

What do we need to lead?

ACP – We are all Leaders



Facilitator:

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Programme Director – Kings Fund

 @sonyawallbank

TheKingsFund>

Sirona
care & health

What do I need to lead?



What is the **current context** we are working in and why this matters?



What are **my responsibilities** for building a positive culture with my leadership?



How can I undertake **work to lead well** where I am?

Compassion starts with how you treat yourself

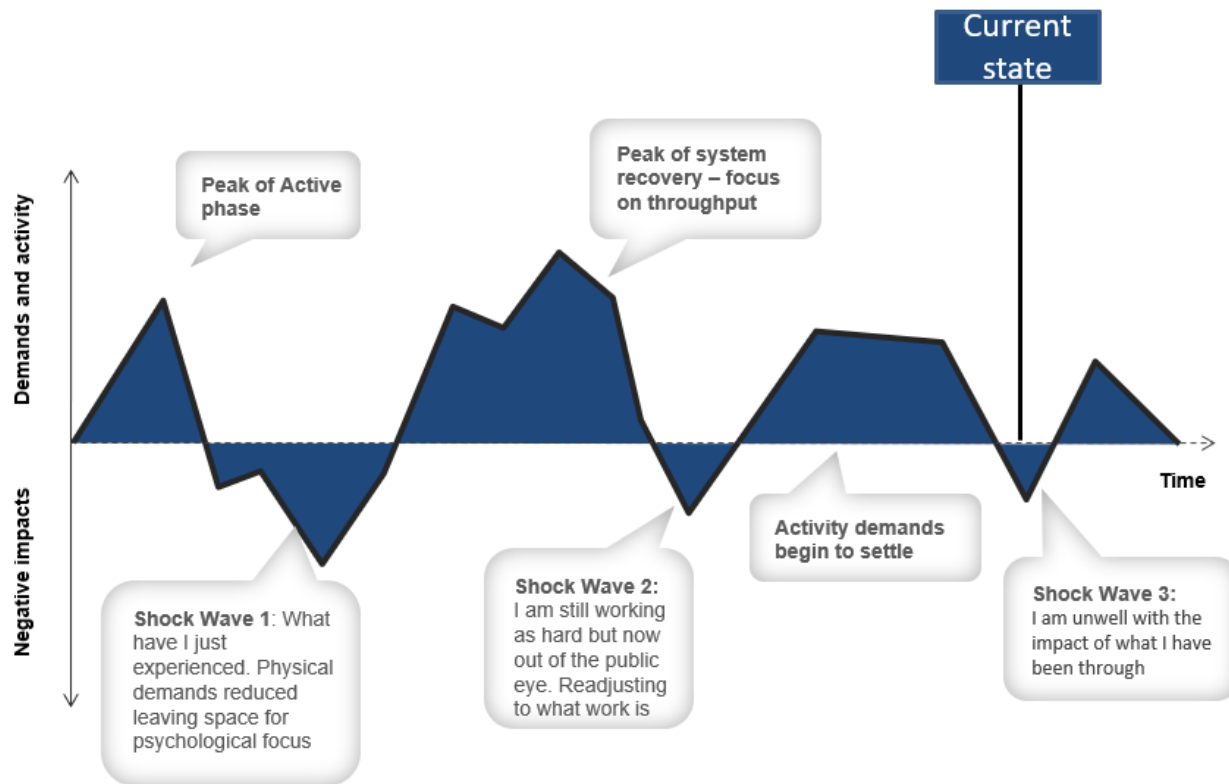
- 83.7 years life expectancy for a woman – 79 for a man
- 5% waiting
- 33% sleeping
- 5% eating and drinking..going to the toilet

What is left for me?

- 86,400 seconds ever day – make wise choices



What have we been through?



**WHERE ON THE
STRESS ARC
HAVE YOU
SPENT MOST OF
YOUR LAST
WEEK?**



THE STRESS ARC

maintaining motivation without burnout



Stress occurs when perceived pressure on an individual exceeds ability to maintain resilience

What is our current context?



Shifting sense of organisational culture



Source: Adapted from Ogbonna and Harris (2000)

FIGURE 3: Organisational culture and the effect on leader behaviours and organisational performance.

- Organisations have a personality – commonly referred to as culture. That culture influences the way staff behave and interact with each other – none of us are free from being impacted by the culture we both create and receive
- The shared values, principles, traditions and ways of doing things that influence the way organisational members act and that distinguish the organisations from others

Organisational culture up close

ARTIFACTS OF
ORGANISATIONAL
CULTURE

- Mission
- Purpose
- Values
- Strategic Objectives
- Stories and legends
- Goals

What we see

- Assumptions
- Old ways of doing things
- Office Politics
- Negativity
- Personal Values
- Conflict
- Fear
- Internal Competition

**What we
feel**

SHARED VALUES &
SHARED
ASSUMPTIONS

What might you pay attention to that would shift your culture positively?



Balancing demands with value?

Whitehall Study

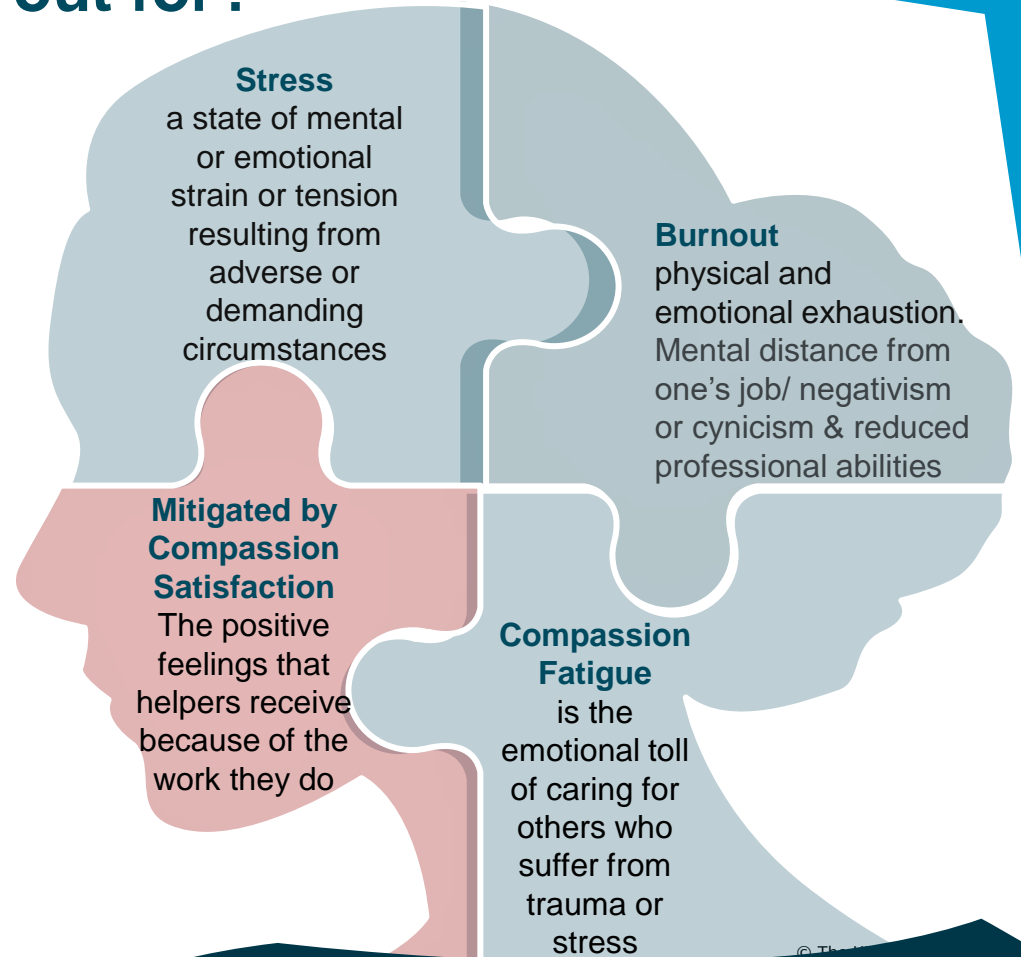
- Many jobs come with high demands
- It is not demands themselves that are the major cause of illness although high demands are independently associated with ill health. It is the combination of high demand and **low control**.
- The more we feel some degree of control within the decisions that impact us – the more protected against stress we are
- whilst employers thought **work life balance, pay** and **health** were the primary reasons for wide scale resignations **not feeling valued** by their organisation or manager and not feeling a **sense of belonging** – with employees likely to reassess and reprioritise life goals **are the primary reasons for leaving**



http://www.workstress.net/sites/default/files/whitehall_11_study.pdf

What do we need to watch out for?

- Balance between needing certain levels of stress to feel engaged and doing a good job – when we are overloaded – the pleasure we gain from the job mitigates the ill effects of stress etc.
- When this is in excess, or compassion satisfaction drops – we become overloaded and performance drops –
- **Being aware** is fundamental – chronic workplace stress burns slowly



Your role in building the culture

...it is the overall culture – “the way we do things in the NHS” – which will define what the NHS means and does...A positive culture as described does not just emerge through the good intentions of those working in the system. It needs to be **defined, accepted by those who are to be part of it**, and continually reinforced by leadership, training, personal engagement and commitment.”

**Mid Staffordshire NHS Foundation Trust
Public Inquiry (2013)**

What you need to pay attention to

Collective, inclusive and compassionate leadership is now increasingly recognised as **essential** for delivering high-quality care and cultural change throughout the NHS.

In practice, this means shifting from traditional command-and-control structures and 'heroic' leadership towards a model that distributes leadership to wherever expertise, capability and motivation sits within organisations.

It also means leaders listening to staff and arriving at a shared understanding of the challenges they face, empathising with and supporting them, rather than always imposing decisions from the top down.



What tools already exist to support you?

The updated well-led framework:
Key Lines of Enquiry



Does the leadership have capacity and capability to deliver high quality, sustainable care?	Is there a culture of high quality, sustainable care?	Is there a clear vision and credible strategy to deliver high quality sustainable care to people, and robust plans to deliver?
Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Are services well-led?	Are there clear and effective processes for managing risks , issues and performance ?
Is robust and appropriate information being analysed and challenged?	Are the people who use services, the public, staff and external partners engaged and involved to ensure high quality sustainable services?	Are there robust systems, processes for learning , continuous improvement and innovation ?

Clinical leadership has been established as a critical factor for improving the performance of health care organisations. Studies have suggested that **higher representation of clinicians** on the governing boards of NHS hospital trusts is **associated with better performance, patient satisfaction and morbidity rates.**

Final word

The evidence, from research and practice, confirms that leadership, particularly compassionate, diverse and inclusive leadership, is the key to enabling cultural change that enables NHS organisations to:

- deliver high quality care and value for money while supporting a healthy and engaged workforce
- create a greater sense of belonging for all staff, changing the lived experience for all disadvantaged groups and those who experience discrimination, bullying and unfairness (2019 Workforce Race Equality Standard Report)
- enables staff and leaders to show compassion, to speak up, to continuously improve and create an environment where there is no bullying, racist or unfair treatment, where there is learning, quality and the need for system leadership



Questions



Resources

- [NHS England Culture Change Course: NHS England » Online course](#)
- [FutureNHS Collaboration Platform: FutureNHS Collaboration Platform](#)
- [Leading with kindness and compassion course: An introduction to leading with kindness and compassion in health and social care | The King's Fund \(kingsfund.org.uk\)](#)
- [Compassionate Leadership Resource: What is compassionate leadership? | The King's Fund \(kingsfund.org.uk\)](#)
- [Courage of Compassion Resource: The courage of compassion | The King's Fund \(kingsfund.org.uk\)](#)
- Schein E H (2010). Organizational culture and leadership. The Jossey-Bass Business & Management Series. 4th edition. Vol. 2. San Francisco, Ca : Jossey-Bass: John Wiley & Sons.
- Veronesi G, Kirkpatrick I, Vallascas F (2012). [Clinicians in management: does it make a difference?](#)



Leading in a Changing Climate

Dr Becky Chasey, Clinical Psychologist.

