South West London and St George's NHS
Mental Health NHS Trust

NHS
Dorset HealthCare University
NHS Foundation Trust

Dorset Mental Health Forum
promoting wellbeing & recovery

Phil Morgan Lead for Recovery and Social Inclusion

Sarah Rose, Operations Manager DMHF

Why are staff with lived experience still not mainstream?

Springfield CONSULTANCY

Mike Firn

#NFAOnational2017
Conference Nov 17

We want to explore two themes in relation to this question?

Where are we now with developing peer worker roles and what do we see as the next steps?

Where are we now with valuing the lived experience of all staff and what are the next steps?

What's in a name?

May be in a 'Clinical' Team but often CCG commissions via third sector provider

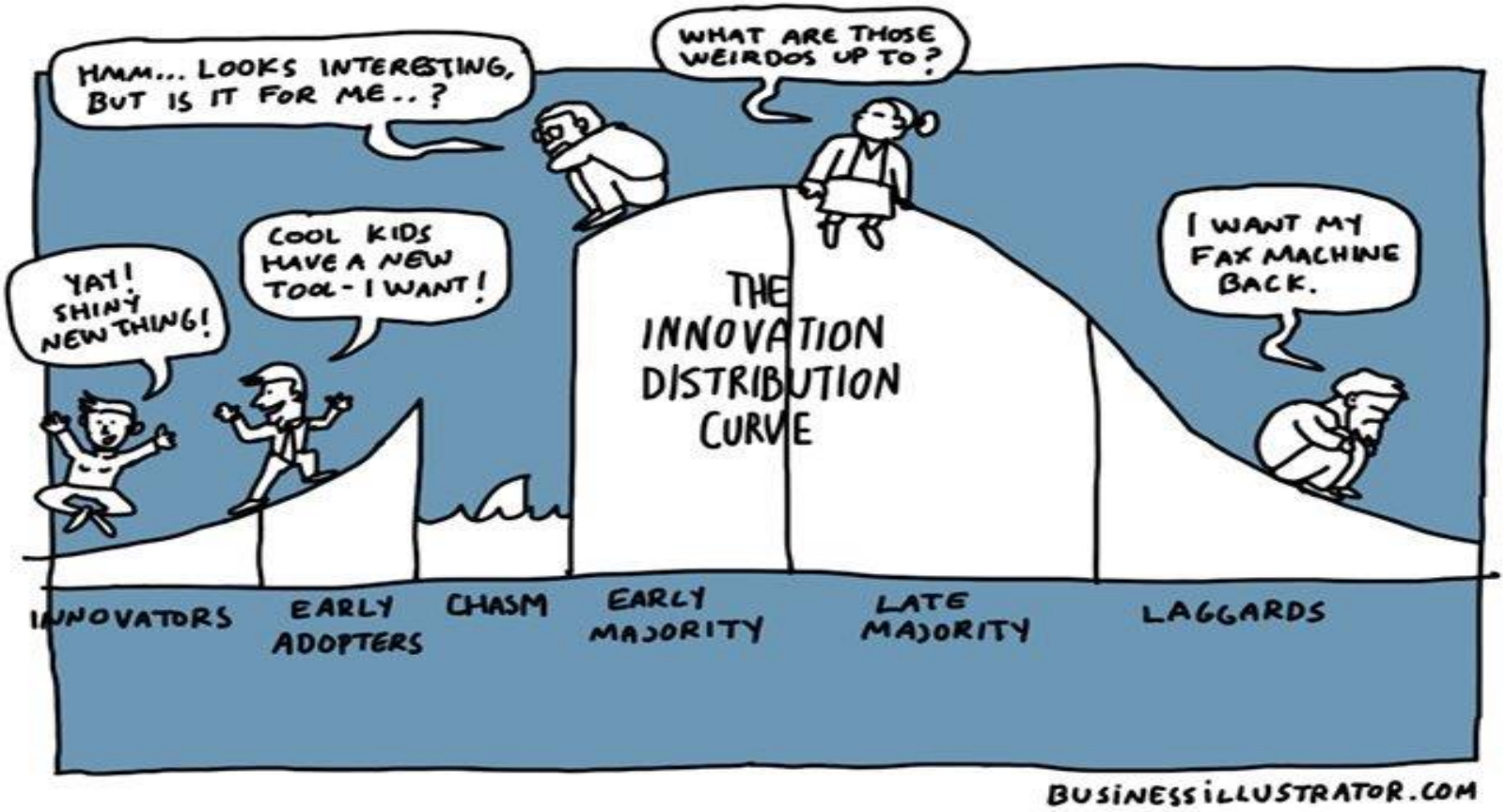
"Peer Specialists" "Peer Support Worker" "Consumer Worker" "Intentional Peer Worker" "Peer mentor" "consumer employee"

