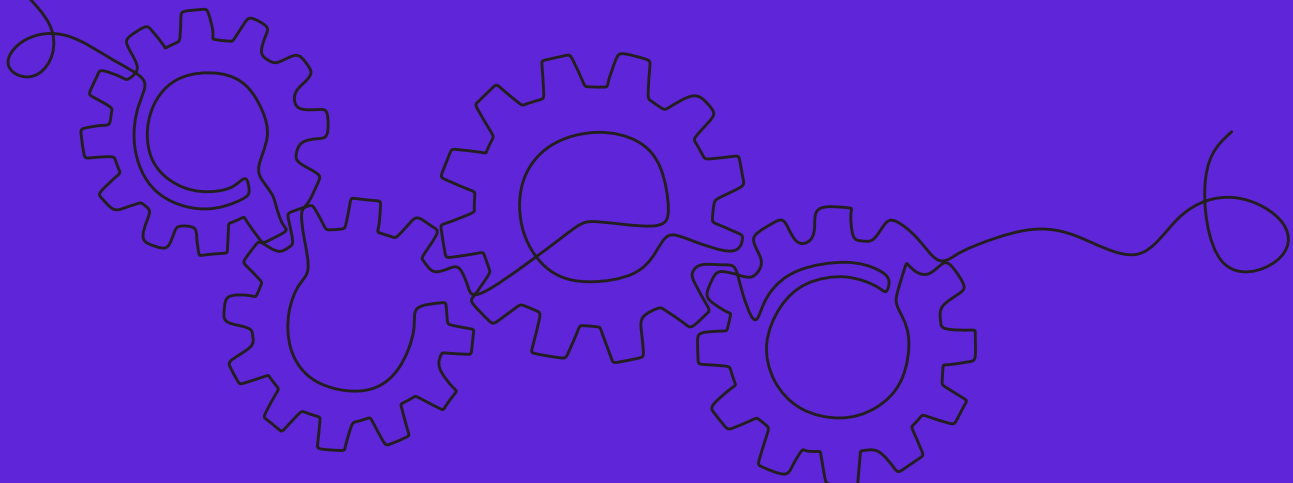


AWARDS SCHEME PPNSW

PSYCHOLOGICAL PROFESSIONS SOUTH-WEST

APPLICATIONS OPEN: 01 FEB 2026
APPLICATIONS CLOSE: 28 FEB 2026



WHY IT MATTERS?



INTRODUCTION

The Psychological Professions Network South-West (PPN SW) is delighted to announce the PPNSW Annual Awards Scheme, an initiative designed to recognise and celebrate outstanding contributions within the psychological professions.

The PPNSW Annual Awards Scheme aims to foster a culture of recognition and continuous improvement within the psychological professions. By aligning with strategic frameworks and celebrating exemplary contributions, the awards will enhance professional engagement, motivate innovation, and ultimately improve psychological services across the South-West region.

This annual event aims to:

Strengthen connection

- Build meaningful connections across the psychological professions community in the South West.

Support growth and learning

- Recognise and amplify the collective contribution of psychological professions, encouraging shared learning, reflection, and continuous improvement in practice.

Make impact visible

- Highlight work that aligns with NHS England's Three Shifts and the PPN Planets, showing how everyday practice contributes to wider system change.

The PPNSW Annual Awards Scheme is more than a celebration, it is a call to recognise the creativity, care, and quiet brilliance that drives meaningful change across the psychological professions. Whether you're a Community of Practice embedding trauma-informed, thought driven and inclusive leadership; a psychological professional advancing innovation in care; or within the business support and coordination teams transforming delivery systems behind the scenes; these awards offer a platform to be seen, acknowledged, and celebrated. Taking part is an act of ownership and a declaration of leadership, rooted in values, not just outcomes.

At both strategic and day-to-day levels, this scheme fosters visibility, raises standards, and amplifies the values we hold as a region: co-production, access, equity, compassion, and integrity. It surfaces good practice, encourages reflection, and supports a culture where innovation is born from both bold ideas and consistent contributions.

In the long term, we hope that this initiative becomes a living archive of excellence, an evidence base that can inform future service design, workforce development, and even national policymaking. By participating, you are not only celebrating the present, but you are also helping to shape the future of psychological professions.

AWARD CATEGORIES



The Awards Scheme is about recognition, reflection, and collective learning. The award categories will spotlight initiatives that exemplify the following transformative NHS shifts and will also honour projects that embody the PPN's core commitments.

