

Culture of Care

Personalised Approach to Risk Workshop

Tuesday 29th July 2025, 10:00 – 12:00

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Neurodiverse
Connection

Global
Black
Thrive

NCISH





A warm welcome and housekeeping

Housekeeping

- Please mute your microphone unless you are speaking.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting or the raising your hand function.
- If you experience any technical difficulties, please email: cultureofcare@rcpsych.ac.uk

How we want to work together



Collaborative learning – *Make the most out of the session, whatever that looks like for you.*



Respect privacy – *Protect carefully the privacy of the storyteller. Ask what parts, if any, you can share with others.*



Approach with kindness and curiosity – *We've all been through stuff so let's look after each other in this space.*




Diversity of views – *respecting different viewpoints and experiences and being okay with sometimes disagreeing.*



Language is important – *If you want to improve culture, the way you speak to and about the people around you needs to support the building of trusting relationships.*



Be kind to yourself – *take breaks if needed, use our support space.*



We know that discussing some of these topics may be emotive and there may be additional challenges doing that online with a large group of strangers.

Some of the things we have in place to try and help mitigate the emotional toll include:

- A separate online support space for anyone who needs it
- We welcome people to participate in any way that feels comfortable; this will include speaking in the room, using the chat, or emailing ideas after the session. Please be mindful of what you share in the chat, as some content may be triggering for others.
- Colleagues from NCCMH are happy to meet with any attendees after the meeting to provide additional information or support.

Support Space

On-Call Support Space Facilitators:

Anna Roach (10:00-11:30) and Saiqa Akhtar (11:30-12:00)

Join at any time:

Microsoft Teams

[Join the meeting now](#)

Meeting ID: 320 784 716 108 5

Passcode: zT3Wc2W7



The link to the support space will also be available in the chat.

Today

Time	Item
10:00 – 10:15	Welcome & housekeeping
10:15 – 10:45	Insights from Dorset's PAR View-Seeking Project <i>Lisa Spriggs, Lived Experience Lead in Trauma Informed Approaches, Dorset HealthCare University NHS Foundation Trust</i> <i>Simon Putnam, Peer Lead for Acute and Advocacy, Dorset Mental Health Forum</i>
10:45 – 10:55	Break
10:55 – 11:55	Time for discussion
11:55 – 12:00	Next steps
12:00	Close

Welcome to our bold, co-produced, reimagined vision of care for all NHS funded mental health inpatient settings

Citizenship True Co-production

Culture of Care Standards

Vision: People to be consistently able to access a choice of therapeutic support, and to be and feel safe

<p>1. Lived experience We value lived experience</p> <p>Hi, I'm a peer support worker</p>	<p>2. Safety People feel safe and cared for</p> <p>Rights are protected</p> <p>What makes you feel safe?</p>	<p>3. Relationships High-quality and trusting</p>	
<p>4. Staff Support Present alongside distress</p> <p>I'm here</p>	<p>5. Equality We are inclusive, value difference and promote equity</p>	<p>6. Avoiding Harm Actively avoid harm and traumatisations</p> <p>And provide a clear pathway of support</p> <p>SUPPORT</p>	
<p>9. Environment Spaces reflect the value we place on our people</p> <p>Inclusive and accessible</p>	<p>10. Things to do Requested activities everyday</p>	<p>We respect intersectionality</p> <p>Here for everyone</p>	
<p>7. Needs Led We respect people's own understandings</p>	<p>8. Choice Nothing about me without me</p> <p>Always choice to be involved</p>	<p>11. Therapeutic Support We offer a range of therapy</p>	
<p>All care is trauma informed, autism informed & culturally competent</p>			<p>12. Transparency We have open and honest conversations</p> <p>Charter Regularly reviewed co-produced charter</p> <p>Alert to closed cultures</p>



12 core commitments
creating conditions where everyone can flourish

Each person has the power to make a difference

Connection with... life outside hospital, support networks, local services





Insights from Dorset's PAR View-Seeking Project

*Lisa Spriggs, Lived Experience Lead in Trauma Informed
Approaches, Dorset HealthCare University NHS
Foundation Trust*

*Simon Putnam, Peer Lead for Acute and Advocacy,
Dorset Mental Health Forum*

Co-Designing and Co-Facilitating Change workshop:

“Insights from Dorset PAR View-Seeking :
Exploring Experiences in Acute Mental Health
Wards, Themes and Reflections from Staff (PLT),
Retreats, and Acute Settings”



“If feeling safe is the treatment, then creating safety is the work” (Dr P. Levine)

Dorset Wellbeing & Recovery Partnership





Vision:

For Dorset, to be a place where all people can thrive in their communities and be valued for whom they are as citizens, with all of their diverse experiences.

