

# Dorset Wellbeing & Recovery Partnership





The Dorset  
Wellbeing  
and Recovery  
Partnership

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*Recovery is a personal journey of discovery. It involves making sense of and finding meaning in, what has happened, becoming an expert in your own self-care, building a new sense of self and purpose in life, discovering your own resourcefulness and possibilities and using these and the resources available to you pursue your aspirations and goals (Perkins et al, 2012)*

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## Foreword

This is an impressive and important report. It describes the achievements of the partnership between Dorset Mental Health Forum and Dorset Healthcare University NHS Foundation Trust in supporting the recovery of people using local mental health services and their carers. This has been delivered through the creation of the Dorset Wellbeing and Recovery Partnership (WaRP) which brings together lived experience and professional expertise to co-produce and co-deliver new services to meet the needs of people better and to improve their experience of care. The report is impressive in terms of what has been achieved and important because of the way in which this has been done.

In terms of the achievements, these are substantial and wide-ranging. They include the development of new services to support recovery for which there is growing evidence of their effectiveness (e.g. Recovery Education Centres, Peer Support workers) plus the organisational changes necessary to support these developments (e.g. staff training, leadership, TRIPS, Personal Health Budgets, etc.). There have also been attempts to apply recovery principles to long-term physical health problems (pain management) and specific developments in the provision of support for carers. All this has been achieved in a very short space of time and with little in the way of additional resources. Everyone involved deserves to be sincerely congratulated for their efforts.

In addition, *how* this has been achieved serves as a model for effective partnership working between statutory and independent sector providers in mental health. This is a constructive response to the current policy of shrinking the public sector and encouraging independent sector providers ('for profit' and 'not for profit') into the 'market' in health care on an 'any qualified provider' basis. (Whatever one may think of this policy, it seems likely to continue even if there is a change in government next year). It has some advantages as well as the more obvious disadvantages. On the negative side the result is likely to be increasingly limited and under-resourced statutory services, with more 'gaps' appearing for people to fall through. On the positive side, it holds the potential for high quality, independent sector providers to emerge to fill the gaps – particularly in social care – often in ways that NHS provisions have not done very well, eg. regarding housing, employment, social support. This can work effectively, but there needs to have been careful, local discussions to work out exactly what each agency is best placed to provide and how they will work together to ensure that peoples' needs are met in a coordinated and integrated way. This is what the WaRP has achieved and its experience provides an important model for the future both nationally and internationally.

Of course, there is much work still to do. Given the relative novelty of services to support recovery there is certainly a need for more evaluative data. The WaRP has begun this with a useful evaluation of the Education Centre (pp.47-55), and this now needs to be built upon with better measures and more systematic sampling of outcomes. Such evaluations also need to include routinely a health economics component (e.g. impact on service use) so that we can evaluate *costs* as well as *effectiveness*. Similarly, the achievements regarding establishing peer support worker posts needs to be expanded incrementally as we move towards a radically different proportion of peer workers v. professionally trained workers in the mental health workforce. ImROC believes that this is the single most powerful lever for changing attitudes and practices. The WaRP is ideally placed to lead on this with the Forum able to select, train and support workers providing that the Trust is prepared to make resources and posts available. Finally, this programme points the way for a new approach to combatting stigma. Traditional approaches have seen the object of anti-stigma campaigns as various groups in the community – police, housing, schools, etc. – what the WaRP shows is that the provision of real opportunities for people with mental health issues to be involved in shaping and delivering new services, can combat ‘self-stigmatising’ attitudes and demonstrate to the people themselves (and everyone else) that they have the talent and ability to change their own lives. Perhaps this is the most important lesson of all.

***Professor Geoff Shepherd***  
**ImROC Programme Director**  
**December 2014**

## Summary

The Dorset Wellbeing and Recovery Partnership (WaRP) is a partnership between Dorset Mental Health Forum (a peer-led third sector organisation) and Dorset HealthCare University NHS Foundation Trust. This partnership is one bringing together lived experience expertise and professional expertise. The aims of the WaRP are to promote the principles of recovery, co-production and wellbeing in order to transform people's experience of mental health services and more broadly how mental health is perceived in Dorset. The WaRP was established in 2009 and this biennial report provides an opportunity to reflect on the past five years.

In our last annual report (2011-2012) we identified that we were beginning to see the 'first shoots' of culture change, and over the past two years we have seen these continue to grow, despite (or maybe because of) the difficult social and economic climate. We have operated a "demand based" approach: teams and services have increasingly wanted to work with us; we have been asked to speak nationally and to international audiences; but most significantly we have been making a difference to peoples' lives. People have described to us that by working in a recovery focused way has enabled them to realise their life possibilities can be different and gain some sense of control and choice.

This has predominantly been driven by the Recovery Education Centre (REC), but also a broadening out of what Recovery Education means. Fundamental to this is role of co-production, that by bringing everyone's experience and expertise to the table, you are able to create something richer and much more effective. Underpinning this is the idea that *individuals and communities hold their own solutions*. This has helped us understand the role of the WaRP, not tell people what recovery is but, to create conditions where people can figure it out for themselves, whether that it is at team or an individual level. Things have not always gone well, and there certainly have been challenges. However, through using a Recovery Education approach this has enabled us to draw learning from our experiences. In some ways our difficulties have helped us develop more than our successes.

As we have developed, we have started working more broadly than solely within the adult mental health directorate and as the demand has grown for the WaRP as have the opportunities to explore more widely how mental and physical health link together. In particular how these approaches can support a personalised and integrated approach to health and social care, where people who access services and their carers and supporters can move towards being equal partners in their care and treatment. This challenging of power is central to the Recovery agenda, and through bringing physical and mental health closer

together it can create more acceptance and a less discriminatory approach to mental health. This social activism aspect of Recovery is crucial in supporting social justice and the citizenship of people with mental health problems and other people whose experiences are marginalised.

Looking forward, for the WaRP to continue to meet its broad objectives, it is important that the current approaches are sustainable and effectively resourced. That the principles of Wellbeing and Recovery are adopted more broadly by Dorset HealthCare and partners agencies as the recovery agenda moves from the periphery of services to the core. Through working with a broader range of partnership agencies it enables the WaRP to promote the principles of co-production and wellbeing across communities within Dorset. In order to do this we would like to make the following recommendations:

- 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 into the personalised and integrated agenda, including identifying priority areas for the WaRP to focus its resources.
- To build a project within Dorset HealthCare focusing on the development of effective recovery orientated care plans and safety plans, underpinned by shared decision making. Informed by the learning from the implementation of Personal Health Budgets.
- To increase opportunities for partnership working and Recovery Education with other organisations, to support and facilitate integration of lived experience (including that of carers and supporters) and co-production across a range of conditions, underpinning the Dorset HealthCare Participation Strategy, including children and young people.
- To promote the wellbeing of all Dorset HealthCare staff and to facilitate staff support, learning and development utilising the principles of wellbeing and recovery.
- For the REC to be funded so that it is sustainable. With a view to becoming a Wellbeing College and Recovery Education Centre, to cover all long term health conditions, working with Public Health, the Clinical Commissioning Group and other partners to support and facilitate this.
- To promote Individual Placement Support 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.



## Dorset Wellbeing & Recovery Partnership Vision & Purpose

This report describes the progress of the Dorset Wellbeing and Recovery Partnership (WaRP) over the past two years. The WaRP is a partnership between Dorset Mental Health Forum (a peer-led third sector organisation) and Dorset HealthCare University NHS Foundation Trust (DHC). This partnership brings together lived experience expertise and professional expertise. The aims of the WaRP are to promote the principles of recovery, co-production and wellbeing in order to transform people's experience of mental health services. More broadly the WaRP aims to enhance how mental health is perceived in Dorset. This report is an opportunity to reflect on the learning and development of the WaRP but also an opportunity to look to the future. Whilst the WaRP has made progress in developing Recovery Education, introducing Peer specialists and promoting the principles of Wellbeing, Recovery and Co-production, this is only a starting point. The challenges ahead for people with mental health problems and services remain significant. This section of our biennial report outlines how the WaRP vision and purpose can contribute to addressing these challenges.

The Mental Health Network (MHN, 2014) estimate that over the next 20 years there will be 2 million more adults with mental health problems and that in the next decade the NHS could experience a funding gap of between £44bn - £54bn. Mental Health problems in various guises impact across all elements of society, for example; children and young people, the criminal justice system and people with dementia. The MHN states that poor mental health impacts on our employment rates, welfare spending and wider health inequalities. With greater demand and less financial resource there is a need for a radical agenda to reshape mental health services. With mental health impacting across all of society the reshaping of services cannot be done in isolation, it needs to be shaped by the principles of Wellbeing (the emotional health of all people, prevention and resilience building), Recovery (learning from lived experience to build strengths- focused skill development to support clinical or non-clinical approaches) and Co-production (to build equal partnerships and co-operation between people, communities and statutory and third sector agencies).

The radical agenda to reshape services also needs at its core to consider the principles of citizenship and social justice. People with mental health problems experience significant social exclusion and health inequalities (people with 'severe and enduring mental illness' on average, die 15-20 years earlier than the general population), which are compounded by stigma and discrimination. Positive steps have been made through national and local anti-stigma campaigns, and there is some evidence demonstrating improved attitudes towards mental health problems (MHN, 2014). It is however, only 22 years since Herrison Hospital (the local long stay institution) shut and many of those discriminatory and prejudicial attitudes are still pervasive, although often in more subtle forms. The responsibility for

remaining stigma and discrimination lays not only within the community but also within mental health services themselves and therefore needs to be made a priority for future vision.

Another attitudinal shift that the MHN has outlined is that the expectations of people who access services, and their supporters are changing; they are demanding a better experience (MHN 2014). We welcome this and would argue that people with lived experience, carers and supporters hold many of the solutions. In order for us to enhance people's experience however we must ensure the basic levels and standards of care and compassion are delivered. This must include effective care planning and safety planning in partnership with people who access services and their carers and supporters.

A shift in the balance of power from professionals to people who access services is pivotal. It requires attitudinal change from all involved and from wider society. Based on the start we have made within the WaRP, we would argue people and services working together can achieve cultural shift. One thing is clear, it is not enough to continue to do more of the same and this is reflected in the crisis around the provision of mental health services nationally. We cannot tackle these major challenges without doing things differently. We see the following areas as key:

#### **Integrated and Personal Approach:**

We fully support Dorset HealthCare's approach to integration across community and mental health services. The benefits of this we see as two-fold: Firstly, it breaks down the false distinction between physical and mental health, which we would argue are inextricably linked. The principles of the recovery approach cross-translate to people with long term health conditions, particularly around learning from lived experience and promoting acceptance and self-management. Secondly, it creates the potential for people to receive a better service, to be clear about what they need from services and to have these needs met, without multiple handoffs to different parts of the service. A significant piece of work around care pathways is however required to support collaborative working across physical and mental health services. This should include opportunities to explore the use of Personal Health Budgets to enable people greater choice and control over their care.

#### **Skill Mix and Different Pathways:**

People with mental health problems feeling empowered to take back control of their lives involves having the opportunity to reframe their experiences, not just to solely understand it from a clinical perspective. There needs to be a shift away from a symptom and problem based approach to supporting people's self-efficacy and belief that things can be different, enabling choice and control. A shift in agenda needs to be a greater emphasis on people leading meaningful and purposeful lives, rather than focusing predominantly on clinical

outcomes. In addition, there will need to be a greater understanding of the process of trauma, loss, acceptance and change, this is applicable across all long term conditions, including mental health. For example, using Individual Placement Support (IPS) to help people into employment has shown to be as effective as treatments such as medication and CBT. IPS also has the added value of people being meaningfully engaged and reducing people's use of welfare (SCMH, 2009). We also need to explore a range of alternatives to high cost admissions, such as personal health budgets and the use of effective crisis services and recovery houses; again a recent paper has demonstrated their efficacy compared to inpatient stays.

Peer Specialists can support the shift required by modelling recovery and furthering the belief that things can be different. Peer Specialists act as a bridge between people who access services, their carers and supporters and mental health service providers. Peers are able to model self -management and promote engagement, enabling clinical staff to use their technical expertise, rather than focusing on generic tasks. There is evidence to show peer specialists are cost-effective within acute services (conservatively, a saving of approximately £2 to every £1 spent on peer workers, some studies have this as much or £4 or even £8 in one study (Trachtenberg et al, 2013))

We believe that the whole skill mix of teams will need to be examined. We feel that there is a broader role for the Recovery Education Centre Admissions Tutors, to become navigators or local area co-ordinators, providing the opportunity for people to engage in a dialogue that focuses on who they are and their strengths and aspirations, rather than the primary focus of illness, deficit and diagnosis. Signposting and building links with community assets will be particularly beneficial to support the personalised and integrated approach to working. There is also an opportunity for stronger partnerships with other statutory bodies such as the police, acute hospitals, social services and Third Sector organisations. People can be enabled "do things for themselves" if there is a focus on building capacity in communities. We believe that services need to be outward looking and understand *individuals and communities hold their own solutions* and should not continue the current approach of reinforcing dependency.

In order to make the cultural shifts highlighted there will need to be an increased focus on the individual needs of people who access services and their carers and supporters. People need to be involved in the planning and design of services and care pathways that they receive. In order for people to become actively involved they will need to be supported by an organisational attitude of positive risk and shared safety planning. Staff training, development and support will need to shift to be in line with this approach (which can also be informed by the process of trauma, loss, acceptance and change).

### **Partnership and Participation:**

In order to develop new pathways and creative ways of engaging with the diverse communities within Dorset, local communities and people who access services and their carers and supporters will need to be involved in all aspects of designing, planning, providing, delivering and evaluating services. Fundamental to this is sharing power, and moving from a participation model to one of partnership which is truly co-produced.

### **Recovery Education and Co-Production:**

Central to people being able to take control of their own lives are education and participation. The adage that *knowledge is power* is particularly meaningful. In order for this to become a reality there needs to be investment in both Recovery Education (to give people the tools to manage themselves), and participation (where people are skilled and rewarded for shaping service design and delivery so truly working in co-production). What we mean by Recovery Education is the bringing together of people with lived experience and professionals, to co-produce and co-deliver courses which focus on creating an accessible shared learning environment.

Recovery Education creates the opportunity for people to reframe their experiences and see possibilities, drawing expertise from professionals and lived experience to develop the skills to build the lives they wish to live. When supported by individual learning plans, people can be signposted to further support and other opportunities.

### **Prevention and Resilience Building:**

Along with a redevelopment of services, there also needs to be capacity building in schools, community groups and work places that supports the development of awareness around the impact of all health conditions and promotes emotional resilience. Therefore it is key for the principles of recovery and wellbeing to be aligned with the public health agenda. Recovery Education has a major role to play in facilitating people to develop resilience and awareness. Education in wellbeing and recovery can potentially enable and provide people with the skills to access support and services at an earlier stage thus preventing crisis.

### **Technology and Innovation:**

Change will not be easy, as we are unpicking years of clinical dominance. With the use of social media we are already seeing shifts in power towards people who access services, even if it is just to be able to describe their experience to a wider community. In taking change forward there will be a need to embrace all aspects of technology and innovation. The democratisation of health care, will be supported by modern technology; enhancing the tools people have to consult with healthcare professions, to self-manage, to provide feedback and input into service design and delivery. Technology can also be used to cross

organisational boundaries and enable people to do things for themselves through peer support. Similarly, if new technologies are not embraced and creative solutions are not sought they will reinforce the silo mentality of some services. In order for technologies to be effective they will need to be co-produced.

