

Belonging and citizenship starts and flourishes where people are seen as partners and not passengers, safety for all of us starts with relational safety

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Reflections on PAR, Transformation and learning from experience in Dorset

work on improving relational care

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- 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
- January 2011 became national ImROC Demonstration site.
- Development of Recovery Education Centre, providing an opportunity for people to develop skills and understanding. Latterly extended to CYPF through Discovery Project
- Peer specialists working alongside clinical staff, pathways for people to contribute
- Strategic influence, ensuring all transformation programmes are based on the principles of co-production.
- A system partner within the ICS, modelling coproduction

Dorset Mental Health Forum

- Independent Charity, established since 1992.
- Run and led by people with range of lived experience.
- Employing over 80 people.
- 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

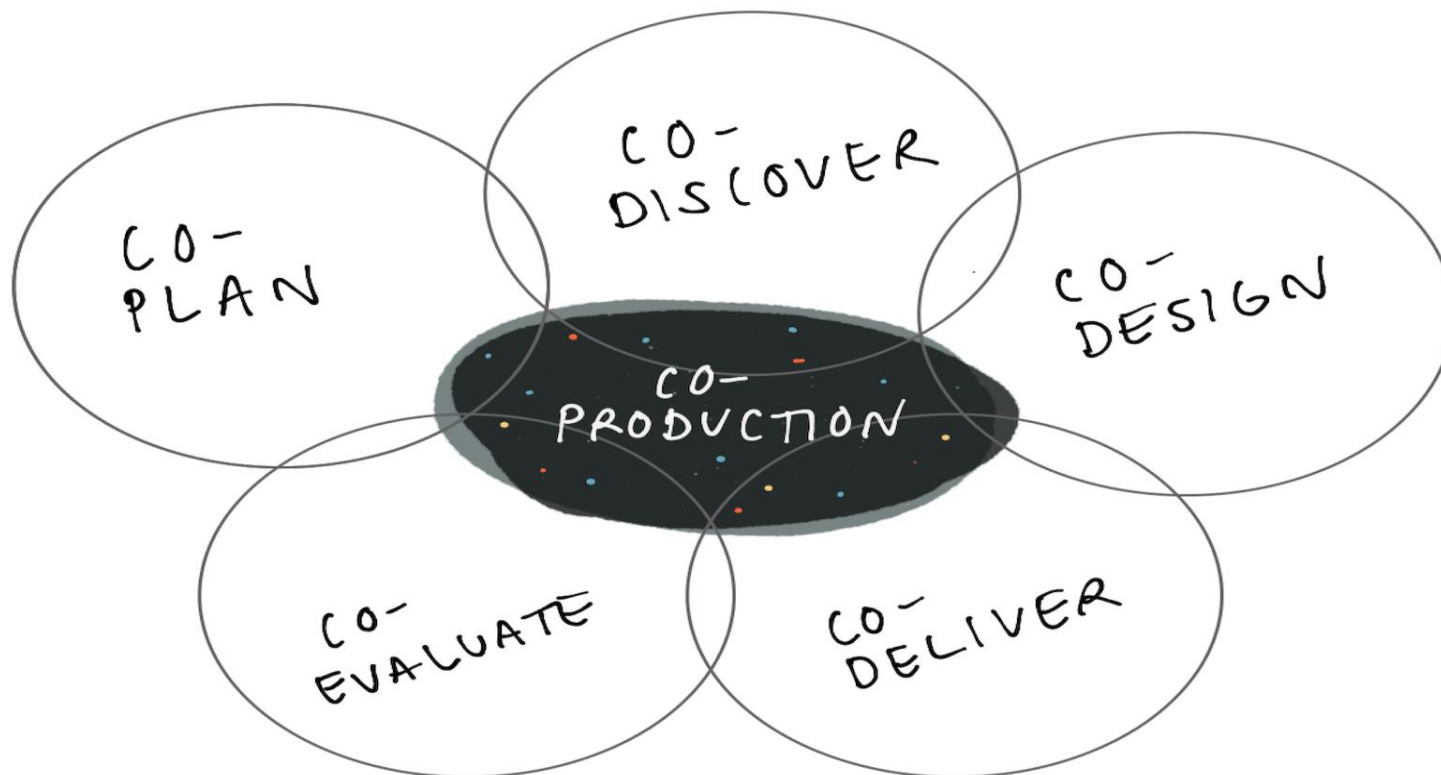
Applying the principles of trauma informed and trauma focused care