A story of what we care about



We Start From Where We Are



Photo by Rishabh Dharmani on Unsplash

Health Professions Can Help

- Majority of healthcare professionals concerned
- 90% of NHS workers support NHS commitment to a greener NHS, and its plan to reach net zero by 2040.
- Climate action is required from all sectors of the economy, including healthcare
- If we are part of the problem, we can be part of the solution
- For now and future generations

Hard to Grasp



- Urgency
- Hyper-object
- Immensely threatening
- Vision of future?
- Uncertain path

Sizing up the Challenge

- The climate emergency is a health emergency (Wise, 2021)
- Directly and indirectly threatens all determinants of health and wellbeing (Sim et al 2011)
- Intersects with other aspects of social injustice and social instability (Watts et al 2018)
- Growing evidence of association between climate change and mental health (Charlson et al, 2021; Allan et al, 2021; Lawrance, 2021; Lawrence et al 2022)

Normal Emotional Responses

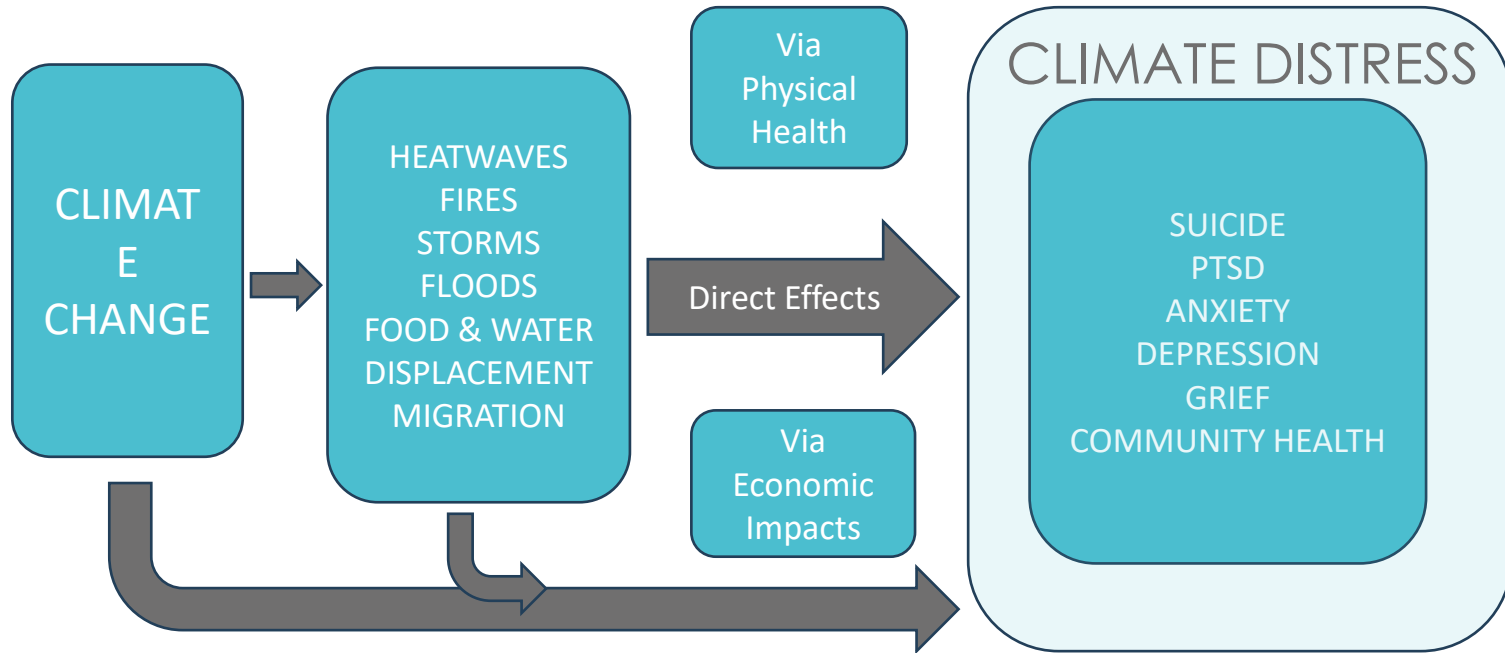


- Grief, loss
- Guilt,
- Collective Trauma
- Moral injury.
- Disconnection

Be careful not to pathologise

Climate emotions wheel, Anya Kamanetz,
Panu Pikhala, Sarah Newman, Megan Slade,
Julie Souza, Ryleigh Corrigan, Climate
Mental Health Network

Psychological Impacts of Climate Change

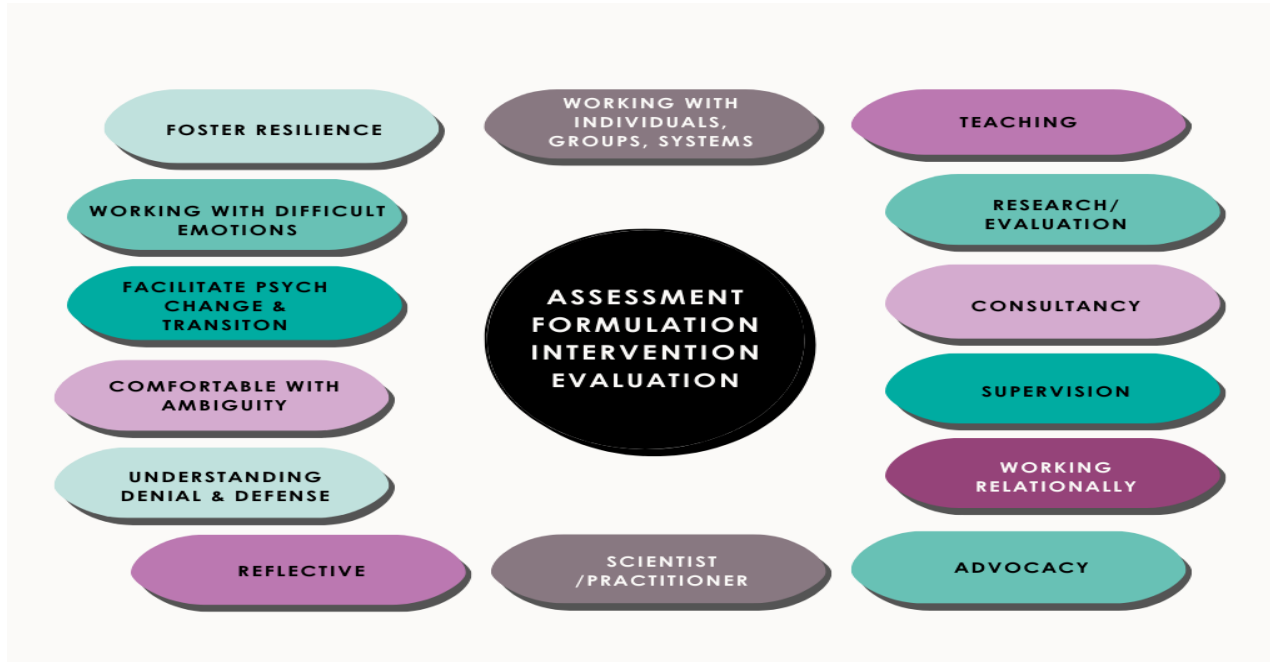


Simplified from Lawrance 2021

Core Purpose

- Clin Psych .. aims to **reduce psychological distress** and to **enhance and promote psychological well-being** by the systematic application of knowledge derived from psychological theory and data.’ (British Psychological Society, 2010)
- Moral, professional & ethical duty to address systemic failures (Li et al 2022; Wainwright & Rawlings, 2023)

What we Bring as Psychologists



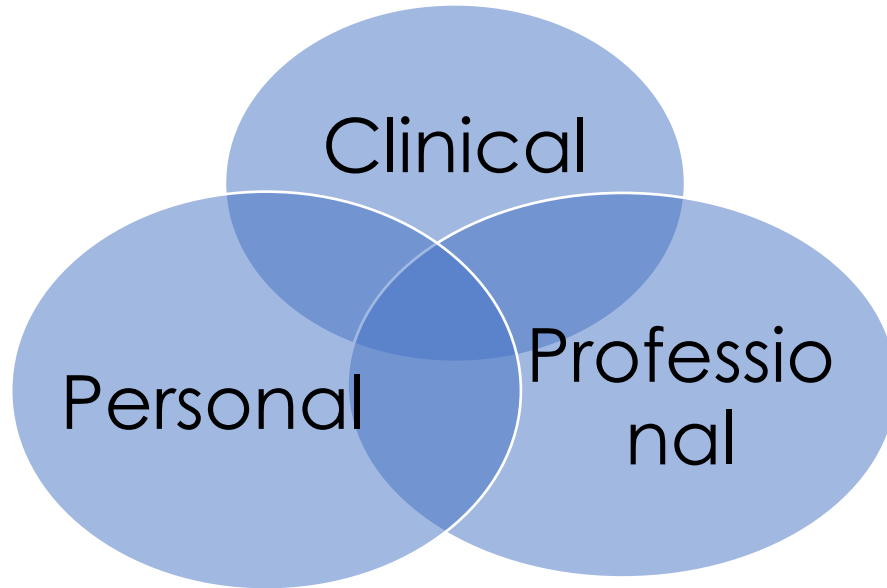
Based on Li et al 2022.

We Are All Leaders

Actions not roles...

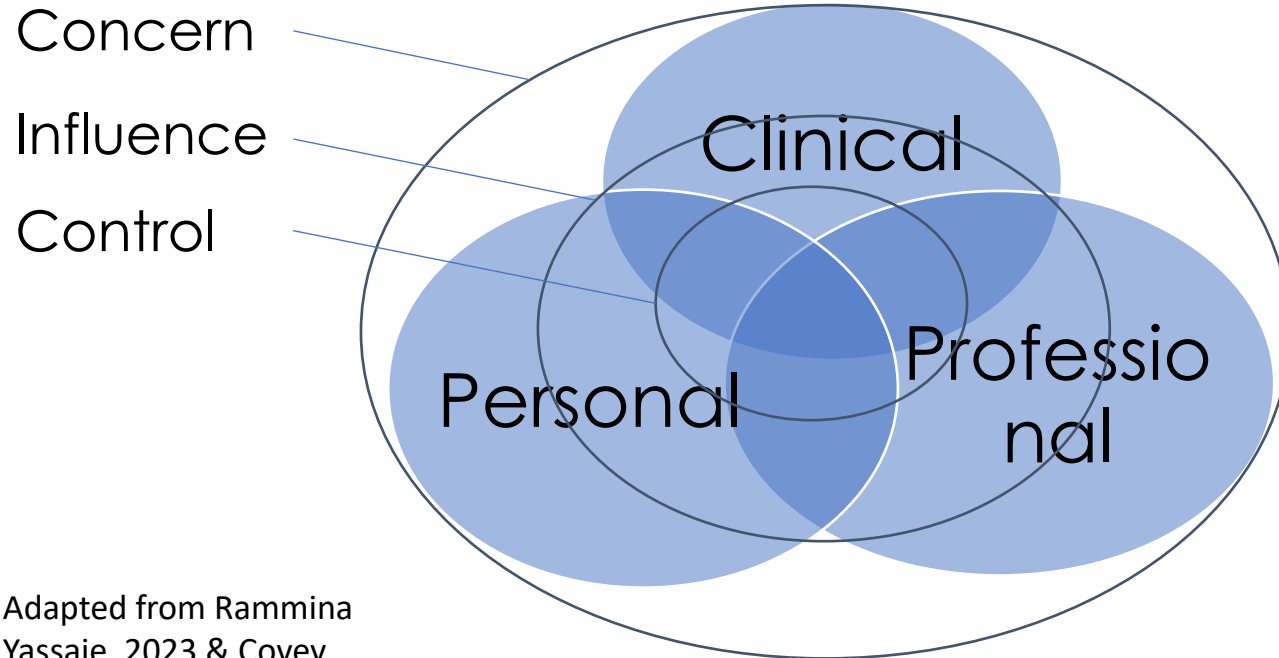


Psychologists as Leaders – our Roles



Adapted from Rammina
Yassaie, 2023

Psychologists as Leaders – our Scope



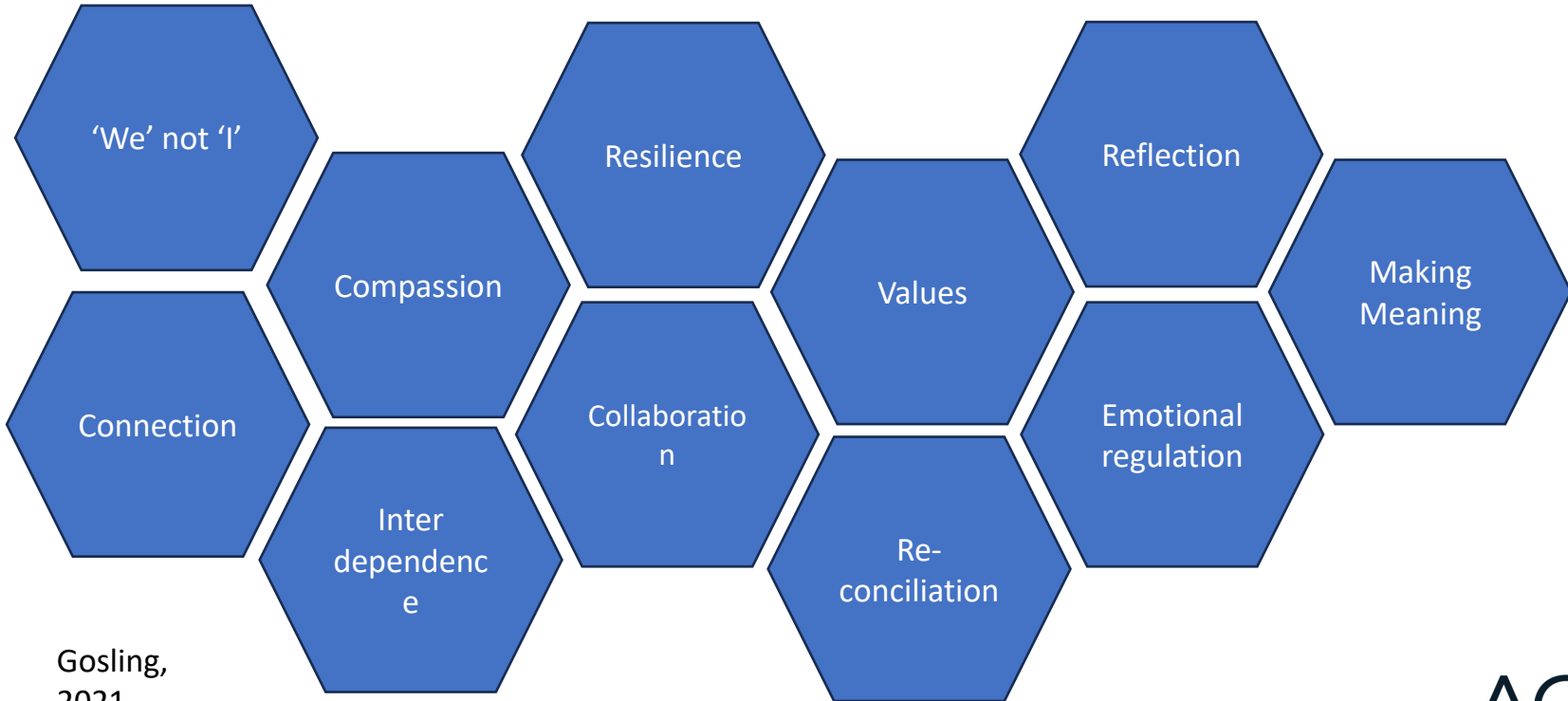
Adapted from Rammina Yassaie, 2023 & Covey, 2004

Leadership in Threatening & Uncertain Times.