Through our work over the past five years and in particular the last two, we believe that the Dorset Wellbeing and Recovery Partnership is well placed to provide facilitation and offer support to initiatives that are looking to focus on learning from lived experience, capacity building and co-production. Our recommendations outline the next steps in moving services and communities further along the road towards being more recovery and wellbeing oriented; to transform experience and unlock potential.

## Introduction

Welcome to the Dorset Wellbeing and Recovery Partnership (WaRP) 2012/14 biannual report, it is also the WaRP's fifth anniversary and therefore an opportunity to reflect on the achievements over the past five years. This is the fourth report describing the progress of the WaRP, previously reports have been produced annually, however, as there have been continual changes both within Dorset HealthCare and Dorset Mental Health Forum we decided to amalgamate our reports for 2012-2014.

The past two years have been significant in achievements of the Dorset Wellbeing and Recovery Partnership (WaRP) on a number of levels.

- 1) **Personal Impact:** There have been an increased number of people who have valued the input of peer specialists. People have also highlighted the value of co-produced co-delivered Recovery Education, identifying that this has significantly improved their recovery and/or practice.
- 2) **Local Impact: We have been working directly with a range of teams to support their implementation of recovery orientated practice.** Through our work with teams there has been a refining of our understanding of Recovery, Co-Production and Recovery Education and its application in a range of settings. The feedback we are getting from teams is that there is considerable value in working in this way.
- 3) **National and International Impact:** There has continued to be recognition both nationally and internationally of the unique partnership working within Dorset, and the innovative recovery focused practice here.

What makes our achievements particularly significant is that this has taken place with a background of increased pressure on people, communities, and services with limited finances and austerity. Both Dorset HealthCare and Dorset Mental Health Forum have been through big transitions both with their own challenges and opportunities.

This report will provide background and context to our work, outline impacts, review the previous strategy and make recommendations on how we see the work of the Dorset Wellbeing and Recovery Partnership (WaRP) best progressing.

## Background

For those who are not aware, the WaRP is the partnership between the Dorset Mental Health Forum, which is a local peer led charity, and Dorset HealthCare which is the statutory provider of mental health services within Dorset. The WaRP is co-led by Phil Morgan (Lead for Recovery and Social Inclusion, Dorset HealthCare), Becky Aldridge (Chief Executive, Dorset Mental Health Forum), Sarah Rose (Operations Manager, Dorset Mental Health Forum) and Jackie Lawson (Head of Recovery Education, Dorset HealthCare).

The WaRP seeks to bring together in partnership people's lived experience expertise and professional expertise to promote personal recovery. The broader aim of the WaRP is to change the culture of mental health services and people's attitudes to mental health and wellbeing in Dorset, to transform people's experience and unlock their potential.

### Personal Recovery:

Fundamental to this is the following definition of Recovery, which emphasises shared humanity but also people taking back control of their own lives:

*Probably the most useful way of understanding recovery is linking it to our own experience because it is something that is common to all of us; it is not specific to mental health problems. Any of us, who have been through a divorce, being made unemployed, a major illness or bereavement, know that that changes us; there is no way to going back to how we were before that event. We have to incorporate that into our way of living and we learn from that and move on with that - which is exactly what we are talking about in terms of recovery from mental health problems.*

*Recovery is about taking back control over your own life and your own problems, about not seeing your problems as being uncontrollable, or that their control is just the province of experts. It is about understanding yourself - what is possible and what you can do to help yourself."*

Dr Repper from 'An independent investigation into the care and treatment of Daniel Gonzales' (January 2009) p. 124

If this definition of Recovery is to be taken literally, it requires mental health services to shift from being places where people receive care and treatment to becoming places where people develop the skills and tools to support their own recovery and wellbeing (these tools may well include clinical treatments).

### Co-Production:

In being able to explore how services can function differently it is essential that effective partnerships are built between people who access services, carers and supporters and professionals. This partnership relates to the other key concept central to our work; co-production.

*"Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change."*

(Boyle and Harris, 2010)

The core principles of co-production are very similar to those of recovery and are our reference points at all times as we develop our work.

- Recognising people as assets
- Building on people's existing capabilities
- Mutuality and reciprocity
- Peer support networks
- Breaking down barriers
- Facilitating rather than delivering

NEF and MIND (2013)

These principles have enabled us to reframe and understand the role of the WaRP, as facilitators and capacity builders, rather than informing people, teams or organisations about Recovery. Through the partnership of professionals and lived experience the WaRP is able to create spaces for people to find out what Recovery means to them. The WaRP then offers support and training for people to be able to develop the skills they require to put their understanding of Recovery into practice. This is shaped by our core belief that *"Individuals and Communities hold their own solutions"*.



## Implementing Recovery for Organisational Change:

Central to developing our thinking and approach has been the WaRP's involvement in the Implementing Recovery for Organisational Change (ImROC) project [www.imroc.org](http://www.imroc.org). ImROC is a Department of Health, Centre for Mental Health and NHS Confederation project which supports organisational change through the use of recovery principles. In 2011 the Dorset WaRP was recognised as a demonstration site for its unique partnership between lived experience and professionals. One of the things that has been relayed back to us by the ImROC, is that we often take for granted how challenging partnership working can be whereas our attitude is *why wouldn't you work in partnership?* Both Becky and Phil are now working as consultants for the ImROC programme. Partnership working is not easy and does present challenges but we view these as pivotal to our learning and development.

## Partnership Working:

For us the advantage of working in partnership means that Recovery is not just about what services are doing but also what individuals and communities can do. By working with an organisation outside of the NHS it means there can be meaningful discussions around power, agency, citizenship, and the meaning of mental health and mental illness that may not take place in spaces that are dominated by clinical viewpoints. Particularly significant is the growth of the Recovery Education Centre and the Reach (formerly known as SLAP - Sports, Leisure, Activity Programme) projects which are open access to anyone in the community therefore in a time where the thresholds for mental health services are increasing, people are still able to access support and networks.

Core to our philosophy is that if our work is not difficult and challenging we are somehow doing it wrong, and that central to any change process is the idea of struggle. We also feel that it is important to draw attention to the parallel processes of the recovery journeys of individuals, and the recovery journeys of teams and organisations. This process has been described in appendix 7 in 2010-11 annual report <http://www.dorsetmentalhealthforum.org.uk/pdfs/recovery/warp-annual-report-2010-11.pdf>

## Organisational Challenges:

Organisational challenges have been particularly important as both Dorset Mental Health Forum and Dorset HealthCare have been going through considerable changes over the past two years. Dorset Mental Health Forum has been going through significant changes, in particular as things have progressed the challenge of moving from a small charity to a medium size one, whilst working in a hostile financial climate.

In regards to the WaRP there has also been an increased understanding of the importance of the need for Forum staff and peer specialists to be suitably skilled and equipped to be able to work at a number of different levels within Dorset HealthCare. Internally as the peer workforce grows so too are the layers of management and support are required. This has led to the coining of the term '*lived-experience infrastructure*' and highlights the sophistication in moving away from traditional "service user involvement" models to effective partnership working and the ability to meaningfully challenge with the authority and expertise to do so. An important part of this is the growing collective voice for social change.

Over the past two years the Dorset Mental Health Forum has experienced the challenges of working close to statutory services, but also maintaining its independence. The Forum has also been looking internally at how it functions and continues to develop its capacity and growing workforce; exploring opportunities for the most effective use of resources, including alignment with changes to local service provision. Central to this is the core philosophy of the Forum which is people with mental health problems "doing things for themselves." It is important to note that the WaRP is only one aspect of the Forum's work, and that there are a number of other projects which sit separate to Dorset HealthCare and mental health services which promote the principles of wellbeing and recovery and aim to enable people to live the lives they wish to live.

As with the Forum there has been considerable change and challenge within Dorset HealthCare, particularly with Monitor stating that the Trust was in breach of its Terms of Authorisation as a Foundation Trust. There have been and are continuing to be a number of management restructures as Dorset HealthCare responds to these challenges and moves towards becoming a fully integrated organisation delivering personalised mental health and community health services. These changes have included a new Chief Executive and significant changes at Board Level. Following these changes Dorset HealthCare has been able to regain the confidence of the regulator, and in July this year Monitor announced the Trust was no longer in breach of its terms of authorisation. Dorset HealthCare now has renewed vigour in developing innovative and inclusive approaches for both people who access its services, as well supporting staff working within the organisation.

The challenges within Dorset HealthCare have led to increasing opportunities for the WaRP to become involved in the Trust developments. During this period of uncertainty and change on some levels there have been constraints around developing new practice across the whole Trust, although at the same time the WaRP has been given greater permission to develop local practice with individual teams. The WaRP has however continued to expand into working with different areas, including the Pain Service and Children and Adolescents Mental Health Services.

## Working with Teams:

As described in previous reports our approach has been to work with teams that wish to work with us. We have been very conscious of the problems of clinical teams being forced to adopt personal recovery approaches, so we have been keen for recovery to be adopted as a *contagion*. Over the past two years, it feels for us that a lot of our initial engagement work has come to fruition and we are increasingly being invited to work with and develop project plans with various teams. Pivotal to this has been the development of the Recovery Education Centre (REC) and its impact on people's lives. The Recovery Education Centre runs courses that are co-produced and co-delivered between professionals and peer specialists, based on a further education model.

<http://www.dorsethealthcare.nhs.uk/services/recovery/the-recovery-education-centre.htm>

## Recovery Education Centre:

The REC was launched in May 2012 and now has over 1300 registered students. The impact of the REC has been remarkable with people identifying attending the courses having significant impacts on their recovery, or how they support other people. Our perception is that the development of the REC has led the WaRP moving from a group of people who talk about recovery, to people who enable people to make changes in their lives, which has increased the demand in regards to teams wanting to work with us. The REC has also enabled us to gain a much more sophisticated understanding of what works for people and also shaped and enhanced our approach to co-production and learning.

## Recovery Education:

In other parts of the UK, there has been a preference to set up Recovery Colleges; however for us it has been important that we called it a Recovery Education Centre. This was for a number of reasons; firstly, we didn't want have the idea that Recovery was located in a particular area or building, secondly, we drew our original inspiration from the American development of Recovery Education Centres and also the original ImROC 10 Organisational Challenges which defines the Recovery Education Centre as driving the Recovery agenda forward (CMH, 2010).

Over time the WaRP has developed a broader understanding of Recovery Education, which we see as integrating the concepts of Recovery, Co-production, and learning. Through our experience we have found that the pure educational model of the Recovery Education Centre does not work for everyone so we have been developing the idea of layers of recovery education which have higher levels of clinical and peer

support for people who may be too emotionally distressed or have other barriers to accessing the REC.



Our longer term vision is that prevention and resilience building can take place in schools and workplaces and the Recovery Education Centre is broadened out to support people with all long term conditions. Our vision would be that each locality has access to Intensive Community Recovery Education for those people who need to access more in depth materials or more support than the REC can offer. Finally, every person who is in crisis (either in the community or as an inpatient) would have access to Recovery Skills Workshops so that they can learn from their crisis and feel able to be more optimistic about the future by putting their skills into practice.

We strongly believe the principles of wellbeing, recovery and the benefits of education cross physical and mental health care and that they could be adopted to support people across all long term health conditions. Education could support participation for all people who access services and their supporters, and provide a framework to support staff wellbeing and learning and development.

### **Personal Health Budgets:**

As people are empowered to take more control over their care and recovery, Personal Health Budgets provide an opportunity for people to really think about their needs and relationship with services. The WaRP, in partnership with Dorset Clinical Commissioning Group we are an NHS England Demonstrator site for Personal Health Budgets in Mental Health, and we are currently exploring how this may work with a small project in Bournemouth East. We feel the learning from this will be pivotal in future service developments.

## Update from Annual Report and Wellbeing and Recovery Partnership Strategy 2012/13

Previous annual reports and strategic plans have used the ImROC ten organisational challenges (CMH, 2010) as a framework (<http://www.imroc.org/what-is-recovery/10-key-challenges/>). Initially this broad based approach was helpful as we worked to try and influence multiple parts of the Dorset HealthCare simultaneously, however in the context of Dorset HealthCare continually changing, we have needed to be flexible with our strategy and adapt our plans to current opportunities or amend them in line with current challenges.

For example one of our actions was for every team to use the Team Recovery Implementation Plan (TRIP) however once we started working with Teams they felt that the TRIP was too long and it wasn't going to create a different action plan to the one they were already working to (this has led to the development of a Brief TRIP which we are about to pilot). New opportunities have also arisen, for example the Personal Health Budget (PHB) demonstration site and the Trust decision to move towards a co-produced version of *Safewards* rather than *No Force First* which ImROC has focused on.

The ten organisational challenges will remain an important document, particularly in identifying areas that need significant input. One area that the Wellbeing and Recovery Partnership needs further focus on is employment and community inclusion and we aim to encourage Dorset Clinical Commissioning Group and Dorset HealthCare to adopt the Individual Placement Support approach.

In addition, we are continually generating learning from our work with individuals and teams and this in turn enables us to adapt and change our approaches. On a directorate level we have focused on trying to get the Wellbeing and Recovery Partnership objectives integrated into the current service plans. Working at team level, we have discovered that each team is different and needs its own approach. As we have moved from an engagement, through development to an implementation phase (as outlined in previous annual reports), we have found it beneficial to conduct action planning at team level, whilst having broad brush objectives for the overall recovery strategy. These broad strategic areas are described in the summary and in the recommendations and conclusions of this report. As Dorset HealthCare moves towards a locality based model it will be important to integrate our recommendations into the business and delivery plans of each locality, building on the opportunities around co-production and promoting the principles of wellbeing and recovery across all community and mental health services.

## Personal Impacts

Rather than reviewing the 10 organisational challenges we have decided to describe our progress in relation to impacts – Personal, Local, National and International.

### Recovery Education Centre

The Recovery Education Centre runs using a further education model providing courses that are co-produced and co-delivered with professionals and people who have lived experience of mental health problems.

The REC has just over 1300 registered students. Term on term the feedback forms report 96-98% people would consider attending further REC courses.

Below is a selection of feedback from Students and Trainers (for a further in depth analysis of the impact of the REC please see our report of the Summer 2014 term within the supporting documents):



*“Cannot speak highly enough of it and feel fortunate that such a facility exists and grateful for the impact being a student has had on my Recovery”*

*“Feel hopeful that things will work out and become more open and look forward”*

*“We are ALL students here – what a brilliant way of tackling and bringing down the ‘them and us’ barrier”*

*“The courses I attended have given me real insight, I feel that I can manage things easier and have started to make plans to enjoy the world more”*

*“Got me to rethink and realise that I am important enough to consider”*

*“I came with my professional hat on but gained more personally than professionally”*

*"Attending the course makes me feel part of something, not alone or out of the ordinary, which I do the majority of the time"*

*"Changed the way I view my own mental health in a more positive way after hearing how other people manage"*

*"I've been a mental health trainer for 15 years, but the course I have been co-delivering in the REC have transformed the way I work and provided me with a fresh professional and personal insight into the experience of mental health for which I am extremely grateful"*

*"Best course was Understanding Unusual Experiences because it helped me to understand some of my experiences"*

*"Greater confidence. I think I can now try other new things"*

*"Has been able to identify what is helpful at point of crisis and put this into action"*

*"It motivated me to engage with services, to take opportunities and realise there are options"*

*"Strength to start Peer Support Group"*

*"More conscious of putting own needs and Recovery before other's agendas"*

*"The Recovery Education Centre saved my life"*

*"I can now manage emotions to have a positive relationship with my daughter"*

*"Has had a big impact on how I manage my family dynamics and following up with support at the Church"*

*"Positive – I'm in charge, I'm choosing, I'm attending, listening"*



## Skills Workshops

These are brief co-produced, co-delivered workshops for people who are experiencing mental health crisis or inpatients. For more information please see the Special Edition of the Wellbeing and Recovery Partnership newsletter within the Supporting Documents.