Our learning from our WaRP work lived , living and technical experience principles of co design so far



share power

build capability



use participatory means

KA McKercher 2023

prioritise relationships

Angela Sweeney (2016)

Trauma-informed mental healthcare in the UK: what is it and how can we further its development?

Mental Health Review Journal. 21(3):174-192

9 Principles of Trauma-Informed Approaches

1) Recognition of prevalence of trauma

2) Resist retraumatising systems and

3) Acknowledge context – cultural, historical, social.

4) Trustworthiness and transparency

5) Collaboration and mutuality

6) Empowerment, choice and control

7) Moral, physical, psychological, social and

8) Survivor partnership and lived experience

9) Pathways to trauma-specific care

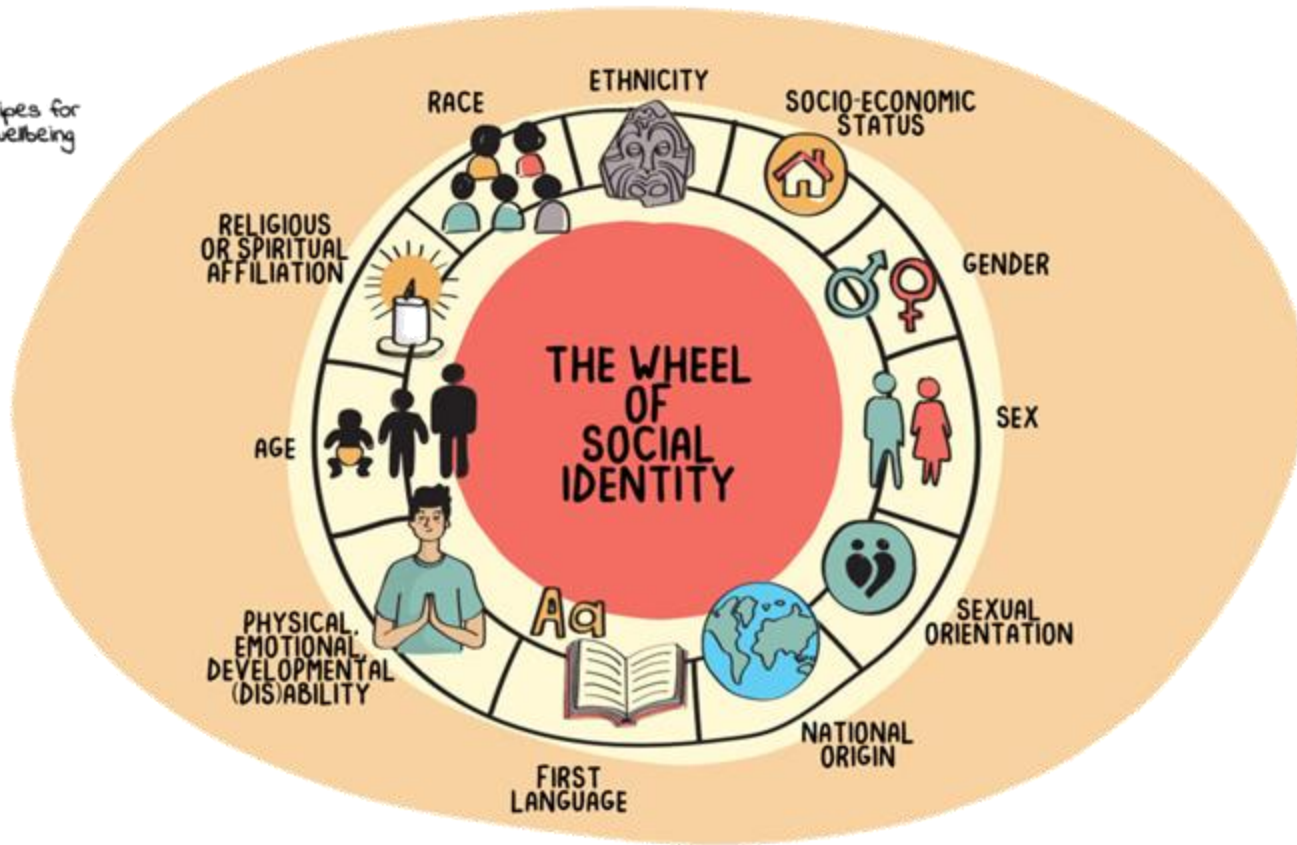
Do No Harm

Creating Safety

Hope & Expertise



Social Identity people are more than their labels



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Culture of Care

People & Partnership

Lived Experience
Relationships
Choice

Safety & Harm Reduction

Safety
Avoiding Harm
Transparency

Culture of Care

Equity & Inclusion

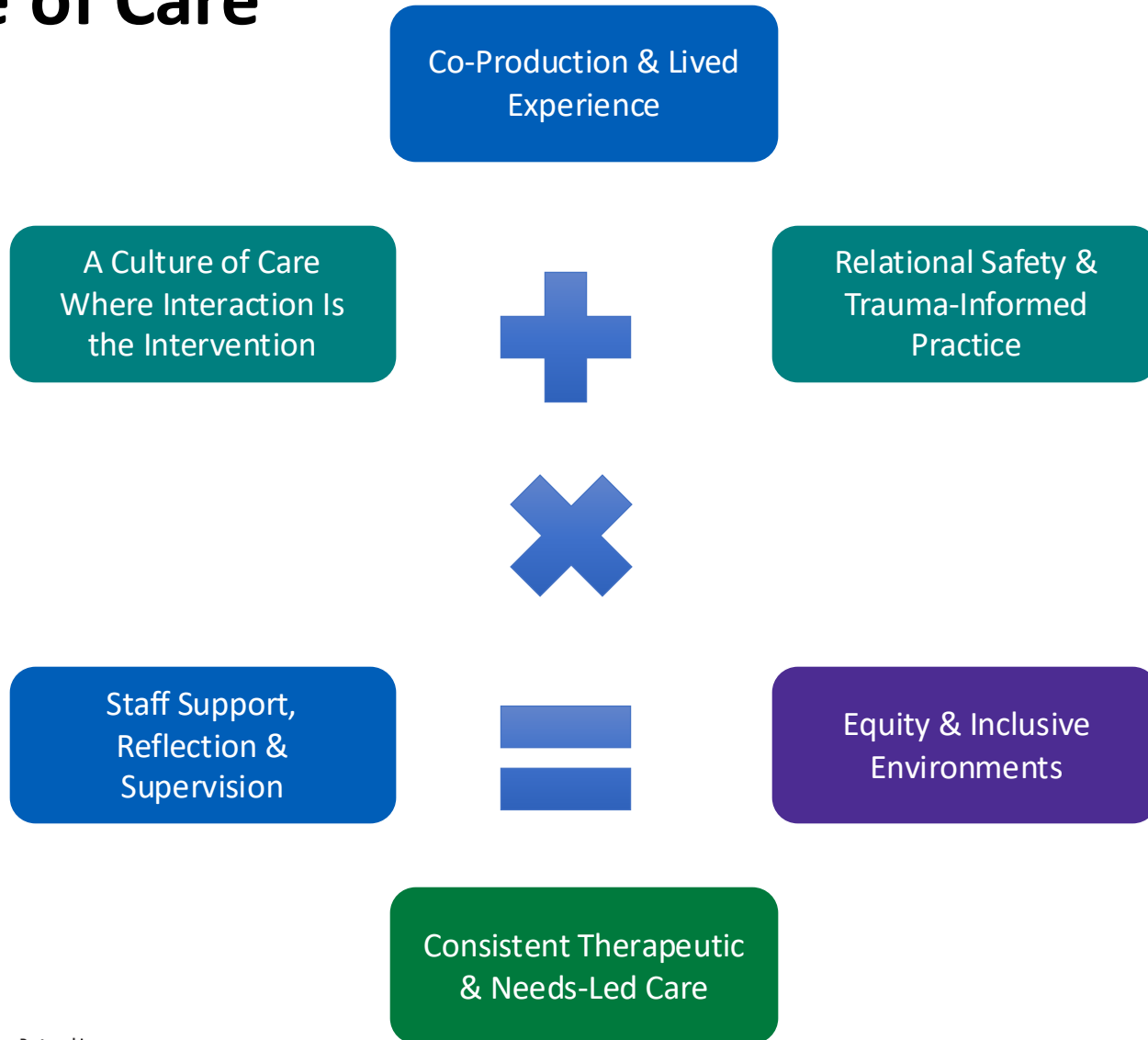
Equality
Environment
Meaningful Activities

