



Breaking the Boundaries Collective – A Manifesto for Relationship-based Practice

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Breaking the Boundaries Collective – A Manifesto for Relationship-based Practice

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ABSTRACT

This paper argues that professionals who make boundary-related decisions should be guided by relationship-based practice. In our roles as service users and professionals, drawing from our lived experiences of professional relationships, we argue we need to move away from distance-based practice. This includes understanding the boundary stories and narratives that exist for all of us – including the people we support, other professionals, as well as the organisations and systems within which we work. When we are dealing with professional boundary issues, we should centre relationship-building skills that are central to many other aspects of our work. Skills that foster relationships at all levels – between professionals, service users, and services – need to be revalued. Our final recommendation is to create, develop, and foster safer spaces within and outside of organisations, as well as inter-professionally, for the discussion and exploration of boundary-related issues and practice. We are interested in hearing from those with experiences of being marginalised by boundaries so that they can inform a reshaping of our collective ideas around boundary related practices. To foster relationship-based practices in organisations, we have outlined several recommendations here; however, we recognize that these do not go far enough, and that collective action is needed to inform systemic change.

KEYWORDS

Boundaries; relational activism; professional boundaries; relationship-based practice

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Introduction

Boundaries are an integral aspect of an ethical, safe, and healthy professional practice. However, there are issues embedded within the concept of boundaries that can lead to ineffective, unsafe, and unhealthy practises.

We are a group of service users, professionals, and services, mainly based in the UK, who have come together around a central theme of fostering relationship-based practice (RBP) as a central principle in *all* helping professions. The commonality between members of this group is shared experiences of the power of authentic, healthy, and safe relationships and witnessing the potential for change when professionals have challenged conventional ideas or decisions around professional boundaries. This group was formed after one of the authors (Lisa Cherry) identified a common thread whilst analysing the data for her PhD thesis – she noticed that occasions when professionals ‘broke’ or challenged boundaries were often seen as pivotal moments of change. Lisa was interested in how other people (professionals and service users) had experienced the power of this aspect of practice. Lisa sent a Tweet (Cherry 2022) to her networks asking if this theme resonated with others. It garnered a huge response from many people – including clients, service users, academics, researchers, teachers, university lecturers, social workers, counsellors, and psychotherapists (as well as many others) – and from this the Breaking the Boundaries Collective was born (BTBC 2022). This article is founded on all those perspectives and voices; the quotes used are taken from members of the collective and highlight pertinent reflections around the practice we are advocating for.

We have written this paper to argue for an approach to professional boundaries that is relational, and to explore creative ways we, as professionals, can move away from defensive, distance-based practice (e.g. practice that lacks empathy and compassion, thereby, creating barriers to effective and collaborative work). There is evidence this dialogue is happening within professions, for example, counselling and psychotherapy (e.g. Blundell et al. 2022; Speight 2011), social work (e.g. Blundell *in press*; O’Leary, Tsui, and Ruch 2013), teaching (e.g. Hewitson 2021; Palmer 2011) and other related professions (e.g. Cherry 2021; Smythe et al. 2018). This paper aims to move this dialogue into an interdisciplinary space by engaging multiple professions and professionals (Cherry 2021). Therefore, we invite the reader to evaluate their relationship with professional boundaries by assessing their current boundary practice and how it is situated within the context of the organisations and systems within which they work, then we ask the reader to (re)value their skills in fostering healthy and safe relationships when working with boundary issues.

Relationship-based practice (RBP)

‘Her approach made me feel like I wasn’t alone and that, finally, someone was listening’.

Relationships have been at the heart of professional practice for many decades (e.g. Biestek 1957; Bryan, Hingley-Jones, and Ruch 2016; Collins and Collins 1981), yet, the importance of relationships repeatedly falls out of favour only to be rediscovered or revalued by later generations (Bryan, Hingley-Jones, and Ruch 2016; Ingram and Smith 2018; Ruch 2023; Trevithick 2003). There are many reasons for this cycle of valuing and devaluing relationship-based practice which often revolve around the premise that relationships are not evidence-based interventions that are effective for social change (Ruch 2005).