*"Having a course run by someone with lived experience makes a massive difference; it gives you so much hope"*

*"I have learnt to accept my emotions... This has helped me deal with my home situation and helped me stay there. I believe I would have come back into hospital if I hadn't learnt the skills"*

*"The knowledge that being ill doesn't make me abnormal or different, this will be a big help in my recovery"*

*"Awe-inspiring ... Can increase feeling if hope ... good place to express views ... we've all done the same thing over and over ... we have a choice ... making link between thoughts, feelings and actions"*

*"This helped me reinforce what I did know and bring me to the point whereby I can help myself again (I know more than I thought)"*

## Hidden Talents

Hidden Talents is a project which looks at supporting Dorset HealthCare Staff who have lived experience of mental illness and/or Trauma, challenging stigma and discrimination and promoting ways to support the wellbeing of all staff. Here are a selection of comments by participants:

*"A significant impact on me of disclosure was when a consultant psychiatrist told me he had experienced severe recurrent depression. I was considering quitting nursing altogether, and his disclosure gave me hope that my experiences of mental health problems may actually help me be a better mental health worker"*

*"I had a positive experience at my first interview. The second question was around my mental health experience and I felt it was an asset"*

*"A whisper can become a shout to end embarrassment"*



*"Acceptance, understanding and creativity finding simple, practical ways of supporting others and bringing about change"*

*"Great to meet colleagues who want to use their lived experience of mental health problems in a positive way, casting light on situations instead of remaining in the darkness of distress"*

*"Meeting people who are so positive about changing the culture of Dorset HealthCare into one that meaningfully values the lived experience of their staff"*

*"Has given safe, supportive environment to discuss & share lived experience with staff with similar experiences, views and passion to change culture and end stigma & discrimination around mental health"*

### **Community Intensive Recovery Education: Engaging in Life Course**

The engaging in life course is a co-produced and co-delivered course and has been designed by Katie Gape [Occupational Therapist] and Kerry Pierce [Peer Specialist] to support people for whom the REC does not offer enough peer or clinical support. This course has enabled people to reconnect with others and their communities and a number of participants were able to describe how prior to the course they did very little outside of their home, yet following the course they were engaging in activities, voluntary work and groups. Further information about the development of this course is detailed in the Engaging in Life report within the reports supporting documents.

*"You [Engaging in Life course] enable people to fly"*

*"This is a great course, it has helped me to focus on the positives and see a way forward"*

*"I didn't realise other people felt the same as me"*

## Community Intensive Recovery Education: Living with Bipolar

Dave O'Loughlin [Nurse Specialist] has been delivering this course for many years and has been working with people with lived experience in its delivery. Over the past two years Dave has been working closer with the Wellbeing and Recovery Partnership and has brought his course under the banner of the broader sense of Recovery Education and has been engaging further into the world of co-production.

*"Thank you so much for opening my eyes and giving me direction and hope"*

*"I can't thank you enough for what you have given me these past 12 weeks; I have so much information to help me come high water or low water"*

*"It's [the course] going to be so beneficial for my future"*

*"It's made me realise I am not the only one, it's made me realise I can still achieve in my lifetime"*

*"Her [the peer worker] own experience has been invaluable in helping me understand and learn ways to manage"*

*"I'm newly diagnosed and was unsure of a lot. I've been able to tweak my crisis plan and can now notice changes quickly and nip them in the bud"*

## Road to Wellness Awards

The Road to Wellness Awards was the brainchild of Jenny Stickney [Occupational Therapist] and are now in their second year, looking to celebrate the achievements of people who access mental health services in Dorset. Categories celebrate people's strength, courage, compassion, kindness and inspiration.

*"I didn't realise how far I had come in my recovery until today"*

*"When our son is so emotionally distressed it is difficult to see anything other than that, this award ceremony has reminded us that there is more to think about and talk about with our son than his mental health – instead of focusing on his illness, we can focus on what he has achieved when being ill and what he can go on to achieve. It has*

*reminded us that there is a future out there for him, and we feel so proud of him"*

*"It was the most personally rewarding event I have attended in my whole career, and humbling to observe what people can achieve against the odds"*

## **Co-Production Workshop with Pain Service**

In April 2014 the Wellbeing and Recovery Partnership ran two workshops with the Pain service to support them to build on the excellent involvement work that they have been doing. A full report on this piece of work can be found within the reports supporting documents. This is a selection of feedback from participants.

*"Extremely helpful – it was exactly where I needed to be at this very moment"*

*"It was very enlightening and more useful than I ever thought possible"*

*"Found it very enlightening and can see benefits that may help the pain management programme"*

*"Motivating, enthusiastic and inspiring. I'm glad this co-production is being delivered, it's a passion of mine"*

*"I found [Peer Specialists] story of his journey incredibly moving and inspirational"*

*"Felt very comfortable as a service user and found the professionals helpful and not at all patronising"*

*"So interesting knowing that others have been through the same"*

*"The 'co-production' exercise demonstrated so well how you can't start with an agenda"*

*"The process is important and the outcome depends on what and who is put in / involved"*

*"Very well delivered, well-paced, good visual and verbal presentations"*

*"Very informative training, nice to feel included, this sort of cohesive working should be more widespread"*

## Local Impacts

As outlined in the introduction of this report the Wellbeing and Recovery Partnership has not attempted to get the Trust to adopt recovery as a blanket approach but has worked with the teams and services that have wanted to work with us. Wellbeing and Recovery Partnership has been able to model the principles of recovery through the negotiation of plans and tailoring them to the unique needs of each service. This table outlines the main projects the Wellbeing and Recovery Partnership is involved in within Dorset.

Team	Work Undertaken
<b>Recovery Education Centre</b>	
	1300 Registered Students, open to anyone 18 and over who lives in Dorset. 35 courses, over 140 sessions in various venues across Dorset.
<b>Inpatient and Crisis Services:</b>	
Harbour and Seaview wards	Project Plan, skills workshops, Peer Workers, Reach, Peer2 Peer, coproduction and delivery training
Waterston Ward	Project Plan, skills workshops, Peer Workers, Reach, Peer2 Peer
Crisis Response and Home Treatment (West)	Skills workshop in Recovery House, development of peer carer project.
Haven, Dudsbury, Alumhurst wards, Nightingale House and Court	Development and preparation work
Linden	Some peer work input
Crisis Team East, Glendinning	Initial discussions – on hold at present
Art of Hope project (St Ann's Hospital)	Funded by Canford Cliff Land Association and worked with each ward to produce art work which have been turned into 10 framed canvasses to be displayed across the hospital
Safewards	Peer Workers support each of the wards implementing, contributing to learning sets and their development, undertaking fidelity testing
<b>Community Mental Health Teams (CMHT)</b>	
Christchurch CMHT	Project plan, Development of Intensive Community Recovery Education, Engaging in Life Course, Peer involvement in CBT for Psychosis course
Bournemouth East CMHT	Demonstration site for Personal Health Budget for NHS England. Peer work input into the Team Supporting project
Weymouth and Portland CMHT	Peer work input into Community Resource Team, Peer into DBT skills group

Blandford CMHT	Initial planning stages of peer workers throughout Blandford CMHT, Input into DBT skills group and peer support group
Bournemouth West, Poole CMHT, Dorchester CMHT, Wimborne CMHT, Purbeck CMHT	Low Level Inputs E.g. presentation at away days, Peer Workers sitting on interview panels, attending recovery reference group
Intensive Psychological Therapy Service	Some preliminary discussions around working with peer workers
Lived Experience Mentoring of Psychiatrists	3 Psychiatrists have been through programme with 2 mentors; evaluation has been completed and is currently being written up for publication.
<b>Specialist Services</b>	
Perinatal Services	Peer Specialists presenting at local Post natal Depression Conference
Community Forensic Services	Peer Led interviews for service evaluation
Twynham Low Secure Ward	Peer representative project – currently on hold
Portland Young Offenders Institution	Emotional Wellbeing Programme co-produced delivered by healthcare Support Workers. Currently on hold.
<b>Older People</b>	
Older person's narrative project	Book of narratives of those with Dementia and their carers and supporters has been written
Living Well with Dementia Video	Film under development in partnership with Alzheimer's Society
<b>Learning and Development</b>	
Prevention and Management of Violence and Aggression Training	Peer-led review of previous course, development of training video people talking about more effective approaches to engagement and peoples experience of being restrained, Recovery training on first day of PMVA training
Therapeutic Engagement Training	Some co-produced and co-delivered sessions
CPA Training	Peer Worker input into delivery,
Mental Health Diploma Training	Co-designed programme, with 12 co-delivered sessions
Trust Induction, Customer care training, creating the right impression training, value led leadership	Peer Worker input into delivery
Personal Identified Goals Training	Co-produced with Peer Specialists and Psychiatrists due for piloting and roll out
<b>Carers and Supporters</b>	
Carers Recovery Education Discussion Document	Completed in partnership with Rethink (See Supporting Documents)

<b>Hidden Talents</b>	
Booklet outlining staff lived experience survey, focus groups on disclosure and wellbeing@ work plan completed	<a href="http://www.dorsetmentalhealthforum.org.uk/pdfs/other/supporting-staff-recovery.pdf">http://www.dorsetmentalhealthforum.org.uk/pdfs/other/supporting-staff-recovery.pdf</a>
Monthly Hidden Talents meetings	Re-launched in January 2014 , action plan developed, links made with groups in other areas in particular Leeds NHS FT Lived Experience Network
<b>Lived Experience Infrastructure working at different management layers of Dorset HealthCare</b>	
Board and Governor	Becky Aldridge is Governor for Dorset HealthCare
Mental Health Directorate Management Meetings	Becky Aldridge and Sarah Rose between them attend management and service development meetings across mental health directorate. Peer Specialists input into various service development meetings
<b>Work in Dorset HealthCare outside of Adult Mental Health Directorate</b>	
Pain Service	Undertook Co-production workshop and completed report and service development outline
Pebble Lodge Child and Adolescent inpatient unit	Currently delivering co-production and recovery education workshop to young people, parents and staff to develop programme of Recovery Education in Pebble Lodge
<b>Road to Wellness Awards</b>	
Contributing to planning and delivery of award ceremony	Two award events: Second took place in October 2014
<b>Black and Minority Ethnic Community Project</b>	
Setting up specific project addressing recovery and wellbeing for BME communities	Initial exploratory workshops taken place in Dorset. Rick Dyer (Peer Specialist) linked in with National NHS BME network.
<b>Perspectives on Psychiatry</b>	
One gap we have noticed in relation to Recovery is the space for different meanings and alternative perspectives to be understood	Draft paper on perspectives on mental illness REC course specifically exploring critique of bio psychosocial model and exploring alternative perspective
<b>Bournemouth University</b>	
Nursing	Input into 1 <sup>st</sup> year (3 days), 2 <sup>nd</sup> and 3 <sup>rd</sup> Year (one day each). Innovative approach to co-production and co-delivery to Year 1 students involved Year 3 students.
OT, Psychology, MSc Public Health	Guest Lectures

## National and International Impacts

The work of the Wellbeing and Recovery Partnership has been recognised both nationally and internationally, in particular the uniqueness of the sophisticated partnership working between a peer led organisation in the 3<sup>rd</sup> Sector and Statutory Services. What follows is a list of the major presentations and consultancy that the Wellbeing and Recovery Partnership have undertaken over the past two years.

### Conferences and Presentations:

#### June 2014

##### **Refocus on Recovery Conference, London:**

Terry Bowyer: Key Note Address: *Lived Experience and Recovery*

<https://m.youtube.com/watch?v=L4gHKRags7w>

Sam Adkins and Sarah Rose: *Dorset Recovery Education Centre: An Initial Evaluation*

Jackie Lawson: *Walking the Walk: Lived Experience of NHS Staff*

Phil Morgan: *Closing Debate: Recovery is now a Redundant Term- opposing the motion* (from 20 minutes)

<https://www.youtube.com/watch?v=QTVgsKs5PWE&feature=youtu.be>

#### June 2014

##### **NHS BME Network Conference, London**

Becky Aldridge: Chair of Workshop: *Improving BME Patient Experience in Mental Health*

#### April 2014

##### **Research into Recovery Network, London**

Phil Morgan: *Lived Experience Mentoring of Psychiatrists: An Initial/Evaluation*

#### March 2014

##### **ImROC Conference, Harrogate**

Becky Aldridge and Phil Morgan: *Dorset Wellbeing and Recovery Partnership: Coproduction in Action Workshop*

#### November 2013

##### **Lived Experience in the Workforce Conference, Leeds**

Phil Morgan: Keynote *Walking the Walk: Lived Experience in the NHS Workforce*

<b>September 2013</b>	<b>Engagement in Life Conference. University Department of Mental Health, Bournemouth</b> Becky Aldridge and James Barton: <i>Dorset Wellbeing and Recovery Partnership: Co-Production in Action</i> Phil Morgan, Paul Simpson and Jane Carey: <i>The Experience of Trainers and Students in Dorset Recovery Education Centre</i> Phil Morgan: <i>Walking the Walk: Supporting the Lived Experience of Staff</i>
<b>July 2013</b>	<b>International Congress of the Royal College of Psychiatrists, Edinburgh</b> Becky Aldridge and James Barton: <i>Changing Relationships: Co-production and Shared Decision Making in Mental Health Services within Dorset</i>
<b>June 2013</b>	<b>College of Occupational Therapy Conference, Glasgow</b> Phil Morgan (standing in for Jackie Lawson Maternity Leave): "Been There, Done That?" Recovery and Occupational Therapy Practice
<b>May 2013</b>	<b>HPH Conference Mental Health Sub Division, Gothenburg, Sweden</b> Becky Aldridge and Phil Morgan: <i>Dorset Wellbeing and Recovery Partnership: Co-production and Recovery</i>
<b>May 2013</b>	<b>Devon Recovery and Research Interest Group, Exeter</b> Phil Morgan and Rick Dyer: <i>Dorset Recovery Education Centre</i>

## Conference Posters

<b>August 2014</b>	AHP Dorset HealthCare Poster Event: <i>Utilising the Expertise of Staff with Lived Experience of Mental Illness and Trauma to Improve Practice</i> (see Supporting Documentation)
<b>June 2012</b>	Refocus on Recovery: <i>Lived Experience Mentoring of Psychiatrists</i>



## Training and Development (other Trusts and Counties)

**March 2012** Utilising the principles of Recovery within Occupational Therapy Practice. Devon Partnership Trust

**March 2014** Recovery Devon visit to the Forum and Wellbeing and Recovery Partnership team to explore how to establish partnership working in Devon.

**September 2013** *Setting up a Recovery College: Train the Trainer* for Solent NHS Trust, Highbury College, Richmond Fellowship

## ImROC Consultancy:

### National:

**June 2014** Phil Morgan co-ran a learning set on Peer Workers in Nottingham for Derbyshire, Lincolnshire, West Yorkshire, and South Stafford and Shropshire NHS Foundation Trusts

**May 2014** Becky Aldridge: Mental Health and Employment Task and Finish Group for NICE Quality Statement, London

**April 2014** Phil Morgan: Lived Experience in the Workforce Day- Norfolk and Suffolk NHS Foundation Trust, Thetford

**October 2013** Phil Morgan: Lived Experience in the Workforce Day- Derbyshire NHS Foundation Trust, Derby

**May 2013 –March 2014** Phil Morgan co-ran four Learning Sets for NHS Trusts and Private Healthcare Providers (Oxleas, SLaM, Care UK, St Andrews, Norfolk and Suffolk, Cheshire and Wirral, Worcester, Kent and Medway), London

### International:

**July 2014** Becky Aldridge and Phil Morgan Keynote speakers Irish Recovery Network Coproduction, Recovery and Partnership Working, Westport, Mayo, Eire.

