The Dorset Wellbeing and Recovery Partnership

Magazine 2016
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The Dorset Wellbeing and Recovery Partnership (WaRP) is a partnership between Dorset Mental Health Forum (DMHF) (a local peer-led charity) and Dorset HealthCare University NHS Foundation Trust (DHC). This partnership brings together lived experience expertise and professional expertise. The aim of the WaRP is to promote the principles of Wellbeing, Recovery and Co-production in order to transform people’s experience of mental health services and more broadly how mental health is perceived in Dorset.

The purpose of this magazine is to share our learning of how we are developing approaches to Recovery and Co-Production in Dorset. Central to this is the importance of shared learning between people with lived experience, their supporters and professionals. We are wanting to highlight examples from practice and the progress that has been made and to demonstrate what is possible.

When we talk about Recovery in this context we mean a focus on personal recovery, people finding meaning and purpose in their lives irrespective of experiencing mental health symptoms. We believe there a number of valid criticisms from people who have concerns that often the agenda around promoting Recovery in the UK lacks integrity and has been hijacked by policy makers trying to promote personal responsibility as a way of cutting and rationing services.

For us Recovery is not about promoting a rose tinted view of the future, or a neo-liberal push for people to take responsibility, but is more about a sense of shared humanity, modelling and sharing the learning of the struggle towards Recovery. We live in increasingly austere times where services and people’s lives are becoming increasingly financially and socially pressured. We believe that Recovery needs to be understood in this context from both an individual, community and service perspective. It is important for us not to be dogmatic about what Recovery is but for people to define it for themselves.

We think that there is a parallel process of the Recovery journey of teams and organisations and those of individuals and that if people don’t feel listened to, know their values, or materially have the conditions to recover it makes the process even more difficult. This is true for teams as well. If there are not enough staff or the team do not feel valued, it is difficult for them to offer effective support for people who are accessing their services. It is essential that people and services attempt to build some sense of Recovery within this context and we believe the only way to improve things in these challenging times is by working together in partnership. Through this we can support improvement to mental health services in Dorset and people’s lives and whilst there is still a long way to go, this magazine seeks to highlight some of these improvements. We would like to thank everyone who has been involved in any of these projects because without your passion and commitment none of this work would happen.

Becky Aldridge
CEO, DMHF

Phil Morgan
Lead for Recovery & Social Inclusion, DHC

Sarah Rose
Operations Manager, DMHF

Nicola Fitchett
Lead for Recovery Education, DHC
The overall goals of the Dorset Wellbeing and Recovery Partnership are to continue to support the transformation of mental health services through working in partnership with lived experience and to promote the emotional wellbeing of the population of Dorset.

In order to work towards these goals our key objectives are:

- To promote emotional health and wellbeing; challenge discrimination against people with mental health problems through encouraging a focus on our shared humanity and the parity of esteem between mental health and physical health services.
- To increase our own and other people’s understanding of the parallel process of change between individual, team and personal recovery journeys and increase ability to self-manage.
- To build the voice of lived experience and facilitate increase in capacity within individuals, teams and organisations to shape their learning and to work in partnership.
- To up-skill people, communities and services and increase the capacity to share power and participate in co-production, to create healthier communities and to participate in shaping services.

**Putting this in to action:**

We continue to give people a different experience of their own mental health and mental health services. This magazine includes some examples of changes people and teams are making.

We continue to challenge traditional approaches to mental health and to promote different and innovative approaches that put the person at the heart of services. Alongside this we are strengthening our governance and reporting arrangements to ensure that we can evidence the efficacy and impact of our work and approaches. We continue to work with teams within Dorset HealthCare and share learning through offering workshops, reflective sessions and learning sets.

We are promoting the principles of Recovery and the value of lived experience expertise and coproduction within Dorset CCG’s Acute Care Pathway Review and we are hoping to take this forward into the wider Clinical Services Review which also includes physical services.

We continue to learn how to develop approaches to co-production and partnership working and sharing this work.
Central to all the work of the partnership are the principles of Co-production. For us this means bringing together the expertise of both people with lived experience and professionals, but also seeing all participants as fully rounded human beings and valuing differences and diversity. We feel that the principles of Co-production are central to this work.

The key to Co-production is a focus on the process of Co-production and people being able to contribute and trust the process, rather than focusing on the outcome that they are trying to achieve. This means it can be a difficult and messy process, but these principles are the lynch pins that keep it on track and keep the integrity of the approach.

- Recognising People as Assets
- Building on People’s existing capabilities
- Mutuality and Reciprocity
- Peer Support Networks
- Breaking down barriers
- Facilitating rather than delivering

Co-Production is one of those words, like Recovery, that can be bandied about and the true meaning and integrity around it can be lost. An example of this might be “Service User Involvement” being described as Co-production.

Essential to Co-production needs to be a willingness to describe power relationships. We have found that the ladder of co-production is really helpful in describing these relationships and in some way maps the transition of mental health services from coercive to collaborative.

