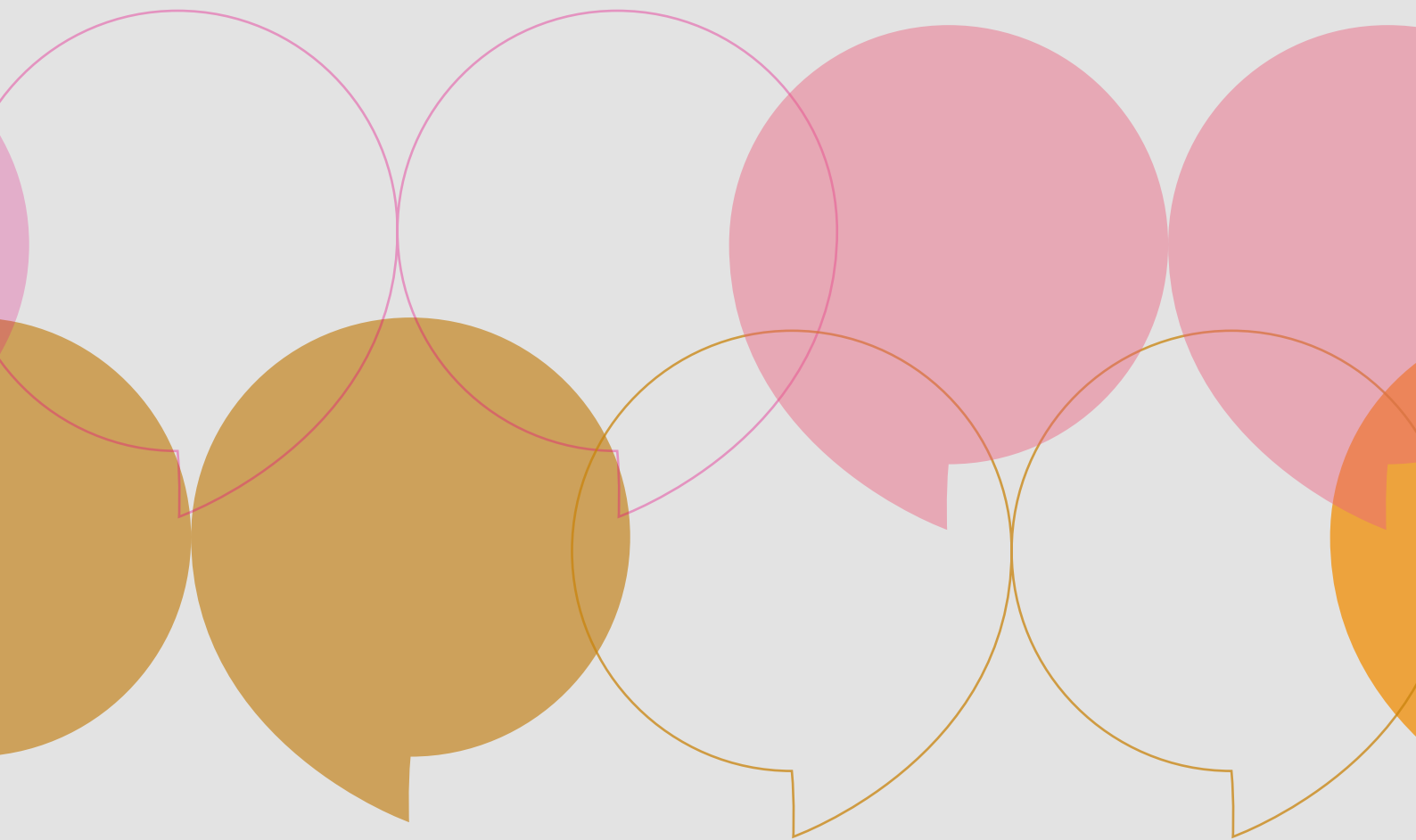


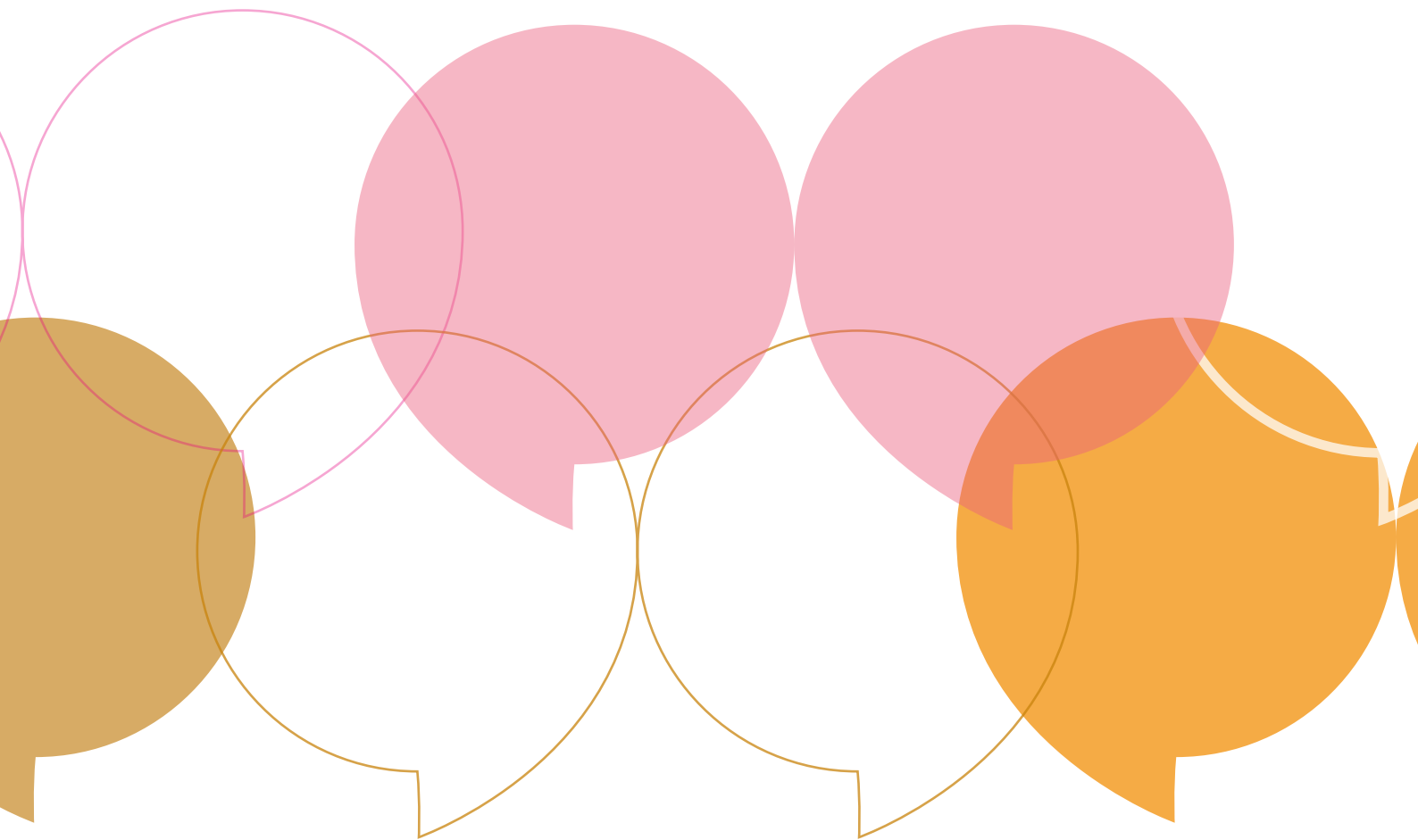
# *Sustaining hope: recovery in social care services*



Findings from a joint project between SAMH and SRN to enhance recovery approaches in services.

***‘Staff members reported that participating in this project enabled them to take a fresh look at recovery and consider how it has shaped their individual practice.’***

*Service Manager*



# How did the project come about?

In 2011 a Scottish Association for Mental Health (SAMH) Community Business Manager approached the Scottish Recovery Network (SRN) to explore how they could work together to support a group of 14 supported living services to further develop their approach to recovery. These services were already on a journey of change but felt they needed to look at where they were and what needed to happen to ensure that recovery was embedded into everyday practice and evidenced.