- People in charge may tend to do more of the same
- More authoritarian, controlling
- Leadership of Denial ‘toxic positivity’, blind optimism.
- Insistence on Certainty:
 - Leadership of salvation – e.g. we’ll be saved by better tech or mindfulness.
 - Doomism – we are doomed
- Splitting

Diamond, 2005; Gosling, 2021; Nestor, 2022

Leadership of Adaptation



Gosling,
2021

Models of leadership.

- Transformative Leadership
- Distributive Leadership
- Inclusive leadership
- 'Eco-ethical leadership', (McKimm and McLean, 2020)
- Regenerative leadership, (Hutchins and Storm, 2019)

Positive Tipping Points. Lenton et al 2021



Photo by Karolina Grabowska: Pexels

Clinical Psychologists' Engagement with Climate Issues

Barriers

- Identity
- Concerns about scope
- Permission - Regulators, Professional bodies, Trusts

Facilitators

- Perceived as moral or ethical duty
- Ingroup norm
- Clear leadership
- Meaningful other identities

Alice Walker 2021

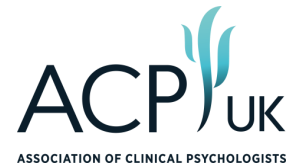
Organisational Leadership



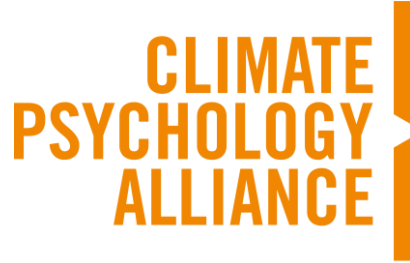
the british
psychological society
promoting excellence in psychology



UK HEALTH
ALLIANCE ON
CLIMATE CHANGE

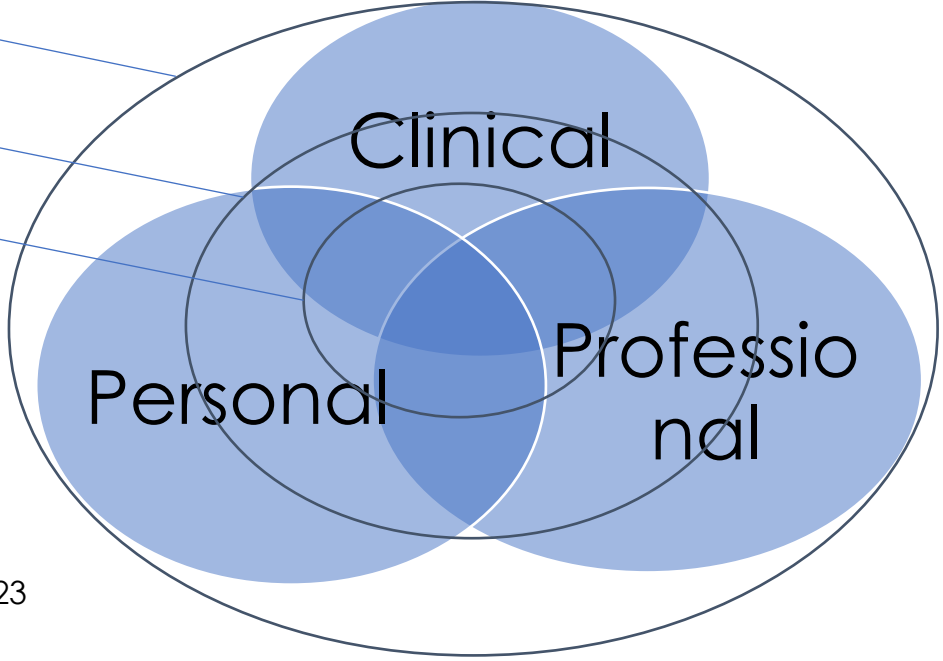


Within Psychology



What Can We Do – Becoming Leaders

Concern
Influence
Control



Adapted from
Rammina Yassaie, 2023
& Covey, 2004

What Kind of Changemaker Are You?

Change Makers

- Innovator: New ideas, research, thinking, inventing
- Connector: 'Idea broker'; - marketing and communication
- Transformer: Early adopter, promotes positive change

Allies

- Supporter: Provides knowledge, skills, experience, emotional support
- Protector: Creates safe places for changemakers
- First aider: patches up old system for a smooth transition

UK Health Alliance for Climate Change Commitments (1)

- Declare that the climate emergency is a health emergency
- Campaign on mitigating and adapting to the climate crisis
- Embed sustainability in governance, structure and culture
- Develop a plan for sustainability in your specialist area
- Publish a plan for your organisation to get to net zero

www.ukhealthalliance.org/about/our-commitments/ www.climatehealthscorecard.com

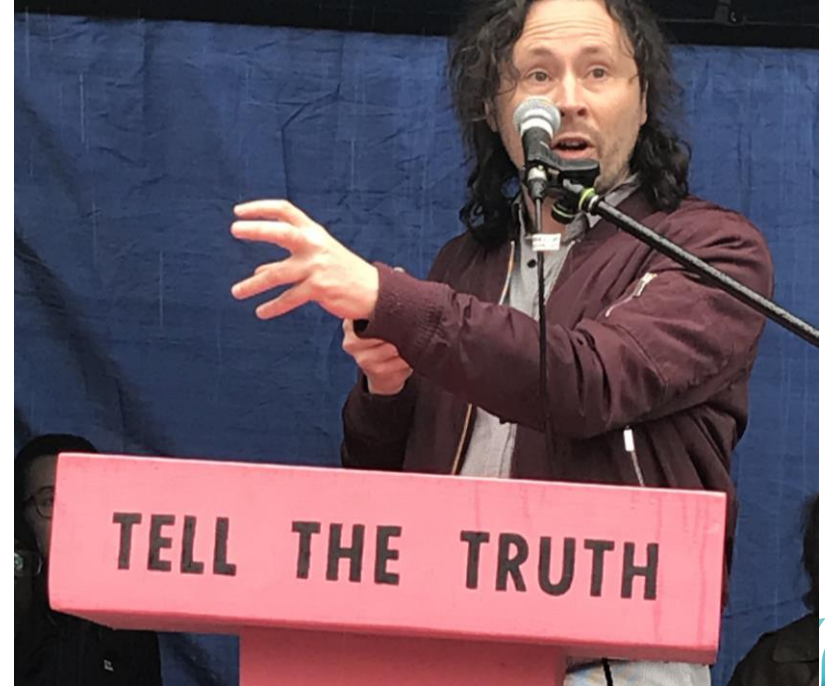
UK Health Alliance for Climate Change Commitments (2)

- Educate on the links between climate and health
- Acknowledge the link between climate change and inequalities
- Develop and implement a travel policy for members and staff
- Disinvest from fossil fuels
- Prioritise plant-based and sustainably sourced food

www.ukhealthalliance.org/about/our-commitments/

What Can Psychologists Do (1)

- Educate
- Engage with national, local policy
- Quality improvement
- Assess
- Formulate
- Intervention
- Evaluate, audit, research



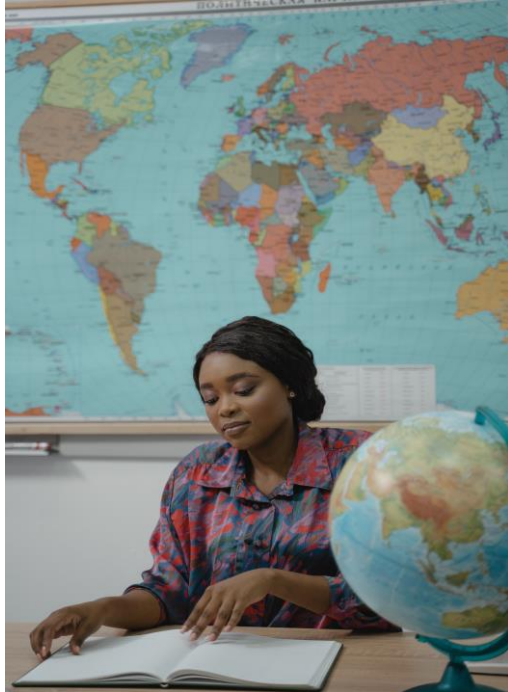
What Can Psychologists Do (2)

- Supervise, consult, support
- Role models – attending to equality, power, diversity & inclusion
- Care & compassion/support self and others
- Communicate well
- Be creative
- Activism

Annie Mitchell

www.bps.org.uk/member-networks/division-clinical-psychology/climate-change

Formulating the Climate Crisis



- P.T.M.F (Morgan et al 2022)
- ACT (Williams & Samuel, 2023)
- Community (Harris & Zlotovitz, 2021)
- Systems/Psychodynamic (Nestor, 2022)
- Resiliency (Davenport, 2017)
- Trauma (Augustinavicius et al, 2021; Bednarek, 2021; Woodbury, 2019)
- Decolonising (Andreotti, 2021)

(Special Editions Clinical Psychology Forum
332, Aug 2020; 346, Oct 2021. Eds, Wainwright & Mitchell)

