
**Psychologically informed
Organisational Consultancy for
Forensic Mental Health Services**

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How can we influence Team Cultures within a Forensic Mental Health System?

Thames Valley Forensic Mental Health Service:

- Multiple in-patient and Community based MDT teams.
- Managed and coordinated centrally (FSMT and Professional departments), but
- Each 'system' functions relationally (fairly) independently with a local 'Senior leadership team'.

- Rarely is there time to consider Team psychological processes and Team Culture development.
- Systems are allowed to develop and then evolve with little systemic intervention.

Recurring patterns of organisational difficulty

Similar patterns of difficulty observed in Teams and local Cultures:

- Leadership problems within local senior teams.
e.g. Lack of direction; Conflict; Distant/uninvolved
- Team cohesion.
e.g. Collaborative working; managing hierarchies
- Disengagement and low morale.
- Toxicity in relationships with patients.
- Closed Cultures.

Dominance of day to day processes veils awareness of, and undermines capacity to intervene in, Systemic processes.

Organisational consultant input

- We hypothesised that access to an external thoughtful perspective could activate Teams' own reflection on systemic issues and harness Teams' own resourcefulness.
- 0.4wte Consultant Psychologist/Psychotherapist
Line managed within FSMT; work across the whole service
- My involvement is commissioned via FSMT; but often sought out through multiple other routes
- Types of projects:
 - a) Teams that have got 'stuck'
 - b) Teams going through a significant transition
 - c) Ongoing low level input

Organisational consultant input

- Typical practice:
 1. Setting up and contracting
 - a) Independent 'good faith' help vs. having authority to intervene
 - b) Mutual expectations
 2. Initial systemic assessment of problems
 - a) Individual and group interviews with all parts of the system
 - b) Observation of team meetings, clinical environments, etc
 3. Feedback of initial systemic formulation
 4. Further interventions
 - a) Reflective feedback loops between parts of the system
 - b) Systemic interventions within individual parts of the Team
 5. Ending. Length of involvement

Organisational consultant input

- Feedback has invariably been positive:
 - An outside helpful perspective on the system, offered in 'good faith'.
 - Felt 'heard and understood'
 - Promoted own thinking and reflective stance; empowering.
 - Systemic interventions were more accurate and targeted
- Challenges:
 - 'Internal' vs 'External' consultancy: Impact on commissioning and contracting.
 - Resistance. Disengagement.
 - 'Dependency' group processes.

Restorative Practice in Forensic Mental Health

QNFMS 12.02.25

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What is Restorative Practice?

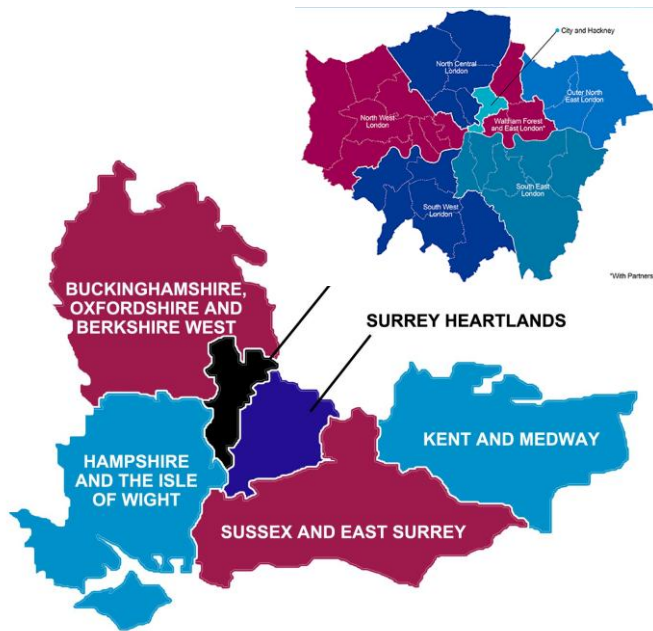
- Restorative practice is a process in which people come together, where harm has been caused.
- It is a process of self-discovery and learning for the harmer as they can work towards positive outcomes for those they have harmed and themselves.
- For the person harmed it offers an opportunity for healing. People who have been harmed often want to understand why the event(s) occurred, it gives them a voice and a chance to play a part in deciding how the harmer can repair the harm.

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RP in forensic mental health settings

Restorative Practice can restore interpersonal relations, by repairing the harm caused and facilitate increased understanding and learning.