“Individuals and communities hold their own solutions.”

The central transformational tenet of Co-production is the idea that individuals and communities hold their own solutions and that our task as the WaRP is facilitating the process for people to try and access these solutions, whether it is a person or a team. This links back to the idea that our task around Recovery is not to define it, but to create spaces for people to find out what it means for themselves, or their team.

Throughout this magazine we describe some of the co-produced developments and projects that we have been working on, looking at co-production on different levels.
The Dorset Wellbeing and Recovery Partnership has been part of the ImROC Programme since 2011, when we were awarded Demonstration site status for our sophisticated partnership working. ImROC stands for Implementing Recovery for Organisational Change and started as a partnership between the NHS Confederation and Centre for Mental Health (www.imroc.org). ImROC provides a framework to understand the organisational changes required to introduce Recovery orientated practice, including peer workers, Recovery Colleges or Recovery Education Centre and supporting staff Recovery Journeys.

Back at the beginning of 2011 when Dorset was given Demonstration site status it felt a little embarrassing, as we felt that we had not really achieved a lot. In 2014 we had our first Demonstration day and showcased our emerging projects ...

...now in 2016 it was great to be asked to host a Demonstration day and have visitors from Dorset, across England and Belgium. We were able to present our current work, much of which is in this magazine. At the heart of every piece of work and every presentation is the partnership between professionals and people with lived experience expertise.

“Your Demonstration day last time led to great changes in [City in England]— and I’m sure will do again today. Thank you!”

“Very inspired — especially about new ideas that could be implemented, and learning about the process of co-production.”

“Reinforced my passion for practice innovation. I have enjoyed hearing about CAMHS and the introduction of peer specialists in Pebble Lodge. Co-produced safety planning – how staff are working with self-harm, was great to hear and give me hope.”
As we developed our Recovery orientated approaches in Dorset we contributed to and attended ImROC learning sets across the country. Whilst these were useful, it was only a small number of us who were able to attend, so from December last year we asked ImROC to facilitate four learning sets for us in Dorset with our inpatient and crisis teams. The focus was supporting the development of reducing restrictive practices and promoting safety in our inpatient services. These days or learning sets were facilitated by Glenn Roberts, a retired consultant from Devon, along with Lyn and Iris from MerseyCare and Sue Williams from Central North West London.

The learning sets, attended by both NHS staff and peers, encouraged each of the teams to share processes and good ideas. Each of the teams then developed their own action plan to work towards and during the final session they developed posters show-casing their work. We were incredibly impressed with the commitment of the staff and teams.

“Number of staff attended [the ImROC Learning sets]. This allowed the team to review the current practice and develop an action plan to support the recovery ethos within Nightingale House. This also enabled the team to evaluate the positive practice already established at Nightingale and identify further areas of development. We found the discussions and workshops extremely informative and was energising to all staff.”

Babu Sivalingam
Ward Manager, Nightingale

FUTURE PLANS ..... 

We are going to continue to run the learning sets in-house from September 2016, facilitated by the WaRP. Based on the feedback from the participants we are looking to further integrate the work around Recovery and restrictive practice and have support from the Board.

Teams are also keen to continue to have the opportunity and space to reflect and to share best practice with each other.
Dorset Mental Health Forum is a local peer-led charity, which employs approximately 70 people - all with their own lived experience of mental health problems. In addition to working in partnership with Dorset Healthcare as part of the Dorset Wellbeing and Recovery Partnership (WaRP), the Forum also delivers a range of peer led services including the Dorset Mental Health Advocacy Service (General and IMHA); an Employment Service that focuses on job retention and vocational development; a volunteer programme and the REACH sports and leisure activity programme that builds social networks within local communities.

All of the Forum’s Peer Specialists are in paid roles. We believe that employing Peer Specialists outside Dorset HealthCare, through a local peer led organisation such as the Forum, enables more credibility and value to be given to the work of Peer Specialists than can be achieved by employing peers directly within the NHS. This is for a number of reasons:

- Peers receive direct support and development from other experienced staff with lived experience, within an organisation where the culture supports the employment of people with lived experience.
- Peers employed independently have a greater capacity to act as critical friends to services. Alongside the WaRP management team, they can challenge practice and support culture change.
- Peer Specialists don’t have to engage in the same level of service reporting as NHS colleagues, which means that they can deliver value for money by offering direct peer support expertise.
- Peers are able to work across a range of service areas, which means that they can support the sharing of good practice, connect with people across different stages of their Recovery journey and support access and signposting into projects and activities that sit outside mental health services.

We provide ongoing guidance and support to teams working with Peer Specialists as part of their team.
Over the past 6 years we have learned a lot about how to work with and prepare teams. We have made lots of mistakes and this has helped us to refine our approach. We have discovered that the key to this work is co-producing development areas with peers and the team themselves, acknowledging strengths, building commitment and creating ownership. Pivotal to this is our version of the Team Recovery Implementation Plan (TRIP) where the team map their assets and discuss their approaches and share ideas.

