

STRENGTH BASED LEARNING PROGRAMME 25/26.

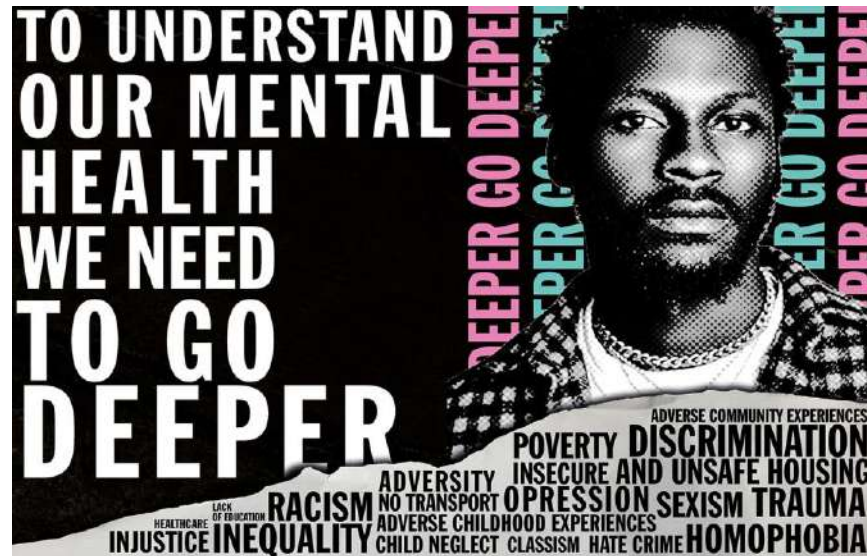
Holding boundaries in a broken
system: Being kind isn't being nice
With Dr Sarah Brown, Clinical Psychologist

PLATF **FORM**

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol

WHO ARE WE?

- We work alongside 300 staff
- Support 15,000+ people a year
- 150 projects and services
- Work in five Welsh Health Board areas and fifteen local authorities



- **Crisis prevention and home:** crisis services, supported accommodation, homelessness prevention and specialist housing support
- **Employment, volunteering and skills development:** work placements, peer mentoring, qualifications and community support
- **Children, young people and families:** wellbeing programmes, one-to-one and group support, peer networks, out of hours drop-in, community projects
- **Wellbeing:** talking therapies, clinical supervision, workplace wellbeing, trauma informed organisation development and bespoke consultation