- Sussex:
 - Cook, Drennan & Callanan (2015)
 - Cook (2019)
- SLAM:
 - Drennan, Cook & Kiernan (2015).
 - Drennan & Swanepoel (2022).
- West London MH Trust:
 - Tapp & Verrinder (2019)
 - Tapp, Moore, Stephenson & Cull (2020)
 - Moore (2022)
- KMPT
 - Cooper & Whittington (2022)

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Low Secure Forensic Services - Dartford

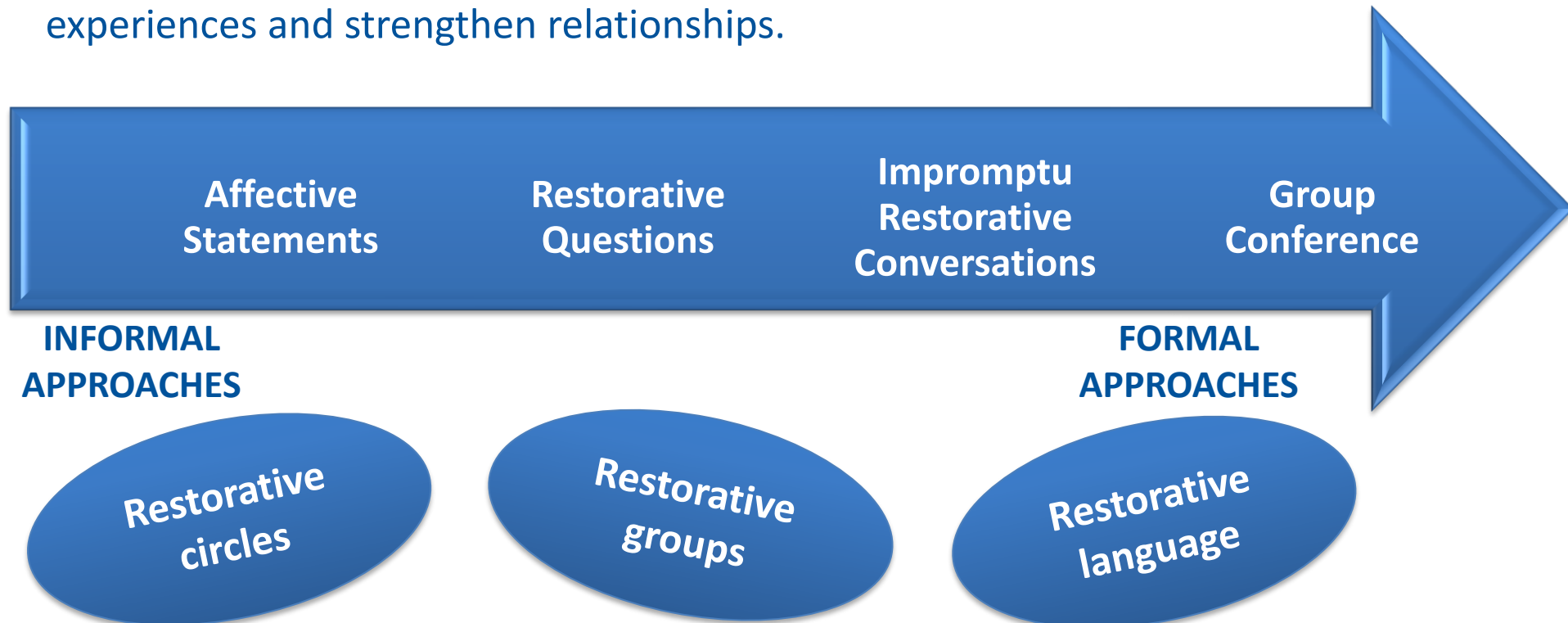


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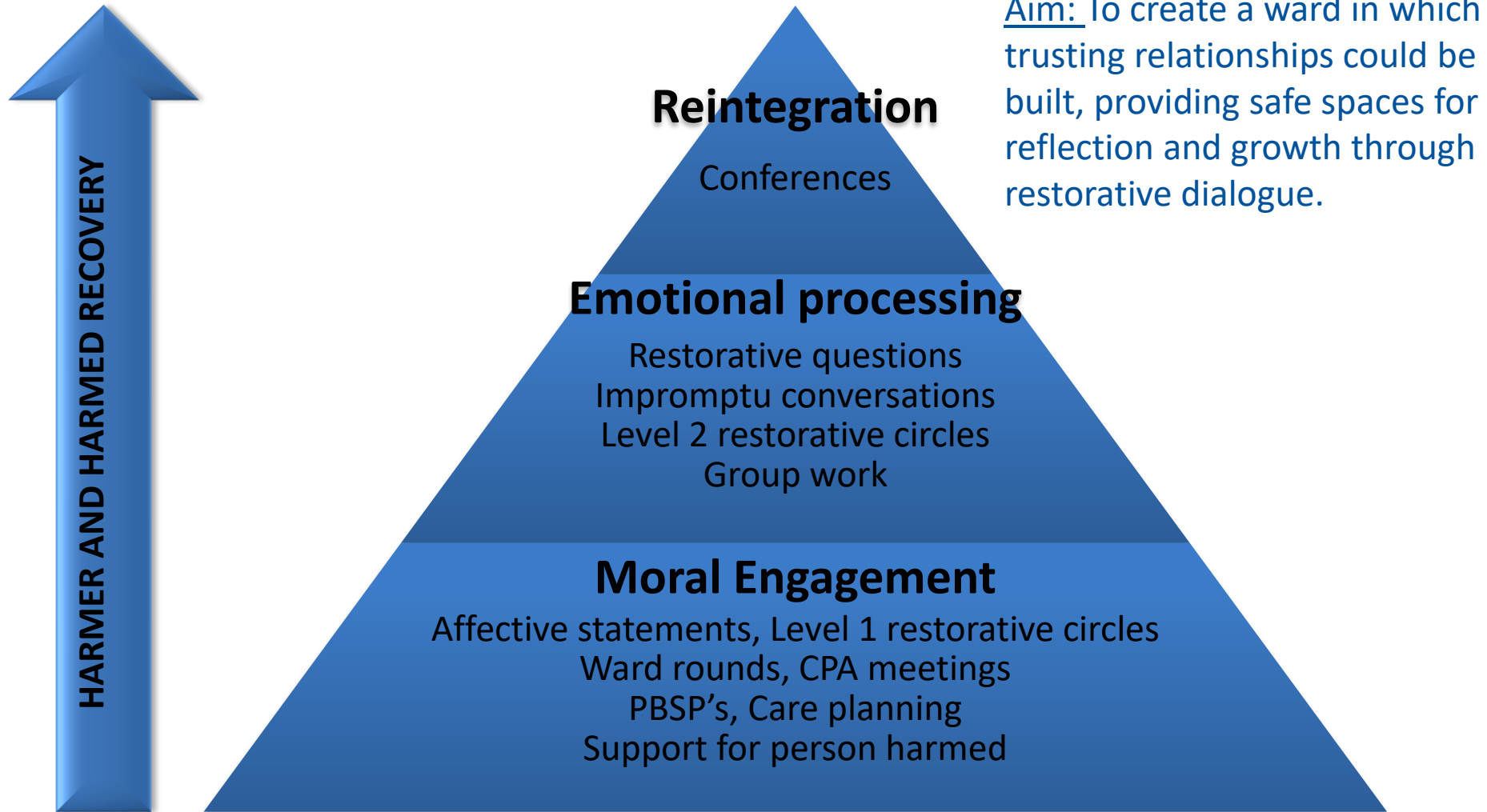


Why a restorative ward?

- Outcomes from Service evaluation.
- Conflict is a part of life, *“there will always be misunderstandings, competing needs and interests and differences of opinion”* (Costello et al, 2009; p.16); we will continue to see conflicts on the wards.
- Restorative practices views conflict as an opportunity to foster meaningful learning experiences and strengthen relationships.



Restorative Wards



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Conclusions

- Non-significant improvements were seen in patient cohesion, therapeutic hold and experienced safety.
- There was an overall non-significant reduction in incidents (although other variables will also help to explain this finding).
- Restorative circles helped build connections between staff and patients, they created a forum where trust could be developed, facilitated a way for patients to explore their feelings, and hear how others thought differently to them.
- The capacity to deliver restorative working was sensitive to changing dynamics on the ward (a ward merger leading to new untrained staff working on the ward, reduced staffing numbers and uncertainty regarding future changes).
- Restorative working was well regarded by staff and patients, they advocated for this approach to be rolled out to other wards.

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Racism in the NHS

- The majority of staff from global majority groups have experienced some form of racial abuse.
 - 76% of staff said they had been subjected to at least one incident of racist behaviour (BMA, 2022).
 - 71% chose not to report the incident, either not to be labelled a ‘trouble maker’ or due to lack of confidence in that adequate action would be taken (BMA, 2022).
- Staff from global majority ethnic backgrounds found many NHS organisations’ response to be, to challenge, or ignore the allegations (Kline & Warmington, 2024).
- The NHS still has a serious problem with racism (Miller, 2024).