What is the TRIP?

The TRIP was originally produced by ImROC. However, we found it to be a long document and we wanted to it more accessible, so we adapted it to make our brief TRIP which includes an 11 item scale.

When we are using the brief TRIP we ask teams to rate themselves against the criteria, such as Collaborative Care Planning, Offering Choice and Control, Wellbeing of Staff and so on.

We then use the scores to discuss areas of strength and areas that could be developed within the team. This discussion then shapes how we can introduce peers into the team and for the team to identify Recovery focused practice and activities that they may wish to develop.

Key Learning: Team Preparation

- Ward Manager / Team Leader buy in.
- Brief TRIP / Team training.
- Identify peer (team of peers).
- Scoping.
- Identify project areas and take action.
- Maintain momentum, review and reflect.
- Create a tipping point.
- Core of people on the ground committed to the work and recovery orientated practice.
It is important that Recovery principles run all the way through both organisations in their approach to management and leadership. Between January and April 2016 we were delighted to facilitate three workshops with the DHC Mental Health Managers’ Group. The meetings aimed to explore what Recovery meant to them, to complete the TRIP and to identify key areas to work on and develop. The key finding of the TRIP was that there was some excellent work going on within the Mental Health Directorate, but that it was patchy and not consistent. In order to increase consistency the Mental Health Managers identified that they wanted to work on three areas:

- **Staff Wellbeing**
- **Collaborative Care Planning**
- **Organisations vs Personal demands**

When these were discussed it was clear that they were interlinked and that it was important to address all three at the same time. It was also acknowledged that change would take time and resources needed for things to be done differently.

This work is now informing developments around approaches to Care Planning and also the wellbeing of staff throughout the Mental Health Directorate, but also the organisation as a whole.

### ImROC Self-Evaluation

As part of the process of the workshops we looked at the ImROC 10 key organisational challenges and using the ImROC criteria we self-rated our projects in Dorset against them.

For example, ImROC defined the Transformation level in relation to Peer Support as having more than six Peer Specialists.

During the workshops and through the self-evaluation process key work areas for development were highlighted. Developing Personal Recovery Planning was agreed as a key and priority work stream for this year.
Co-produced Safety Plans were an innovation developed on Harbour Ward and are now being adopted by other wards across DHC acute services. The Safety Plans focus on co-ownership of the plan; on what safety means for the individual, validating their perspective; encouraging people to develop distress tolerance skills (with support from peers); taking responsibility for their own safety (developing through levels of engagement); and positive risk taking. This has seen some important personal outcomes for people and a reduction of incidents.

Safety Plans have now been incorporated into RiO via *My Crisis Plan* for all inpatient services and a training package has been co-produced with clinicians, peers and DHC Learning and Development.

**Next Steps:**

As was highlighted within the ImROC self-assessment during the Mental Health Managers workshops, there is a priority need to further develop Dorset HealthCare’s approach to Care Planning. Informed by the Co-Produced Safety Plan work, this work stream will pull together pieces of work co-producing Care Plans, *My Crisis Plan*, Advance Directives and various support tools. Everything will be co-produced with peers, carers, clinicians, support services and learning and development. We are looking for clinicians to get involved in these working groups to ensure that it is really connected to practice, working alongside the peers, corporate services and learning and development to provide a consistent approach.

*If you would like to be involved in this important work, please let us know.*

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**Levels of Engagement**

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<thead>
<tr>
<th>Levels of Engagement</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Level 1</strong> - Withdrawn, hostile, disengaged</td>
<td>Document the person’s views and perspectives alongside that of carers and supporters and service.</td>
</tr>
<tr>
<td><strong>Level 2</strong> - Emerging ideas around a Crisis Plan</td>
<td>Exploring what works, what has been helpful and putting ideas into practice.</td>
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<tr>
<td><strong>Level 3</strong> - Joint Crisis Plan</td>
<td>Work together on implementing and learning from <em>My Crisis Plan</em>.</td>
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<tr>
<td><strong>Level 4</strong> - Strong client ownership of co-produced Crisis Plan</td>
<td>Lead from Client on proactive approach to support in crisis.</td>
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**CO-PRODUCED CRISIS PLANS**

This workshop was co-produced between 5 peers who had used Crisis (some as recently as a few months ago) and 5 staff from the Crisis Team. The work undertaken identified what risk and safety meant to individuals and to services, what people wanted at different stages of their crisis and what sort of communication fostered emotional safety. We also developed a way of care planning that acknowledged that when people are in crisis, they are not necessarily able to develop a crisis plan, but they may have information that they wish to share and that is important to them. The Crisis team have taken this on board and are starting to see results, including an increase in completed Care Plans.
Valuing lived experience is not just about valuing peer workers, but also the lived experience of the whole of the workforce. Supporting and promoting the mental health of the workforce is one area the WaRP are now leading on within Dorset HealthCare. In response to the 5 Year Forward View for Mental Health action plan we are looking at how we can support the mental health and wellbeing of all DHC’s staff.