A Compassion Focused Approach - The Two Psychologies Of Compassion

1

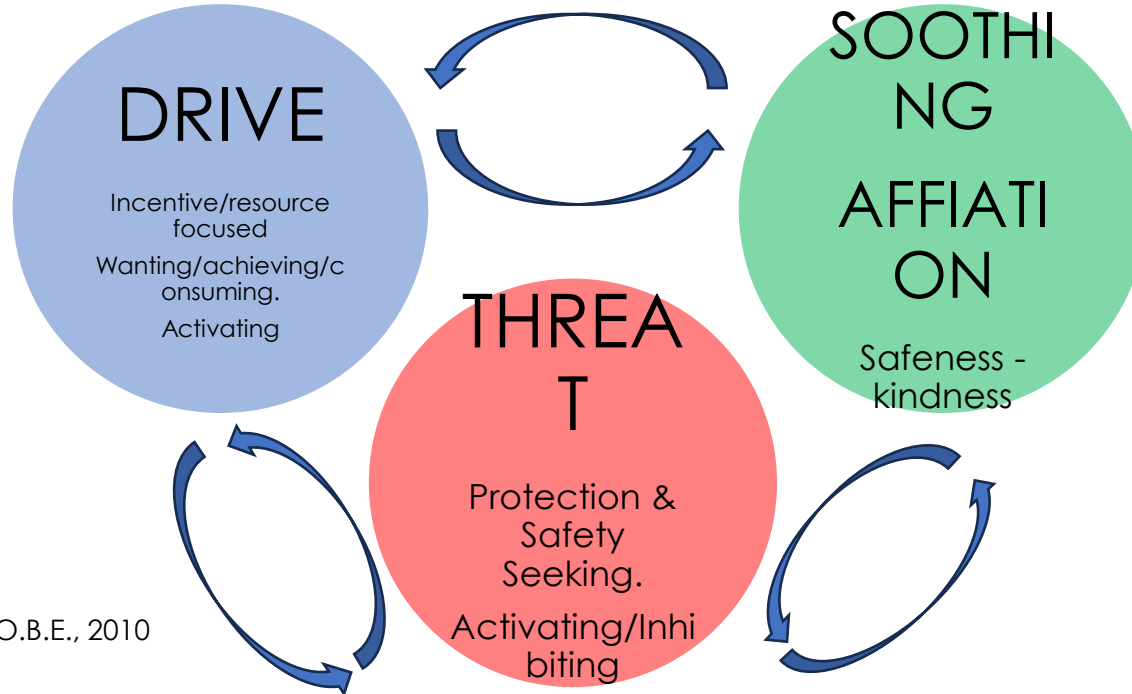
- To recognise and engage

2

- To be motivated to reduce suffering

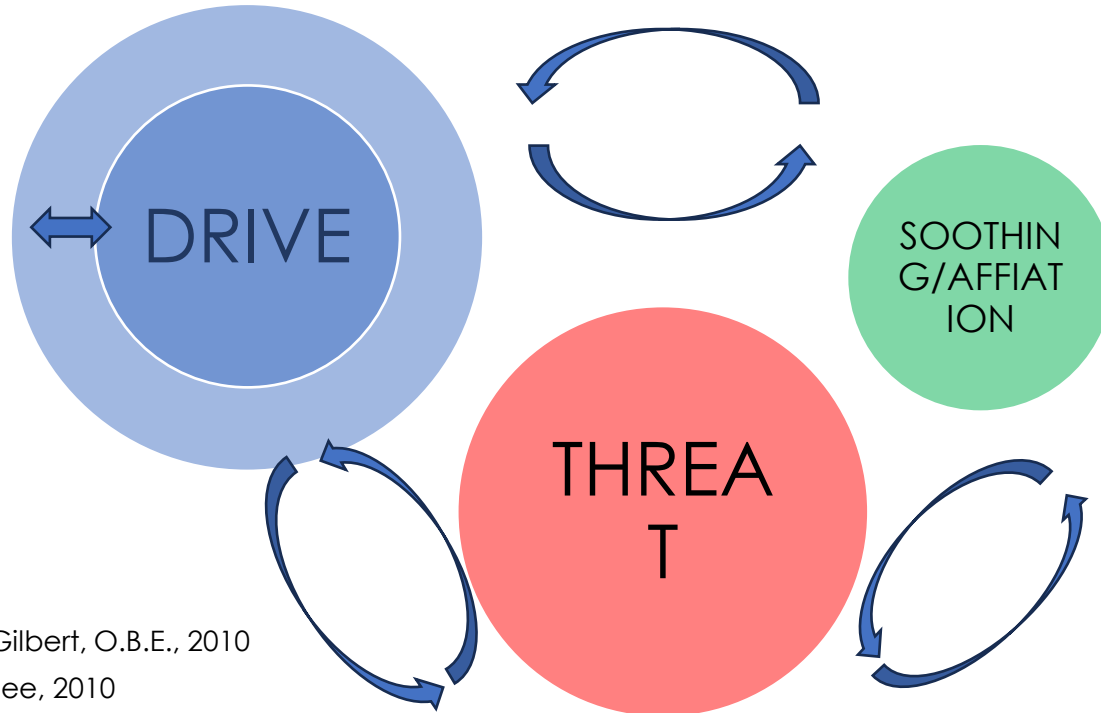
Prof Paul Gilbert, O.B.E., 2010

Three Types of Affect Regulation System.



Prof Paul Gilbert, O.B.E., 2010

Individuals & Systems Under Threat.



Prof Paul Gilbert, O.B.E., 2010

Deborah Lee, 2010

Nature Connection

- Incorporating ecotherapy/ Blue and Green therapies
- Social prescribing
- Walk and talk
- Green spaces in hospitals
- Nature based leadership

[Nature Based Leadership Programme with Green Minds – YouTube](#)

<https://findingnatureblog.files.wordpress.com/2022/04/the-nature-connection-handbook.pdf>



Supporting Mental Health of Others and Self

- Climate aware therapist
- Ecotherapy & ecopsychology approaches
- Climate cafés (see Climate Psychology Alliance)
- Schwartz round
- Specific support to groups most impacted
- Contribute to research
- NGO's



Inclusion, Facilitating Other Voices, Advocacy, Inclusion.

- Attention to our own power
- Not being an expert

<https://sacid.org.au/product/we-can-all-be-leaders-bundle-4-resources/>



Community Psychology

- The social determinants of health and wellbeing.
- Community resilience
- Mutual aid

Harris & Sally Zlotowitz, 2021

www.psychchange.org



Sustainability

- Improve Health & reduce carbon
- Prevention, self-management
- Patient empowerment,
- Lean pathways
- Low carbon alternatives
- www.England.nhs.uk/greenernhs
- <https://sustainablehealthcare.org.uk>
- <https://greenhealthwales.co.uk>
- <https://nhssustainabilityaction.co.uk>

SUSTAINABLE VALUE
=
**OUTCOME PATIENTS
& POPULATION**

**ENV + SOCIAL + £
IMPACTS**

Sustainable Healthcare Can Be Better Healthcare.

- Staff wellbeing
- Maximise organisational resilience
- Patient Centred

Changing the Culture

- Beyond individual choices
- Understand collective trauma and societal forms of denial at macro level
- Shift to preventative models
- Promoting health, wellbeing and resilience
- Acknowledge diversity of approaches
- Risk not being an expert and outside of your comfort zone.

Hickman et al., 2021; Morgan et al, 2020



Activism (Courage and Fierce Compassion)

- Being visible
- Exploring protest and activism - our professional identities
- Outside the traditional
- ACP-UK support

Lealah Hewitt Johns & Alice Walker; Jones 2020

[26 different types of activism
www.goodgoodgood.co/articles/types-of-activism](http://www.goodgoodgood.co/articles/types-of-activism)



Some thoughts to leave you with..

- What do you think your organisation needs to address this climate crisis?
- Who do you need to collaborate with, both inside and outside your institution, to make it happen?
- What impact can you expect to have on your service - users, your healthcare colleagues, community, stakeholders, and the bottom line?
- How can you encourage learning, creativity, innovation, and engagement in climate action initiatives at both your workplace and in your community?

Never underestimate your impact



Sharing Our Work Together

We'd love to know what you're doing –

Contact
CAN@acpuk.org.uk



Resources

- General regarding psychology & climate issues:
 - See ACP-UK Network page for a resource list: <https://acpuk.org.uk/member-network/climate-action-network/>
 - www.bps.org.uk/member-networks/division-clinical-psychology/climate-change
- Leadership:
 - Mackie, D. (2024) The Handbook of Climate Change Leadership in Organisations Developing Leadership for the Age of Sustainability
 - NHS Leadership Academy: Sustainability Leadership for Greener Health & Care Programme. www.leadershipacademy.nhs.uk/programmes/leading-for-sustainable-health-and-care-programme/
 - Li et al 2021 link to lots of very useful resources.

THANK YOU FOR LISTENING

Contact CAN@acpuk.org.uk

Dr Rebecca Chasey
Clinical Psychologist

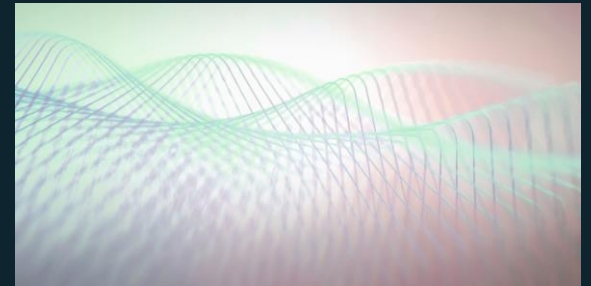
info@sustainpsychology.co.uk
www.sustainpsychology.co.uk



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Leading Associates in Private Practice

Dr Karen Barton;
Clinical Psychologist (Chartered)
Director and Principal Clinician, Barton Psychology
info@bartonpsychology.co.uk



What is the Associate Model?



ADDITIONAL
CLINICIANS ALLIED
TO THE PRACTICE



TAKE ON WORK ON
A SELF-EMPLOYED
BASIS

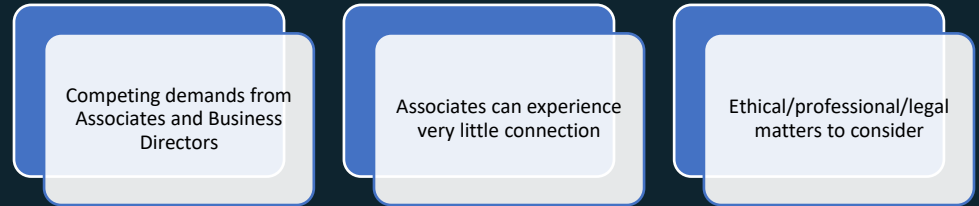


CONTRACTS VARY
BETWEEN
PRACTICES

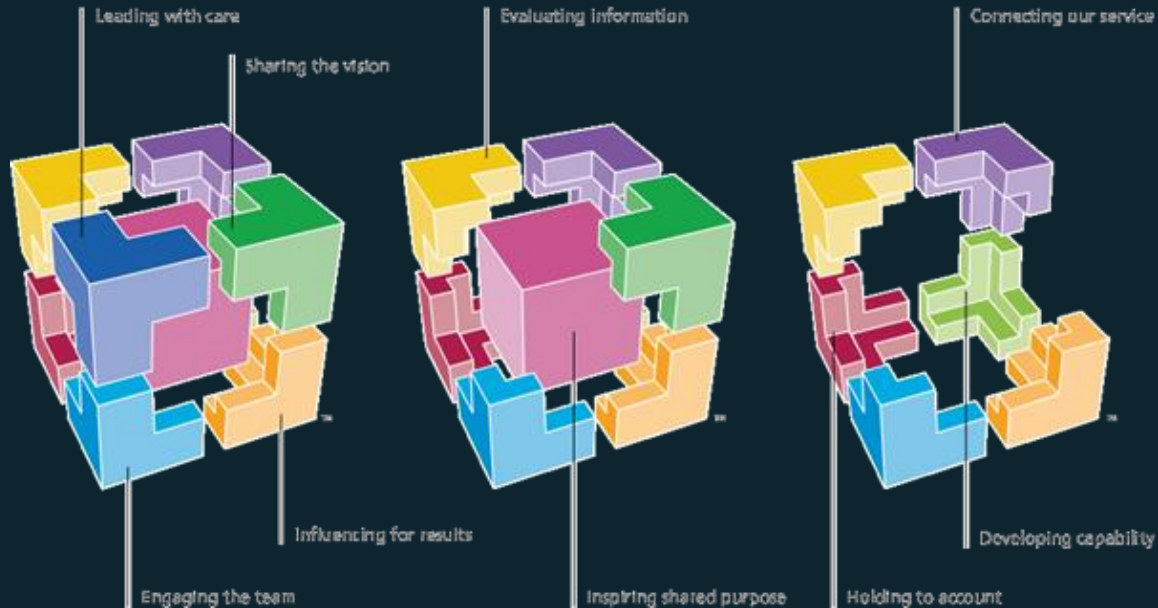


BENEFITS TO BOTH
BUSINESS AND
ASSOCIATE

Why is leadership important in this context?



Healthcare Leadership Framework



Considerations when leading Associates

- Using relationships to establish and remain connected
- Maintaining balance between control and independence
- Being flexible and keeping legal/ethical boundaries
- Finding innovative ways to create a supportive approach but acknowledge associate's other work



Questions?



Founding, leading
& growing

The Bodart

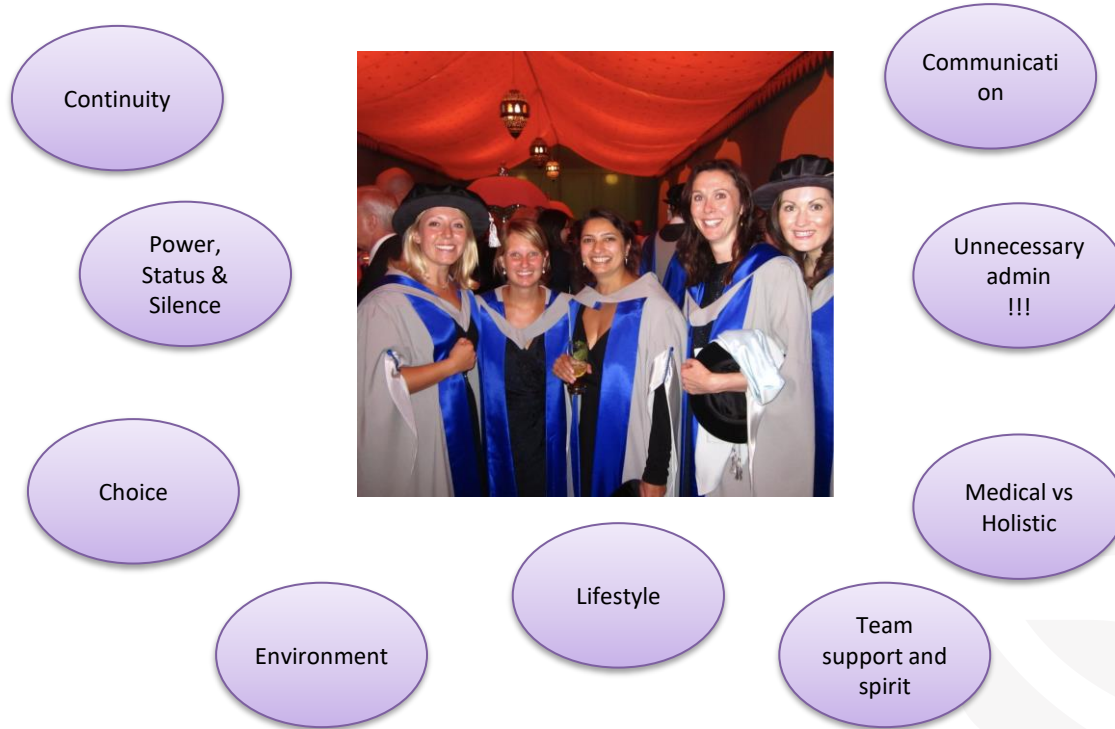
Dr Natalie Bodart
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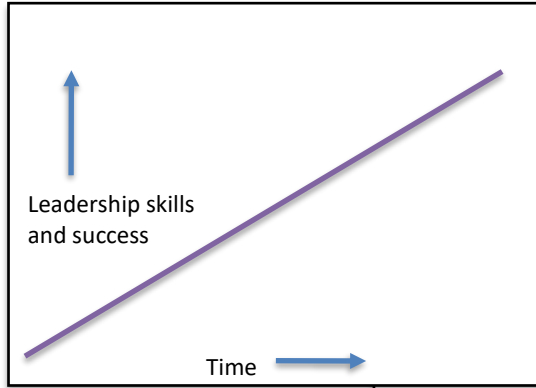
Practice