**November 2013** Becky Aldridge and Phil Morgan – Presentation on Partnership Working, Peer Workers and Recovery to delegation from Norway, NHS Confederation

**August 2013** Presentation on Partnership Working, Peer Workers and Recovery to delegation from Denmark, NHS Confederation, London

### **Publications:**

Bowyer T., Plumbridge N., Beamish N., Wawman C. and Williams R. 2013. Journal of Biosafety Health Education 1(2). *The Wellness Workshop - A Peer-Led Intervention within Mental Health Services - An Experience Report*

Adkins, S., Miur, S., Barrington, R., Vye, S., Morgan, P. (2014) *Supporting Personal Recovery through Education: A Qualitative exploration of Trainers and Students at a Recovery College* [submitted for review]

Supporting the Recovery Journeys of Staff; self-published:

<http://www.dorsetmentalhealthforum.org.uk/pdfs/other/supporting-staff-recovery.pdf>

Transitions- Art Project:

<http://www.dorsetmentalhealthforum.org.uk/pdfs/other/transitions-art-project.pdf>

The Forum has produced a range of lived experience films and media exploring aspects of mental health service provision, during the last two years.

## Conclusion and Recommendations

Hopefully this report illustrates the significant strides forward the Dorset Wellbeing and Recovery Partnership has continued to make, particularly in the context of a challenging health and social care environment. From our point of view the demand for Recovery and Co-production has never been higher and we are regularly being requested to work with new teams and different parts of the service.

The personal impact quotes illustrate that the work of the Wellbeing and Recovery Partnership is having a significant impact on people's lives. The uniqueness of the partnership working in Dorset is also being seen as a model, with services nationally and internationally looking to replicate this approach.

The most important thing is to now build sustainability as we move from the periphery of services to the mainstream and as the demand for Peer Specialists and Recovery Education grows; this needs to be both supported and funded. We are aware there is no new money coming into mental health services and the expansion of the Wellbeing and Recovery Partnership will lead to some difficult choices on how and where resources are allocated and prioritised. How can we provide more effective and personalised services? For us, the key tenants of learning, lived experience and co-production can help shape the answers to those questions. Fundamental to this is breaking down the false distinction between mental and physical health, using the principles of Recovery and Wellbeing for all.

In order to accomplish this we would like to make the following recommendations:

- 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 into the personalised and integrated agenda, including identifying priority areas for the Wellbeing and Recovery Partnership to focus its resources.
- To build a project within Dorset HealthCare focusing on the development of effective care plans and safety plans underpinned by shared decision making

and promoting people having greater choice and control by exploring opportunities around Personal Health Budgets.

- Increase opportunities for partnership working and Recovery Education with other organisations, to support and facilitate integration of lived experience and co-production across a range of conditions (including carers and supporters), underpinning the Dorset HealthCare Participation strategy, including children and young people.
- To promote the wellbeing of all Dorset HealthCare 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 is sustainable, with a view to becoming a Wellbeing College and Recovery Education Centre, to cover all long term health conditions, working with Public Health, the Clinical Commissioning Group and other partners to support and facilitate this.
- To promote Individual Placement Support 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.

## Supporting Documentation

### Wellbeing and Recovery Strategy 2012/13

Organisational Challenge	What it Means in Practice	Action
Changing the nature of day-to-day interactions and the quality of experience	When people access mental health services, they, their supporters and staff will experience a greater sense of hope, opportunity, and control over their own lives.	<p>To continue with the current communication campaign to promote Wellbeing and Recovery and potentially link this to national campaigns such as Time to Change.</p> <p>For every team to have an appointed recovery lead and Team Recovery Implementation Plan to work with people who access their service to inform, monitor and improve changes to practice.</p> <p>To increase the number of mentors and mentees for the lived experience mentoring programme for psychiatrists.</p>
Delivering comprehensive, user-led education and training programmes	There are available a range of training packages designed and delivered by people with lived experience and supporters in partnership with professional staff.	<p>To continue building on the relationship with the Learning and Development (L&amp;D) Department to increase coproduction with people with lived experience and incorporate recovery principles in all training.</p> <p>To offer regular wellness workshops and other peer-led courses within each CMHT and inpatient unit.</p>
Establishing a 'Recovery Education Centre' to drive the programmes forward	There is a framework of courses or workshops which people with lived experience, their supporters and staff can attend which will support their personal growth and recovery orientated practice. These are provided in a non-clinical education focused approach.	To continue to develop the Recovery Education Centre (REC), following the REC project plan.

Organisational Challenge	What it Means in Practice	Action
Ensuring organisational commitment, creating 'the culture'. The importance of leadership	People throughout the organisation will have an understanding of recovery and how this should shape their behaviour to one another and the people they serve. It is particularly important for people in leadership roles to 'model recovery behaviours'.	<p>To realign the WaRP Recovery Steering Group and recovery networks to ensure recovery principles are integral to Dorset HealthCare's aims.</p> <p>To undertake recovery leadership workshops once the management restructure has taken place.</p> <p>To build the Recovery Leadership Toolkit in conjunction with the L&amp;D Department, Human Resources and Occupational Health.</p> <p>To develop the Older Persons Recovery Partnership.</p> <p>For the WaRP to continue to engage with commissioners and GPs to promote the principles of wellbeing and recovery in future service design and delivery.</p>
Increasing 'personalisation' and choice	People have the opportunity to plan and develop their own recovery journeys, with services providing a facilitatory role. People's spiritual needs are taken into consideration and they have the space to explore how they perceive the world. They are supported to develop the skills to self-manage and to access direct payments and personal budgets where possible.	<p>For the WaRP to participate in the Pan-Dorset Personalisation and Mental Health Steering Group.</p> <p>For the WaRP to support the implementation and evaluation of person identified goals and joint recovery planning, including advanced decisions and directives.</p> <p>To develop a Spirituality Project Plan.</p> <p>To collate narratives describing and monitoring the experience of personalisation in practice by people with lived experience.</p>
Changing the way we approach risk assessment and management	Risk assessment and management and safety planning is undertaken as a collaborative task with a sharing of responsibility. Staff are provided with training and support which provide the opportunities for positive risk taking. New approaches are developed as regards managing the people who are experiencing significant distress which may lead to aggression to themselves or others. These approaches will seek to reduce the distress experienced by the person, their supporters and also staff.	<p>To co-design, agree and implement risk-shared decision making standards.</p> <p>To complete the Aspiration Towards Zero Restraint focus groups, finalise the action plan and identify pilot wards.</p> <p>To review current Physical Intervention (PI) training and move to co-produced/co-delivered training which focuses on communication and de-escalation as well as safe PI techniques.</p>

Organisational Challenge	What it Means in Practice	Action
Redefining user involvement	The expertise of lived experience is seen on the same level as professional expertise. Partnership working is the aspiration for every interaction with people with lived experience, whether they are accessing the service, volunteering or working in a paid capacity.	Through the Team Recovery Implementation Plans encourage teams to focus on how they redefine their role with the people they serve. To increase partnership working opportunities with supporters and carers and build a lived experience infrastructure of carers who can input at all levels of WaRP work.
Transforming the workforce	There will be increasing numbers of peer specialists who will be supporting statutory staff in the delivery of services. Changes to be made to Human Resources (HR) and Occupational Health (OH) approaches and process to support the implementation of recovery principles.	To ensure peer worker training is robust and looks towards accreditation. To evaluate the effectiveness of current peer worker roles. To identify pilot ward(s) for team(s) of peer workers. To develop an action plan on workforce development as regards peer workers.
Supporting staff in their recovery journey	The emotional needs of staff need to be taken into consideration. Staff have an awareness of their own recovery journeys whether they have experienced mental illness or not. Staff who have lived experience of mental health problems should be encouraged to share their expertise by experience. HR and OH will develop to support this philosophy.	To continue to develop the Hidden Talents project, challenging stigma and self-stigma within the NHS. To produce guidelines around safe disclosure for staff. To develop a joint action plan with HR and OH in developing recovery orientated approaches to staff, informed by lived experience.
Increasing opportunities for building a life 'beyond illness'	People in all parts of the service should be encouraged and facilitated to build an identity separate from their illness as a central part of their recovery. Enabling people to engage in their own communities, build relationships and friends, and find work opportunities if they choose to.	To continue to develop the paid employment strategy. To work with commissioners to build partnerships with other third sector providers in delivering a comprehensive approach to social inclusion. To challenge stigma and promote awareness through the Tea and Talk project and Time for Change campaign. To develop the Wellbeing project plan for people from black and minority ethnic groups. To start to develop a rights based framework which supports the emotional wellbeing of all in Dorset.



Dorset HealthCare  
University NHS Foundation Trust



## Recovery Education Carers Discussion Document

### Purpose:

The purpose of this document is to create a framework which will inform a consistent and robust approach to carer and staff education across Dorset. It will achieve this by developing a methodology to analyse the needs and priorities of people who access services and their carers and supporters, by drawing on existing good practice and best available evidence in regards to training and skills development.

This strategy has been co-produced, the project group included people with lived experience of mental health problems, carers and supporters, professionals and third sector partners.

People do not recover from mental health problems in isolation. Relationships are key in people taking back control of their own lives. Within Dorset there are a number of different initiatives which either support carers to develop skills in supporting someone's recovery or training programs that seek to enable staff to effectively engage with carers and supporters.

These are happening in the context of wider developments within mental health services which are looking to promote personal recovery rather than clinical recovery. However, they have been developed in isolation and best practice has not always been shared. In addition to this, Serious Untoward Incident reviews have identified key areas of development in regards to services working with and sharing information with carers and supporters. This strategy should be read in conjunction with wider Trust Carers Strategy (under development), the Implementation of Family Intervention Service and the Mental Health Learning and Development Strategy.

### Vision:

To maximise people's opportunities to participate in their own recovery, by empowering and offering skills to the individual, their carers and supporters and professionals. The focus will be enabling people to build safe and sustaining recovery enhancing relationships.

### Aims:

- To identify the priorities and needs for people experiencing mental health problems from the perspectives of the individuals themselves, their carers and supporters and professionals.
- To ensure individuals and families who are supporting someone's recovery have access to skills knowledge and support that will enable them to have confidence to feel they are doing the "best they can."



- For services to be responsive to the needs and wants of carers and supporters and that the carers and supporters feel valued and that their views are listened to and acknowledged
- Develop the importance of the concept of partnership working between people who access services, carers and supporters and staff.

## **Background:**

### **Carers or Supporters?**

When we talk about carers and supporters, this could be family, friends, anyone who is important to the individual experiencing mental health problems. The reason we use the term *supporter* alongside the term carer is because we believe it has a “better fit” with the recovery principles where someone is active in their own recovery rather than passive recipient of care.

### **Recovery Education**

Recovery in this context does not mean clinical recovery but rather the Recovery of “a meaningful life.”

*Recovery Education* means educational approaches that are underpinned by the principles of recovery ([www.centreformentalhealth.org.uk/.../Making\\_recovery\\_a\\_reality\\_policy\\_paper.pdf](http://www.centreformentalhealth.org.uk/.../Making_recovery_a_reality_policy_paper.pdf)) and are co-produced and co-delivered by professionals and experts by experience. In this instance people who have lived experience of mental health problems and people who have experience of being a carer or supporter.

Our learning from the Recovery Education Centre and other training is that the Wellbeing and Recovery Partnership have offered an extremely powerful approach in shifting attitudes and giving people basic skills to reframe their experiences and better manage their situation.

### **Implementing Recovery for Organisational Change (ImROC)**

The ImROC team have produced a comprehensive paper examining definitions of recovery and the experience and role of carers and supporters so the discussion will not be replicated here. The paper is available at:

[http://www.nhsconfed.org/Documents/ImROC\\_briefing\\_Carers\\_ImROC.pdf](http://www.nhsconfed.org/Documents/ImROC_briefing_Carers_ImROC.pdf)

### **Triangle of Care:**

This strategy has also been shaped by the updated *Triangle of Care* document (Worthington and Rooney, 2013). The Triangle of Care identifies 6 core elements to effectively support carers.

- 1) Carers and the essential role they play is identified at first contact or as soon as possible thereafter.
- 2) Staff are 'carer aware' and trained in carer engagement strategies.
- 3) Policy and practice protocols regarding confidentiality and sharing information are in place.
- 4) Defined post(s) responsible for carers are in place.
- 5) A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway.
- 6) A range of carer support services is available.

<http://static.carers.org/files/the-triangle-of-care-carers-included-final-6748.pdf>

The Triangle of Care also calls for regular assessing and auditing of providers to ensure these six elements are in place.

### **Needs Analysis:**

The group has been fortunate to be able to work with Jimmy Lowe, who has lived experience of being a carer and professional experience of approaches to organisational and behavioural change. Jimmy has a clear methodology to undertake a needs analysis which examine the views of carers and professionals then develop clear behavioural approaches to implement (guidance for staff) and to measure changes. This is based on the Plan, Do, Study, Act (PDSA) cycle.

Jimmy has previously undertaken a comprehensive needs analysis identifying the unmet needs of people who access services, through surveying professionals and carers and supporters, the findings of this analysis have been published in the International Journal for Social Psychiatry (Morgan et al, 2010).

*"Forty carers were asked to rate the five problems that they viewed as most important from the list of 34 problems generated. Eighty five mental health professionals at a Royal College of Psychiatrists South Eastern division meeting (May 2007) and at another educational event for psychiatrists were also asked to rate the five problems that they viewed as most important from the same list. While carer and professional groups both voted 'Get early diagnosis, effective treatment and the right support quickly' and 'Improve patient, carer and family communication/relationships' in the top five, their other three priorities differed. Carers rated 'Get listened to and involved in all decisions as equal partners' as a high priority. In the meeting of professionals, the meaning of the term 'equal partners' excited lively debate about information sharing and patient confidentiality (Morgan et al, 2010: 212)"*

On 23<sup>rd</sup> January 2014 Jimmy undertook a workshop with this project group to identify priorities for this strategy, based on this previous analysis. In the Dorset workshop out of the 34 problems the group prioritised.

- 1) Rebuild Self-Esteem, Pride and Confidence
- 2) Get Providers to treat me and my Carers as equal partners/experts by experience
- 3) Develop an open, trusting partnership with Professionals

Interestingly, rebuilding self-esteem, pride and confidence came out as top. This may be because the group had a mixture of professionals, third sector partners, people with lived experience, carers and supporters, and also people had a strong interest in Personal Recovery whereas the psychiatrists may have had a stronger leaning towards clinical recovery. It is also an important attitudinal focus in promoting a sense of hope and people being able to take back control of their own lives.

These were then refined to ten priority areas, some of the areas were condensed so for instance rapport with care team included being treated as an equal partner and being listened too and having views represented. The group was then asked to prioritise how much they felt the service had progress on these two areas. The majority of the scores were around the 40% mark, the average being 35%. The most progress made was in relation to *Develop Rapport with Care Team* (49%), the least was develop *self-reliant skills* (20%). Rebuild Self Esteem, pride and confidence came out at 36%. These scores indicate people feel there is a long way to go in regards to improve the experience of carers and supporters. The recovery education steering group are proposing that the two key areas to develop actions and that link to this discussion document are:

- Develop Rapport with Care Team
- Rebuild Self-Esteem, Pride and Confidence.
- Self-reliant skills

This will enable us to build on our strongest area, our weakest and the one that the group felt was the most important.