This creates eight awards in total:

1. Hospital to Community:

Transitioning care delivery from hospital settings to community-based services.

2. Analogue to Digital:

Embracing digital technologies to enhance service delivery and patient engagement.

3. Treatment to Prevention:

Focusing on preventive measures to reduce the onset of mental health issues.

and The PPN's core planets vision,

4. Put People First:

Prioritising the needs and voices of service users.

5. Transform and Innovate:

Implementing innovative practices to improve psychological services.

6. Unite and Increase Diversity:

Promoting inclusivity and collaborative efforts across professions.

7. Make All Health and Care Psychological:

Integrating psychological principles across all health and care services.

8. Help Our Communities Thrive:

Supporting community well-being through psychological initiatives.



ASSESSMENT FRAMEWORK



The judging panel will assess nominations against the following shared framework, with award-specific criteria:

Alignment with NHS England's 'Three Shifts'

Demonstrating actions that support shifts from hospital to community care, analogue to digital innovation, or treatment to prevention.

Alignment with PPN's 'Planets'

Showcasing innovation, person-centred practice, inclusivity, or community impact.

Reach and Engagement

Evidence of wide-reaching engagement across professional groups or geographical areas.

Diversity and Inclusion:

Highlighting projects that promote diversity within the psychological workforce and services.

Innovation and Improvement

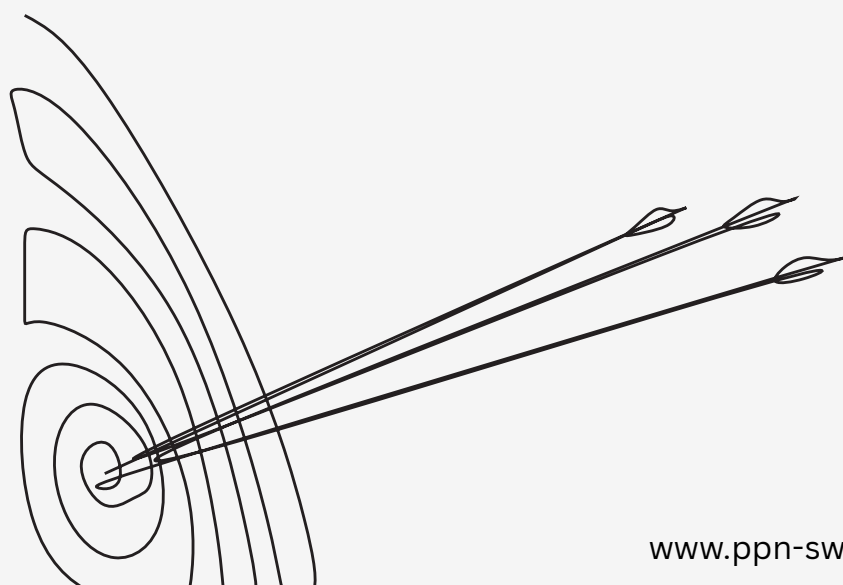
Introduction of new tools, practices, models, or collaborative systems.

Sustainability and Scalability

Projects or practices that are sustainable and replicable.

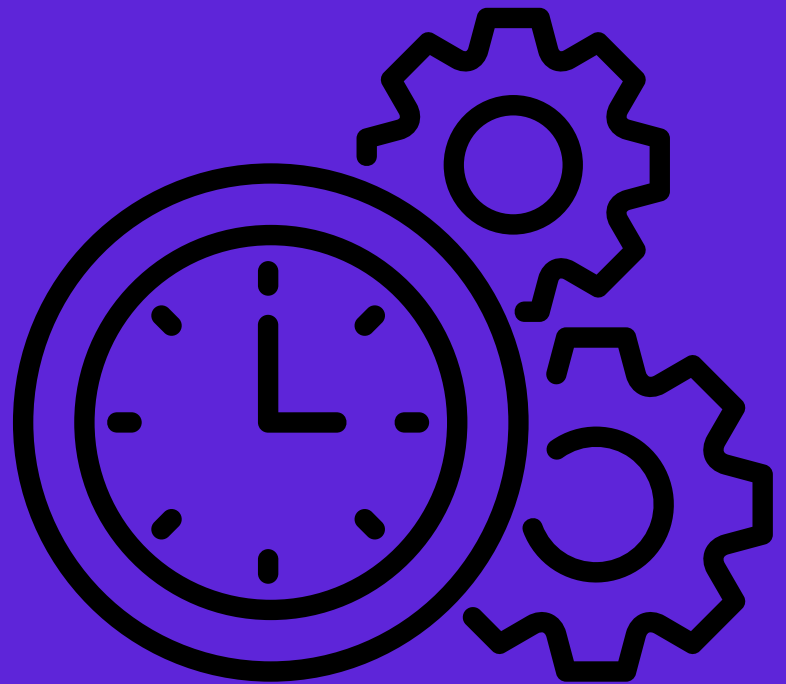
Learning and Reflection

Demonstration of evaluation, responsiveness to feedback, and knowledge sharing.