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The Picture in Kent

- Rawers and Gannon (2023)
 - 81% of staff experienced verbal abuse, the majority of incidents for staff from global majority groups being race-related.
 - Staff were mentally and physically affected by racial abuse.
 - Staff described the consequences for racial abuse as being inconsistent and ineffective
 - Zero-tolerance policy was not being enforced.
- Staff Focus groups
 - Staff felt alone and disillusioned in reporting racism.
 - Reporting processes were re-traumatising and cumbersome.
 - Support was not always offered to those harmed and to those repeatedly abused.
 - Not enough was being done to challenge racism. Collusion when no response.
 - Some staff were fearful of escalation if they confronted racist behaviour.

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Tackling Racism Strategy

- The limitations of current **zero tolerance** approaches were reflected upon.
 - A reactive approach which does not consider underlying causes, attitudes and behaviours.
 - Zero tolerance has shown little in terms of progress and positive outcomes.
- **Restorative practices** offer opportunities for meaningful dialogue to support learning and understanding.
 - Safe spaces to confront and address racism and teach respect for difference.
 - A focus on how to foster relationships and build meaningful relationships.
 - Restorative Practice facilitate pathways for change

<https://restorativejustice.org.uk/blog/zero-tolerance-and-tackling-racism-restoratively-uk-education>

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Tackling Racism Strategy

- Solutions to racial inequalities need to be aimed at achieving long-term institutional culture change.
- Restorative Practice has been found to be effective in changing everyday culture, raising awareness and understanding of different perspectives.
- Witnessing harm creates responsibility. We are all aware of racism happening.

“If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say you are neutral, the mouse will not appreciate your neutrality”. Desmond Tutu

- Restorative Practices promote the idea of Invested Facilitation
 - Neutrality fails to acknowledge historical violence and traumas.
 - Neutrality assumes that power is equal.
 - Neutrality ignores systemic inequities in an effort to claim objectivity.
 - Neutrality promises “safe space” without a questioning of who gets to remain safe.
- Larell Smith-Bacon & Bilphena Yahwon (2019)

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Tackling Racism Strategy



Prevention



Disruption



Promotion of
disengagement



Addressing the
impact

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Tackling Racism Strategy: Prevention

Actively promoting equality
Building connections and understanding
Celebrate diversity

- Respect days
- Cultural events
- Citizenship programme
- Ward reps
- Restorative circles
- Active ally group



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Service Statement



Here, in the KMPT Forensic & Specialist Directorate we are a diverse service.

- It is good to be curious about the things that make us different and the same.
- This makes us stronger and wiser.
- We are proud to stand together to celebrate our diversity and our differences, as well as all that we have in common.



Our services have an Anti-Racist Strategy

•We will not accept any words or actions that are used to separate or discriminate against other people on the basis of our differences.

•We will call it out if we see or hear such words or actions.

•Whoever we are, we will challenge these behaviours.

•We will report hate crime and racial abuse to the police.



•We will stand with people who are racially abused and we always support people who have been harmed.

•Our service aims to help those who cause harm to change their unacceptable behaviour.

•Please respect our differences.

Our diversity is a gift for us all: Don't abuse it!

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Tackling Racism Strategy: Disruption

Safe and confident responses to racism.

- Staff training
- Racist behaviour named and challenged
 - Affective Statements and restorative questions
- Anti-racism/active ally care pathway
 - Assessment of attitudes and behaviour on admission
 - Individualised care plan to target racist behaviour
- Setting realistic expectations about police responses

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Tackling Racism Strategy: Promotion of disengagement

Opportunities for learning for individuals who present with both overt and more subtle expressions of racism.

- Punishment does not teach how to facilitate and engender change
- Challenging racism group
 - Formulation driven, sitting within the wider tackling racism strategy.
 - Restorative circles and conversations
- Anti-racism care pathway
- Staff training (micro aggressions, unconscious bias, compassionate responses to racism)

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Tackling Racism Strategy: Addressing the impact

Support for staff and patients who are victims of and witnesses to racism.

- Staff training
- Unifying follow up support procedures
- Restorative interventions (informal to formal practices)
- Reflective practice, Patient and staff debriefs
- Supervision, Line management
- Escalating concerns to Trust Executive board.
- Meeting the needs of witnesses, by-standers and bank staff

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Summary

- Restorative Practices hold real potential for cultural change.
- More research is needed.
- The tackling racism strategy described in this presentation is in its infancy, outcomes will continue to be evaluated.
 - *“My dream is that restorative justice, as a worldview inspired by Indigenous insights and as a medium of holistic change – on intrapersonal, interpersonal, intragroup, intergroup, and systems levels – might help move us from an ethic of separation, domination, and extreme individualism to one of collaboration, partnership, and interrelatedness”.* Davis, (2019)

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