The rapport and relationship between professionals and carers is pivotal, as highlighted in all of the documents relating to carers and supporters understanding confidentiality is central to that. It is essential therefore that all of our recovery education, identifies these themes as being central in the delivery of training. Jimmy has also developed a *Sharing Information with Carers: Assessment and Improvement Plan* for teams, using 10 standards on sharing information developed from the Royal College of Psychiatry <http://www.partnersincare.co.uk/> documents. It is proposed that these standards inform the learning objectives of all training that is developed. Jimmy is due to pilot this *Sharing Information with Carers: Assessment and Improvement Plan* with Ciaran Newell and the Eating Disorders service and we look forward to hearing about the results of this.

### **Current Areas of Good Practice and Development:**

As stated in the opening paragraph of this document there are a number of initiatives that are currently being undertaken within Dorset. These are outlined below.

**Recovery Education Centre (REC):** The REC runs courses for staff, people who access services and their carers and supporters. All people enrol as students and people choose which courses they wish to attend. This is a firmly educational model, as opposed to clinical or peer support. The focus of the REC is giving people skills to better manage their lives.

Currently we are running two courses that are specifically aimed at carers and supporters:

- Supporting Someone's Recovery: An Introduction
- Supporting Someone's Recovery: Dealing with Challenging Situations

The next step will be to consolidate these two courses, and a course review will take place October 2014.

**Trust Induction:** Carers and supporters share their narrative for all new staff as part of the Trust induction. The feedback for this has been consistently really positive. It is important this opportunity is used to signpost people to wider developments around carers and supporters.

**Community Mental Health Teams and Inpatient and Crisis Services:** There will be a twin focus in both of these areas: firstly developing training for staff, to enable them to better engage with carers and supporters and secondly, to directly offer support or workshops for carers and supporters which have clinical and peer support elements (as opposed to a purely education approach via the REC).

Currently we have developed two brief training courses for inpatient staff, which both focus on communication and sharing information. The first one focuses on the first meeting between carers and staff when a loved one is admitted to an inpatient unit. The second one explores effective communication and information sharing, including addressing issues around confidentiality. There is also an existing course which used to be delivered at St Ann's Hospital by staff and carers, the content of which will be used to inform final course material.

The next step will be to finalise the course content and pilot them. We should then consider developing similar courses for the community mental health teams. We will also need to consider which further areas of training we want to focus on, for instance risk assessment, management and shared decision making.

We will also need to consider what *Recovery Education* we offer directly to carers and supporters. The inpatient and crisis services may be a good starting point as we have just started piloting Recovery Skills Workshops for people who access services, and could develop similar workshops for carers and supporters.

**Rethink Caring and Coping:** Rethink offer a comprehensive twelve week course for people who are carers in Dorset. The course has received very positive feedback from those who have attended and is delivered by people who have lived experience of being carers.

### **Future Developments:**

#### **Implementation of Family Intervention**

There is currently a draft of a document 'Implementation of Family Intervention' which describes how to build in Recovery Education and lived experience into Foundation Level and Levels 1 & 2 of training.

#### **Older Person's Services**

The work of the Wellbeing and Recovery Partnership has focused on working age adults and functional mental illness. Whilst some work has been done with older people it is felt that there needs to be a particular focus. In the Wellbeing and Recovery Partnership strategy it is proposed that a broader partnership is established involving other third sector and statutory partners. This group could then explore training and development opportunities including a Recovery Education Centre of the "Third Age", focusing on issues particularly relating to memory loss and older people.

#### **Development of Carers Packs:**

Whilst it is difficult to keep information packs up to date, this group could have a role in putting together useful information for carers and supporters and signpost people to further support.

#### **Peer Led Crisis Support for Carers:**

To deliver plans for two pilot schemes which look to offer peer support to carers whose loved ones are accessing the urgent care pathway; one in Inpatient (east of the county, piloted on Harbour Ward) and one in Crisis Home Treatment (west of the county).

Our aim is:-

- To train carers with lived experience of caring in a crisis, to develop their confidence so they can support and signpost services for carers during challenging times. In doing this we will empower the carer and improve the relationship between medical professionals, the patient and carers.

Our objectives are:-

- To provide support and information for the carer when the person they are caring for goes into crisis, also helping them to self-manage their own wellbeing.

- Work with the crisis team or inpatient team and receive details of carers that wish to be signposted to carer support. In doing this become recognised as part of the community carer support.
- Promote the philosophy of the 'Triangle of Care' and bridge the potential divide between carer and services.

### **Evaluation, Feedback, Research and Development**

A key part of this work will be examining whether it has an impact on service delivery (including behaviour changes within staff) and the experience of carers and supporters. There are a number of current initiatives proposed where teams of peer workers (people with lived experience and carers and supporters), undertake scoping exercises of particular units, highlighting strengths and potential opportunities to develop, including increased involvement of peer workers. This work should be informed by the standards identified in the work undertaken by Jimmy Lowe, it would also be worth considering using the Triangle of Care Audit to inform this process.

There are also links between the University Department of Mental Health and the Wellbeing and Recovery Partnership which in turn could lead to opportunities undertaking research exploring the impact of these initiatives and developing a constituent of peer carer researchers.

### **Conclusion and Recommendations**

There are a number of initiatives under the umbrella of the Wellbeing and Recovery Partnership which are focused on the needs of carers. This document offers a starting point to systematically develop this to provide a much more comprehensive and effective way of engaging carers and supporters. At each step of the way this should be underpinned by the principles of co-production and co-delivery.

- It has been agreed that the working group that has developed this document will form a steering group who will develop an action plan for the implementation of these approaches.
- This approach will be presented at the Mental Health Directorate Management Group, and seek clarification on how it can be ensured this work is joined up to other work within the MH Directorate and Trust. This strategy will be linked to the wider Trust Carers strategy and build links with Local Authorities carer's strategies.
- The Recovery Education Strategy will in turn inform and be informed by the wider strategy of the Dorset Wellbeing and Recovery Partnership.
- This project Group will link the Family Intervention Implementation and Mental Health Learning and Development Strategy Project Groups to ensure integration.
- The methodology for the evaluation of the progress of the implementation of this approach will need to be agreed. Incorporating feedback from Ciaran Newell and the

joint work his team has undertaken with Jimmy Lowe, and including further clarification of the Trusts Commitment to Triangle of Care.

**Completed:** November 2014.



Dorset HealthCare  
University NHS Foundation Trust



## Dorset Recovery Education Centre Evaluation 2014

*"Cannot speak highly enough of it and feel fortunate that such a facility exists and grateful for the impact being a student has had on my Recovery."* [Student]

### Introduction

The Dorset Recovery Education Centre (REC) has now been running for just over two years. The REC is based on the principle that *individuals and communities hold their own solutions*. All of the courses in the REC are co-produced and co-delivered by professionals and people with lived experience of mental health problems and are open to anyone in Dorset who is over the age of 18 and interested in mental health. Courses have mixed participants (people who access services, carers and supporters and staff), but everyone attends as a student.

The REC has grown exponentially since its inception and anecdotally the feedback has been overwhelmingly positive, people describing significant changes that the REC has made to their life. In the pilot term we undertook a small scale piece of research looking at the experience of students and trainers and, whilst we have been collating feedback forms and following up on direct feedback, this is the first formal evaluation since the pilot term.

This report outlines our findings from the two years the Dorset REC has been running. In particular, focusing on the changes people have identified and that they attribute to the REC, during their Learning Plan Reviews.

### Aims of the Dorset REC

- To provide people with the tools and skills to self-manage, through the partnership of expertise by experience and professional expertise.
- To enable people to take control of their lives and be able to move beyond mental health services and mental illness.
- To improve service outcomes in relation to both personal recovery and clinical outcomes.
- To enable people to invest in themselves within an educational framework.
- To improve people's experience of mental health services (including those who work within them and carers and supporters).
- To enable people to make the best use of mental health services.



- To provide a vehicle that reconceptualises mental health services through readdressing the imbalance of power. By promoting an educational model people can learn for themselves and recognise everyone's potential as an expert.
- To bring people together to realise and inspire individual and collective potential.

### **Background**

RECs and Recovery Colleges (RC) are developing and growing across England. Dorset was the fourth place in the country to establish a REC or RC. Although there have not been any large scale research projects into their efficacy, early indications, albeit based on audits, evaluations and case studies, suggest RECs and RCs are effective. South West London and St. George's Recovery College found that, after attending, students felt more hopeful about the future; more able to achieve their goals; had their own recovery plans; had more friendships and work opportunities; and used mental health services less (Rinaldi and Wybourn, 2011). Others offer reflections on Recovery College development; values of education, co-production and accessibility; and organisational context. (Zucchelli and Sinner, 2013; Meddings et al 2014). Our own research (which is being considered for publication Adkins et al, 2014) has shown that students who attended the pilot term have an increased sense of self-efficacy and that both students and trainers value the shared learning environment.

The REC is open access to anyone who lives in Dorset who is 18 or over, but is marketed at those people who are in secondary care mental health services. The REC is based on a further education model, people attend as students and the REC does not assume clinical responsibility for its students. People wishing to attend must register and complete an Individual Learning Plan (ILP) with one of our admissions tutors before attending courses.

### **Demographics**

The Dorset REC commenced with its pilot term in May 2012 and has grown from 80 registered students at the end of this term to approximately 1300 registered students. We now run 35 different courses over 140 sessions per term, in various venues across Dorset.

There is a marginal majority of female to male students.

Ratio of female : male = 2:1.7.

We also have students from a range of ages.

Mean age = 41 years (min 18 and max 84) 39 people did not provide this information.

## Student Numbers

Table 1:

Self-selected Identity	Number of Students
Person Accessing Secondary Mental Health Service	443*
Dorset HealthCare Staff Member	182
Person Accessing Primary Care Mental Health	177
Multiple Identities selected (e.g. carer and person who accesses services)	154
Other	135
Not provided	81
Carer	59
Dorset Mental Health Forum Staff Member	55
<b>Total as of 7/8/14=</b>	<b>1,286</b>

\*includes 38 people from pilot term who did not specify secondary or primary care service usage

Our attendance /dropout rates term on term are around 70% which are consistent with Further Education dropout rates.

The REC is evaluated by students completing feedback forms which, over the 7 terms, have been consistently positive. In response to the question 'Would you attend another REC course', term on term the response ranges between 96%-98%.

## Feedback

Here is a selection of some of the feedback of people who have described their experiences during their Learning Plan Reviews.

*Staff do a "brilliant job".*

*Trainers were amazing on the course.*

*It has kept me well.*

*Co-delivery was excellent and very powerful.*

*Excellent – fantastic organisation.*

*Really helpful to have Peer Specialists teach on the courses.      Impressed by Peer Specialists.*

*Fab – loved it!      Very good information – both sides professional and personal.*

*Immediately felt the Trainers could be trusted which made me feel more comfortable.*

*Enjoyed Peer-led approach. It is good to meet other people who have similar difficulties.*

*Courses make me feel safe and that I am able to be myself. Inspiring to learn from other students.*

*Makes it easier to deal with my daughter.      Enjoyed listening to Peers experiences.*

*Shared experiences of students worked well. Found connecting with others helpful.*

*Good – enjoyed learning from others and sharing experiences and ways to cope.*

*Asperger's course was one of the best courses I've ever attended.*

*Understanding Depression and Anxiety was one of the best courses for me as I could relate to it and people genuinely understood.*

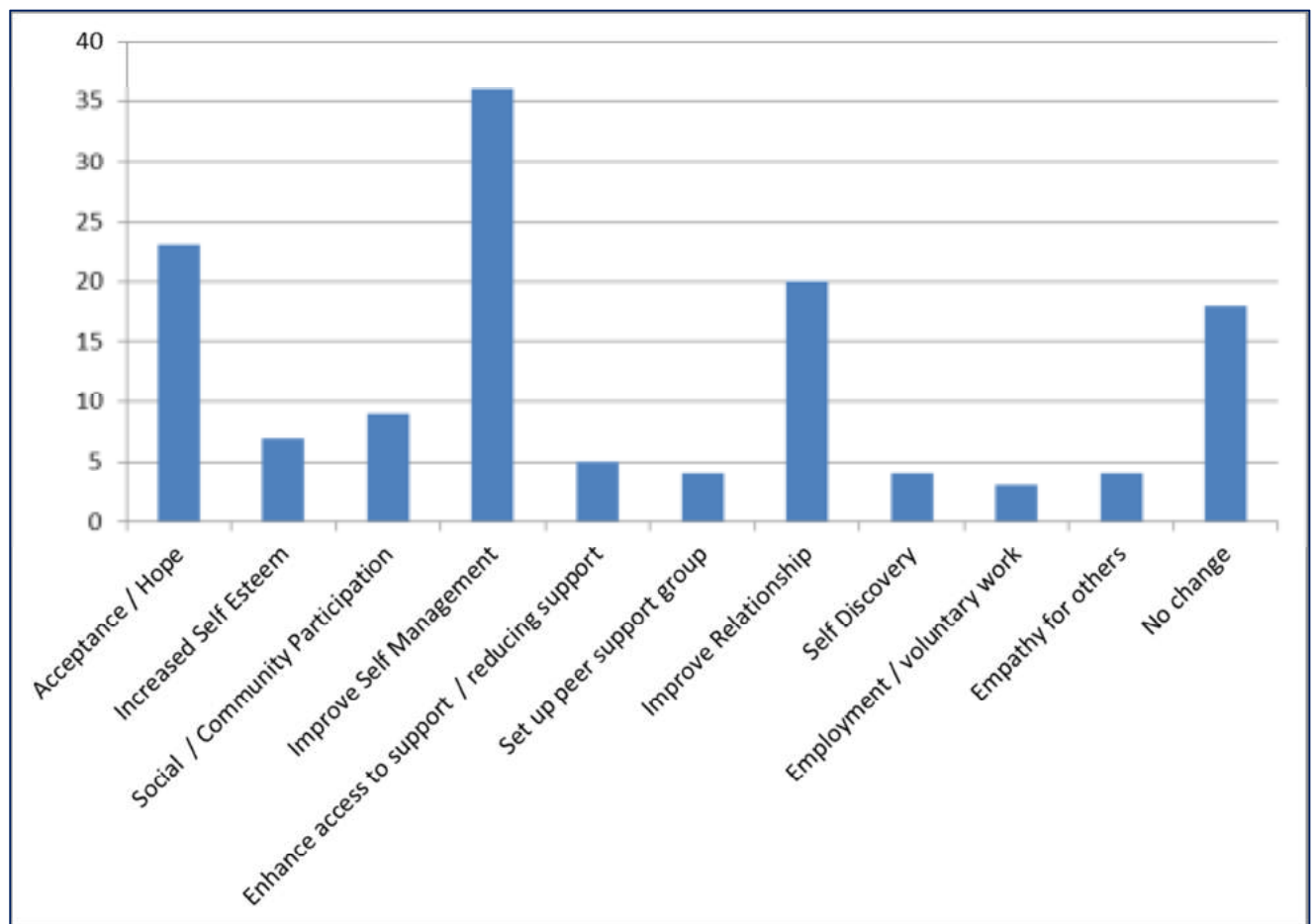
*Positive – I'm in charge, I'm choosing, I'm attending, listening.*

## **Methodology**

From May 2013 we introduced an additional question to the Learning Plan Review, which was 'What changes have you made that you would attribute to attending the REC'. This report outlines the findings of 100 students who completed Learning Plan Reviews. They described the changes they felt they had made and, from this feedback, the answers were coded and themed into 11 categories. Each student had a maximum of two identified changes.

## Results

Graph 1: Student Outcomes Identified



### 11 Categories:

#### Improve Self-Management

One of the key aims of the Recovery Education Centre is to promote self-management and this has been a key outcome identified by students.