Purpose:

To facilitate wellbeing and recovery within individuals, organisations and local communities through partnering the voices of lived experience and those of learned expertise.

WaRP Strategic Aims:

- Demonstrate the fundamental importance of learning from life and lived experience alongside learned expertise.
- Promote co-production and the sharing of power within services and the broader system across Dorset.
- Create opportunities and choice for people that raise their aspirations to expect more from life.
- Promote social justice by giving voice to those unheard, balancing power and challenging inequality.

Collaborative approaches

Dorset HealthCare has had a long-standing commitment to support services to move away from risk stratification and has worked collaboratively with Lived Experience on the introduction of personalised approaches to risk in relation to self-harm and suicide.

Dorset Mental Health Forum ((DMHF) is a Peer Led organisation that has worked for over 30 years to ensure the voices and perspectives of people who access services are heard. These voices help to transform the Culture of care across statutory services in Dorset

Wellbeing and Recovery Partnership

We were asked go back to first principles and do engagement work with people who access services, families, supporters and clinicians to explore peoples understanding of risk and safety, what we mean by personalised approaches and risk stratification

Here in an overview of how we did this and the main themes from the viewing seeking

Approach to view seeking with People accessing services

- Conversations took place from mid- April to June 2025.
- DMHF staff spoke with **19** individuals via a series of peer-facilitated conversations about safety with people accessing our inpatient Mental Health wards. These peer-facilitated conversations enabled us to gain understanding of ‘Personalised Approaches to Risk’ from the persons context and point of view.
- The focus of ‘Personalised Approaches to Risk’ is the ‘risk to self’ rather than risk to, or from others.
- Talking about Risk and Safety can be difficult for those we speak to and for ourselves, therefore we considered our approach carefully to create safe spaces for everyone. The conversations are informal and intentionally start and end thinking about what helps keep people safe, creating a connection with safety and a safe space for the conversation.
- Of the people we spoke to, several people did not feel they had been involved in any conversations about risk or safety, or had it mentioned to them by ward staff or Doctors.
- Part of our commitment to support a psychologically safe space for people was that their views would be used locally, hence why we are sharing themes not quotes etc



Staff view seeking

- Met with PLT, Retreats and Home treatment on co facilitated sessions and acute teams their Safewards day
- Facilitated by clinicians and myself
- We adapted our initial questions to make best use of the sessions
- We worked with Simon Putnam and Nicky Fitchett to align the themes of the questions across both view seeking activities
- To support thematic analysis afterwards
- Part of our co design was a promise to go back to teams with our evaluation to support a psychologically safe space – hence not sharing quotes in this presentation



1) Recognition of prevalence of trauma

2) Resist retraumatising systems and dynamics

3) Acknowledge context – cultural, historical, social.

4) Trustworthiness and transparency

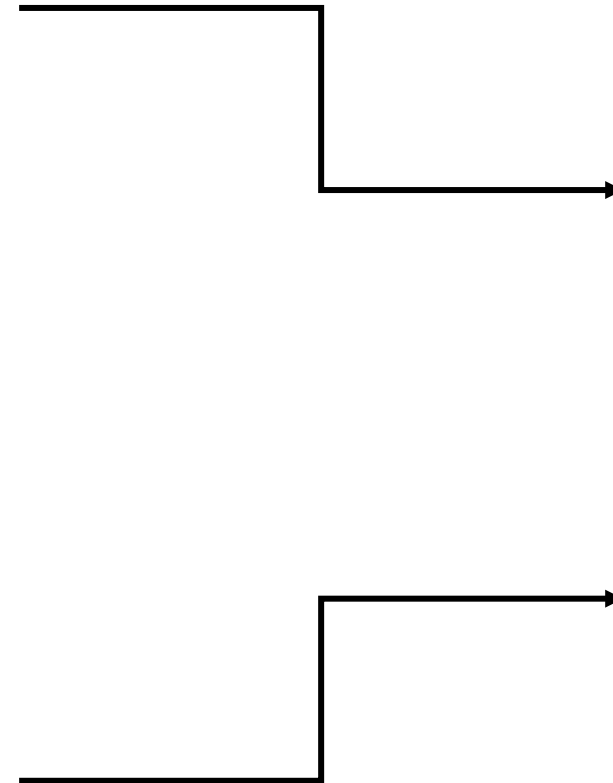
5) Collaboration and mutuality

6) Empowerment, choice and control

7) Moral, physical, psychological, social and cultural safety

8) Survivor partnership and lived experience leadership

9) Pathways to trauma-specific care



Creating Safety

Angela Sweeney (2016)

