



Aims

- What is psychological safety
- How can it be promoted: within organisations, leadership, teams and individuals
- Why is it relevant to Safeguarding?
- Applying these issues in a recent Case

Imagine

Think about a mistake that you have made, possibly one that takes you quite close to feeling awkward, embarrassed or even ashamed.

- Imagine telling the person next to you what you did
- Imagine coming up here and telling the whole room what you had done
- Imagine it being recorded and uploaded to the internet
- What would stop you from sharing this information honestly?
- What might make it more likely that you would open up about your mistake?

What is Psychological Safety?

First introduced by organisational behavioural scientist Amy Edmondson, who defined it as "a shared belief held by members of a team that the team is safe for interpersonal risk-taking."

It is about candour, and whether we feel able and supported to be direct, take risks, and be willing to admit mistakes.

Teams need psychological safety to be effective. (cf NHS Patient Safety Strategy 2019)

What is Psychological Safety?

Psychological safety is a condition in which human beings feel

- (1) included
- (2) safe to learn
- (3) safe to contribute, and
- (4) safe to challenge the status quo

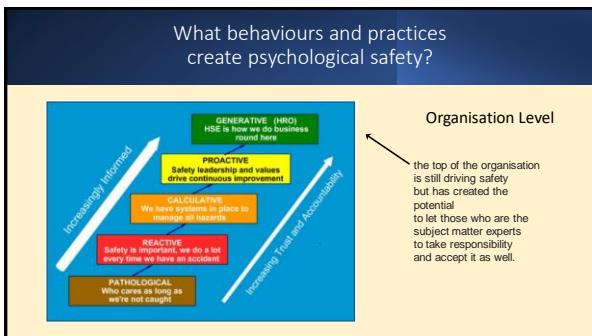
all without fear of being embarrassed, marginalized, or punished in some way.

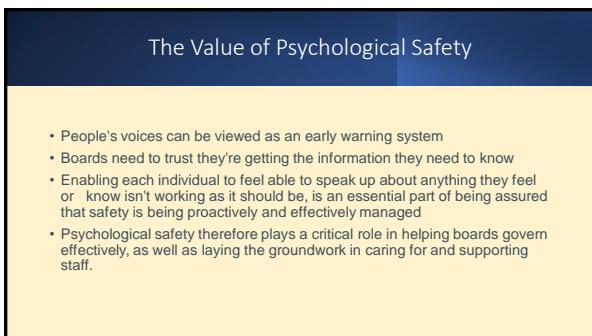
The 4 stages of psychological safety is a universal pattern that reflects the natural progression of human needs in social settings. When teams, organizations, and social units of all kinds progress through the four stages, they create deeply inclusive environments, accelerate learning, increase contribution, and stimulate innovation.

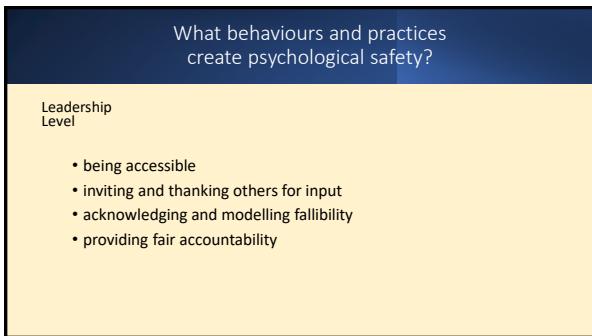
How Psychologically Safe am I feeling right now?

- (1) included
- (2) safe to learn
- (3) safe to contribute, and
- (4) safe to challenge the status quo

What triggers me to move between the levels? Both up and down
When did I last feel at a level 1... 2... 3... 4?







Psychological Safety

In total, errors are estimated to cost the NHS £1.3 billion in litigation costs, and £2 billion in additional bed days annually



Credit Denise Yu

What behaviours and practices create psychological safety?

- Teach inclusion as human need and right
- Avoid comparisons and competitions
- Make yourself available and interruptible
- Use appropriate humour as a relief valve
- Make learning a collaboration, not a competition
- Admit your own ignorance and say “I don’t know.”
- Demonstrate patience and empathy
- Don’t correct with anger, blame, or shame
- Align work with passion
- Let them do it their way
- Display no pride of authorship
- Break before breakdowns

Ref: Timothy R Clarke's Behavioural Guide

What behaviours and practices create psychological safety?

Team Level



Training A Dimension

Differences of Viewpoints

- How do we think we manage differences of viewpoint?
 - "All voices are listened to equally"
- How do we actually manage differences of viewpoint?
 - HIPPO effect
- How can we hold against that pull?
 - Focus on underlying data and evidence
 - Scientist-practitioner model
 - Flatten the hierarchy
 - The mountain analogy



The Mountain Analogy



Happiness Precedes Success

- At increasing stages of psychological safety, team members become more and more happy.
- Very few high performing teams are unhappy, but high performing teams are not happy because they're high performing, they're high performing **because** they're happy.



What behaviours and practices create psychological safety?