- Recovery Support Workers are not necessarily peers just have a recovery (less clinical) orientation in JD

Recovery College

- "Peer trainers"

Peer Workers not new any more but progress has stalled?



QUESTION – Yes/ No

Peer Workers not new any more but has progress stalled?

QUESTION – Yes/ No

I currently work in a team with a peer worker?

QUESTION – Yes/ No

I currently work in a team with an intentional peer specialist

QUESTION – Yes/ No

I currently work in an organisation that employs or works with peer workers?

QUESTION – Yes/ No

I currently work in an organisation that values the lived experience of all staff?

QUESTION – Yes/ No

Our local experience of implementing peer workers has been broadly positive and successful?

SWLSTG experience

- ✓ Lived experience as desirable in all JDs for 10+ years
- ✗ Trained peers for employment via recovery college but failed to embed them in teams
- ✓ Standard practice for Recovery College
- ✗ Fragmented commissioning of small peer services on segments of care pathways e.g. discharge support / BME

Dorset Model

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The Wellbeing and Recovery Partnership

The WaRP established in May 2009, putting people with lived experience at the heart of mental health service design, training and delivery.

Partnership between Dorset HealthCare NHS and Dorset Mental Health Forum September 2010

Partnership of lived experience expertise alongside professional expertise.

January 2011 became ImROC Demonstration site.

Dorset Mental Health Forum

Independent Charity, established since 1992.

Run and led by people with range of lived experience.

Funded by NHS, County Councils, grant makers …..

Consultation, representation, strategic partner, training.

Recovery orientated organisation – strengths based.

Rediscovery of skills, identity, value. Hope.

Opportunity to reframe experiences, peer mentoring.

Social movement and lived experience infrastructure.

WaRP Executive Summary 2010/11

"Our aim is to change the culture of mental health services and people' attitudes to mental health and wellbeing in Dorset.

We plan to do this through promoting the principles of wellbeing and philosophy of recovery.

Central to this is the sharing expertise and partnership between people with lived experience, their supporters and mental health professionals"

Key Learning: Development of Peers

- Enabling people to identify strengths and what is important to them.
- Co-production principles (Integrity)
- Team preparation
- Recovery Education and self awareness
- Offering opportunities for people to contribute, a step in, step out approach.
- Creating an infrastructure with levels of responsibility and accountability
- Advanced plans and Wellbeing at work plans
- Progression opportunities and encouraging people to "move beyond"