*Better at managing wellbeing and using skills learnt on course daily.*

*Been able to identify what is helpful at point of crisis and put this into action.*

*More conscious of putting own needs and Recovery before others' agendas.*

*Braver – pushes boundaries*

*Personally I can tell when I am getting stressed and react to things more quickly.*

*Early Warning Signs helped me earlier in the year. Doing stuff rather than spiralling down too far.*

*Bits of learning over time have influenced thinking which has brought around massive positive change.*

*Beginning to say "no" to people – sometimes!*

*Not so agitated when I am unable to control things.*

### **Acceptance / Hope**

One of the key findings is that people have a greater sense of acceptance of themselves and this, in turn, has led people to feel more hope for the future or make choices that are congruent with their values.

*Changed the way I view my own mental health in a more positive way after hearing how other people manage.*

*Kinder to self when struggling more.*

*Best course was Understanding Unusual Experiences because it helped me to understand some of my experiences.*

*That it's ok to be who I am and consequently choosing to do different activities which I enjoy.*

*Feel hopeful that things will work out and become more open and looking forward to meeting new people.*

*Feel more conscious and open about things and I can now speak to people rather than hide it.*

### **Improve Relationships**

Some students reported an impact on their relationships with others.

*Reviewed relationships and identified which ones are helpful/unhelpful and made changes.*

*I can now manage emotions to have a positive relationship with my daughter.*

*Built friendships.*

*Being more able to relate to other people.*

*Has had a big impact on how I manage my family dynamics and following up with support at the Church.*

*Able to own up to family.*

*Communicating better with my family, particularly my husband and daughter.*

### **Social / Community Participation**

*I am moving house and will choose to live in a locality that has more to offer which I enjoy doing rather than going out and doing things other people think I should be doing.*

*Felt I could manage social situations and embrace new opportunities.*

*Has been able to go to the gym and make changes in my life by taking opportunities.*

*Enjoying opening the front door and getting out there.*

*Having the courage and determination, strength and commitment to leave the Day Centre in October.*

*Pursuing hobbies again and more empowered to do things for me.*

### **Increased Self-Esteem**

People identified feeling better about themselves

*I felt things 'clicked' and my thinking was a bit more positive about myself.*

*Got me to re-think and realise that I am important enough to consider.*

*Greater confidence. I think I can now try other new things.*

### **Enhance Access to Support / Reducing Support**

Some students found they used services more effectively or chose to move on from services.

*Gaining information and realising there is more support than I thought regarding supporting someone.*

*Ended involvement with CMHT.*

*It motivated me to engage with services, to take opportunities and realise there are options.*

### **Set up Peer Support Group**

Four students set up their own peer support groups, following attending the peer support toolkit course. This is really important for the REC to build capacity for people to do things for themselves.

*Strength to start Peer Support Group.*

*Is involved in running a women's group in Bridport.*

### Self-Discovery

For some students it was a chance to reflect.

*Found the benefit of “finding things out that I didn’t know I knew”.*

*Recovery Narratives made me realise just how much I have overcome and an insight into my past.*

*More aware of how precious things are and how much depression was robbing my life.*

### Empathy for Others

Interestingly, four students identified it had increased their empathy for others.

*Greater awareness of other needs, which has been helpful.*

*Understand other people’s emotions.*

### Employment / Voluntary Work

Four students identified that they had commenced either paid employment or voluntary work since attending the REC.

### No Change

18 students felt that they had not made any changes that they could attribute to attending the REC. This is not to say that they did not see value in the courses; here are some of their comments:

*Good and helpful      Brilliant      Fantastic and helpful      Enjoyed the course*

Obviously not everyone found the courses helpful and some of feedback related to the course materials and classroom management. However, where possible, we try to link with people who have not had a positive experience and pull in learning to improve the courses.

### Conclusion

This report outlines the feedback from students who have attended Learning Plan Reviews and demonstrates clear benefits for people attending the REC. The findings of this report are consistent with the anecdotal reports we have had and are also consistent with the national picture in regards to the efficacy of RCs. The outcomes are also in line with the objectives of the REC, particularly in regards to creating a shared learning environment and promoting self-management. An unexpected outcome was how much people felt it increased their understanding of others and improved their wider relationships.

## **Recommendations**

As the REC moves forward it is important that it is funded in a way that makes it sustainable, particularly in regards to staff and access to venues. It would also be beneficial to explore how the REC can work across all long-term conditions rather than solely mental health. There is real potential for this approach to be a key tool in integrating physical and mental health services.

## **Completed by**

The REC Management Team and Sam Adkins, Admissions Co-ordinator

27<sup>th</sup> August, 2014

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Special Edition: September 2014

## Dorset Wellbeing and Recovery Partnership

Welcome a 'special edition' of the Dorset Wellbeing and Recovery Partnership (WaRP) Newsletter. The WaRP continues to grow from strength to strength and is experiencing ever increasing demands for input into the work of teams. We apologise there have not been regular newsletters but we are on the cusp of the publication of our biennial report and this will inform you all of the exciting developments of the WaRP over the last two years. We are using this newsletter to celebrate and publicise the pioneering work of Recovery Skills Workshops in acute care.

### Recovery Skills Workshops

#### Levels of Education

The Wellbeing and Recovery Partnership has been working on 'Levels' of Recovery Education. We are one of the only areas of the country that has been considering Recovery Education in a broader sense and this has led to ground breaking developments within acute services; 'Recovery Skills Workshops'.



#### Aims of the Skills Workshops

The broad aim of Recovery Skills Workshops is to help people make sense of their experiences. All the workshops have been co-produced by clinicians and peer specialists and are delivered through this unique partnership working on pioneer acute in-patient wards across Dorset. This exciting

development has enabled people to reframe some of their experiences as a learning opportunity, empowering them with skills and tools which promote recovery, self-management and safety. The Recovery Skills Workshops also support people to connect and reconnect with themselves and others and enable them to clarify their strengths and values. The partnership delivery of the workshops provide space for horizontal sharing and learning therefore supporting the recovery principles that services should be 'on tap' (not on top) and that individuals and communities hold their own solutions; as one clinician astutely cited "we are not the experts".

#### Structure of the Skills Workshops

Recovery Skills Workshops have been described as a 'mini' REC courses. They are run based on an education framework and are a maximum of 45 minutes in length. People who attend the workshops are given hand outs and practical exercises that they can implement outside of the workshop setting.



The Dorset  
Wellbeing  
and Recovery  
Partnership

### Examples of the Skills Workshops

*Introduction to Recovery:* This Workshop introduces the concept to people that recovery is a reality. Participants have the opportunity to hear from a peer their recovery narrative and look at their own individual journey.

*Self-Discovery, Distress Tolerance and Emotion Management:* This Workshop provides the opportunity for individuals to explore their strengths and values, to increase awareness of the self-management tools they are using or may consider in the future and to identify their own individual resilience's to manage their emotions.

*Seaview Views:* This workshop aims to increase the sense of cohesion and cooperation in the ward community. Individuals are given the opportunity to discuss and feedback on the ward philosophy and explore ways of managing differing points of view.

### Feedback from the Skills Workshops

Skills workshops have been well attended on the pioneering wards and this demonstrates that people are keen to learn and utilise skills that enable them to 'live the life they wish to live'. Feedback from workshop attendees has also been remarkably positive with people wanting to take away practical tools that they can implement in their own lives to assist in their recovery.

Some qualitative feedback has been collected about the workshops on the wards, these are an example of some quotes obtained:

*"I enjoy groups because I feel it is important to share problems, thoughts and feelings with other people. The more people share their problems, the easier finding solutions become. It also gives me a chance to tell other people about my coping skills, and to try to help others recover."*

*"Groups are about working out other ways to deal with your problems, not just medication"*

*"The groups are good if you are looking for support in achieving goals in your life, or when looking to parts of your life that aren't too good or you're struggling with. Or you can just have a chat about things to lighten your mood."*

### Future Directions:

The ward staff and peers that are currently pioneering the Skills Workshops have formed a working party to develop a 'package' of skills workshops to be offered across the wards. This will enable a consistency in approach and for those attending the workshops to continue to take ownership of their recovery and implement the skills they have learnt.

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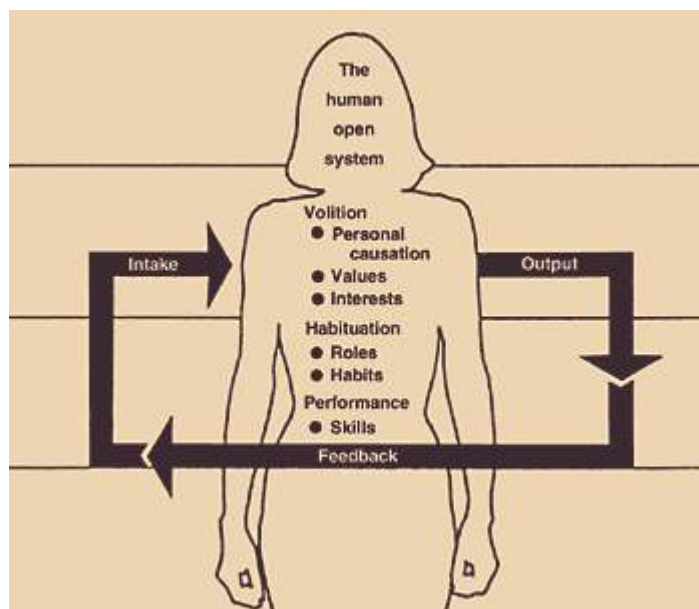
## Engaging with Life

"This is a great course, it has helped me to focus on the positives and see a way forward." *Student*

"You [Engaging with Life course] enable people to fly."

### Introduction

The Model of Human Occupation (MOHO) explores how people's occupations are motivated, patterned, and performed within everyday environments (Kielhofner, 2008). Therapeutic reasoning within the MOHO framework focuses on understanding people in terms of their own values, interests, sense of capacity and efficacy; their roles and habits their performance-related experiences within their relevant environments. A person's thinking, feeling and doing are central to the model, whereby the person's unique characteristics always define the goals and strategies of therapy (Kielhofner 2008). With this in mind MOHO reflects some of the key principles of recovery that people can have agency over their lives, discovering a sense of identity and building a meaningful and satisfying life as defined by the person (Shepherd et al 2008).



*Diagram of the Model of Human Occupation (MOHO)*

## Background

Following the merge of Christchurch and Southbourne CMHT's the Occupational Therapist was asked to run a 'moving on' group for those people who would be transferring out of services back to their GP. The Occupational Therapist was keen to establish a new way of working that reflected the principles of recovery, co-production and utilised her skills and knowledge around the model of human occupation. Delivering an Occupational Therapy intervention within an educational framework also supports the evidence that adults with mental health conditions who receive Occupational Therapy supported education programmes are significantly more likely to be enrolled in further education or obtain employment (Gutman et al 2009).

Through a pre-established relationship with the Dorset Mental Health Forum an Occupational Therapist and a Peer Specialist have co-developed, designed and delivered a 5 week programme 'Engaging with life.' The focus of this group was not 'moving on' but rather providing people with skills and tools that they could implement themselves to self-manage and live a life they wanted to lead and as a by-product a life beyond mental health services. This report outlines the aims and objectives of the programme and some of the initial findings, including qualitative data from the session participants.

## Aims and Objectives:

The overarching aim of the 'Engaging with Life' programme is to enable people who access the CMHT service to learn about themselves and develop skills that empowered them to live a life beyond mental health services. Additional objectives are to develop skills to enable people to use mental health services more effectively, to obtain a sense of self beyond their diagnosis and to independently identify what they needed to do next in order to move forward on their recovery journey.

## Course Delivery and Structure

The Occupational Therapist reflected upon her experience of the MOHO alongside the lived experience of the Peer Specialist and together co-produced 5 sessions within an educational framework. These were delivered in a non-clinical venue promoting engagement in people's local community. Sessions were conducted once a week for 2 hours.

Sessions were themed as follows:

Session Number	Theme	Aim
1	Volition (motivation)	To learn about volition and how it effects our engagement in life
2	Mind, Brain Body Performance	To recognise the impact of performance capacity can have on physical and mental wellbeing
3	Habituation	To understand how having a routine can increase engagement in life
4	Negative Thinking and Self-	To understand how negative



	esteem	thoughts can impact on self-esteem and mental health
5	Environment	To create a plan for engaging with life

### Feedback: People accessing the Course

- Many students commented that they felt safe within the course environment to express ideas, notice behaviours and thoughts that they had not expressed to care coordinators.
- People have also expressed identities beyond their diagnosis, recognising their right to life and citizenship.
- The experience enabled people to reframe their experiences; empathise with others, learn from peer examples and normalise experiences.
- The importance of setting appropriate and manageable goals has significantly impacted on motivation:
  - Students have realised their self-efficacy; gone on to access community resources and buddy up, set up a community based group and support other participants in the programme.
  - It has also led to people being able to focus their interactions with the CMHT, identifying what is important, what is keeping them stuck and for people to be signposted to other agencies.

"I now have a clear idea of what I want to do and how to do it"

"I didn't realise other people felt the same as me."

"If only I'd been offered this sooner... Why wasn't I offered this before?"

### Case Study examples of people making change:

A number of case studies have been selected that demonstrate the wider changes people have made in their lives as a result of attending the engaging in life course. These examples have been chosen as they demonstrate 'added value' that perhaps may be missed by more traditional outcome measures. This not an exhaustive list as many more cases have been added.

Student	Before	After
001	Frequent Self-harm Low opinion of self; negative self-image Lack of identity No eye contact Unable to speak without crying Poor communication	Busy with BCHA: attended wellbeing course Volunteering in bookshop Improved communication Sense of humour Wearing make-up Distress tolerance increased

	Always held hands by her mouth	Focussed use of services Hired Beach Pod independently
002	Overwhelmed Severe depression Serious attempt on life: Leading to isolation from family No community connections Isolated Poor diet	Repeated course and played active role in second time around. Keen to share examples of how course had worked for him: Connected with peers in group and met with one external to the course. Started playing music Setting more realistic goals Volunteering in charity shop: fixing items To access IT support Attended Christmas party Appreciated self and pacing activities Reconnected with family
003	Couldn't eat: Living off yoghurts Spending a lot of time on sofa Going to bed at 5pm Unkempt home: therefor enable to cook Stopped having friends round	Cleared up home environment Cooking Started to have friends to home Reconnected with friend and looking forward to visiting her By the time course finished; up until 7pm Took contact for volunteer coordinator
004	Physically fighting with people Physically shaking Couldn't see a way out of situation	Referred to BCHA Started boxing Relief for family
005	Quiet Happy to talk to peer specialist on 1:1 Thought he had nothing Lost relationship, job. Fearful of future and relapse.	Breaking down goals into achievable tasks Attending REC courses Started running SLAP football groups Confidence that he had more control over condition, left with tools to recognise EWS and who to ask for help if needed
006	Feisty Angry Waiting to be 'done to' and fixed "No one is helping me" Bitter Powerless Not knowing where to start	Learnt who he was away from financial situation Learnt what he wants to do and what he could do for himself Spending more time in his garden and reading Can identify what he wants from services and how to ask for it Signposted to local charities Felt listened to
007	Distressed Angry	Attending groups in adult education and housing

	Feeling of powerless Inappropriate responses (Explode)	Empowered Tools to manage emotions Knowledge of what they can do for them self
008	Depressed Bottled up emotions Full of self-shame	Engaged well with other students Shocked that other people have felt the same Joined a gym Learnt maladapted patterns of behaviour Problem solving/ Making active choices

### Feedback: Course Trainers

- High level of open communication throughout the course between each other and with the course trainers.
- Trainers have observed that students have begun to believe that wellness is achievable and have the ability to explore how change can occur.
- Students have become confident at being experts in self and starting to take responsibility for their own wellness
- A high proportion of the students have used the course to 'springboard' to other things: Ignite, Wessex Autism, Vita Nova, BCHA, voluntary work, Recovery Education Centre, Adult Education, community support groups, peer support groups, accessing leisure opportunities.
- For those who have been previously overwhelmed with emotion have been able to focus on underlying issues that they are able to control and make changes to.
- The balance of theory, evidence and peer modelling enables students to reframe their experience and utilise peer expertise as a mentor.