Practice mission & values

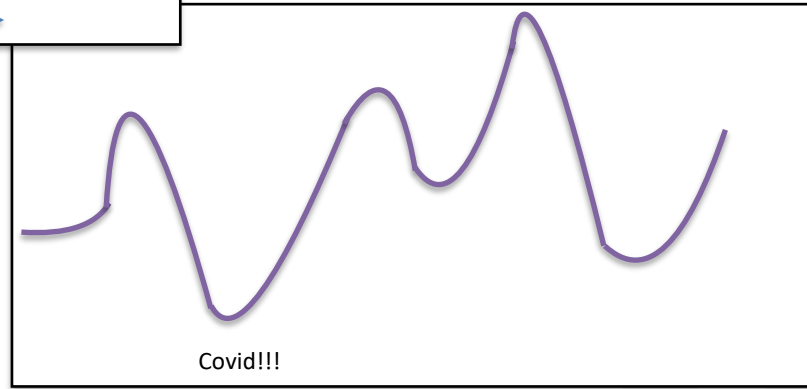
- **Mission**
 - **Mental health is more than mind alone - it is about our bodies, relationships, communities, and wider eco-system at every stage of wellness**
- **Values**
 - **Connection & community: To create meaningful, collaborative and connected spaces to connect with each other, and our bodies and minds with safety and non-judgement.**
 - **Freedom & exploration: We encourage freedom of expression and exploration with respect and an open mind.**
 - **Participation: To be a service co-designed by our team and clients by listening and responding to feedback and engagement and inviting participation.**
 - **Holistic health & balance: We work with the whole person; mind, body and lifestyle.**

Leadership realities



Less this....

More this....



Stage one: The vision & getting started

Challenges

- What is the vision and why?
- Turning a vision into reality
- Learning a whole new profession - do I need an MBA??!!
- Why me? Knowing my strengths
- Being visible

What I learned

- To invest in self-development: coaching, courses, podcasts
- To have self-belief, self-awareness, the right support, and perspective
- Just get started
- To challenge dominant narratives

Stage two: developing and leading a team and practice

Challenges

- How to build a team and practice that supports the vision as well as challenges and enriches it
- How to hold 'helping' and 'business' together with integrity (also how to run a business!)
- Flexibility and responsiveness
- Listening. Properly. Welcoming ALL feedback
- Being responsible and relied upon
- How to lead and nurture a team as a top priority
- Effective communication
- Work-life blend

What I learned

- Ongoing self-development
- To invest in a support team
- Resilience, assertiveness, adaptability
- Mistakes and 'failures' are an opportunity to grow but don't forget to celebrate the positives too
- I don't have to please everyone all the time and it's better if I don't
- That leading a team can be challenging but so rewarding and so much fun!
- To be value led - personally and professionally

Stage three: Evolution, decisions, challenges

Challenges

- What is success anyway?
- Becoming an employer
- Making tough decisions
- Leading through difficulty
- Time (there's never enough)
- More self-awareness and leadership development
- Empowering others to lead

What I'm learning

- When to grow, when to pause and the impacts of each on me, the practice & the team
- To enjoy calm seas and to trust myself in choppy waters
- I don't have to do it all alone
- To lean on trustworthy advisors to help me make tough decisions with clarity, courage and compassion
- To take measured risks
- To have fun
- To be open and human



Thank you!



www.thebodartpractice.co.uk

Mental Health is more than Mind alone



Leadership Opportunities in Independent Practice

Dr Sarah Swan
Consultant Clinical Psychologist
ACP-UK Independent Practice Network Lead

Involvement in a professional organisation

- ACP-UK Director for England
 - Contribution to the Board
 - Four Nations Group
 - Developing regional reps
 - Consultant title work
 - Expert witnesses for the family court
 - Links with HCPC/BPS
 - Webinar series
 - Conference Committee
- Coping With..... Series Editor
- IP Network Lead

Clinical Psychology Leadership Development Framework (DCP, 2010)

Clinical

- Ability to integrate psychological knowledge to inform client care pathways and service innovation.
- Where problems occur-be able to identify links between elements in the organisational system and formulate service solutions.
- Advise directors/commissioners on specialty clinical standards / skill mix /safe evidence based clinical practice /resources.

Professional

- Able to inspire, supervise and develop leadership in others using psychological knowledge.
- Reflect on other professionals' perception of psychology.
- Identify and work with organizational distress.
- Strategic involvement in research.

Strategic

- Able to assess psychological service development ideas at different levels: client, professional and organisational.
- Skilled in developing strong working relationships with other professionals, service leads directors and commissioners.
- Setting the direction of relevant organisational policy procedures.

Pros

Pros:

- Working alongside other CPs
- More agile organization
- More opportunity for innovation
- Extending my network
- Working on priorities for psychology
- Developing knowledge outside of my specialty/context
- Increased understanding of functioning of other organisations
- Choice
- Team working/Support

Cons

- Challenge of a new organization
- Balance interest vs income generation
- Maintaining focus on priorities
- Challenge of working virtually
- Different levels of input

Take Away

- Range of opportunities available
- Consider the professional organisations you belong to/wish to belong to
- Step out of your comfort zone
- Focus on your areas of interest
- When the fun stops, stop!

The role of the psychologist in leading work to tackle health inequalities

Dr Ellie Atkins



What will we cover

- Why are we even talking about this
- Feeling the fear and recognising limitations
- Understanding health inequalities (very briefly!)
- What is the role of the psychologist in HI?
- What are some small things you can do?

Acknowledgements

- Sarah Adewole
- Jemima Onih
- Olumurewa Akintola
- Erin Saunders-McDonagh
- The teams I have worked with and work with now

Why are we even talking
about this?

Is healthcare for all families?



Silence is not a neutral position

- I am aware of my privilege
- I want to be part of the solution and an ally, whilst acknowledging I lack the lived experience of my colleagues and clients

“Educating yourself is long-term work towards an authentic understanding about the systems of racism in which we all live—and the white fragility, segregation, and covert racism that come with it.”
Katherine Igoe, 2020

If not you, then who?

If not now, then when?

A note about perspectives

- Wonder how this will land for people in the audience coming from different places?
- How will it be for those in the audience who have or are experiencing health inequalities or racism (at any level) or another form of discrimination?
- I can talk from my experience of this work but I'm aware that this is a limited and blinkered position and there will be things I'm not seeing

If your actions inspire others to dream more, learn more, do more and become more, you are a leader

John Quincy Adams

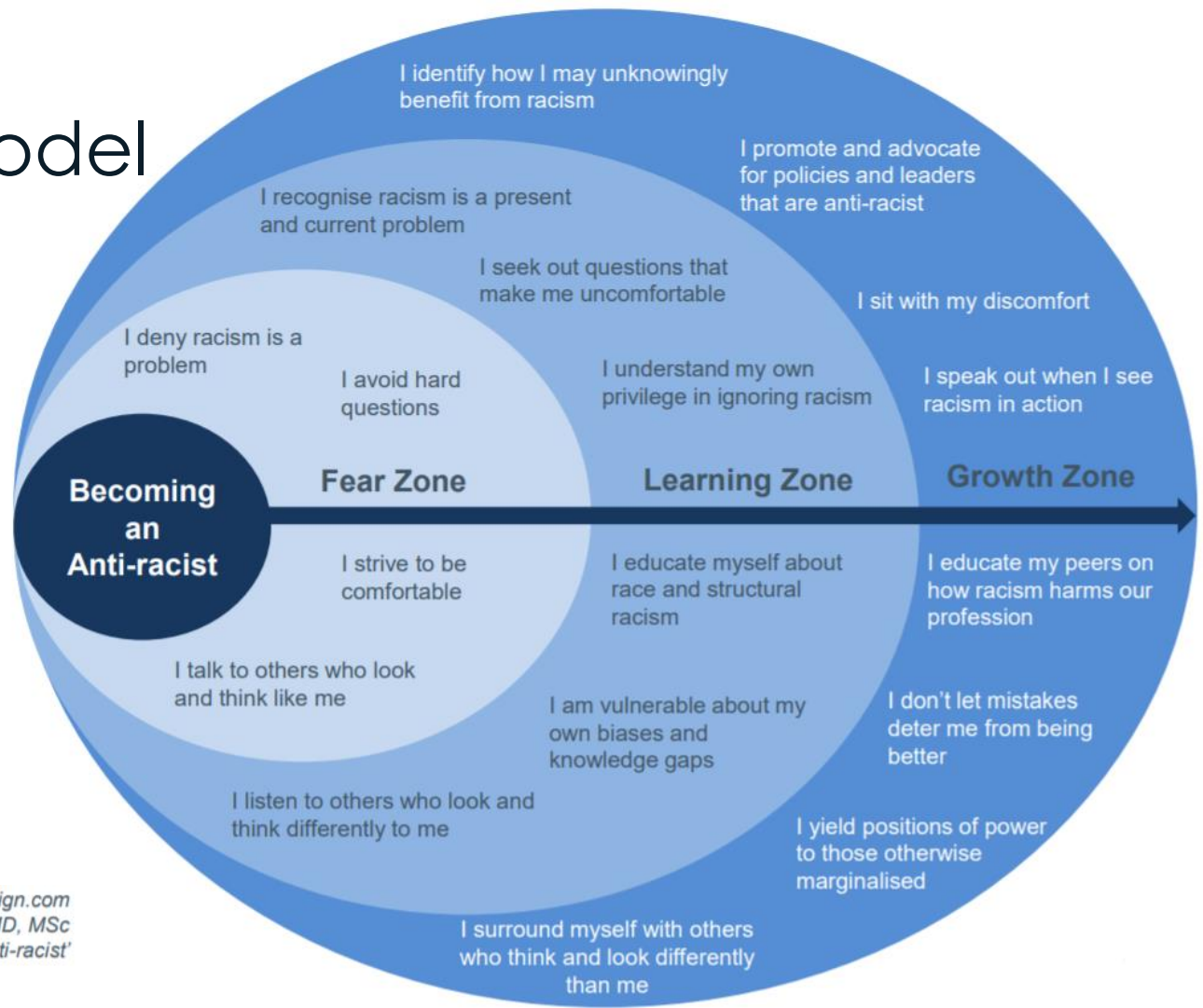
Fears and limitations

“Do what you can in your little corner of the world”

- Not a ‘expert’: Feeling a fraud
- Can be an ally but can never truly appreciate some of the experiences and nuance of the challenges
- Am now in leadership role but wasn’t always



Anti racist model

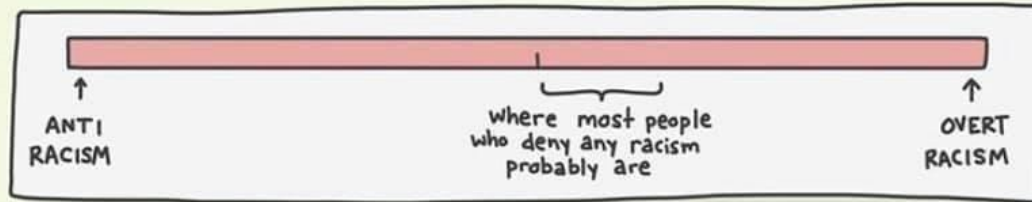


Graphic by www.surgeryredesign.com
Andrew M. Ibrahim MD, MSc

HOW I THOUGHT RACISM WORKED BEFORE ANTI-RACISM EDUCATION:

ARE YOU RACIST? YES
 NO

HOW I THINK RACISM WORKS NOW:

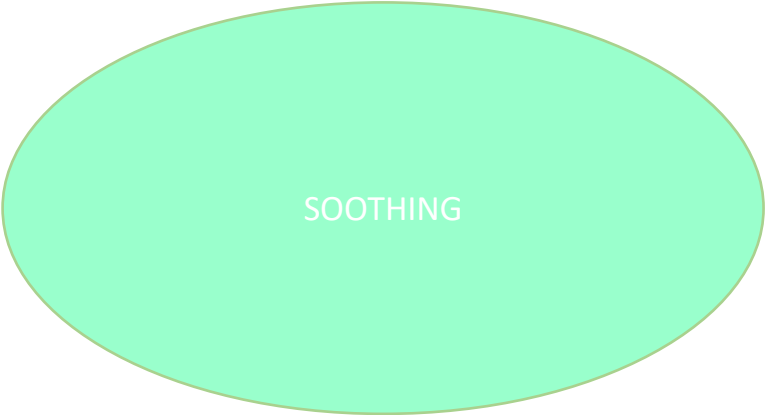
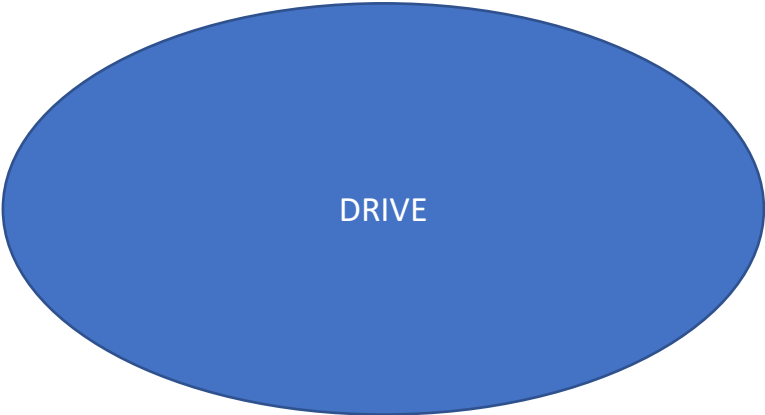


@LINDSAYBRAMAN

Why It's So Hard for White People to Talk About Racism

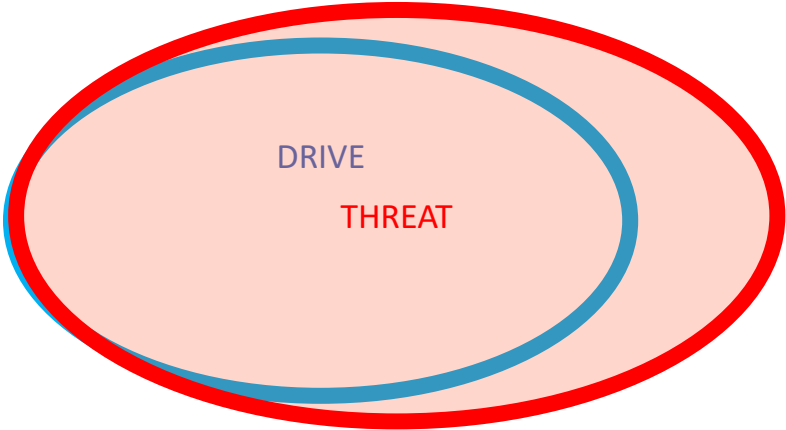
"I believe that white progressives cause the most daily damage to people of color. I define a white progressive as any white person who thinks he or she is not racist, or is less racist, or in the 'choir, or already 'gets it.'

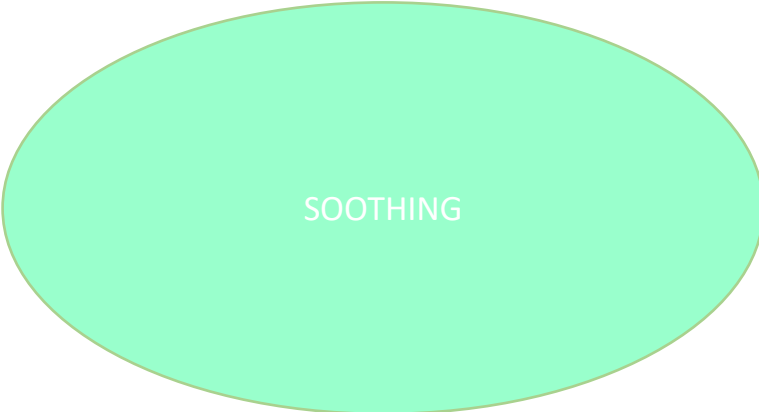
*White progressives can be the most difficult for people of color because, to the degree that we think we have arrived, we will put our energy into making sure that others see us as having arrived. None of our energy will go into what we need to be doing for the rest of our lives: Engaging in ongoing self-awareness, continuing education, relationship building, and actual anti-racist practice. **White progressives do indeed uphold and perpetrate racism, but our defensiveness and certitude make it virtually impossible to explain to us how we do so.**"*



Barriers and fears

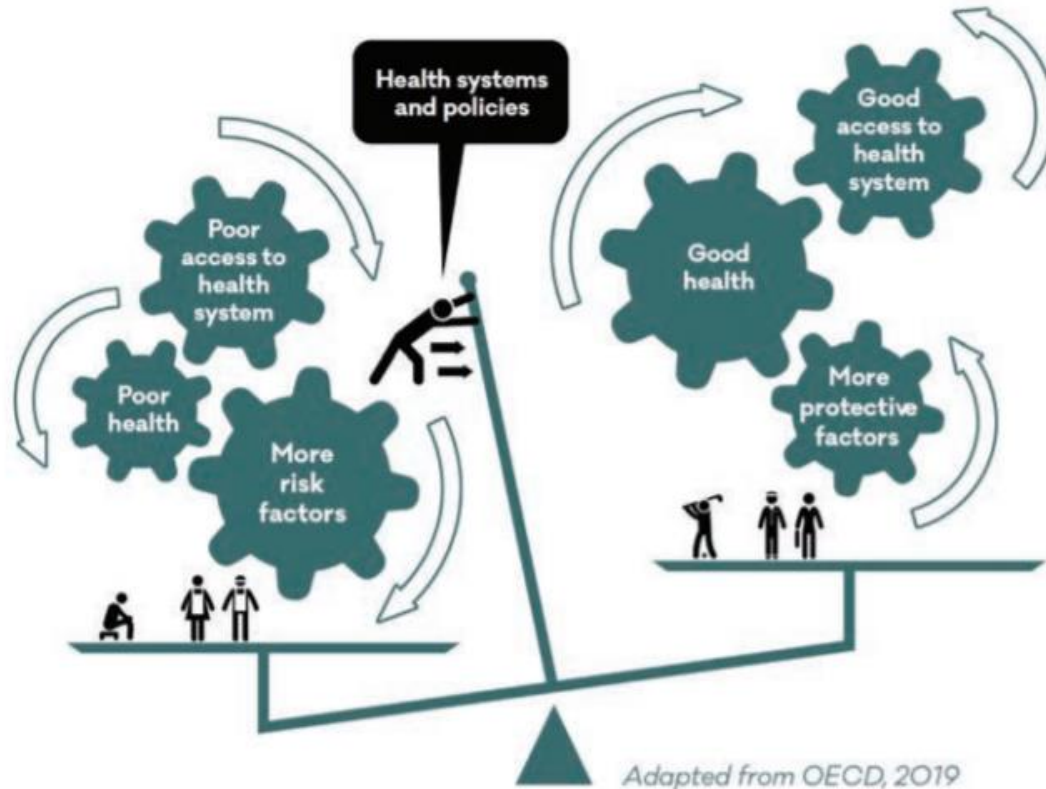
- Being an unhelpful white liberal
- Tokenism
- Paternalism
- Anger and discomfort of holding this
- Really anxious about getting it wrong – being offensive and rude
- Discomfort with the times in the past when I have been wrong, or done things which have perpetuated problems or oppressed people

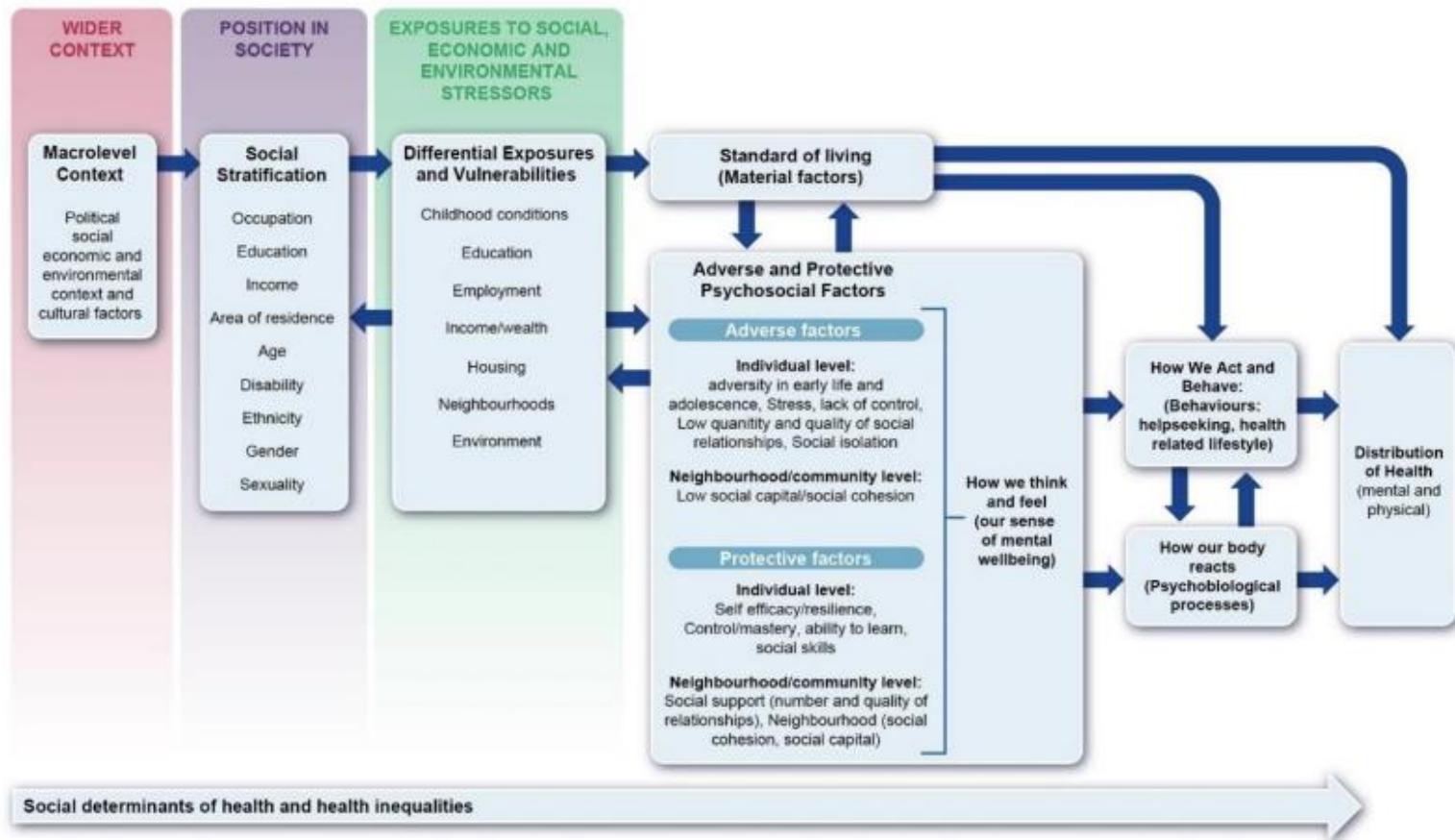




A (very brief) intro into health inequalities

Health, risk factors and access to the health system: The odds are stacked in favour of the better off





Source: Bell, R, Psychosocial pathways and health outcomes: informing action on health inequalities: PHE/ UCL Institute of Health Equity, 2017, London

A flavour of the evidence

- Black neonates die at more than twice the rate of white neonates
- Black and Hispanic infants remain at increased risk for severe morbidities
- Black premature infants experience higher rates of comorbidities
- Disparities in severe morbidities are associated with later neurodevelopmental, behavioural and physical impairments across the life course
- Inequalities are intersectional with poverty as a key determinate/exacerbation of other inequalities

e.g. Horbar et al, 2019; Sundermeir, 2021

'Hard to reach'

- Language
- Understanding (words and ac
- Models of care delivery
- Expectations

- Taking responsibility

I am not 'hard to reach'
9 April 2020 | Haleema Ali

"Hard-to-reach" is a phrase used commonly +
perceived to be disengaged. To me it i-
than questioning why the organis-
faced by individuals, such as
sectors, including educ-
to be across the k
on the use of the k
refram-

"We are not hard to reach, but we may find it hard to trust" Involving and engaging 'seldom listened to' community voices in clinical translational health research: a social innovation approach

[Safina Islam](#), [Olivia Joseph](#), [Atiha Chaudry](#), [Davine Forde](#), [Annie Keane](#), [Cassie Wilson](#), [Nasima Begum](#), [Suzanne Parsons](#), [Tracy Grey](#), [Leah Holmes](#) & [Bella Starling](#) ✉

[Research Involvement and Engagement](#) 7, Article number: 46 (2021) | [Cite this article](#)

6890 Accesses | 12 Citations | 98 Altmetric | [Metrics](#)

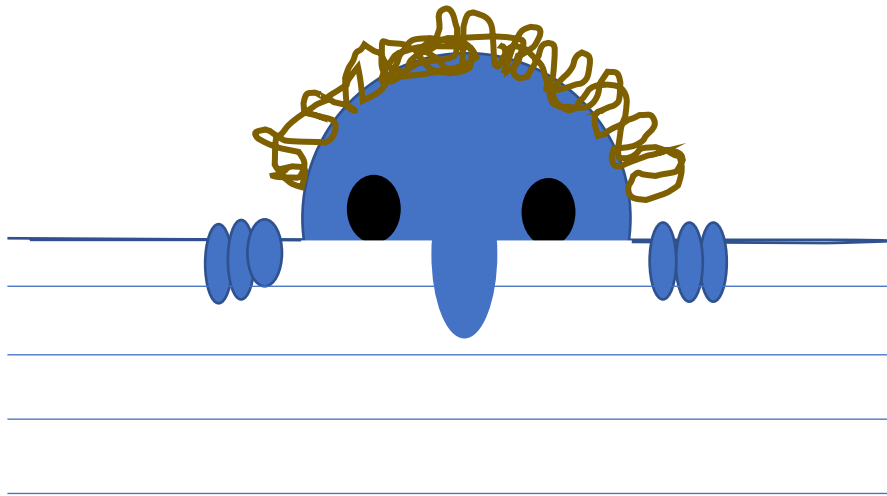
Abstract

Background
Public involvement in clinical translational research is increasingly recognised as

We have a long way to go



What is the role of the Clinical Psychologist?