Key Challenges

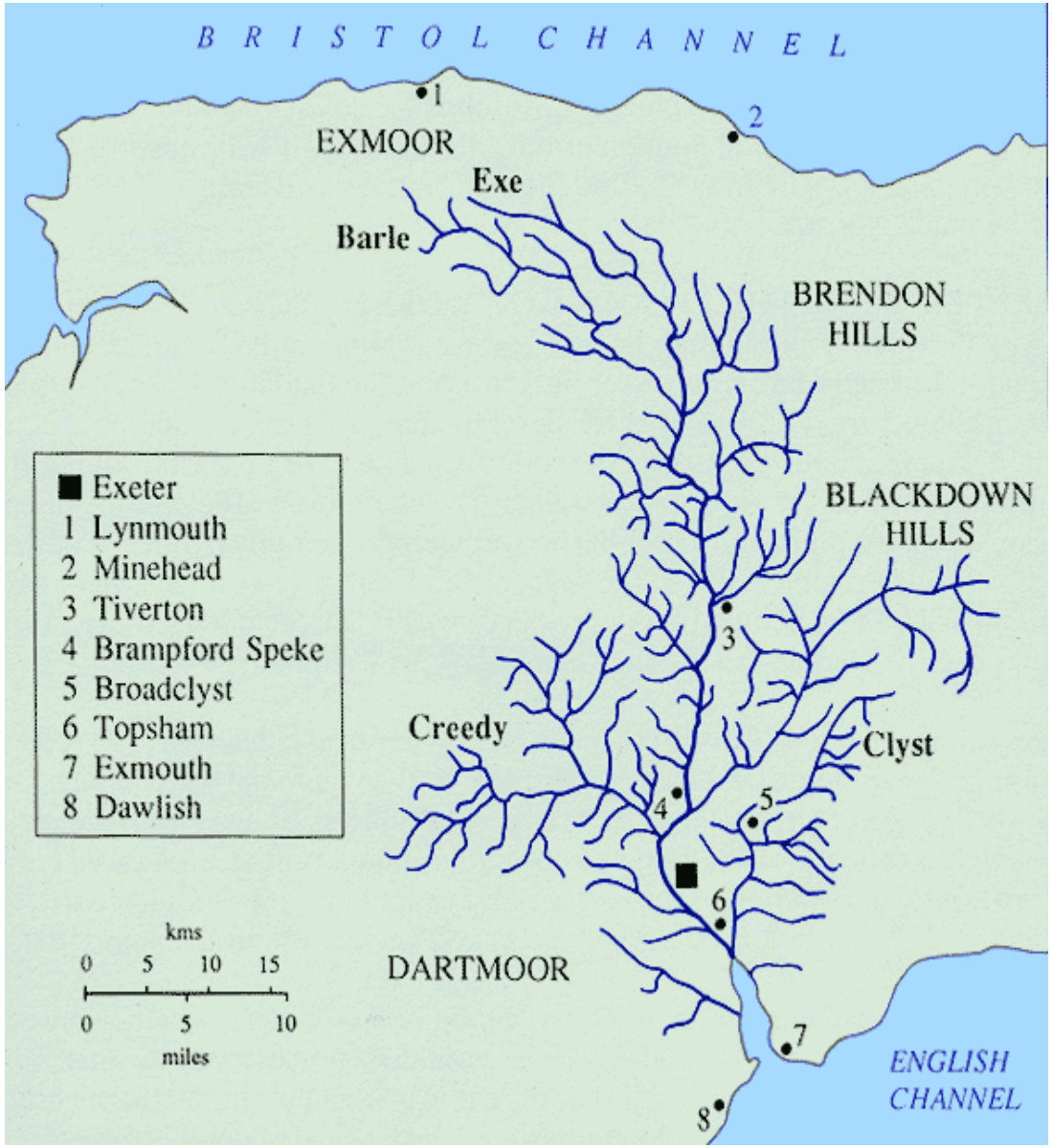
- Resistance to change from staff, people who access services and carers and supporters
- It takes time
- “We’re doing it already”
- Finance
- Too much to do
- Organisational demands are too great
- Demand and Capacity vs Doing it Properly
- Maintaining energy, passion and wellbeing
- Maintaining Integrity
- Taking Risks!!!!!

Rationale

- Employing peers in external organisation ensures time for tailored, individual support
- Peers don't get caught up in servicing the organisation
- Leaner model, peers focus on specific projects
- Enables cross organisational learning and sharing of best practice
- Better able to manage consistency of delivery

Project Areas

- Recovery Education on different levels and different audiences
- Development of peer specialists
- Recovery across all areas of healthcare
- Hidden Talents (Staff Wellbeing)
- TRIPS
- Carers and Supporters
- Learning and Development
- REACH
- Co-produced Crisis and Safety Plans (care planning)
- Developing peers in specialist services (CAMHS, Forensic, Perinatal)



.... Working on multiple areas of service and levels of the organisation, simultaneously

QUESTION

What is required to support the development of Lived Experience within teams. In terms of both peer and clinical staff?

Questions and examples/ experience from the floor