Contrary to those beliefs there is a broad array of evidence that supports the use of relationships (e.g. Ingram and Smith 2018; Ruch 2023). Cottam (2018) highlights that one of the key regrets of Sir William Beveridge was that, in his welfare reforms that created the NHS, he ‘had designed people and their relationships out of the welfare state’ (45). Unwin (2018) argues that kindness, emotions, and relationships are some of the key elements that are missing from public policy. In the context of higher education, Holles (2023) similarly argues that it is ‘time for higher education institutions to respond with practices that show care and elevate well-being’ (8). There are, however, efforts to recentre relationships within policy and practice (Cherry 2021). The recent Care Review that took place in Scotland entitled ‘The Promise’ (Duncan 2020) starts with the premise that safe and loving relationships must form the basis of all relationships for all children. Similarly, other research indicates the power of relationship-based practice across the life course (Ferguson et al. 2022). It is clear that

service users benefit from care which includes talking with professionals about their worries, concerns and problems; they seek dependable relationships in whatever form, and via any means necessary, with strong, caring practitioners to help them cope with problems and to lead fuller lives. (Bryan, Hingley-Jones, and Ruch 2016, 230)

As professionals, academics, and policymakers we need to fully understand the ongoing and severe harm and risk that a lack of loving relationships and positive connections can have (Ingram and Smith 2018; Wong 2023). Further, we need to understand how the impact of implementing narrow or restrictive professional boundaries can re-enact and reinforce those experiences when boundaries are implemented purely for the needs of an organisation, or professional, rather than for building trust with the people using those services (Ruch 2023; Smythe et al. 2018; Warwick et al. 2022). We argue the need to devise systems that allow practitioners to use their professional experience and judgement to build safe, healthy, positive, kind, and loving relationships. Guidance must be developed that prioritises the formation and maintenance of these relationships over everything else. However, the ‘term “relationship-based practice” refers to a range of ways of working’ (Murphy, Duggan, and Joseph 2013, 704). Therefore, part of what we are advocating for is giving practitioners the time to reflect on, understand, and develop their approach to relationships. We agree with Ingram and Smith (2018) when they say that ‘a renewed emphasis on relationships challenges many of the assumptions that have built up over what it is to be a professional’ (8).

Professional boundaries

The concept of boundaries, which is arguably an Anglo concept not found in many cultures (Wong 2019), especially the so-called ‘group-oriented’ cultures, is often poorly defined within the literature and attempts to develop a definition through practitioner research have often failed (Blundell 2017; Hamilton and Bacon 2022). Alternatives are offered (Austin et al. 2006), yet the boundary metaphor persists throughout the helping professions (e.g. Hamilton and Bacon 2022; Ingram and Smith 2018; O’Leary, Tsui, and Ruch 2013; Smythe et al. 2018). It is difficult to determine the reasons for a lack of definition although one reason may be that boundaries are too abstract a concept to describe in one singular definition (Gutheil and Gabbard 1993). Interestingly, Wong (2019) uses a

paraphrase couched in very simple, cross-translatable English, which some scholars call ‘natural semantic metalanguage’ (Goddard 2018), to precisely capture the meaning of physical boundary, which he subsequently uses to facilitate the understanding of metaphorical boundaries. He further proposes the use of cultural scripts (i.e. a way of setting out the local conventions of discourse) to explain the boundary metaphor. An example of a cultural script that reflects respect for personal boundaries might look like this:

A cultural script on respecting personal boundaries.

Some things people say are like this:

If someone says these things to someone else, other people can think that they know this someone else well.

It is good if people don’t say these things to someone they don’t know well if this someone didn’t say they wanted it (Wong 2019, 461)

The proposed cultural script suggests that respecting boundaries is about not appearing too familiar and setting a limit to what one could say or do to someone they do not know well. As Hamilton and Bacon (2022) summarise, the word ‘boundary’ is often ‘used interchangeably with the term limit; and is preceded by an array of terms, such as therapeutic, professional, ego, personal, physical, relational, treatment, intrapsychic, interpersonal, behavioural, spatial, verbal, somatic, logistical and energetic’ (68–69). So, then, boundaries can be understood in terms of professional standards and ethics – yet, even when boundaries are considered in this way, as an element of practice (i.e. set by an organisation or the profession itself), they will always need to be implemented or communicated interpersonally (i.e. relationally). Due to this confusion, we can question whether boundaries even exist or are mere mental abstractions (Varzi 2023); however, we do know that their impact on people is real. Despite this commonality across helping professions the impact of boundaries and boundary-related decisions on individuals and groups is often remiss within the research and theoretical literature.

