you support? Was this in your own time? How did you respond?
- 4.30 Are you making sufficient use of Advance Directives?
- 4.35 Help the person to recognise and respond to circumstances where they are vulnerable and relatively powerless – educate the person to recognise and complain about abuse.

# The Boundaries Clock – Questions



**Privacy**. *Support the person's right to run their own life, participate in the community and build a home free from surveillance or interference*



Take time to consider:

- 5.05 Do you have a clear idea of the kind of life that the person wants to live that is separate from and free of services? How do you support the person to identify what kind of life they want to live and what risks they want to take in order to get it? What are you doing to support the person to get that life?
- 5.10 Would a less intrusive approach achieve the same result?
- 5.15 If you find out things about the person through your informal, personal community participation, do you have a duty to pass it on, record it or to keep it private from your employer?



If you have extra time:

- 5.20 What arrangements are in place for passing information between the service and community groups, organisations and individuals?
- 5.25 Under most circumstances people have a right to refuse medical treatment and in many situations a signed consent form is needed to authorise interventions. How well does your service uphold people's right to run their own life, or are your health or social care interventions sometimes imposed on the person without their active consent?
- 5.30 Article 8 of the Human Rights Act says that information should not be collected unless it is necessary and proportionate, and people have a right to view records written about them. How does this actually work in practice in your organisation?
- 5.35 Does the person want their leisure activities to be known by the worker, or the worker to live nearby so that they can see the person's comings and goings?

# The Boundaries Clock – Questions



**Artificial and Single.** *Keep the relationship between the worker and the person distinctive by following special rules and inhibiting all other kinds of contact.*



Take time to consider:

- 6.05 Has anyone been referred to your service that you already know from another part of your life? Perhaps you are neighbours, work colleagues or went to the same school and are still friends. Should these other kinds of contact be suspended while the person is using your service?
- 6.10 Does your proposed action help to create the right kind of professional distance and detachment so that your intervention has the best prospect of success?
- 6.15 Does this aloofness and professional distance help you to be more objective, understand the person better and keep things fair between people who use the service? Does detachment reduce conflicts of interest or do the rules just make the conflict that staff experience feel more extreme?



If you have extra time:

- 6.20 What happens about people who are now discharged from your service? Is there a formal ending through which both the person and the worker are released from their obligation and may rejoin the 'community ceildh'?
- 6.25 What is the key distinction that makes this relationship different from an informal friendship? Is it being paid, the technical expertise you offer, your accountability, your power or your status?
- 6.30 Society has changed over the years. Traditional respect for certain roles has given way to informality. Freedom of travel, urbanisation and improved communications have moved society away from complex interlinked communities towards more single strand, functional and commodified relationships. What effect have these changes had on professional roles?
- 6.35 It is easier to maintain a distinctive relationship with the person in some settings, while others present more challenges. For example, the hospital doctor has a very structured and formal environment compared to the support worker who visits people in their own home. Do your arrangements for maintaining the right kind of professional distance take into account the effect of the context?

# The Boundaries Clock – Questions



**Role.** *Watch out for setting a precedent and keep a consistent sense of what counts as an appropriate working relationship*



Take time to consider:

- 7.05 How would you respond to the idea that your work with the person could be transferred to a colleague? Why?
- 7.10 What does your manager, your employer and your professional body say is an appropriate role for you to occupy?
- 7.15 Off-duty doctor James Beecham saved a stranger's life by administering cardio pulmonary resuscitation and was praised for his prompt action, while off-duty care worker Linda Coote acceded to a request from a terminally ill client (she swabbed his mouth two days before he died) and was sacked. Can your employer or professional body direct your off-duty time and are they legally responsible if things go wrong?



If you have extra time:

- 7.20 What is the distinctive contribution of each worker in the multi-disciplinary team? Are the right people assigned to the right tasks for this person?
- 7.25 Traditional roles have helped in many situations, but have sometimes led to abuse, disempowerment and exclusion. What safeguards are needed to prevent these bad things happening?
- 7.30 Is it OK for people who use your service to know how you spend your leisure time?
- 7.35 Some workers adopt the same values and behaviour in their work role and their personal life. This can make it more difficult to spot the difference between being in role and out of role. Does this have any implications for you?

# The Boundaries Clock – Questions



**Rules** *Apply law and regulation to all people and all relationships at all times to keep things fair*



Take time to consider:

- 8.05 How are rules changing as more people take direct payments and arrange their own support?
- 8.10 What does guidance from your employer and relevant professional bodies actually say about your situation? Does it use vague terms like ‘friendship’ or ‘inappropriate personal relationships’<sup>3</sup>? Are the rules known, understood, practical and supported? Are the values behind them explained, and is it acceptable to discuss and explore them?
- 8.15 Does your agency have rules that guide practice in relation to non-sexual relationships such as friendship or co-participation in leisure activities when off duty? For example, are there particular rules such as a ban on drinking alcohol with the person at any time? How do these rules actually work?