Trauma-informed mental healthcare in the UK: what is it and how can we further its development? *Mental Health Review Journal*. 21(3):174-192

Themes from people who access services

What helps me feel safe

- Trusted relationships: Built on respect, empathy, compassion, connection and accessibility
- Being listened to and being heard
- Being trusted and supported with independence
- Familiar and Recovery oriented environments
- Contact with family and support networks

What stops me feeling safe

- Inconsistency and lack of access to staff.
- No acknowledgement of their point of view if different to clinicians
- Preconceptions based on diagnosis or previous risk history
- Volatile environments
- Lack of personalisation and understanding of Trauma

Staff acute themes summary

Aspect	Inpatient
Culture of Care	Structured, pressured to be risk averse
Barriers	Fragmented services
Support Mechanisms	Supervision, MDTs
Outlook on Personalisation	Dependent on reform

Shared Core Themes Across Staff and People's Experiences

Theme	Description	People's Experiences	Staff Perspectives
Person-Centred, Humanised Care	Relational, individualised support	Empathy, compassion, involvement in care plans, feeling safe through relationships	Staff aim to provide personalised care but face systemic constraints
Emotional Impact on Staff	Staff vulnerability and emotional toll	Recognition of staff stress and its impact on care	Staff experience psychological strain, need for support mechanisms
Organisational Barriers	Resource, cultural, and systemic constraints	Frustration with rigid rules and desire for individualised care	Fragmented services, pressure to be risk-averse
Reflective Practice	Support through reflection and supervision	Desire for staff to acknowledge change and individuality	Need for structured supervision and team formulation
Cultural Change	Desire to move beyond defensive risk culture	Transparency and trust are key to feeling safe	Need to embed trauma-informed, inclusive, and relational practices

Staff views Synthesis and Recommendations

Based on the analyses, the following recommendations are proposed:

- Personalised Approaches to Risk to be adopted across the acute care pathway and wider system to embed a culture of collaborative working toward safety underpinned by ‘Staying Safe From Suicide’ and NICE Guidance.
- Embed a clear model for staff to follow that enables and promotes personalised approaches to working with risk and safety.
- Embed culture of care principles including trauma-informed, relational, autism-informed, anti-racist, inclusive practice.
- PSIRF and work to establish a learning culture.
- Embed staff support (e.g. supervision, shift-debriefs, reflective practice) across all teams to mitigate emotional burden and support personalised care.
- Align risk-related language across services to enhance relational understanding and reduce stigma.
- Invest in leadership and supervision to model openness and build team confidence.
- Foster psychological safety within teams as a foundation for effective work.
- Reduce service fragmentation to improve consistency and continuity in personalised approaches.

Next steps & our ongoing learning

- Going back to people and teams
- Taking this learning and process into the rest of our PAR journey
- The views expressed by staff mirrors some of the work we have done in our relational staff and CCC training
- People and staff wanted spaces to discuss these principles , creating TIA , safe spaces was a part of this
- Where L.E and trauma informed approaches were embedded through co design of a service, this is still a dominant theme in the views staff expressed many years later
- How we feed back our evaluation to people and staff is an important part of our co design, we aren't extracting views just for own agendas

Thank you for listening.

Any Questions?

Emails:

lisa.spriggs1@nhs.net & simonputnam@dorsetmentalhealthforum.org.uk





Next steps

Monthly events

July 2025
Workshop



September 2025
In-person
Learning Network
events



November 2025
Workshop



January 2026
Workshop



March 2026
Workshop



October 2025
Virtual learning
event: Racial
equity, self-harm,
and suicide



December 2025
Virtual learning
event: Financial
concerns, benefits,
recession, self-harm,
and suicide (subject
to change)



February 2026
Patient and carer
involvement in self-
harm and suicide
prevention (subject
to change)



Possible discussion topics

Please let us know if you'd like to share your work at a future workshop, ask advice from others, or have a more in-depth conversation on any of the themes we identified through supporting Y1 pilot sites:

- Support with equity principles (anti-racism, autism-informed and trauma informed approaches)
- Support with lived experience involvement to ensure new approach is co-produced
- Engaging with local coroners
- Moving to a more relational approach and building psychological safety for staff
- How to implement (testing small scale vs full implementation, inpatient and community)
- Adaptations for different needs and service types



Close