"There is a non-pathologising of feelings, a shift towards wellness and moving forward, resilience building."

"There has been a shift in people taking responsibility in maintaining their own health and wellness, people have become confident to be experts in themselves"

"People who have previously been overwhelmed with emotion have been able to focus on the underlying issues that they can change."

"Students start to believe that illness is not a full gone conclusion... they have an identity outside of this"

### Feedback: Other Members of the MDT

- A general movement away from clinical to personal recovery.
- Some students have moved from enhance to standard care.
- The feedback form the Occupational Therapist regarding how a student is functioning within the course and about the course content can enable the care co-ordinator better understand the student's needs.
- Students are able to use much more focussed language when talking to members of the CMHT.
- The team has a greater understanding of the role of OT and specialist service OT provides.
- Some students who were previously frequently entering crisis and expressing distress about services have now begun to move forward (objectively) and showing lower levels of distress.

### What is Different?

The Engaging in Life course has pioneered delivering traditional occupational therapy intervention in partnership with the expertise of a Peer Specialist. The partnership has been a powerful combination where people have been able to listen to theory and evidence alongside lived experience examples. Students have been able to recognise their real potential identifying with the peer trainer and their recovery journey.

There is mutuality amongst the course participants, coming together, talking and sharing solutions. Talking about life from a wellness perspective has also prompted people to talk about themselves outside of a diagnosis and a realisation that wellness is a possibility. People have been able to engage in self-analysis and learnt about how they function as individuals and the tools that will enable them to move forward. The shared group experience has enabled people to recognise their progress and achievements and to have an opportunity to celebrate success and in turn utilise services more effectively.





The Dorset  
Wellbeing  
and Recovery  
Partnership

Dorset HealthCare  
University NHS Foundation Trust



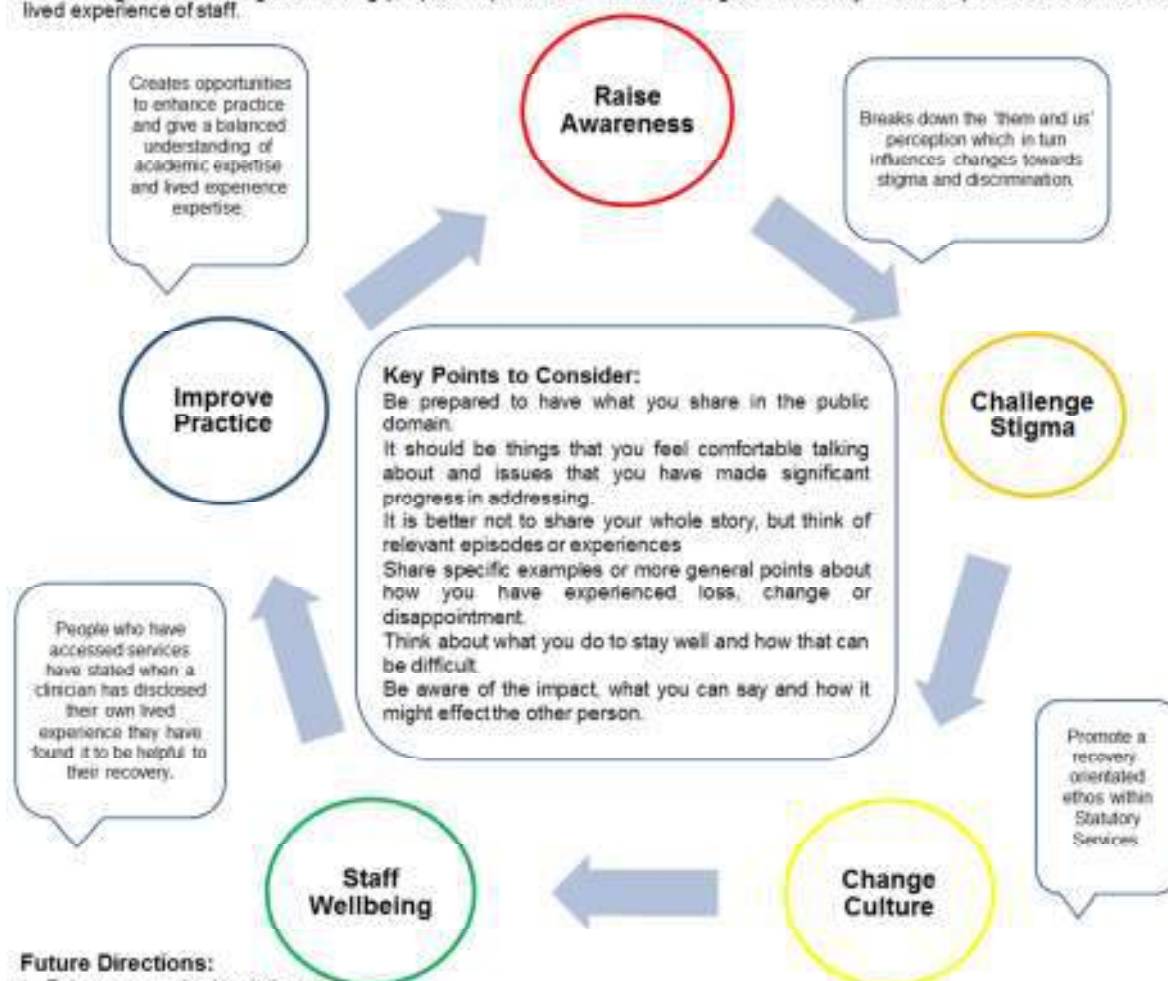
## Utilising the Expertise of Staff with Lived Experience of Mental Illness and Trauma to Improve Practice

Sarah Thompson<sup>1</sup>, Paul Siebenthal<sup>2</sup>, Jackie Lawson<sup>1</sup> & Phil Morgan<sup>1</sup>

<sup>1</sup> Dorset Healthcare Trust; <sup>2</sup> Dorset Mental Health Forum

### Background:

Promoting recovery and challenging stigma and discrimination are key messages within the National Strategy 'No health without Mental Health' (HM Government 2011). A key part of challenging stigma and discrimination around mental health is through normalising, understanding and valuing people's experiences. The Wellbeing and Recovery Partnership value and celebrate the lived experience of staff.



### Future Directions:

- Enhance organisational sign up
- Improve communications
- Develop Training: Challenge Stigma, Promote Hidden Talents Group, Signpost people for further support.
- Build Links with Occupational Health
- Develop Buddy System

Dorset Wellbeing and Recovery Partnership  
[www.dorsetmentalhealthforum.org.uk](http://www.dorsetmentalhealthforum.org.uk)  
[www.dorsethealthcare.nhs.uk/services/recovery](http://www.dorsethealthcare.nhs.uk/services/recovery)

References: HM Government (2011). 'No Health without mental health'. A cross government mental health outcomes strategy for people of all ages. London: Department of Health.



# WaRP Brief Team Recovery Implementation Plan

**Team:**

**Date:**

This brief TRIP has been developed from the full version developed by Nottingham NHS trust and the ImROC Project



## Introduction:

The Team Recovery Implementation Plan has been designed as a bench marking tool for teams to assess how recovery orientated their practice is. From this bench marking exercise teams can identify key action areas to develop their practice further. This tool was originally developed in Nottingham NHS Trust and adopted by the Implementing Recovery for Organisational Change (ImROC) Programme as an effective way of supporting change at a team level.

Within Dorset we have been cautious about promoting a centralised approach to using TRIPs as we are keen for people to do them because they see the value for themselves. Whilst some teams have taken up the TRIPs but the majority haven't, some of the feedback has related to the length of time it takes to complete.

In parallel to this piece of work we have been working with some carers and supporters around developing recovery orientated practice and in particular a man called Jimmy Lowe, who has both lived experience of being a carer and professional experience of approaches to organisational and behavioural change. Jimmy has a methodology to undertake benchmarking which examines the views of people who access services, carers and professionals against set criteria, from this the team develop clear behavioural approaches to implement and to measure changes. This is based on the Plan, Do, Study, Act (PDSA) cycle.

In our attempt to create a more user friendly Team Recovery Implementation Plan, we have amalgamated both approaches to create the brief TRIP.

## How to Complete the Brief TRIP

- 1) Where possible the most effect way of completing the Brief TRIP is by getting multiple perspectives and working in partnership with people who access your service and their carers and supporters to do the rating and benchmarking and action planning.
- 2) Read the ten criteria below and reflect on how much your team or the service you or your loved one accesses practices in a way that would meet the criteria
- 3) Read the key which outlines 0-5 to what extent each criteria is being met
- 4) Individually score each criteria 0-5
- 5) Pull together all the scores and then average them (if you have had different perspectives you may want to average the ratings of people who access services, staff and carers and supporters separately)
- 6) Once you have the averages plot them on the graph (you could use different colours for different stake holders). *Please see Appendix 1 for a blank graph for use by your Team.*
- 7) This will then give you your baseline. From the baseline identify your three strongest areas and the three areas for development.
- 8) Following a discussion identify which area you wish to focus on developing (you may chose additional areas if you wish)

- 9) Set a review period, review and re-plot your graph at regular (at least 3 monthly) intervals.
- 10) You may wish to display this in a public area which allows for transparency and openness around team development.

## Criteria for Team Recovery Implementation Plan

- 1. Promoting Individual Roles and Identity and Community Connections:** We help people build and/or keep existing roles, relationships and connections with neighbourhoods and communities of their choice and offer support to local community facilities to understand mental distress and accommodate people with mental health challenges (e.g. education, employment or leisure activities).
- 2. Working with Carers and Supporters:** We have an effective system for involving and informing family and friends (e.g. ways of identifying carers and keeping them informed, offering assessment and involving them in reviews where appropriate).
- 3. Collaborative Care Planning:** We develop care/support plans in partnership with people who access our service focusing on their personal recovery and clearly stating plans for meeting their recovery goals. This is done collaboratively, people write plans and session notes together and have their own copies for their own record.
- 4. Offering Choice and Control:** We encourage people to make their own choices and decisions and support them even if we do not agree with them. We give information and promote choice rather than using threats, bribes or coercion to influence a person (and only use force as a very last resort).
- 5. Negotiating Risk and Safety Plans:** We work with people who access our service to understand their perspective on 'risk', negotiate an agreed safety plan and share responsibility for safety (e.g. what the person can do, what staff can do to help) and encourage everyone to develop an advanced directive/crisis plan and help them to reach an agreement about this with all relevant people (Care Co-ordinator, Psychiatrist, GP, family).
- 6. Creating Recovery Enhancing Environments:** We provide visible examples of real success stories, life story books, DVDs, posters, for people to see what is possible and to inspire their hope. We involve people with lived experience and people who have accessed our service in development and reviews of our service (e.g. recruitment, training and

service development through routine involvement in decision making forums.)

7. **Promoting Peer Support and Recovery Education:** We offer everyone in our service access to peer support, peer specialists recovery education where ideas about recovery and personal plans can be developed with others including peers who have moved on.
8. **Balancing Person-Focused and Organisational Demands:** We encourage staff to prioritise the recovery of people who access the service rather than administrative and bureaucratic jobs
9. **Recovery-Focused Supervision:** All staff receive regular supervision and this is focused on recovery based practice (e.g. using the SCMH 'ten top tips for Recovery').
10. **Promoting the Wellbeing of Staff:** We support the well-being of staff and encourage a compassionate and supportive working environment (e.g. well-being plans, reflective practice, supervision and appraisal including personal reflections and well-being, link people in the *Hidden Talents* Programme).

## Scoring:

Individually, using the key, score out of 5 how close you think you are to achieving each of the criteria below.

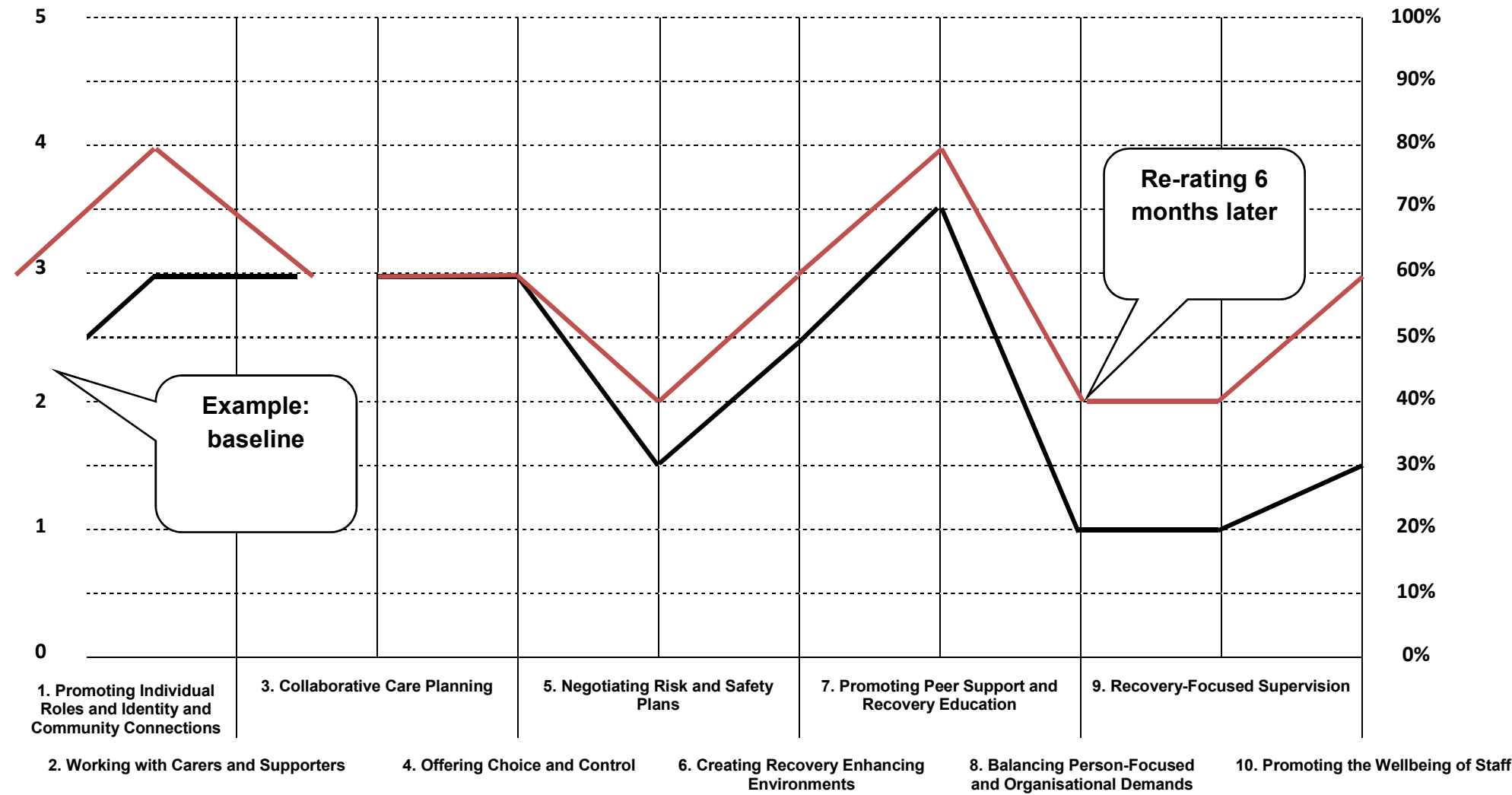
Score	Key
0	There is no evidence of practice that supports this criteria
1	There is a little evidence that some of this criteria is supported in practice
2	The team or individuals have identified that they need to develop this area but very little noticeable change has taken place
3	There is some evidence of this criteria in practice carried out by some individuals but not adopted by the team as a whole
4	There is evidence that this criteria is important to the team and there is some evidence of implementation but is not evident at all times
5	There is strong evidence that demonstrates this criteria is core to the practice of this team

Criteria		Score
1.	Promoting Individual Roles and Identity and Community Connections	
2.	Working with Carers and Supporters.	
3.	Collaborative Care Planning.	
4.	Offering Choice and Control.	
5.	Negotiating Risk and Safety Plans.	
6.	Creating Recovery Enhancing Environments.	
7.	Promoting Peer Support and Recovery Education.	
8.	Balancing Person-Focused and Organisational Demands.	
9.	Recovery-Focused Supervision.	
10.	Promoting the Wellbeing of Staff.	

