POLICY

Professional Boundaries and Dual Relationships Policy

The Lifestory Practice

Effective date: 30 August 2026 | **Policy contact:** Carrie Gibbons, Practice Manager

Purpose and scope

This policy establishes how The Lifestory Practice maintains safe, ethical and client-centred professional boundaries and manages dual or multiple relationships, conflicts of interest and boundary concerns. It applies to directors, employees, contractors, students, volunteers and others acting for the practice across therapy, assessment, support work, groups, supervision, administration, community activities, telehealth and online communication.

Core principles

Professional boundaries protect the client, the worker and the integrity of the service. Because workers hold professional authority, access to sensitive information and influence within the service relationship, responsibility for establishing and maintaining boundaries rests with the worker and the practice, not the client. Client wellbeing, autonomy, privacy and freedom from exploitation take priority over a worker's personal, social, emotional or financial interests.

Professional boundaries

Workers must keep their role, purpose, availability and limits clear. Boundaries include:

- providing only agreed services within the worker's role, competence and service arrangement
- using approved contact methods and maintaining reasonable limits on out-of-session contact
- protecting confidentiality and avoiding discussion of clients in social or public settings
- using self-disclosure, touch, humour and informal language only when clinically or professionally justified
- avoiding preferential treatment, secrecy, coercion, dependency or conduct that primarily meets the worker's needs
- maintaining accurate records and transparent billing, gifts, referrals and decisions.

Dual or multiple relationships

A dual or multiple relationship exists when a worker has, had or is considering another relationship with a client or a person closely connected to the client. Examples include family, friendship, social, cultural, religious, educational, supervisory, employment, financial, business, tenancy, advocacy or community relationships.

Not every overlap is avoidable or harmful, particularly in small communities. Before accepting or continuing services, the worker must assess the nature and duration of the overlap, power imbalance, client vulnerability, confidentiality risks, effect on objectivity, potential for exploitation or harm, available alternatives and the client's ability to choose freely.

Managing unavoidable overlaps

Where an overlap can be managed safely, the worker will discuss relevant risks and limits without disclosing unnecessary personal information, agree on how incidental contact will be handled, seek supervision or management advice, document the assessment and review the arrangement. The worker must not ask the client to conceal the relationship or accept a plan that places the worker's comfort above the client's interests.

Referral or transfer of care will be considered when the relationship may impair competence, objectivity, confidentiality or professional judgement, or create a material risk of exploitation or harm. Referral will be managed carefully so it does not amount to abandonment or unreasonably restrict access to care.

Conflicts of interest and referrals

Actual, potential and perceived conflicts of interest must be identified, declared to the Practice Manager and managed transparently. Workers must not pressure a client to purchase another service, use a related provider, change funding arrangements or make a decision that benefits the worker or practice. Relevant financial, family, business or referral interests must be disclosed, genuine alternatives offered and the client's choice documented.

Workers must not use confidential information, professional influence or their role to obtain money, work, gifts, access, publicity, personal support or another advantage. NDIS participants must retain choice and control and must not be represented as receiving independent advocacy from the same worker or provider where that role is incompatible with service provision.

Sexual and intimate boundaries

Sexualised conduct, grooming, romantic pursuit and sexual or intimate relationships with current clients are prohibited. This includes suggestive comments, sexualised messaging, unnecessary exposure or touch, exchanging sexual material and using the professional relationship to develop future intimacy.

Professional obligations may continue after services end. A worker must not enter or pursue a sexual, romantic or exploitative relationship with a former client where the prior power imbalance, vulnerability, dependency, duration or nature of care, confidential knowledge or risk of harm remains relevant. Workers must not provide clinical services to a person with whom they have had a prior sexual relationship. Any concern must be escalated immediately and handled under safeguarding, incident and mandatory reporting requirements.

Physical contact

Physical contact is not routine. Before any clinically or culturally relevant contact, the worker must consider purpose, necessity, consent, age, trauma history, disability, culture, gender, power imbalance and alternatives. Consent must be voluntary and may be withdrawn at any time. Contact that is sexualised, coercive, secretive, unnecessary or primarily for the worker's benefit is prohibited.