One key element of this action plan is the Hidden Talents Project. It is ironic that in mental health services people do not feel comfortable about talking about their own mental health conditions. Hidden Talents was a WaRP project set up 5 years ago to challenge stigma and promote the wellbeing of all staff. It is open to anyone who self-identifies as having lived experience.

The project was relaunched in October 2015 with the DHC Board formally endorsing the project, which has gone from strength to strength developing a film, a booklet (both of which are available on the Dorset HealthCare website), peer support group, REC Course Sharing your Experience and working with Human Resources.

If you are interested in Hidden Talents, please email: Hidden.Talents@dhuf.nhs.uk

"[Dorset HealthCare] sees lived experience as a very positive asset in our workforces. ...This project is a real example of the strengths that come from lived experience. The lived experience of people who are able to describe their stories; great stories, inspiring stories of people taking charge of their journey to recovery.”

Ron Shields, Chief Executive
Team Wellness and Recovery Action Plans

In April 2016 we were asked by the Perinatal Mental Health Team to join them on their Away Day and facilitate them undertaking a team Wellness Recovery Action Plan (WRAP). A WRAP is usually used as a self-management tool for individuals. However, in this instance we adapted it for the team to reflect what it looks like when the team works well, what happens when they start to struggle and what they can do about it.

Wellbeing Workshops

In response to a request we worked with Louise Smith and Miriam Buckley, Health Visitors to run a workshop for some Health Visitor Managers. We explored what Wellbeing at Work meant, how we look after ourselves and how we can support each other. The participants fed back that they felt a reduction in work related anxiety and recognised the importance of their own self-care and resilience.

NEXT STEPS.....

We are currently working with Human Resources to develop a range of approaches using the expertise of Human Resources, learning from Dorset Mental Health Forum and the experiences of Hidden Talents members, to promote the wellbeing of all DHC staff. Throughout June 2016 there have been a number of workshops to co-produce ways to enhance approaches to Wellbeing@Work. See the diagram from the notes from the workshop. Our next step is to pull this in to a report, present it to the DHC Board and start to involve managers and other staff in further developing this valuable work.

If you would like us to come and work with your team to do a WRAP plan or Wellbeing Workshop, please contact us.
The Triangle of Care was launched in 2010 and was developed by carers who were supporting someone who regularly needed acute inpatient mental health services. It identified six key standards that, if in place, would mean that the carer would be better involved and supported by mental health services. Dorset HealthCare signed up to the Triangle of Care in March 2016 and is now benchmarking its services, starting with inpatient services and developing service improvements in partnership with carers.

Helen Hutchings (Carers Co-ordinator for Dorset HealthCare) is co-leading on this work with members of the WaRP and the Carers’ Project. To support the implementation of the Triangle of Care there will be learning sets, starting on 19th October 2016 with clinicians, carers and peers.

If you would like more information or to be involved, please contact us.
The Forum currently facilitates 16 activities countywide every week ranging from indoor climbing in Poole, to Mindfulness in Weymouth. Each activity is supported by a paid Forum peer worker, typically someone who has come through the Reach programme as an attendee and now models Recovery and can encourage and support regular attendees and new people coming along. In this way, peers invest in their own wellbeing whilst helping others.

The aim of Reach is to get people active, busy, involved in normal activities within a friendly social non-judgemental environment. Sessions lead to friendships, supportive peer networks and help to build people's confidence and improve their self-esteem. People sometimes need a little support the first time they come along as meeting new people can be daunting. Friends, family, support workers are welcome to come along to support a person and join in if they wish. We do find that once someone attends once they are usually alright to come along again, as other people there make them feel welcome and at ease.

In recent months we have introduced two new social groups both in the Bournemouth area aimed at different age groups and these are proving to be rather exciting. As people have got to know each other, they have begun to organise their own activities and these have ranged from walks and cycling to meals out, quizzes and day trips.

Many people attending comment on how the groups become an important part of their Recovery by helping them to get their lives back on track. Often people move on to volunteering or employment. Another sign that Reach works is when previous attendees return to join in with us on their days off from work. Going forward we intend to develop more social and activity groups and welcome enquiries from anyone with ideas or requests. For more information about activities and how to join in, please look at the Forum website or call the Forum on 01305 257172, or email reach@dorsetmentalhealthforum.org.uk

**FUTURE PLANS ...**

We see REACH as central in the development of the WaRP going forward. At the heart of REACH is people doing things for themselves, together, independently from services. In order to develop REACH further we want to bring it closer to the Recovery Education Centre and also to strengthen the relationship REACH has with inpatient services and CMHT’s, so that it is increasingly seen as a resource for people. We also want to build relationships with other organisations, particularly voluntary organisations or sports and leisure clubs, to enhance the impact and range of REACH activities and strengthen people’s opportunities to access employment, voluntary work, education and everyday leisure activities.
At the heart of everything we do are the principles of Recovery Education and key to this is the idea that individuals and communities hold their own solutions and that a shared learning environment is created through co-production and co-delivery. We acknowledge that one size does not fit all and that the Recovery Education Centre is not for everyone, so we have developed layers of Recovery Education to meet peoples’ differing needs in a variety of different settings.