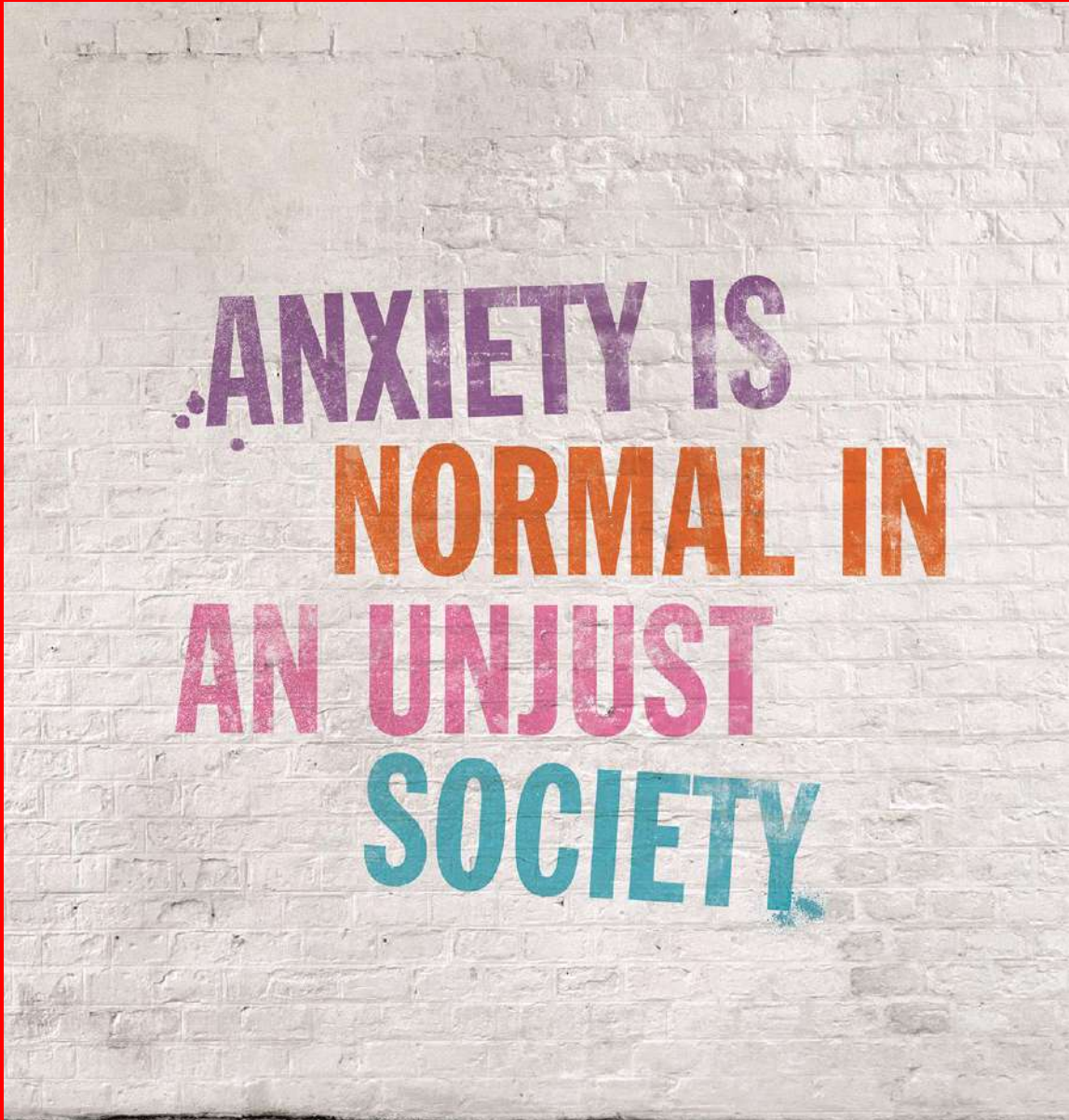
PLATFFFORM'S MISSION

To change the dominant narrative around mental health

- By advocating for the role that trauma, life experiences and socio-economic circumstances have on our mental health + ability to heal.
- By making the evidence for this accessible to help shift public perceptions.

To make our 'helping systems' work better for people

- By changing how we provide services to people in distress.
- Focus first on the mental health, housing, homelessness, and young people's systems we interact with.



ANXIETY IS
NORMAL IN
AN UNJUST
SOCIETY

UPCOMING STRENGTH BASED SESSION:

Looking after our wellbeing as campaigners for change
12th February, 9:30 – 11:30

Recordings of previous session are available on our Youtube channel:

[Strength based learning programme - YouTube](#)

PLATFFORM WELLBEING SUPPORT

Supporting others

- **A relational approach to mental health** – a non-medicalised lens on understanding mental health.
- **Strengths-based Working**– how can we work differently with people we support?
- **Creating the Conditions for Strengths-based working** – How can we create the systems internally to remove barriers to strengths-based working?
- **Clinical Supervision** – our services see a lot of difficult things – how do we support our teams with that?