Self-disclosure and personal information

Worker self-disclosure must be limited, purposeful and reasonably expected to benefit the client or service. It must not shift emotional care to the client, seek reassurance, promote dependency or burden the client with the worker's personal circumstances. Workers should seek supervision when uncertain and must not disclose other clients' information.

Gifts, money and personal favours

Workers must not solicit gifts, loans, donations, discounts, inheritances, personal services or favours. Cash, cash equivalents, significant or repeated gifts and gifts linked to preferential treatment must be declined and reported to the Practice Manager. A modest token may be accepted only after considering value, timing, culture, client vulnerability, meaning, frequency, funding rules and the possible effect on the relationship. The decision and any return, sharing or disposal arrangement must be documented.

Workers must not lend or borrow money, privately buy from or sell to clients, use clients for personal work, enter private business arrangements or accept personal benefits arising from the service relationship. Barter is not used unless specifically authorised, ethically justified, lawful, documented and demonstrably in the client's interests.

Social contact, community encounters and transport

Workers do not initiate friendships or routine social contact with current clients. If a worker encounters a client in public, the worker will protect confidentiality and generally allow the client to decide whether to acknowledge the relationship. Any prior plan for public encounters will be respected.

Attendance at community, cultural, school or family events must have a clear professional purpose and an assessed boundary plan. Client transport, home visits and community-based work occur only when part of the agreed service, risk-managed and documented; they must not become personal errands, informal social time or an undisclosed favour.

Digital and social-media boundaries

Workers use approved practice channels for client communication and do not connect with current or former clients through personal social-media accounts. Therapy, assessment, crisis response and case management are not provided through public comments or personal messaging. Workers must not search for a client's online content without a clear professional reason, appropriate authority and documentation, and must never post or hint at client information.

Services involving related clients

When working with couples, families, groups or two or more people who know each other, the practitioner will clarify who the client is, the purpose of the service, confidentiality limits, record access, communication rules and how competing interests will be handled. A practitioner must not take on conflicting treating, assessing, advocacy, supervisory, investigative or forensic roles unless the roles can be ethically and competently managed with informed agreement.

Former clients

Ending services does not automatically make a personal, business or social relationship appropriate. Workers must consider the length and intensity of care, reason for ending, time elapsed, continuing vulnerability or dependency, likelihood of renewed care, confidential knowledge and potential harm. Where doubt exists, the worker must obtain independent supervision or ethics advice and document the decision. Confidentiality continues after services end.

Boundary concerns, reporting and response

Workers must raise emerging boundary concerns early with the Practice Manager or an appropriate supervisor. Records must describe the facts, risk assessment, consultation, client discussion, agreed safeguards and review date. Serious or repeated concerns, suspected grooming, sexual misconduct, exploitation, abuse, coercion, retaliation or immediate risk require prompt protective action and consideration of incident, mandatory notification, police, child-protection or NDIS Commission reporting obligations.

A client may raise a concern without adverse treatment. The practice will respond respectfully, protect privacy, manage conflicts in the complaint process and provide information about external complaint or advocacy options where appropriate.

Supervision, training and review

Workers receive orientation to professional boundaries and must use supervision or consultation when a situation is complex, emotionally charged or outside their experience. The practice monitors patterns such as excessive contact, repeated gifts, unusual billing, secrecy, preferential treatment or blurred roles. This policy is reviewed at least annually and sooner following a significant incident, complaint or regulatory change.

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Policy references

- Australian Association of Social Workers, Code of Ethics 2020
- Psychology Board of Australia, Code of Conduct
- Ahpra and National Board guidance on professional and sexual boundaries
- NDIS Code of Conduct and applicable NDIS Practice Standards
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- The Lifestory Practice Code of Conduct, Confidentiality, Information Sharing, Complaints and Incident Management policies.