**RECOVERY SKILLS WORKSHOPS**
Skills Workshops are aimed at people in inpatient or crisis services and offer 30-45 minute sessions that focus on managing distress and how to best use the services that are available. See page 18.

**INTENSIVE COMMUNITY RECOVERY EDUCATION**
Is aimed at people who access CMHT’s, or perhaps the REC is not quite right for them, or the course content is more intense than could be supported in a classroom environment. See page 19.

**RECOVERY EDUCATION CENTRE (REC )**
Offers co-designed, co-produced, co-delivered courses to people who access services, carers, supporters and staff across Dorset. See page 17.

**PREVENTION & RESILIENCE BUILDING**
We are keen to build on our work and explore working with local communities, schools and businesses to develop resilience and awareness of Recovery and wellness.

**REACH**
REACH is the Dorset Mental Health Forum’s sports and leisure activity programme. We are keen to develop this and to bring it closer to all forms of Recovery Education, so that people can be part of social networks. See page 15.
The Recovery Education Centre (REC) has been offering courses which fit to an educational framework around Recovery and Wellbeing since May of 2012. The REC is based on the principles of co-production and co-delivery between the expertise of lived experience and professional expertise. The vision for the REC is to provide a learning experience that is accessible to all. By recognising that people and communities hold their own solutions and through working together in partnership, everyone can realise their own unique potential. All courses are open to people who access services, their carers and supporters and professionals and other staff.

We now have over 2500 students registered with us and are able to offer approximately 800 spaces to students each term on various courses, in various locations throughout Dorset. Everyone who would like to attend the Recovery Education Centre has an enrolment appointment. This is for the student to feel comfortable with the REC, to help the student think about what might be expected from courses and to support the student to reflect on their strengths and their future goals.

Through these individual meetings and subsequent reviews, we are able to build a picture of peoples’ experiences and achievements. We never cease to be inspired by our students, who demonstrate huge courage and skills within the shared learning environment, using the educational opportunities and applying what they have learned to their own lives.

We continue to build and improve both the courses and our materials in line with student feedback. We have recently rebranded the prospectus and continue to adapt courses in response to demand and people’s suggestions. Over the past year we have extended our offer to develop courses alongside physical health services, co-producing and co-delivering courses around physical health, such as pain and fatigue management.

Our amazing staff, particularly Sam and Donna keep everything ticking over, with the other admin staff alongside our NHS and peer trainers, who feedback and ensure we incorporate people’s views. We are keen to develop our ways of collecting and sharing with others the successes of our students, how they support each other and how that enables them to achieve great things. For us the Recovery Education Centre is more than a college, it is the beating heart that informs all that we do as the WaRP. As well as upskilling people, the REC enables us to learn from our students and to feed this back into our work with mental health services.

“Meeting students and discussing the possibility of a pathway to their aspirations has always been for me, a privilege, but also deeply personal for that person.” REC admissions tutor
The Recovery Skills Workshops have now been running for approximately two years within inpatient units. These workshops were developed on the back of the success of the Recovery Education Centre courses within the community, alongside an identified need that people can learn skills to deal with their emotional distress and to make better use of services, if they have Recovery Education workshops within the inpatient service. All the workshops are co-produced and co-delivered with professionals, support staff and peer specialists. However, a key element of the workshops is people being able to share and learn from each other. The CQC in their recent report in 2015 highlighted the skills workshops as an area of good practice.

From 51 pieces of feedback, 50 of the forms (96.97%) were positive in terms of how the Recovery Skills workshops had impacted on people.

They had re-discovered or learnt new skills. “It provides a space to enable people to talk, listen... and learn from each other.” Having a peer specialist involved in the workshops was “invaluable and helped break down barriers”. Having a staff member involved in the group was a good experience, “seeing staff as people with their own lived experience and staff learning about the true nature of how it feels to experience a diagnosis of mental health issues from the people they are treating.” Feedback also talked about the workshops reflecting the fact that “we are all working together” staff and patients.

“Learning from others, how to stay safe on the ward, gives me hope.”

“We have been running the workshops weekly on Chine Ward for a number of months. A couple of weeks ago we were running a workshop when we heard a lot of noise and disruption from outside the room from somebody who was obviously in a lot of emotional distress. The woman came into the room where we were holding the workshop and she was very frustrated. We could see other staff members waiting outside the room because of the level of disruption prior to her coming in the room.

Rather than avoid talking about the situation and as the workshop was around emotions, we asked her what was happening and what had happened. Initially she was really angry and found it hard to talk, but she then began to talk about frustration and about being told different things around her discharge and how she felt powerless in the situation. We encouraged her to identify the different emotions she was experiencing and whether she wanted to try to work through them in a different way. She talked about how guilty and ashamed she felt when she lost control on the ward and broke things, as it just wasn’t her. I spoke about my own experience of smashing things up whilst being an inpatient and how stressed it used to make me feel.