We know that

the traditional notions of boundaries separating clients from professionals do not encompass the complexities of the political and moral practice that social work encompasses, nor do they take account of the cultural diversity and the mutuality in social work relationships. (O’Leary, Tsui, and Ruch 2013, 141)

This is not only true for social work but many other helping professions (e.g. Smythe et al. 2018). Therefore, for our purposes, we underpin our discussions of boundaries with this definition by Hamilton and Bacon (2022) which encapsulates the human aspect of boundaries, understanding them as ‘a three-dimensional area reflecting where we think our sphere of influence ends at a given moment in time and what we think distinguishes between that which belongs to us and that which belongs to others or the world’ (72). Conceptualised in this way boundaries are an ever evolving and shifting experience. Human boundaries can be heavily influenced by experiences of the past, and what we desire for the future – in this respect our stories and narratives influence how we experience boundaries. Therefore, a key component of working relationally with boundaries is to understand our own and others’ boundary stories or boundary narratives i.e. people’s understanding and experience of boundaries (Blundell 2023; Blundell *in press*; Hamilton

and Bacon 2022) and how this influences our attitudes towards our future encounters with boundaries (Bates, Lymbery, and Emerson 2013; Blundell 2017).

Evaluating your boundary practice

My training and development to become a counsellor shaped and ‘built’ boundaries in a way that I had not experienced before and contrasts very differently to my past occupation in the emergency services, where ‘boundaries’ were defined in policy and a discipline code.

If we are to understand the impact of our practice, first we need to understand the factors that influence it (Ruch 2023). Research across professions has indicated that a professional’s culture, personal experience of boundaries, and values will heavily influence how boundaries are approached in their practice (Bates, Lymbery, and Emerson 2013; Blundell 2017). Ultimately, the influence of these personal experiences could be a greater influence on a professional’s boundary attitude (i.e. a person’s approach to boundaries based on their culture, personality, life experience, and values) than that of training and continued professional development (Bates, Lymbery, and Emerson 2013; Blundell 2017). Therefore, exploring our relationship to boundaries is an important first step in changing our practice. There is also a close link between relationship-based practice and professional reflexivity (Ingram and Smith 2018; Ruch 2023), with reflexivity being the ‘key determinant in the successful and effective application of relationship-based practice’ (Ruch 2005, 115).

By evaluating our understanding and experience of boundaries, we can better understand our impact on others. It is also important to understand the boundary stories/narratives of clients and service users. Here, we offer a set of questions, drawing on previous research into boundaries (Bates, Lymbery, and Emerson 2013; Blundell 2017), that professionals could use to reflect on their boundary attitude, as well as service users’ experience of professional boundaries.

Your attitude towards boundaries

What images do you associate with the term boundaries? How do these images consciously/unconsciously inform your practice?

What is your personal history with boundaries? How have your culture/family/friendships/working conditions and other personal experiences influenced how you understand and implement boundaries in your life?

How do you feel when a person ‘pushes’, ‘challenges’, or ‘resists’ professional boundaries? How do those feelings influence your response, reaction, or attitude toward the person?

Service user’s attitude towards boundaries

What is the service user’s history with professional boundaries? How have they experienced professionals and organisations in the past? How has this informed how they react and respond to professionals who are required to establish professional boundaries?

What is the cultural background of the service user? How are boundaries conceptualised within their culture (if at all)? How could this influence their understanding, experience, and expectations of professional boundaries?

Impact of boundary decisions

Where and how do you reflect on the impact of your use of boundaries in your practice?

What information do you gather about how service users are experiencing your practice?

How do you assess the effectiveness of your relationship with service users? Or with other professionals?