CRITERIA FOR TEAM RECOVERY IMPLEMENTATION

How close are we to best practice?

How do we rate the team's effectiveness for Recovery Implementation against best practice?











**DORSET WELLBEING AND RECOVERY  
PARTNERSHIP:  
CO-PRODUCTION WORKSHOP  
WITH  
DORSET PAIN MANAGEMENT**

**Tuesday, 29<sup>th</sup> April, 2014**

### Introduction:

In partnership the Wellbeing and Recovery Partnership, (partnership between Dorset Mental Health Forum and Dorset HealthCare University NHS Foundation Trust), presented two half-day workshops to staff and people who access Dorset Pain Management Services on personal recovery and co-production. The workshops were both run on the same day, one in the West of the county and one in the East. These involved discussions around what defines recovery and gave an explanation of the term 'co-production'. The purpose of these workshops was to examine how the Pain Service could adopt these principles to enhance its service delivery and the experience of people working in and using its services.

### Aims:

The aims of the workshops were:

- To define 'personal recovery' and how it may apply to you or your services
- To explain the background and role of the WaRP
- To discuss co-production and how this can bring together everyone's experience, expertise and involvement and develop new approaches or enhance existing practice
- To explore how 'recovery education' could be used within the Pain Service

### Background:

The Wellbeing and Recovery Partnership is a partnership between professionals and people with lived experience and has been recognised nationally for its work around using personal recovery to support organisational change. Primarily, this has been achieved through understanding the value of lived experience.

### Defining Personal Recovery

*"Probably the most useful way of understanding recovery is linking it to our own experience because it is something that is common to all of us; it is not specific to mental health problems. Any of us who have been through a divorce, been made unemployed, had a major illness or bereavement, know that that changes us; there is no way to going back to how we were before that event. We have to incorporate that into our way of living and we learn from that and move on with that, which is exactly what we are talking about in terms of recovery from mental health problems. Recovery is about taking back control over your own life and your own problems, about not seeing your problems as being uncontrollable, or that their control is just the province of experts. It is*

*about understanding yourself, what is possible and what you can do to help yourself”.*

*(Dr Julie Repper, January 2009)*

### **Co-production**

The process of bringing together professional expertise and lived experience in a way of working together to design and deliver can be described as co-production.

*“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change”.*

*(Boyle and Harris, 2010)*

### **Features of Co-production**

The features of co-production are:

- Recognising people as assets
- Building on people’s existing capabilities
- Mutuality and reciprocity
- Peer support networks
- Breaking down barriers
- Facilitating rather than delivering
- Developing co-production as a process with different layers (as shown in **Diagram 1**).

It was acknowledged that the Pain Service had already made important steps with people who access services in line with co-production and building on existing assets and we feel there is an exciting opportunity to build on this in the future.

### **Content**

The first workshop discussion was on personal recovery and included a personal narrative from Rick Dyer, Peer Specialist from Dorset Mental Health Forum; the group discussed the similarities between personal recovery support in mental health and learning to live with chronic pain.

In the second part of the workshop the group undertook an exercise on co-production and held a 'thought shower' exercise to look at how to draw on ideas of personal recovery and co-production and how these could shape the development of Pain Services over the next year.

The Wellbeing and Recovery Partnership talked to each group about the Recovery Education College which provides co-production and co-delivered courses and professionals with lived experience and now reaches over 1,000 students in Dorset. Feedback from the students has been extremely positive and valuing to hear both perspectives and have a sure sense of control to support their own recovery.

#### **Overall Feedback:**

All of the participants gave positive feedback and commented they found the training very informative, inspirational, easy to participate in and facilitated by excellent trainers. This feedback identified the need for an important follow-on for future development (see Appendix 1).

Each group was asked where they wanted to be in a year's time and the students wrote their thoughts down on post-it notes which were then themed into areas for development, one for the East and one for the West; these were amalgamated to produce the core themes as outlined in

**Diagram 2.** The wording is as written by the students, (staff and people who use services), word for word.

#### **Conclusion:**

The facilitator really enjoyed and felt privileged to have had the opportunity to plan and run these workshops, identifying many overlaps in terms of value and lived experience and potential to develop services. We hope that these workshops have created the opportunity to consolidate existing good practice and provide a skeleton on which to hang future plans. From the feedback of the 'thought shower' exercise, it is clear there are opportunities to co-produce and co-deliver strategic plans for services.

#### **Recommendation:**

Our recommendation is to arrange a follow-up meeting to disseminate the results and have a willingness to be available to support any ongoing developments.

DIAGRAM 1:

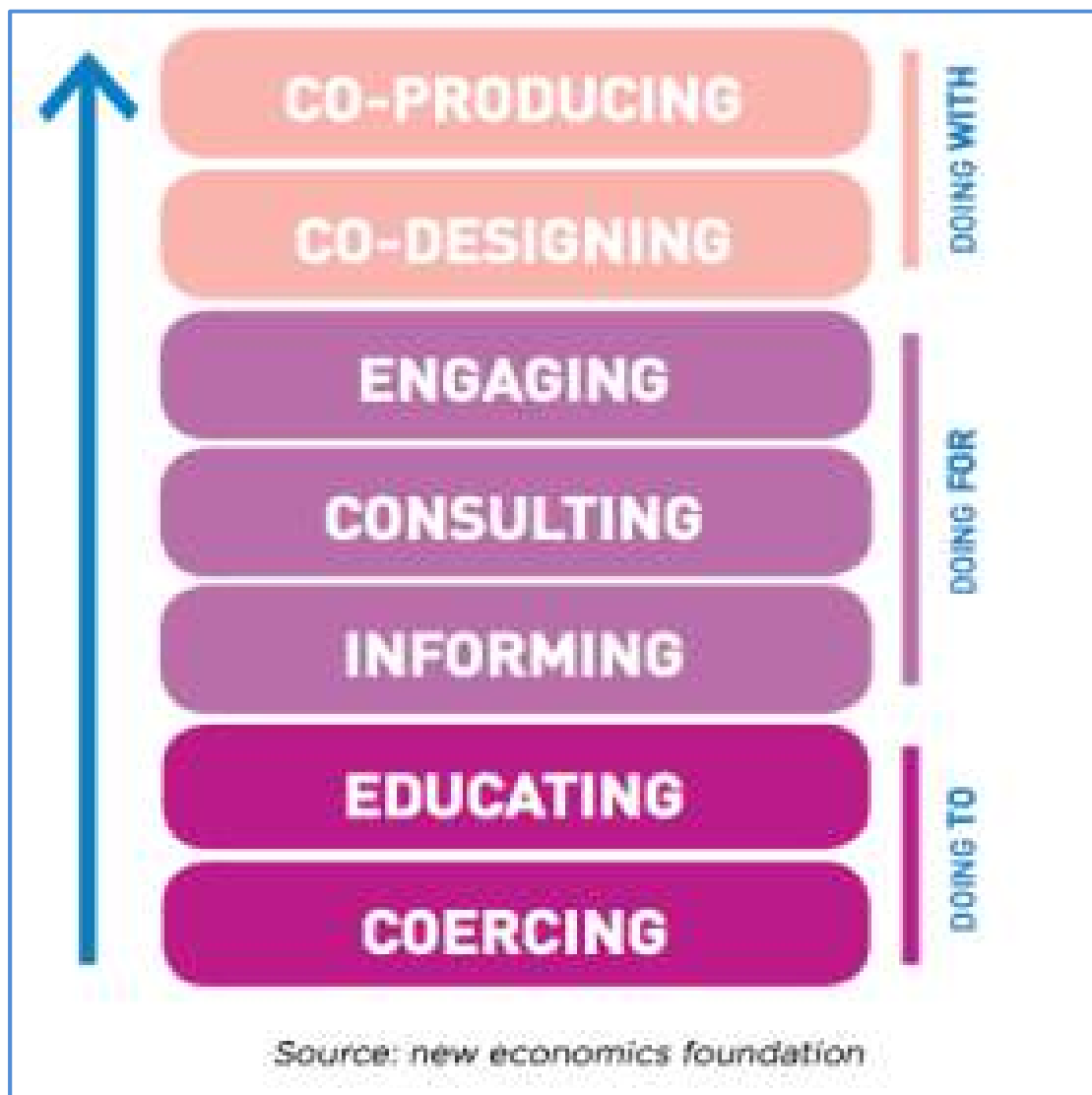


DIAGRAM 2:



## **APPENDIX 1:**

### **WEST DORSET**

#### **How did you find the training today?**

##### **Helpful:**

- Very helpful
- All trainers approachable
- Easy to talk to
- Easy to be part of and participate
- Helpful, good to listen to people like Rick, knowing you are not alone
- Staff are friendly and open
- Extremely helpful – it was exactly where I needed to be at this very moment
- A very good morning with good presentations, with very helpful staff
- Useful, facilitated well by the trainers
- An overall good way to train in this area

##### **Informative:**

- The course was very informative and educational. A bit more info could be good and contact details. All in all was very interesting
- Very informative and well delivered
- Good balance between information giving and participant involvement
- Helpful ways of engaging both service users and staff
- Very educational
- Informative and clear, was made to feel at ease
- Interesting and informative
- It was very enlightening and more useful than I ever thought possible
- Applying knowledge to the Pain Service
- Very useful and helpful, plenty of information given and very honest
- The training was fun as well as informative
- Found it very enlightening and can see benefits that may help the pain management programme
- Excellent – wasn't sure what the forum entailed so I have learnt a lot
- Provided lots to think about

##### **Inspirational:**

- Rick particularly powerful
- Motivating, enthusiastic and inspiring. I'm glad this co-production is being delivered, it's a passion of mine
- I found Rick's story of his journey incredibly moving and inspirational

##### **Future development:**

- Useful couple of hours. We have already got experience in integration, START project and pain chain – so this brought consideration of other possibilities within the DCPS at all levels
- Clear links to how we can take things forward and applicability to our service
- Giving an insight into various paths to follow
- Great way to break down barriers and prejudice against different views on mental health

- Relaxed and enjoyable environment for recommending all types of people to attend
- Would like more information on training courses

**What do you think the next steps should be?**

**Dissemination:**

- To keep going forward to spread the word to less understanding people
- Spreading the word – this is the first that I had heard of this
- To carry on spreading the good work nationwide
- Send us a copy of the presentation as well as the group discussions
- Bringing everyone up to date as to progress made

**Complementary therapies:**

- Complementary therapies to be offered as a free asset for everyone
- Complementary therapies being taught to help people access this

**Educating/Training:**

- Educating GPs and other healthcare specialists on the impact and importance of 'emotional wellbeing'
- Training workshops for people working at the Pain Clinic
- People accessing courses together (people and staff) and use courses to develop services
- For me, to explore what to do next in terms of education and in order to facilitate discovery for others, both within and in parallel to the DCPS
- Hopefully keep learning and maybe work with the team

**Planning/development:**

- Look at discrimination
- Look at all functions in the service to identify other areas in which PUSs could be integrated
- Continuing discussion in service and with people using services
- Take all the information from the two groups and see if it can be used with future courses
- Increased participation from all involved in the service
- This training being offered/made compulsory for people who work in benefits office
- Empowering people to be confident in getting involved in having a say in their health needs
- Development/review of feedback procedures to ensure that we make full use of this important info
- Feedback from both groups and make the partnership stronger
- Follow up with outcomes of sessions – planning forward
- Giving chance to give input and suggestions as at this meeting
- Proceed with enthusiasm and caution. There are avenues that could be very beneficial
- Further facilitations of meetings may be useful i.e. outside of this service so more impartial



## **EAST DORSET**

### **How did you find the training today?**

#### **Helpful:**

- A great, very helpful start
- Interesting, hopeful that we could progress along the lines discussed
- Helpful to have Rick's input of first-hand experience
- Very useful, especially the REC
- Felt very comfortable as a service user and found the professionals helpful and not at all patronising
- Would be able to help others as a peer support eventually
- Group help is going forward as a good idea
- So interesting knowing that others have been through same
- Gentle facilitation was great, enjoyed group exercise

#### **Informative:**

- Useful and informative
- Some great ideas shared by attendees
- The 'co-production' exercise demonstrated so well how you can't start with an agenda
- The process is important and the outcome depends on what and who is put in/involved
- Good to know what the goals are, a good mix of ideas
- Very well delivered, well-paced, good visual and verbal presentations
- Lots of opportunity to interact and learn from each other
- Informative and hopefully will see implementation – giving food for thought
- I found out a lot of what is available in the area
- Very informative training, nice to feel included, this sort of cohesive working should be more widespread
- Thank you – I learnt a lot
- Excellent afternoon, very informative and inspiring
- Great, informative and real

#### **Inspirational:**

- A greater sense of equality staff to people using service
- Fun activity which broke down barriers and demonstrated how the recovery model works
- Enjoyed Rick's narrative
- Having a service user was very powerful as it is first-hand knowledge
- Excellent thought provoker
- Enlightening and inspiring, good to hear Rick's story and what helped him
- 

#### **Future development:**

- Closely follows the ethos of the service and the will is there to take this forward

**What do you think the next steps should be?**

**Dissemination:**

- Keep informed of future courses
- Feedback to team and move forward with a plan re joint working with pain service/REC
- Talk to management to get them on board

**Planning/development:**

- Talk as teams to see a way forward to meet up with our pain management graduates, mentors etc.
- Need to facilitate meetings with the people using the service
- People using services being involved in GP education
- Agreeing a uniform term for people using services
- Arranging a meeting in each of the three main localities to quickly follow the outcome letter being received by attendees so that decisions get made
- Implementing the suggestions which could make a huge difference but obviously funding plays a big part
- Increase in partnership working
- More education for GPs
- Opportunity for participants of pain management to shape how the programme is organised
- Need to appoint someone to lead the way forward – access point
- More meetings – more enthusiasm by everyone
- How to access the services, knowledge availability
- Round up of next day
- More meetings and coffee mornings perhaps
- Action points/further meetings
- Meetings in more local areas to plan the things we have put on our board
- Involvement in group work – peer specialist involvement
- Maybe some contribution from service to participants in the REC programme

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If you would like a copy of previous Wellbeing and Recovery Partnership Annual Reports and Strategy documents, please visit the Dorset Mental Health Forum website:

[www.dorsetmentalhealthforum.org.uk](http://www.dorsetmentalhealthforum.org.uk)

### Acknowledgements:

The Dorset Wellbeing and Recovery Partnership is far bigger than the core team, and its success is dependent on all those people who are committed to recovery, with their own struggles who go above and beyond, to ensure that changes takes place. To everyone who has supported us on the journey so far we are truly grateful.



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***“I never teach my pupils, I only provide the conditions in which they can learn”***

*Albert Einstein (1879 – 1955)*

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## Contact details

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