We already had the ward self soothe box out. We asked the woman what had worked in the past for her to deal with intense emotions. She talked about her DBT skills, but that she had lost sight of them. A former patient who came back to attend the workshops, talked about the skills she had learnt on the ward and the tool box she had put together whilst there and how she used it at home now that she was discharged. The woman went through the box and identified several different items that she might be able to utilise when distressed; she thanked us for listening and said she felt much better. After the session she worked with staff to source some of the items she thought would be useful to her and as she was discharged she had a tool kit together to help her to manage intense emotions.”

Lisa, Peer Specialist Co-Ordinator
INTENSIVE COMMUNITY RECOVERY EDUCATION

In late 2015 Dorset Mental Health Forum began partnership working with Bournemouth East CMHT to co-produce a new community group with Peer Specialist expertise at the heart. Aimed at people who were not necessarily getting the most out of services, it would give clients a different group experience and an opportunity for their lived experience to be promoted as an asset.

Following a client based scoping exercise the main theme of ‘getting started’ was identified and it was decided that a new 5 session workshop style group named ‘Start’ would be run from Boscombe Library. A small group of 6 students met and shared their experiences and ideas in a small group setting. Weekly links between the OT and the attendees’ Care Co-ordinator enabled the students to be fully supported in their Recovery.

Two courses have now been run and feedback has been positive. Clients have reported experiencing added value to their lives as a result of attending the group and they have gained the confidence to get involved with various other activities in their local area. Two clients have told their Care Co-ordinator that the group gave them confidence to go on and enrol on some REC courses and others have joined the library and started using the resources available to them there.

CHILD & ADOLESCENT MENTAL HEALTH SERVICES

We have set the wheels in motion for getting Young Peer Specialists into Pebble Lodge, the local Child and Adolescent Mental Health (CAMHS) unit in Dorset. We recognised the value that peers have on adult inpatient wards and we wanted to recreate something similar for young people.

Pebble Lodge have been working in partnership with the WaRP team over the last 2 years and we have begun the process of establishing a Young Peer Specialist Recovery team. We have developed a working group of Young Peer Specialists, Pebble Lodge staff and WaRP staff. As a team we have received training together, co-produced and co-delivered Recovery workshops to young people, devised Peer Specialist training and presented at the Pebble Lodge Parents’ evening.

We now have a steering group to take our vision for the future forward. We hope to have young peers embedded into the ward environment soon, to have them sharing their lived experience to aid people’s Recovery, inspire hope and improve practice.

“Since completing the course I have applied for a job, contacted friends and family and visited my mailbox (something I’m phobic of).”

“The young peers have given us hope and have shown us there is light at the end of the tunnel.” Parent

"we want these peers working on the ward with my child, the Peer Specialists are inspirational and give us hope". Parent

FUTURE PLANS ...

Ongoing development of Young Peer Specialists working within Pebble, CAMHS, DMHF and DHC.

The co-production and co-delivery of a Transitions course for young people.
When looking at Recovery principles we have always been keen to look beyond Mental Health, hence we called the partnership the WELLBEING and Recovery Partnership. For us, the split between mental health and physical health is a false dichotomy, as our physical health and emotional health are intertwined.

**Dorset Community Brain Injury Service:** The meaning of the term personal ‘recovery’ feels just as applicable to those who have experienced an acquired brain injury as it does to those with mental health conditions; living a meaningful life regardless of the ongoing symptoms of illness.

The community acquired brain injury service has a volunteer programme using those with experience of a brain injury to facilitate and deliver services alongside clinicians. Using the vision and philosophy of the Recovery Education Centre clinicians and volunteer peers have coproduced a fatigue management course that is applicable to a broad range of health conditions and has successfully run in the Summer term. Co-production of the course has ensured its content includes information and fatigue management strategies that the peer volunteers have found helpful and therefore in turn may help others who also experience this disabling symptom that accompanies many health conditions. Using this experience we plan to co-produce further service initiatives.

**Dorset Community Pain Service:** In 2014 building on a rich history of patient involvement the Wellbeing and Recovery Partnership, facilitated some co-production workshops for staff and service users of the pain service. This was followed in 2015 by the co-development of a Pain Management Course in the Recovery Education Centre and the establishment of a steering group. This course has been delivered twice already in 2016 with extremely positive feedback from those involved as well as students attending. Ripples of effect have and are being seen within the service including the co-review and redesign of Invitation sessions delivered to people who are newly referred to the service, the recent co-interview of a pain consultant, as well as the co-planning and running of our quarterly support meetings in the East region of the service.

Working with our service user volunteers has been an inspiring journey which is impacting on the staff, the shape and focus of the service as well as the people using the service. The peers’ hard-work, commitment and lived experience is helping to shape our service and what we deliver; making it more relevant and accessible to people living with persistent pain.