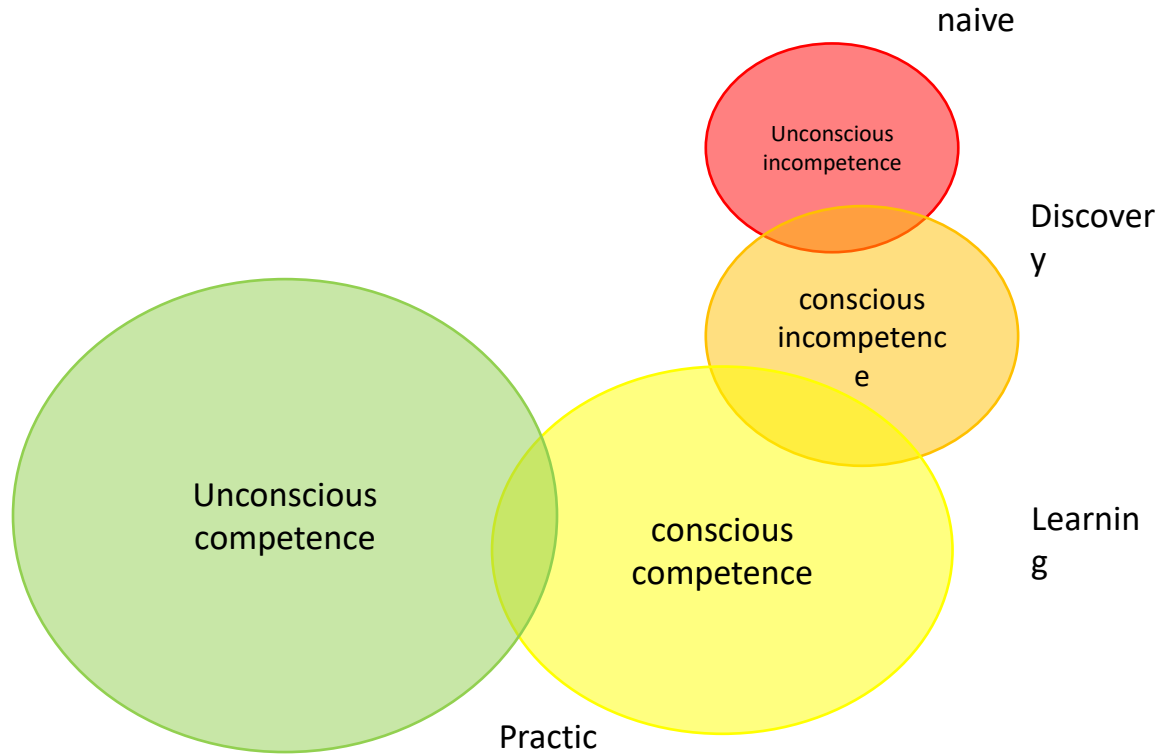


BEHOLD THE TURTLE.
HE MAKES PROGRESS
ONLY WHEN HE
STICKS HIS NECK OUT.
-JAMES B CONANT

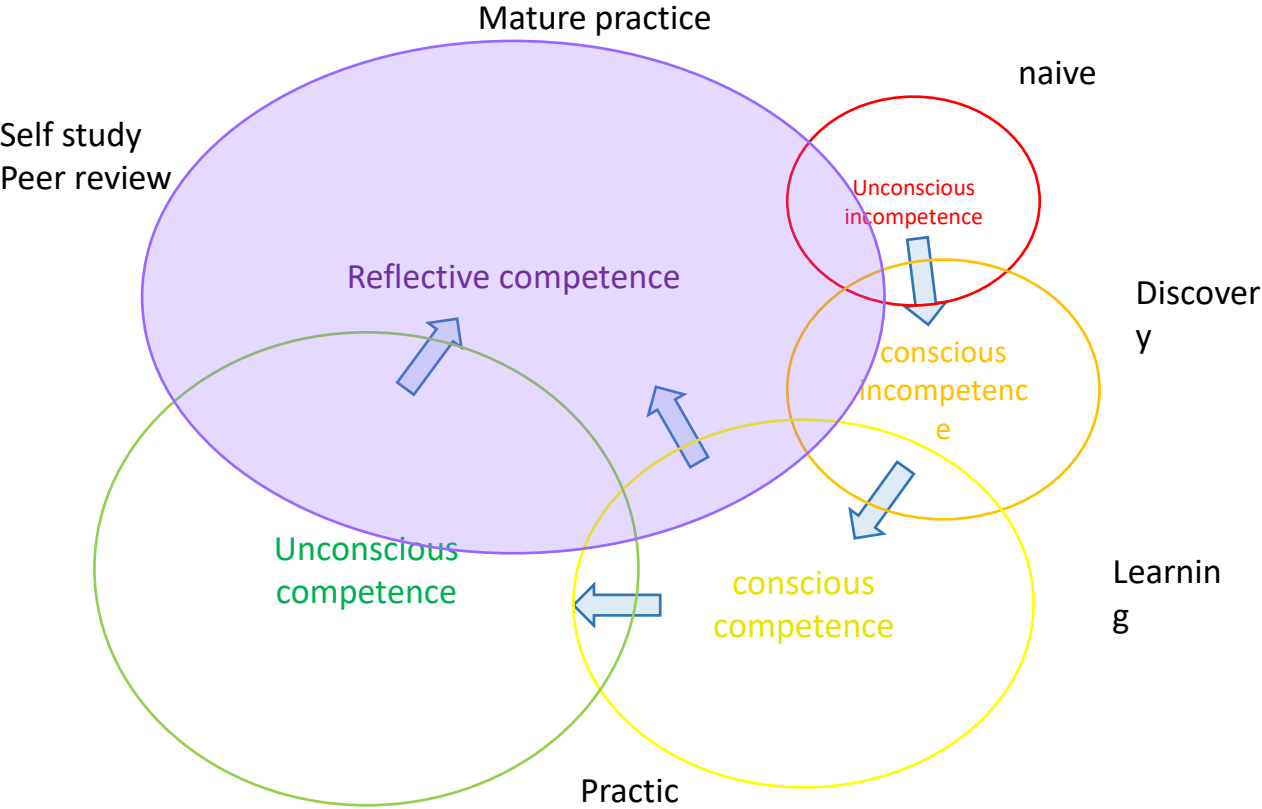
‘In situations where people’s ability to spin themselves an alternative narrative to disguise their reality is limited or where the effects of their material circumstances become too obvious to ignore, psychologists (and of course others) are forced to turn their attention to **trying to modify the person’s world** rather than the person’s cognitions’

Smail, 2007

Conscious competence model



Conscious competence model

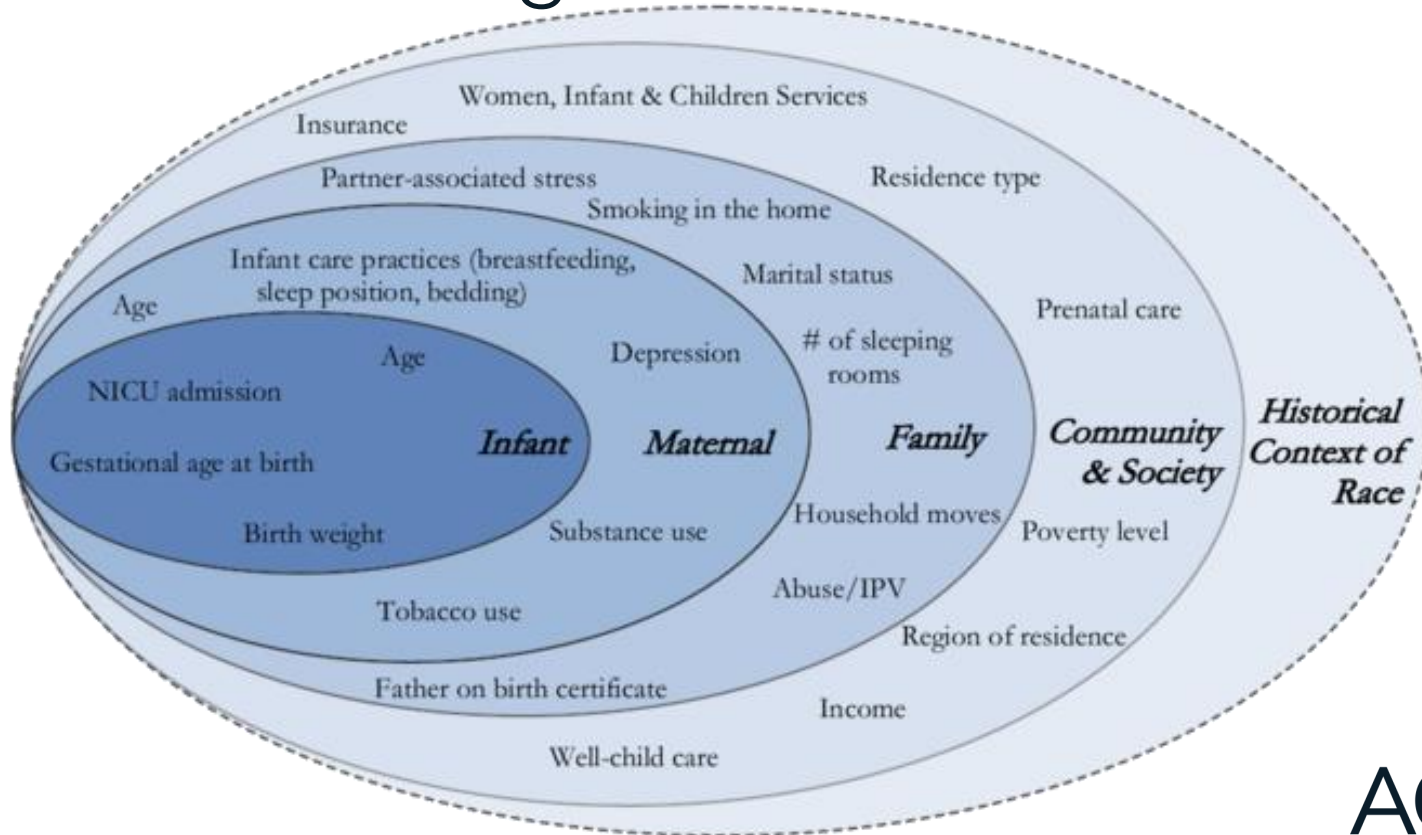


Sitting with...

