



West Yorkshire and Harrogate STP Workshops June – August 2019 - with Service Users & Staff

Services consulted as part of this work:

Cygnets Bierley
Newsam Centre
Newton Lodge
Newhaven
Bretton Centre
Waterloo Manor
Moorlands View

Circles of Support – Moving into the Community

What support I will need

- Help with the confidence to live alone
- Help with my mental health, keeping me well and out of hospital to continue on with my recovery pathway
- Practical support such as remembering to take my medication, learning new life skills, financial support and advice, support with benefits
- Having a car and a driving licence if possible, or a bus pass – support with transport
- Building up to social gatherings in the community, being exposed to the bigger population and having confidence to interact with the public. Having the opportunity to live with others
- More intensive support in the community - not feeling that I am being “left”
- Having somewhere like a community hub where I can go for support from professionals and from peers, and support groups, somewhere to go to meet new people
- Not needing to go to jail again - Having a chance to prove myself - Feeling freedom
- A continuation of structure and the learning from my incarceration and an acknowledgement of it, therefore I wouldn't feel worried or misunderstood by the team, or feel apprehensive over the possibility of recall over nothing
- Friend and family network and support with this
- Knowing the “rules” about living in the community like not to play music too loud
- Having a set plan in the community of what is going to happen and for how long
- Staff that follow you through services and having access to staff who know me
- Spending 1:1 time with staff - Having a social worker and community mental health nurse in the community
- Help to build relationships - Getting closer to my family and support to keep families together
- Having ID documents like a driving licence, getting a passport, having a bank account
- Independence especially with cooking skills, support with meals/healthy eating

- Intensive support when things getting to crisis– early intervention, and to act on this – including respite places to go in crisis - 24 hour contact with a crisis team
- Care coordinators involved earlier – coming to my ward round throughout my admission for continuity. Community teams working in to hospitals – getting to know you so the same people are involved in my care
- Access to professionals at convenient times with support with things like personal care and support, On-going support with drug/alcohol issues, setting up GP contact
- Getting to know the new area before I move
- Keeping in touch with services – Perhaps through the Recovery College
- Support to continue the things that I did in hospital – such as DBT skills, music therapy
- Support from the wider community

How I will spend my time

- Not feeling isolated – being near my friends and a social network
- Having access to a range of activities like art, writing and shopping
- Being physically active and exercising – like going to the gym and going for a walk, and outdoor activities or having access to a personal trainer
- Life skills coaching
- Going to college and/or university and getting qualifications
- Vocational opportunities such as college, paid employment and volunteering - training which will prepare me for work
- Help to find work that I want and feel confident to do
- Keeping well
- Carry on with things you did in hospital – recovery college/psychology/mindfulness
- Relapse prevention – acting on it
- Join a social group - See friends and have a chit chat
- Giving something back - doing some voluntary work
- Having choices about what I do and when
- That there is a social group available if I feel lonely
- Having access to the internet at home
- Doing things I enjoy and that are meaningful
- Having a dog/pet to care for. Animal care and volunteering at rescue centres
- Learning and making healthy home cooked food
- Being with other people in a safe space in the community
- Recovery College
- Involvement in services and their development
- Becoming a Peer Support Worker/volunteer
- Being part of a buddy system for people going through services still - peer to peer coaching
- Spending 1:1 time with staff
- Interviewing staff
- Shopping

Housing needs

- Having your own place, with a choice of where that is – geographically and close to different things that are important, like shops, work, family, outside space – garden, recreational facilities, transport links
- Close to family and friends – or not! - Option to go to a new area for a fresh start – Choice
- Help finding accommodation and help with moving
- Graded approach to overnight stays / day visits
- Access to the appropriate funding for housing
- Where you can have pets as often not allowed
- Having an address and my own home
- Nice accommodation with a housing manager and personalised support
- Internet access/Wifi
- Knowing the “rules” about living in the community like not to play music too loud
- More housing provision – more choice and more availability
- Better transition from supported housing into more independent housing
- Better quality housing
- Having a dedicated resource within a community team – housing support worker
- Somewhere with staff support – proactive staff
- Support workers to help with bills. Filling in forms
- Affordable housing
- Support knowing what my housing needs are. Access to furnishings – accommodation – a starter pack to help get set up
- Getting on with neighbours
- Keeping a structured day

Staff skills in the community

- Staff to have experience in mental health and trauma
- Friendly, approachable, caring and understanding
- Life and work experience from the staff team
- Forensic experience - Drug and alcohol illness experience
- Get involved earlier before a crisis - Knowledge of early warning signs
- Listen to our views - Person centred and holistic approach
- Positive risk taking and understanding - Work within boundaries
- Good communication
- Collaboration with services and service users
- Legal knowledge – conditions, MAPPA, victim services, social supervisor role
- Resilient and confident
- Being able to work alone
- Helping break down stigma
- Up to date knowledge

Intensive Community Support Team

What this team should provide

- Transitional care – graded exposure to community from hospital
- Consistency of support – consistent staff
- Everyone should know what is on a patient's risk management plan to be able to support them consistently
- Forensic experience and support
- Higher intensity of support in a crisis for individuals
- Consistency of approach but individualised to the person
- Safe environments – where staff can assess and work with patients in the community
- Risk management
- Physical health support as well as mental health support
- Lifestyle coaching
- Level of structure – difference between hospital and community and services such as a hub to bridge the gap
- Security and risk management
- Physical security important – safe places
- Restrictive vs non restrictive
- Safety of self and others
- Informal spaces available to patients instead of recall
- Links with housing
- Sessions with the MDT should be meaningful to the individual
- Appointments that fit around service user's life not just the professional
- Knowledge of external services

What the team should look like

- Good mix of MDT disciplines – skills and level of training – should be easy to access
- An experienced and skilled team that can provide support to others
- Well-resourced team in terms of numbers
- Good communicators and with effective communication systems
- Psychologically informed
- Working to a relational security model
- Full MDT - Drug and alcohol/ substance misuse workers, psycho-social interventions, Psychology, Forensic nursing experience, AMPS, Occupational therapy – forensic, Medic with forensic experience, Social prescribing, Brief focussed therapies
- Transitions – preparation for discharge
- Staff to follow the patient – continuity
- Continuity of staff – retention and staff support are key
- Sharing information with service users – continuous liaison
- Governance across different STP services
- Professional experiences match individual needs – i.e forensic training

- Joint funding with local authority and health
- Good understanding of the service user
- Evenings and weekend availability
- Flexibility of approach
- Integrated services
- Staff with specialist in depth training

Support for the team

- Strong reflective support
- Leadership
- Supervision
- Training – around different types of working
- Protected space for support
- No blame culture
- Networking with others
- Sharing ways of working across the footprint
- In depth induction for staff
- Based on formulation
- Team discussions