The peers bring a rich range of skills and abilities in helping us to create the materials and generate fantastic ideas, with energy, enthusiasm and humour. As clinicians we have learned so much from our service users. It has shown us first-hand how powerful, valuable and important working in partnership with people who use services is and can be.

**FUTURE PLANS....**

We hope to expand our offer of Recovery Education Centre courses to include more long-term health conditions and offer more support to physical services to support co-production.

If you are in a community health service and would be interested in working more closely or developing a course with us, please get in touch.

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“It has been an invaluable experience putting together this course, one that has begun to stimulate my brain again to helping others, whilst obviously helping myself at the same time.”

Jason, Volunteer CBIS

“I came to the process with my own expectations—the outcome of co-production was not what I expected and yet exceeded my expectations!”

Pete Vesey, Occupational Therapist and Volunteer Lead Coordinator
The DHC Learning & Development department enjoys a positive relationship with the Recovery Education Centre in which, together, we aim to provide high quality education and development opportunities to support staff in working alongside people with lived experience of mental health issues. All of our programmes have been co-produced with Peer Specialists to ensure that staff are able to connect with the experience of both peer and clinician.

The courses consistently receive positive feedback and we firmly believe that the joint learning opportunities that we offer influence individuals’ experience in practice. We look forward to building on the relationship between the WaRP and Learning & Development and creating more interactive and engaging programmes for everyone to enjoy. Below is a recent piece of feedback received by facilitators supporting clinicians to work alongside people diagnosed with Personality Disorder:

“Yesterday was inspirational! It is one of the best training courses that I have been on. Very interactive and passionate with the support of the peers. Lisa, Paul and Kerry are inspirational peers with a lot of knowledge that we can all learn from and I thank them for coming yesterday. Your teaching strategies always draw me in Theresa as you make such complicated work seem so easy to understand and again I thank you for this.”

We have been taking the principles of Recovery Education into the 1st Year and 3rd Year Nursing Programme at Bournemouth University for some years now, co-producing materials with peers, professionals and students to enable the nursing students to have a strong foundation in Recovery and also an understanding of the complexities and challenges of implementing this approach in practice.

This year we also co-delivered a comprehensive co-produced mental health training package to 1st Year Paramedic students. This was developed and delivered by the WaRP team, Peer Specialists, Paramedics and Paramedic Students.

The feedback from the course was amazing - the students reported an increased confidence in being able to attend mental health jobs and a real passion to change the Paramedic profession, for it to be much more effective at working with people with mental health difficulties.
For the Wellbeing and Recovery Partnership to continue to work with teams and services developing project plans and integrating peer workers into teams with sustainable funding.

To continue to develop a broad approach to Recovery Education to facilitate recovery orientated practice, affect culture change and to build capacity and sustainability at a local level, to meet a wide range of need and personal outcomes.

For the Dorset HealthCare Board to reaffirm its commitment to the Recovery approach, incorporating it into the personalised and integrated agenda, including identifying priority areas for the WaRP to focus its resources.

To increase opportunities for partnership working and Recovery Education with other organisations, to support and facilitate the integration of lived experience and co-production across a range of health conditions (including carers and supporters), underpinning the DHC Participation strategy, including children and young people.

To promote the wellbeing of all DHC staff and to facilitate staff support, learning and development being underpinned by the principles of wellbeing and recovery.

For the REC to be funded so that it can be sustainable, with a view to maybe becoming a Wellbeing College and Recovery Education Centre, to cover all long term health conditions, working with Public Health, CCG and other partners to facilitate this.

To promote Individual Placement Support (IPS) as the most effective way of supporting people with mental health problems into employment and their communities and to ensure that this approach is adopted within Dorset HealthCare.

The WaRP has continued to work with teams and most of the adult inpatient services have TRIPS. Our focus for the coming years is sustainability and extending the peer worker role into community mental health teams. Our definition of Recovery Education is broad and spans the wider community, CMHT’s and inpatient services. We have developed a range of courses and approaches to meet a variety of needs. Our next key step is building on more support to staff to deliver this work and to evaluate further, as well as broadening out further.

The Dorset HealthCare and Dorset Mental Health Forum Boards remain fully committed to work to develop the concepts around Wellbeing and Recovery and strikingly not just with regards to mental health, but also with community health services and staff wellbeing.

As has been described in this magazine, the WaRP has continued to broaden its work, including working with Children and Young People’s Mental Health Services and Adults with Long-term conditions. Over the past year there has been a strengthening of the relationship with the DHC Participation Team with more joint working, in particular working with carers and supporters and other exciting projects.

The Hidden Talents group has gone from strength to strength, with DHC Board endorsement. There is increased collaboration with Human Resources looking at a range of initiatives to support DHC staff wellbeing.