Organisation's boundary attitude

Generally, does your organisation's approach to professional boundaries foster healthy and safe relationships or restrict them? How does this impact on colleagues' attitudes to professional boundaries and how they are used?

Which of your organisation's professional boundaries are permeable (i.e. negotiable)? Which are non-negotiable? How does this support or restrict the way you work with service users?

Are there ways you can resist or challenge professional boundaries within your organisation, that help build and foster relationships with others (including service users and other professionals)?

Preventing harm

It has been essential, to address safeguarding issues, to put in boundaries, but they can become restrictive – the overarching question is – what keeps people safe?

The central premise of all professional practice is to 'do no harm'. Boundaries are associated with safeguarding, safety, and the prevention of harm. When boundaries are violated, there is the risk and potential for harm (Gutheil and Gabbard 1993). Boundary violations can be something very harmful like the exploitation of the person, or something less dangerous; however, it will always have a significant negative impact. Boundary violations are *always* unacceptable practices and should not be confused with what we are advocating for here which is a compassionate approach to professional boundaries. The pushing, crossing, and breaking of boundaries could potentially increase the risk of harm to others, especially if this is undertaken in a haphazard and careless way. For example, Farchi, Dopson, and Ferlie (2023) found interprofessional collaboration significantly declined when organisations fostered activities that involved extreme boundary breaking. This is not in accordance with the ethics and values of the helping professions. However, the implementation of strict, rigid and uncompassionate boundaries also risks causing harm.

Broken systems

I felt surprised but also guilty like I was constantly overstepping the mark. She said, 'You were conditioned to think that it was an imposition.'

Our arguments are based on the premise that we have broken systems when it comes to professional boundaries (Blundell *in press*; Ingram and Smith 2018), systems that often focus on an approach to practice that creates distance between professionals and service

users (Blundell [in press](#)), between professionals (Farchi, Dopson, and Ferlie [2023](#)) and between different services (Ruch [2005](#); Smythe et al. [2018](#)). Essentially, we see barriers to effective practice masquerading as professional boundaries (Ingram and Smith [2018](#); Ruch [2005](#)). There needs to be flexibility in our systems, and from those who manage those systems, to ensure boundaries are being examined critically, so we can determine which boundaries need to be there and which do not. Otherwise, we place more pressure on those with the least power in our system to challenge and change it. Ultimately, this is about building trust (Smythe et al. [2018](#)).

It is imperative that we recognise the neoliberal context in which our current systems have developed and operate (Abramovitz [2012](#); Blundell [in press](#); Featherstone et al. [2018](#); Hendrix, Barusch, and Gringeri [2021](#); Rogowski [2022](#)). For example, Featherstone et al. ([2018](#)) assert that responses to a series of child deaths, in the 1980s, overshadowed the need to understand why children are harmed or how we define harm. These responses saw a move towards greater risk aversion and increasingly complex child protection systems. Featherstone et al. ([2018](#)) argue that we still operate in this context today – where need is interpreted through a ‘risk lens’ (12). Although relationship-based practices have done much to challenge these risk-averse practices (e.g. Ingram and Smith [2018](#); Ruch [2023](#)), we believe that more formal, systematic changes are needed to fully embrace the call for more loving and centred relationships for the people we work with.

It has been argued that relational poverty in early childhood is a bigger predictor of poor outcomes than other types of adversity (Hambrick et al. [2019](#)) asking us to consider systemic thinking focused on the relational opportunities that we have available to us. The invitation is to work alongside people across the life course from an understanding that relationships are the intervention. It is this approach that is the foundation of RBP. Fundamentally, neoliberal ideas of how our systems should function have resulted in a shortage of resources, ever-expanding bureaucratic processes, and a tick-box approach to ethics in organisations. This has encouraged professional cultures to develop that no longer focus on the power of relationships in supporting change (e.g. Abramovitz [2012](#); Featherstone et al. [2018](#); Hendrix, Barusch, and Gringeri [2021](#); Rogowski [2022](#)). Whilst we live in an era where there is likely more systematic multi-disciplinary working than ever before this does not automatically mean that practitioners work relationally. Relationship-based working does not just happen because people talk. It is, however, something that can be taught (Miller [2019](#)). Here we argue for professionals and services to *(re)value* their approach to professional boundaries and offer some areas to consider. This is our starting point, but our ideas are ever-evolving – informed by research, theory and most importantly experiences of relational practice.