APPLICATION PROCESS AND TIMELINE



**Submissions are welcome from providers of NHS commissioned care.
CoP submissions and submissions from individual teams and services are encouraged.**

- Application Process and Timeline
- Applications open: 1 February 2026
- Submission deadline: 28 February 2026
- Panel review: March–April 2026
- Shortlisting: April 2026
- Online awards ceremony: 6 May 2026

How to submit an application:

- Complete the Application [here](#)
- Alongside your completed application form, please submit a one-page PDF poster to the [PPNSW team mail inbox](#). More guidance on poster submission below.

Closing date for submissions: 28 Feb 2026

Please ensure all submissions are coordinated and approved by your line manager.

POSTER SUBMISSION



Applicants must submit by email a one page poster with the following specifications:

- **Format:** PDF – as an attachment to the application form or via email to PPNSW inbox
- **Size:** A4 - A3 or Tabloid Oversize
- **Font:** Accessible font and colour contrast
Minimum 20pt for heading text font size
Minimum 12pt - 16pt body text font size
- **Visuals** (infographics, charts, icons, diagrams, etc) are encouraged but not mandatory
- **Logos:** organisational logos

Please note that design quality is not judged, impact is.

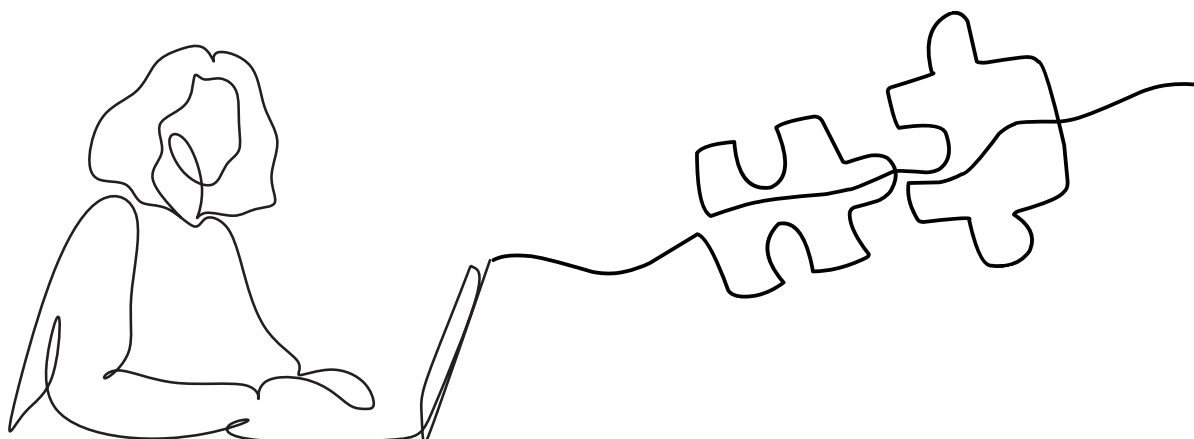
- **Content guidance:**

- Title & team
- Award Category
- Title of Initiative / Project
- Organisation / Team / CoP Name (Include Trust, service, or network name)
- Summary (max 100 words) What was delivered and why it mattered.
- The challenge: What need, gap, or issue were you responding to?
- What was done: Key actions, approach, or innovation introduced.
- Impact & Outcomes: Who benefited? What changed? Any evidence, feedback, or learning?
- Images (1-3 max)

How to submit your poster?

In addition to the online application, all posters are submitted to ppn-sw@exeter.ac.uk

All shortlisted applicants will present a 10-minute overview of their poster live during the virtual ceremony.



POSTER EXAMPLES



Not Everyone is Homophobic... Especially You, Right?