We believe that the principles of Co-production and Recovery are transferrable and would like to open up the REC to all health conditions. There a number of key service reviews being undertaken by the CCG and we are hopeful that the REC will be able to play a key role in these developments in the future.

The Forum has continued to deliver innovative approaches to supporting people with mental health problems within its work force and externally. There is further work to be done within Dorset Healthcare to promote the importance of work and introduce IPS.
As demonstrated in this magazine the WaRP has developed significant skills in building capacity within teams and organisations by bringing together professional and lived experience expertise. We have worked locally, nationally and also internationally. We use the principles of Co-production and Recovery education to facilitate sustainable new initiatives within organisations. If you are interested in learning more about what we could offer your organisation, here are some examples of workshops, consultancy and training we are able to deliver with you:

- Co-Production: Valuing Lived Experience
- Mental Health Awareness and Staff Wellbeing
- Train the Trainer for Recovery Colleges / REC

If you or your organisation would be interested in discussing your needs or requirements, please do not hesitate to contact us (please see overleaf) and we can work with you to build a bespoke package to meet your needs.

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CAPACITY BUILDING: WORKING WITH YOUR TEAM

We are always keen to work with new teams, depending on capacity and funding. We are specifically looking to develop projects in line with our Future Plans (see above). When we work with new teams we are keen to learn from your expertise and to support you to build on that, by utilising the principles of co-production and Recovery and to build projects tailor-made to your needs and the people who use your service and their supporters. Please contact us if you are interested in any of the projects in this magazine or you are interested in working together (see overleaf for contact details).

CAPACITY BUILDING: CONSULTANCY

As demonstrated in this magazine the WaRP has developed significant skills in building capacity within teams and organisations by bringing together professional and lived experience expertise. We have worked locally, nationally and also internationally. We use the principles of Co-production and Recovery education to facilitate sustainable new initiatives within organisations. If you are interested in learning more about what we could offer your organisation, here are some examples of workshops, consultancy and training we are able to deliver with you:

- Co-Production: Valuing Lived Experience
- Mental Health Awareness and Staff Wellbeing
- Train the Trainer for Recovery Colleges / REC

- Developing Lived Experience in your organisation
- Supporting Wellbeing for Managers

If you or your organisation would be interested in discussing your needs or requirements, please do not hesitate to contact us (please see overleaf) and we can work with you to build a bespoke package to meet your needs.

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FUTURE PLANS...

- We have a triple focus within Dorset Health Care’s Mental Health Services: building consistency and sustainability around existing peer work; developing further peer input into Community Mental Health Teams; and supporting the integration of the electronic record systems and person focused safety planning and care planning so that it works for people, their supporters and staff. Central to this is sharing learning between teams.

- To continue to promote and to develop approaches to staff wellbeing and the employment of people with experience of mental health conditions.

- To continue to promote Recovery Education (e.g. REC) and to support activities (e.g. REACH) for people to be able to do things for themselves, independently of statutory services.

- To continue to develop work across all health conditions, particularly long term conditions.

- To continue to be actively involved with the Dorset Clinical Commissioning Group’s Clinical Services Review and the Acute Care Pathway Review, particularly supporting innovations within Integrated Community Hubs and Acute Mental Health Services in Dorset.

- The Dorset Wellbeing and Recovery Partnership itself is keen to continue to reflect and learn about partnership working, co-production and valuing different experiences and approaches to mental health and emotional wellbeing. We will continue to challenge stigma, discrimination and prejudice. Improving our governance arrangements and impact evaluation methods will be integral to our work and achievements moving forward.
**Dorset Mental Health Forum**
29-29a, Durngate Street
DORCHESTER
Dorset
DT1 1JP
Tel: 01305 257172
Email: admin@dorsetmentalhealthforum.org.uk
www.dorsetmentalhealthforum.org.uk

**Recovery & Social Inclusion**
Dorset HealthCare
Juniper Lodge
Poundbury West Industrial Estate
DORCHESTER
Dorset
DT1 2PG
Tel: 01305 367061
Email: tonia.bolger2@dhuf.nhs.uk
www.dorsethealthcare.nhs.uk

**Recovery Education Centre**
Dorset Wellbeing & Recovery Partnership
Hahnemann House
Hahnemann Road
BOURNEMOUTH
Dorset
BH2 5JW
Tel: 01202 584478
Email: recovery.educationcentre@dhuf.nhs.uk
www.dorsethealthcare.nhs.uk/services/recovery/the-recovery-education-centre

Becky Aldridge: DMHF Chief Executive beckyaldrige@dorsetmentalhealthforum.org.uk
Sarah Rose: DMHF Operations Manager sarahrose@dorsetmentalhealthforum.org.uk
Phil Morgan: DHC, Lead for Recovery & Social Inclusion philip.morgan@dhuf.nhs.uk
Nicola Fitchett DHC, Lead for Recovery Education nicola.fitchett@dhuf.nhs.uk
Tonia Bolger: Secretary to Lead for Recovery & Social Inclusion tonia.bolger2@dhuf.nhs.uk