Re(valuing) your boundary practice

They may often have a deep ‘knowing’ of the correct way to work but are too frightened to follow through. Their main fear is that they may be struck off.

We have explored our practice and tried to understand that of others. However, it is also important that we think about how we might change aspects of our practice to strengthen our relationships with others. In this respect, we argue that we need a *revaluing* of our skills because much of what we advocate for here are already central principles

in many helping professions (BASW 2014). Ultimately, though, we believe that some of this practice becomes lost or distorted by broken systems. Therefore, rather than learn or relearn skills to develop relationships we need to revalue those skills that we already possess and use, and make sure that they are centred when managing professional boundary issues. For us, this means softening the edges of practice, and fostering compassionate boundaries, whilst still ensuring everyone's safety. This approach is underpinned by an anti-oppressive approach to ethical practice (Clifford 2016).

Our scope of influence

If we return to our previous definition of boundaries by Hamilton and Bacon (2022) we can see how it may be useful to consider the scope of influence of our boundaries, i.e. how much impact they can have on others. In this regard, boundaries can be expanded or contracted depending on what is trying to be achieved and the relationship within which they exist, for example, the use of humour by professionals when working with service users could be considered a boundary issue. In social work settings humour could be used in an expansive way to foster better relationships (Jordan 2017) or, conversely, it may 'other' service users and professionals (Morris 2015) depending on the type of humour used and the broader context (Blundell 2023). The expansion or contraction of boundaries will be influenced by professional and service user safety, the quality of the relationship and the broader context. Another example of expansive boundaries through a relationship-based approach occurs in Edah's (2023) paper exploring the benefits, indeed the necessity, of unconventional boundaries when setting up Hestia's Overnight Hotel Counselling Service for survivors of the Grenfell fire. The service included counsellors working in open and public spaces, working at unconventional times, and having open-ended time with clients rather than working within the therapeutic hour. Edah's article reflects on the challenges and benefits of what we could be considered an expansive approach to boundaries.

Relational activism: softening the edges of practice

The ethos and values of our organisation around the centrality of mutual relationships being at the heart of what we do or at least aim to do, underpinning the what, why and how we provide services, is, at times, challenged by the risk averse and rigid boundaries of funders and service commissioners and regulators.

Activism allows for the voices of those not often heard in political processes to come to the forefront. The values of social work are intrinsically aligned with those of activism. Bent-Goodley (2015) suggests that 'the social work activist recognises that the best solutions are often rooted in the indigenous responses within the community and the strengths and resilience that are both visible and invisible to others' (102). Therefore, it becomes the role of practitioners as activists to create the space for those voices to be heard and listened to. Here, we argue the need to bring aspects of ourselves into our professional practice that challenge the traditional and hegemonic notion of 'professional boundaries'. For example, using aspects of our self in teaching and practice (e.g. Blundell et al. 2022; Ng et al. 2022) – this results in a softening of the edges of our practice where we bring our authentic selves into relationship with others.

The 3 Ps: differentiating between the *Professional*, *Personal* and *Private Self*

One way of softening the edges without blurring the boundaries is to differentiate between the *Professional*, *Personal* and *Private Self* (Charfe and Eichsteller [in press](#); Jappe 2010). The *Professional Self* refers to our understanding of the relevant legal, ethical, and professional frameworks, interdisciplinary theory, practice methods, and the professional skills we use as part of our role. As meaningful relational practice requires authentic engagement, we need to complement the *Professional* with the *Personal Self* by drawing on our own values, culture, interests, life experiences and personal qualities. These enable us to connect as human beings, build trust, and show empathy. When we draw boundaries that include both the *professional* and *personal*, we need to avoid the *Private Self*. This includes things we would not share with anyone other than our family or close friends. It may encompass life experiences that we have not yet fully processed and could bring up powerful raw emotions, as well as interests and life aspects that are not practice-relevant. The 3 Ps model enables us to draw contextually relevant boundaries between the *Personal* and *Private Self* depending on what is meaningful and appropriate in any given situation, what our professional aims and purpose are, and what we are comfortable sharing and keeps us safe. This requires ongoing reflection and the support of colleagues to increase our ability to draw *professional* boundaries that bring in the *personal* whilst leaving out the *private*.