Fundamental Needs	Features that underline with consumer's concern during risk	Explanations of consumer's behavior in case of risk (e.g. with a demand, a statement)
Physical Condition and Freedom from Risk - Room temperature, food, shelter, physical safety, health	Perception of threat - The consumer's perception of security in terms of physical safety and freedom from risk, autonomy and self-responsibility, personal safety, and cognitive alert (without risk).	
Family/Teach - Relationship based on meaningful physical contact with another person	- The need for relationships, social interaction, and support. Need to belong and to be part of a group. To feel a sense of belonging.	
Control/Norms - Perception of threat with dignity and respect. Tolerance recognized as important, and the consumer's right to be recognized for achievements and skills, to have a sense of control over one's life and to be treated with respect.	Control over Environment and Personal Space - The need to be free in the use of their environment and personal space. The consumer's right to take control of their environment and personal space. To have a sense of control over one's home and neighborhood.	
Curiosity and Exploration - Curiosity, exploration, need to know, need to learn, need to understand	Curiosity and exploration - The need for pleasure, to play and to have fun. To have an opportunity to explore new forms of diversity.	

How is our own Psychological Safety relevant to our Communities?

- There is a direct correlation between patients' wellbeing and the wellbeing of those who care for them
- We seek job satisfaction through relationships → "Poppets and parcels"
- : "..... Protecting and improving staff health is not a fluffy, cuddly thing to do, but rather a key enabler to support improvements in high quality care, patient satisfaction and improved efficiency...." (Boorman Report, 2009)

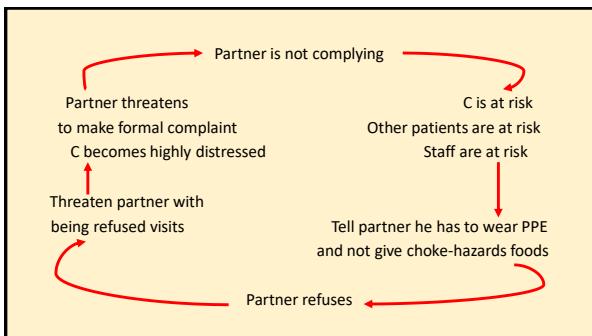
The first step to climb a mountain

Creating organisation-wide psychological safety "...is complex work, but one simple step in the right direction is to reach out, and keep asking, and encouraging others to ask, 'what do you need?' and ensure there are people to meet that need."

Catherine Harrison, 2020
Psychological Safety and Why it matters

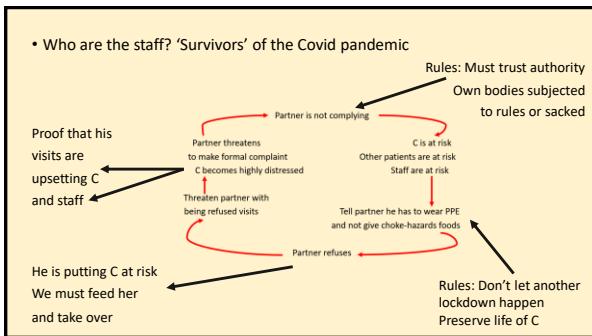
Case Example: C

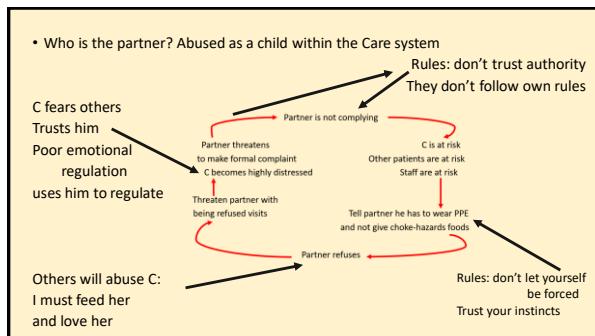
- History: Childhood abuse, significant mental health difficulties in adulthood, loss of job due to alcoholism
- Significant others: children over & under 18, partner of 17 years, parents, ongoing Court case involving brother, and parents
- Reason for rehab: Marchiafava Bignami, BMI 15, severe U/L spasms, +/- neglect, microphonia, no lip closure, optic ataxia, ?oculomotor apraxia
- Safeguarding concerns: Partner erratically compliant with PPE, providing choke-hazard foods, using sexualised language to C



What are our key points?

- Safeguarding needs to take place because someone is not, or doesn't feel safe
- Who isn't feeling safe?
- Mountain analogy – zoom in and zoom out
 - P
 - Family/friends
 - Staff
 - The organisation
 - Society
- What unintentionally unhelpful coping strategies are they adopting?
- How can we make them feel safe differently to ensure everyone's safeness

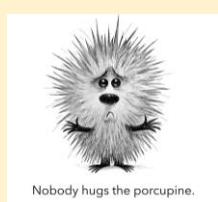




The ongoing therapeutic relationship

- To name or not to name?
 - The role of therapeutic lying
 - The courage required to be honest
 - The link with psychoeducation and promoting insight
 - Do you remember you/she had a brain injury and sometimes that makes it difficult for your/her brain to hold onto all of the information that it needs to?

The intervention?



Key Points

- Deciding before you assess the whole situation what the best answer would be increases risk
- Psychological Safeness enables curiosity, enables us to function outside of fear, approach threats, share risks appropriately and open ourselves up
- Always put yourself in as many pairs of shoes as possible!
- “Do not lose sight of how very powerful you are for influencing someone else's perception of psychological safety. You are more powerful than you think”

Thank you!

Rebecca@DrPoz.co.uk



References

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