Supporting ourselves

- **1:1 Talking Therapies**
- **Wellbeing Training** – Topics such as Burnout, Stress, Anxiety, Self-care, being trauma informed.
- **Compassionate leadership programme** - developing emerging leaders
- **Reflective Practice Workshops** – Putting into practice
- **Coaching** – developing thinking with goals and stuckness

www.platffomwellbeing.com



PLATFFORM WELLBEING CORE TEAM



Pete Johnson
Commercial Director



Mary Rogers
Business Development
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Dr Jenny Burns
Head of Training
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Dr Kath Potter
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Boundaries in a broken system

Boundaries are the invisible lines that define where you end and another person begins; physically, emotionally, psychologically and spiritually.

In our work, relationships are at the heart of what we do. Boundaries protect the people we support, staff and services. They are an ethical commitment, not a personal preference.

Working in a trauma-informed way can sometimes be misconstrued as meaning we need to be 'nice' all of the time, or that being 'kind' means being agreeable.

Boundaries aren't barriers, they aren't the opposite of being kind, they are the frame that holds the work safely for both the worker and the person receiving support. They help create safety and dignity.

When systems are stretched, when we are working in multi-agency, resource-limited, trauma-saturated systems, boundaries can fray, and that's when we most need them

Complexity and the systems we work in

“We do not fix people; we work alongside them, against systems that produce harm” (Vikki Reynolds, 2019)

We work in systems and communities shaped by inequality and trauma.

Workers carry institutional and relational tensions: Risks vs rights, policy vs care, compassion vs capacity.

When systems are under pressure, workers’ boundaries are tested.

These struggles don’t represent personal failings.