Practice & Support

Needs-Led Care
Therapeutic Support
Staff Support

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Culture of Care




Participation - the plan

Presumption of patient and carer involvement	Co-produce new approach with patients, families, loved ones, and carers	Previous work around policy clinically lead, however work around safety planning co-produced	Co-leadership of project with Sarah Rose DMHF Develop co-production approach and monitor
	Personalised approaches that meets patients' needs and those of their loved ones	MWB plan has clear element for personalised comments at each stage for person and family members	Co-produce training focused on personalisation Link to shared decision making and personalised care work
	Reviewing implementation from clinician and lived experience perspective	DMHF in partnership	To be embedded in to co-produced approach



Communication – the plan

Communication	Agree a common, simple term for the approach	TBC	Based on co-produced approach agree terms
	Clear, consistent and ongoing communication with staff	Current awareness raising of focus through RRP and CofC work but much broader comms required	Comms strategy required
	High quality notes and assessments, for referrals, GP, patients and carers	No effective measures of quality at present other than MWB plan audits and management review tool	Involve Qi and Clinical effectiveness team in developing and monitoring quality



What happened ... What worked and what we are learning

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- **Personalised Approaches to Risk view seeking highlighted patients valued relational approaches, being heard and partners in care. Also, that staff valued working in this way.**
-
- **Themes about the importance of ward rounds from lived experience group with representation from advocacy, carer and lived experience.**
-
- **Themes from complaints around communication.**
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- **Staying safe from suicide guidance**
- **Links to other pieces of work in the system:**
-
- **We are looking at co-producing guidance for patient and staff around ward rounds.**
-
- **Trauma informed approaches. “Do with” rather than “do to” approach.**
-
- **Open Dialogue, promotes a witness approach.**
-
- **Patient Flow/ Discharge. Discharge from mental health hospital Statutory**

Where next

- Working within the quartet leadership model co designing a plan to utilise the work ,ethics ,values and learning from our CoC work.
- Ensuring living and learnt experience informs policy , practise and frameworks
- Relational and Open dialog approaches work being piloted on some of our wards
- Ward rounds
- Suicide prevention
- Centering Belonging as a culture for everybody
- Informing our research on Citizenship
- Remembering the interaction is always the intervention !

Final reflections

Influence gives meaning to voice. It brings hope for change.

Supporting collective care spaces where dissent ,anger and hope can be shared

Be accountable for sharing the impact with people, like you would be accountable to a funder or a project partner.

Check your assumptions and take care of your partners in the work

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Any Questions

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**“If feeling safe is the treatment,
then creating safety is the work.”**
(Levine)

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Citizenship Symposium online

- 27th March time tbc
- Please contact lisa.spriggs1@nhs.net or P.Morgan@nhs.net if you would be interested in attending
- **More about Dorset mental health forum**
- [@dorsetmentalmentalhealthforum.org.uk](http://dorsetmentalmentalhealthforum.org.uk)

Shared Humanity

Shared humanity goes beyond empathy, beyond equality and beyond acceptance of difference. It is tuning into the common threads that bind us all together.



Shared humanity means that no matter where we have come from, or the life experience we have we are all human beings. Our 'shared humanity' or 'being human' is the thing we have in common.

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Thank you everyone!

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