If you have extra time:

- 8.20 When managers lose their trust in frontline staff, it is tempting to respond with a corresponding increase in regulation. What alternative approaches might be better?
- 8.25 Is it helpful to distinguish between boundary crossing (breaking a rule for a good reason) and boundary violation (for a bad reason)? What are you planning to do? If things went wrong, would it be a reasonable defence to show that you meant well?
- 8.30 Is setting, maintaining and reinforcing a boundary seen to be beneficial in itself? Why?
- 8.35 Review the way that new rules are introduced in your organisation. Is there a pattern in which rules for all are introduced in reaction to a single incident? Is this best?
- 8.40 Do your plans lead to unfairness or favouritism between people using services and does this matter?

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<sup>3</sup> GSCC (2004) uses this term without explanation.

# The Boundaries Clock – Questions



**Intervention.** *Make the most of the relationship between the worker and the person*



Take time to consider:

- 9.05 You are paid to provide a structured relationship in which you are accountable to others or you are contracted by the person to deliver a planned, negotiated and recorded service. Set out clearly the goal of your intervention and how you will know it is finished. How will you promote independence, wellbeing and inclusion?
- 9.10 What kind of relationship with this person will create the best prospect for a successful intervention? Do you need to remain distant, somewhat anonymous and neutral?
- 9.15 What distinct skills do you bring to the intervention, such as person-centred approaches and inclusion support?



If you have extra time:

- 9.20 Some people say that they trust professionals they know personally and this improves outcomes. Is this true for you and for the person?
- 9.25 Different therapeutic models have different approaches to what is an appropriate boundary. Which approach are you using?
- 9.35 Can workers be friendly towards the people they are paid to support? What is the difference between being friendly and being a friend?
- 9.40 Does your therapeutic model have anything to say about low-key encounters occurring in waiting rooms, in the street and so on, or about intentional contacts in the community?

# The Boundaries Clock – Questions



**Worker**. *Value the worker and their unique resources, relationships and needs*



Take time to consider:

- 10.05 How will you model community participation in a way that is helpful to the person?
- 10.10 Do team, organisational and professional policies and codes of conduct acknowledge your right to be off duty and keep your personal life private from the people you support?
- 10.15 Under what circumstances would staff be criticised or disciplined in connection with activities in their private life?



If you have extra time:

- 10.20 If you have a rich personal life then you are less likely to fall into the error of trying to get your own needs met through your relationship with the person you support. How do you avoid burdening the person with your own needs in the ordinary times and in the times when your own life is troubled?
- 10.25 If several staff are involved in supporting the person, how do you achieve the right level of consistency between them?
- 10.30 Reflect on your underlying values. Are you especially good at building a strong and trusting relationship with the people your support? Does this ever slip into an arrogant assumption that your relationship with the person is superior to informal friendships the person may have with people in the community?
- 10.35 You may have an open or private personality, and so be more or less comfortable in disclosing personal information about your life to the person. But what does the person you support say is most helpful to them – to know about your life or not?
- 10.40 To what extent is it acceptable to express your own personality at work through your clothes, personal manner, sense of humour and so on?
- 10.45 Many people who work in services work over their contracted hours or volunteer in another community agency. Are there any implications – especially where they support the same person through these different roles?

# The Boundaries Clock – Questions



**Duty of Care.** *Take action, and sometimes even over-ride the person's preferences in order to keep everyone safe*



Take time to consider:

- 11.05 Who is obliged to undergo a CRB check? As you move into informal community relationships, when is it right to stop asking for a CRB check?
- 11.10 Will you ask informal community members to share surveillance and alert responsibilities so that you are notified if things go wrong or anyone is at risk?
- 11.15 Workers often take on full responsibility to be the boundary maker and boundary keeper. What does the person identify as an appropriate boundary between your roles and how can they be engaged in setting, keeping and repairing the boundary?



If you have extra time:

- 11.20 It is acceptable to intervene in order to assist in diagnosis and treatment or to protect health, morals or the safety and freedom of others, as long as the intervention is proportionate. How does your approach meet the 'proportionality test'?
- 11.25 What is the history in your organisation or professional group of staff being disciplined for breaches of professional boundaries? What can be learnt from this?
- 11.30 Some writers have suggested that there is a 'slippery slope' connecting minor lapses to more serious abuse. What safeguards are in place to prevent you slipping?

# The Boundaries Clock – Questions



**Natural and Multiple**. *Use the worker's ordinary humanity, citizenship and experience of life to engage with the person.*



**Take time to consider:**

- 12.05 If you have multiple roles and connections with the person, decide which comes first and what action to take if they conflict.
- 12.10 What systems do you have in place for eliminating jargon in your discussions with the people you support? Do clothes, furniture, equipment or meeting places reinforce the differences or common ground between the worker and the person?
- 12.15 Are there any banned venues or times? Can staff visit or meet with people in each other's homes and in any kind of leisure venue?



**If you have extra time:**

- 12.20 Are there any aspects of your plan that may have an unexpected significance because of the ethnic, cultural or sub-cultural context?
- 12.25 Draw on evidence from peer support workers and co-counselling to show that engagement rather than detachment has benefits and multiple relationships add to the quality of life. People who are in our life because they choose, rather than being paid, add a particular, if intangible element.
- 12.30 It is natural curiosity that drives most of us to try and find out more about the people we know. If we find out things that increase our respect for the worker, then we trust them more and heed their advice. How do you harness this natural process in your work?
- 12.35 In informal communities, relationships change over time and one role can change into another, as when a work colleague becomes a personal friend. How does your approach to professional boundaries, safeguarding and inclusion deal with this natural process?