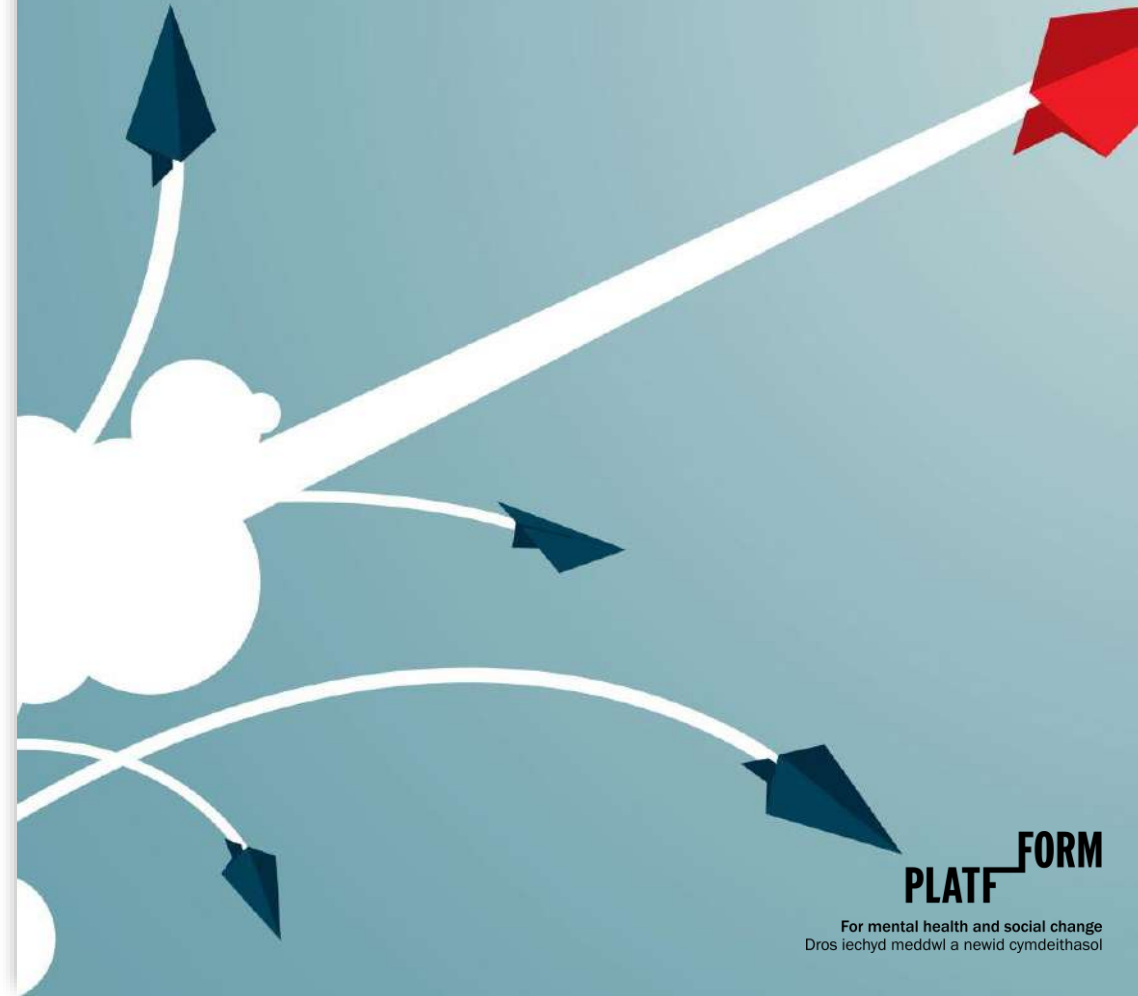
What boundaries really are

- Boundaries can be personal, professional or organisational. They belong to teams, communities and systems.
- Boundaries are not about emotional detachment. They protect clients from dependency and workers from depletion.
- A trauma-informed boundary is one that is predictable, transparent and kind even when it is firm. This builds trust, which is key in trauma recovery.
- Boundaries uphold safety, dignity and firmness.



Fight, flight, fawn, freeze and boundaries

- Trauma impacts boundary development.
- Survival responses (fight, flight, freeze and fawn) relate to boundary challenges.
- Different parts of us will influence boundary setting.
- We need to practice self awareness and compassionate curiosity towards the parts of us and of the people we support that struggle with boundaries.
- We might have or witness aggressive, rigid, confused, collapsed, avoidant boundaries.
- We might have parts of us that try to protect us through rigid boundaries or that avoid saying no to avoid rejection, that might hold deep wounds behind collapsed boundaries.
- Setting boundaries when connected to calm, clarity, compassion vs anger or fear.



Beyond niceness

- Trauma-informed practice is sometimes misinterpreted as never challenging, always accommodating, or constantly calm.
- In reality, it means creating conditions for trust and agency, not avoiding discomfort.
- Being nice can sometimes collude with injustice or can re-create (unwittingly) trauma dynamics in relationships. Example of CSA/grooming.
- Real kindness is accountable and tells the truth respectfully.



The practice of holding boundaries



We can be both kind and firm, compassionate and accountable. These are not opposites.



Reflect on the systems on the outside as well as the inside:



Reflect as a team, what are the systems pressures that make boundaries harder to hold?



Reflection and attunement on the inside of us as individuals - what are the parts of us that struggle with boundaries?



Can we see those as parts that need some compassion first?



Talk about boundaries don't just enforce them.



Curiosity is the route to empathy – when boundaries are challenged, respond with curiosity not punishment.

The practice of holding boundaries

Reynolds: “We don’t burn out from caring too much; we burn out when we can’t work with integrity.”

Boundaries are collective, not just individual.

Workers cannot sustain ethical boundaries in isolation.

Teams need space for debriefing, supervision and reflection (together).

Leaders should frame boundaries as ethical practice not emotional weakness.

Reflections



Where do my boundaries (or my parts' boundaries) come from?



How can I communicate boundaries in trauma-informed, relational ways?



How does my organisation support or undermine boundaries?



Holding boundaries is an act of care, not control. When grounded in social justice, boundaries become ethical commitments that honour both workers and the people they support.



“Love and justice are not soft skills. They are the hardest work we do.” (Vikki Reynolds)

**WE WOULD LOVE
YOUR FEEDBACK**



<https://forms.office.com/e/2uMtd7aDVG>

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THANK YOU.