Arjun Krishan Goswami

Background

- The DSM-I (APA, 1952) classified homosexuality as a 'sociopathic personality disturbance', before its full removal as a mental disorder in DSM-III (1980).
- The Equality Act (2010) protects sexual orientation and gender reassignment under law.
- Despite significant societal progress, queer individuals still face prejudice, hypervigilance about safety, and minority stress.
- 23.5% of queer NHS staff report workplace bullying compared to 17.9% of heterosexual colleagues (NHS, 2023).
- Many UK Clinical Psychology programs offer little or no standardised training on sexuality and diversity, leaving professionals underprepared to address queer issues (Montenegro, 2015).

Methods

- Training was conducted for Exeter and Plymouth University placement supervisors by the trainee, on supervising queer trainees, for the following competence and confidence areas:
 - Discussing queer issues with queer trainees, including power, position, privilege and intersectionality.
 - Raising systemic queer issues such as legislation within their workplace/staff teams in line with equality application, adherence and improvement.
 - Raising interpersonal queer issues such as bullying at work within their workplace/staff teams in line with equality application, adherence and improvement.
 - Raising queer issues within their own supervision.
 - Being reflexive and reflective with regards to considering queer issues within all aspect of their work, including navigating their fragilities and unconscious biases.

Results

Quantitative outcomes assessed group shifts in all five areas of competence and confidence agreement scores, before and after training.

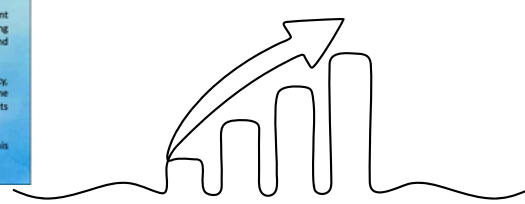
Outcomes showed an overall average increase in supervisor competence and confidence:

Discussion

- The outcomes align with existing research, supporting tailored trainings are necessary for effective supervision in diversity.
- Existing research also highlighted that heterosexual trainees use supervision to mitigate heteronormative biases, whilst queer trainees navigate overidentification with sexually diverse clients.
- Strengths included effective integration of practical tools, reflective frameworks, and inclusive facilitation. Improvement areas included more discussion, reflection, and roleplaying, and refining the agenda to focus on applied practice.
- A vital implication focussed on addressing emotional challenges by providing support for managing workplace discrimination.
- Implementation focused on targeted policy training through workshops on applying legislation in diverse contexts.

Conclusions

- Main findings highlighted the training did improve supervisor competence and confidence for the supervisor group, across all five areas, in supporting and celebrating queer trainees.
- Being an imperfect ally, where learning from mistakes is celebrated, creating safe spaces and using legislation to challenge discrimination practises are key.
- Lifelong deconstruction and dismantling of dominant heteronormativity using 'calling out, in, on' skills, addressing biases and fragilities, and being continuously reflective and reflexive are paramount in self, others and systems.
- Outcomes align with and actively support the NHS Equality, Diversity, and Inclusion Improvement Plan (2023) and the Equality Act (2010), aiming to eliminate environments conducive to bullying, harassment and discrimination.
- Future directions highlight a need to widen trainings of this nature across services and all doctoral training programmes.



Developing Culturally Responsive Supervisor Training for PWP's

Eve Bampton-Wilton, Rose Wysocka & Yahya Delair, Cedar, University of Exeter – e.bampton-wilton@exeter.ac.uk

The growing need for culturally responsive supervision in psychological practice is increasingly recognized, particularly for the PWP workforce which represents a significant proportion of psychological professions. Culturally responsive supervision acknowledges that culture shapes clinical practice and supervision (Vekaria et al., 2023), recognizing that power imbalances, especially those related to race and culture, impact psychological safety (APA, 2019). The challenges PWP's face fail to consider cultural influences, and current training models risk promoting tick-box approaches rather than a dynamic, culturally responsive method (Richards, in Bennett-Levey et al., 2010). This has the potential to impact the quality of supervision delivered, PWP experiences and wellbeing, and patient experiences and outcomes. We aim to provide recommendations for empirically informed, culturally responsive PWP supervisor training that enables the best quality supervision to be delivered.

Data and Methodology:

A mixed-method approach will be used, including pre and post-quantitative data and Separate Content Analyses. A supervisor portfolio will be introduced to measure supervisor competence, requiring sign-off by the trainee's own supervisor and the University.

Results:

The pilot cohort will run from September to December 2025. Results will be gathered and analysed at this point, with a further paper written to present results, consider recommendations and identify further areas of development required.