Compassionate boundaries: think about impact

Professional boundaries are there for the safety and security of service users and professionals (BASW 2014; Bates, Lymbery, and Emerson 2013; Cooper 2012; Reamer 2019). However, some factors can increase professionals' use of boundaries that can lead to defensive and distance-based practice rather than relational and effective practice (Blundell 2023; Blundell, *in press*; Blundell, Oakley, and Kinmond 2022; Smythe et al. 2018). Distance-based practice leads to poorer outcomes for service users and less satisfying work for professionals (Blundell [in press](#); Warwick et al. 2022). The best professional practice is relational (Ingram and Smith 2018); yet boundaries (if used ineffectively) can interfere with, rather than foster, those relationships (Smythe et al. 2018). Distance-based practice can permeate at an organisational, as well as a practitioner level, especially if compassion is not valued in all roles, especially at the managerial level. For example, practitioners can feel shut down if challenges to organisational and systemic boundaries are not responded to compassionately (Blundell [in press](#)). Organisations may need to respond creatively to foster discussions around boundaries and to make sure that they are responding compassionately to all those involved (Heffernan 2015). We argue, based on the research presented above and our own experience, that RBP is key to making decisions around professional boundaries because it considers the impact of our boundary decisions on clients and service users – ultimately, this means a compassionate approach to professional boundaries that places the service user at the centre of decision-making. This moves away from 'collaboration' and 'consultation' and towards meaningful co-production (Burke and Newman 2020).

Too often ideas of 'professional behaviour' have stopped the nurturing of positive, loving relationships. To recentre loving relationships we need to reframe how we understand risk. This is not about tolerating more risk but that we learn how to have a more holistic understanding of risk (Ruch 2005). Once again, we realise that context and the understanding of a person's circumstances are key when considering how we interpret and manage risk. Additionally, we need to re-evaluate the way that practitioners understand risk (both for themselves and for the people we work with). A culture of fear and over-bureaucratisation is stopping professionals from doing what they need to do to develop loving and nurturing relationships. Both individuals and organisations fear what might happen if things go wrong and they are held responsible, therefore staff can feel they are risking disciplinary action if they go above and beyond stated 'professional boundaries' to support the people they work with. Therefore, the revaluing of RBP needs to happen at the systemic and organisational level, as well as with practitioners.

Summary

This paper has argued for RBP when professionals are making boundary-related decisions. These arguments are based on our lived experiences of professional relationships as service users and professionals. We argue that to move away from distance-based practice, we need to evaluate our practice related to boundaries – this includes understanding the boundary stories and narratives that exist for ourselves, the people we support, other professionals and the organisations and systems within which we work. Here we have outlined several recommendations for professional practice that can help foster RBP in organisations; however, we are aware that these do not go far enough, and that collective action is needed to stimulate systemic change. Further, our practice also needs to (re)value the relationship-building skills that are central to many other aspects of our work and should, in our view, be central when working with professional boundary issues. This is necessary at all levels – between professionals, service users, and services. This also supports the centring of service user voices in decision-making and informs processes and procedures. Underpinning our work with relational ethics and activism can also help to stimulate change. Finally, we advocate for creating, developing, and fostering safe spaces within organisations, outside of organisations and inter-professionally to discuss and explore boundary-related issues and practice to enable more focused and wider-reaching work in this area. We encourage others to contact us and join our collective community and help us evolve our ideas around practice. We are particularly interested in hearing boundary stories and narratives from those with marginalised identities and experiences.

Notes on contributors

We are a group of service users, professionals and services who began a project called Breaking the Boundaries Collective. This project advocates and campaigns for relationship-based practice (RBP). We offer resources and guidance for ways to achieve it. We encourage and foster discussions and debates on aspects of RBP that challenge hegemonic notions of professional boundaries. <https://www.breakingtheboundaries.co.uk/>

Disclosure statement

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