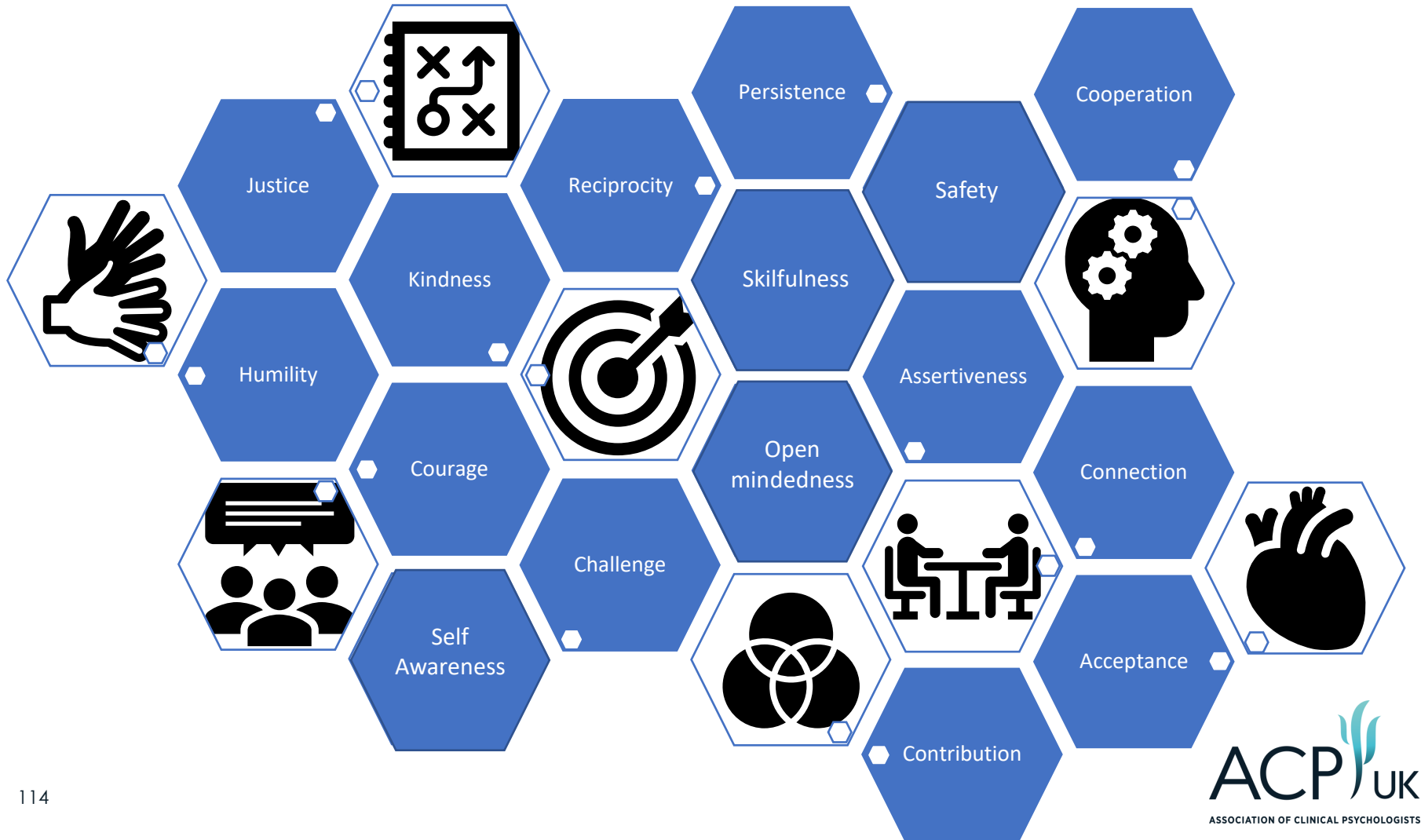
- People avoid addressing racism and health inequalities because...
- They are scared of offending someone
- They don't want to say the wrong thing
- They don't know what to say
- They don't know what to do
- They are overwhelmed with the enormity of what is happening



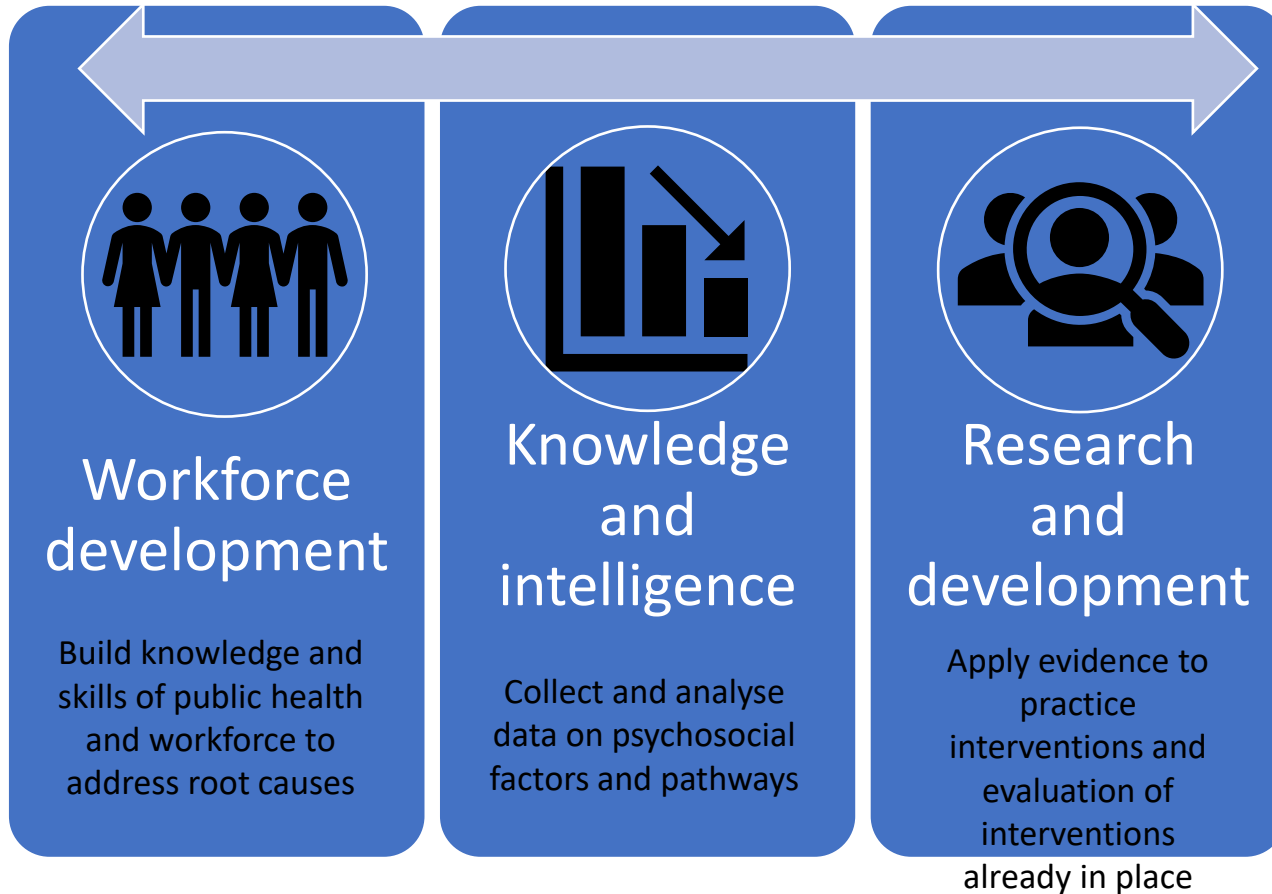
Systemic thinking



What are some small things
we could do?



Tackling health inequalities

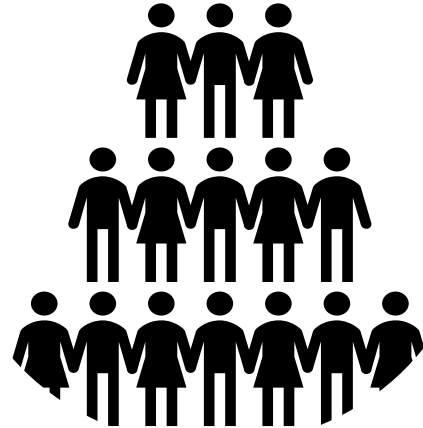


Journey



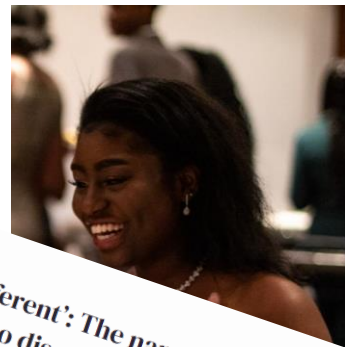
- School & family experiences
- Teaching in East and South London
- International development work
- Children without parental care in BiH
- Log book on training & SU mentor project
- Anecdotal experiences in acute health

Some examples...



Becoming an antiracist private practice

- Setting our house in order
- Interns
- Products



Article
'It's quite a thin line to tread and every client is different': The narratives of Black, Asian and Minority Ethnic young adults in relation to discussing racial experiences in cross-racial therapeutic dyads

Adewole, Sarah | Atkins, Ellie
Clinical Psychology Forum 349: 9-14

[Hide abstract](#) | [View article](#) | [Download PDF](#)

The cross-racial therapy narratives of 35 BAME* young adults were analysed, to provide guidance for White therapists. Most participants preferred a BAME therapist over a White therapist, and felt better understood by a therapist of shared ethnic-background. Implications for therapists are discussed.

The Association of Clinical Psychologists

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ASSOCIATION OF CLINICAL PSYCHOLOGISTS

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Being Black, Brown and Asian During this Pandemic: The Impact on Children, Young People and Families

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An example from acute care

How many babies are born prematurely in the UK?

We estimate that nearly 58,000 babies are born prematurely in the UK every year.

This means that **1 in every 13 babies** born in the UK will be born premature (before 37 weeks of pregnancy).

The latest data shows that the number of babies born premature is increasing:

- The overall percentage of preterm live births increased from 7.4% in 2020 to 7.6% in 2021. Babies from the Black ethnic group have had the highest proportion of preterm births since data collection began in 2007. In 2021, 8.7% of live births in the Black ethnic group were preterm births.
- Between 2020 and 2021, the biggest percentage increase in preterm live births was in the Asian ethnic group, from 7.5% to 8.1%



NHS

**London Neonatal
Operational Delivery Network**

ACP UK
ASSOCIATION OF CLINICAL PSYCHOLOGISTS

An example from acute care

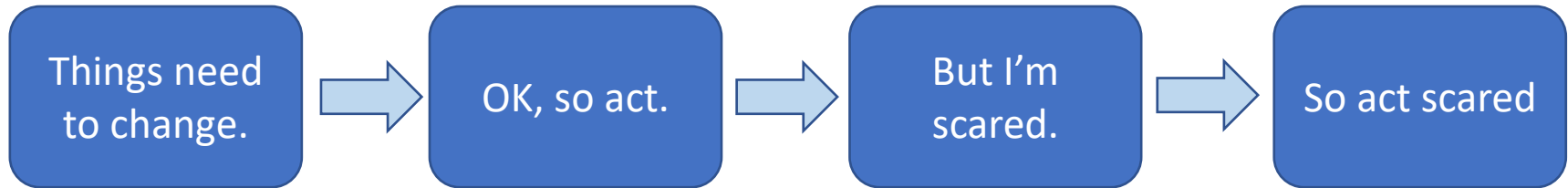
1. Putting it on the agenda
2. Researching training courses
3. Discovering there weren't any
4. Casting the net wider
5. Setting up a discussion group
6. Raising it in senior meetings
7. Keeping on raising it
8. Asking the awkward questions
9. Influencing where you have influence
10. Giving time for it – prioritising and sacrificing
11. Not giving up



NHS

**London Neonatal
Operational Delivery Network**

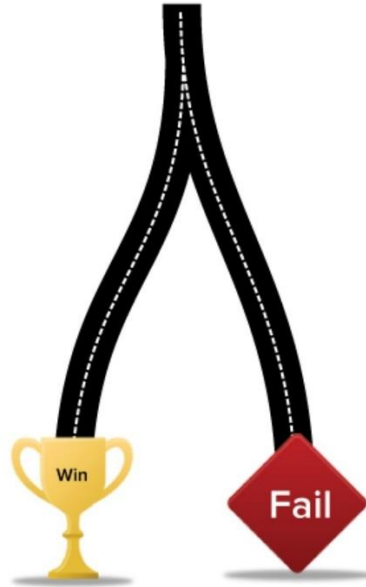
ACP UK
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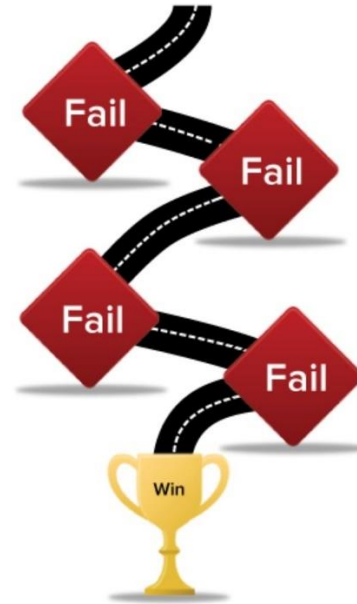
How does the psychologist contribute to tackling HI?

- Educate yourself
- Language
- ...And Action
- Data
- Keeping going (beyond the 'whim')
- Educate others
- Be an ally

What Most People Think



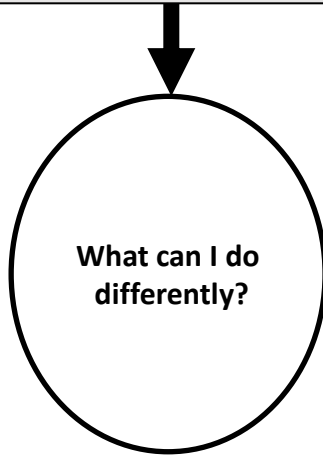
What Successful People Know



@douglaskarr

Time for reflection

Where do I go from here?



What could you do in the team(s) you work in?

What could you do to develop your knowledge



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Forgotten Lives UK

Mark Oakley, Martin Eve &
Nikola Brigden





Forgotten 500k
Campaign and Vigil

Forgotten 500k Campaign and Vigil



Forgotten 500k Campaign and Vigil



No 10 Downing Street Visit



Oxford Museum Display



Partnered Charities