Discussion:

The authors identified two main deficits from a culturally responsive perspective. First, the teaching content lacks attention to cultural responsibility and lags behind current evidence in this area, failing to meet the needs of a diverse workforce. Second, the pedagogical approach does not adequately promote culturally responsive practices, as the delivery of training is as important as its content.

The need for culturally responsive practices to improve access and outcomes for minoritised patients is clear (Lok, 2022), but culture and race remain under-addressed in supervision literature and practice, with supervisors lacking formal training (Falender & Shafranske, 2021). Research by Vekaria et al. (2023) shows that greater cultural responsibility in supervision leads to better supervisory relationships and increased satisfaction, especially for minoritised supervisees. Developing and implementing culturally responsive supervisor training is a critical step toward improving the quality of PWP supervision (Chopra, 2013), and therefore TT services and the patients they serve. HEIs currently provide this commissioned by NHS-E and have a responsibility to contribute to best practice via training (Faheem, 2023).

Recommendations and key changes:

The supervisor teaching team have mapped the training to include the following:

- An explicit EDI 'lens' throughout the teaching
- Greater emphasis on developing the supervision contract informed by intersectionality and cultural humility
- Earlier delivery of Case Management Supervision within the training, to allow for later days to be more experiential and reflective
- A supervisor portfolio submission to demonstrate competence and development of learning
- Teaching will be structured using the DPR model of learning (Bennett-Levy, 2006), including live and pre-recorded lectures, case studies, role plays, reflective exercises, peer supervision and supervision of supervision.

White therapists

White supervisors must take the lead with challenging microaggressions through allyship, microaffirmations, and microresistances (Vekaria et al., 2023).

Anti-Racist Practice

Training should help supervisors understand the effects of structural racism in therapy and supervision settings and its impact on health outcomes (Bailey et al., 2017).

Broaching

A key supervisory technique that acknowledges cultural identities and encourages supervisee dialogue (Jones et al., 2019) and should involve ongoing efforts from the supervisor to create space for culturally focused discussions, openness and commitment to learning from others.

Power

Power dynamics must be acknowledged and used constructively, particularly when giving feedback. Supervisors should also be transparent about challenges and invite feedback. Power imbalances can be amplified when a minoritised therapist is supervised by a white therapist, and addressing these can build trust and build greater bonds within the supervisory relationship (Vekaria et al., 2023).

Intersectionality

Intersectionality examines how overlapping social attributes shape identity and influence privilege and inequality (Crenshaw, 1989). The salient circles exercise (Buchanan, 2020) offers a framework for discussing how others perceive their world, promoting reflective conversations about power dynamics and improving listening skills (Divac & Heaphy, 2005).

Using what we know

CBT focuses on active learning with manageable discomfort and promoting reflection. Trainee supervisors should be supported in applying CBT principles and techniques to themselves and their supervisees to enhance learning and low-intensity treatment.

Challenges:

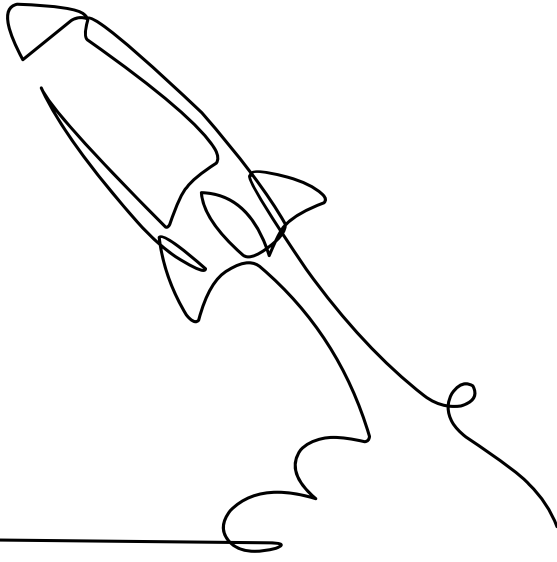
Despite the clear need for culturally responsive supervisor training for PWP's, there are challenges for the supervisor teaching team to address as a priority.

- Reliably and inclusively assessing supervisor competence.
- Measuring the impact of making these changes.
- The dominance of a homogenous workforce and supervisor diversity.
- Resistance to change.
- Considering other areas of diversity.
- A profession rooted in Western principles.
- The need for organisational change.

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Cedar

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For questions and clarifications,
please submit your questions [here](#)

THANKS