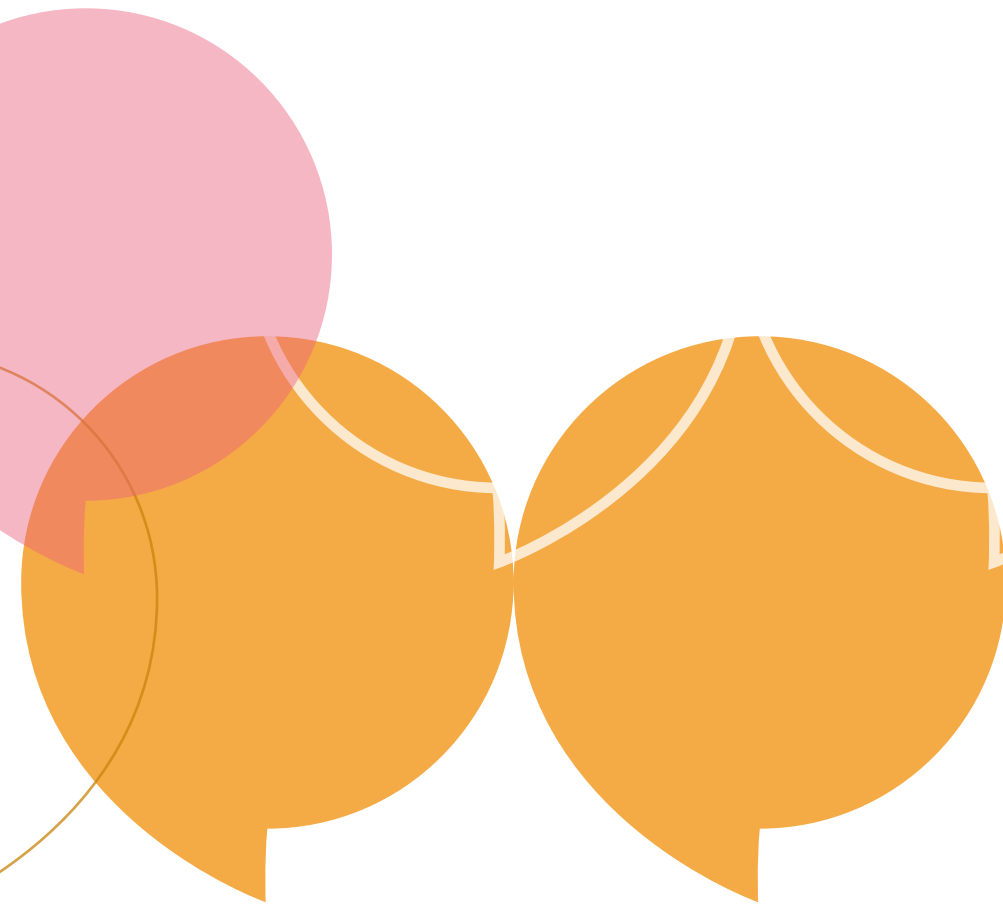
***‘This was about questioning whether or not our practice was recovery focused.’***

*Community Business Manager*

SRN and SAMH agreed to work together on a project which would:

- Increase understanding of recovery in practice amongst staff;
- Improve use of strengths based and recovery focused approaches in staff practice;
- Improve outcomes for service users.

Both SAMH and SRN saw the benefits of working together. For SAMH it was the opportunity to work with an external agency focused on promoting recovery and for SRN it was the opportunity to learn more about how social care services can translate a commitment to recovery concepts into practice.



***‘When I think back to then, some of the things we did. We thought it was for the best.’***

*Support Worker*

# What did we do?

We worked together on a programme based around each of the 14 services completing an SRI 2 (Scottish Recovery Indicator); a participative tool in which practitioners assess their service against 10 recovery indicators using six sources of evidence.

SRI 2 helps practitioners to work together and with others and leads to the development of an action plan. The services were supported to undertake an SRI 2 through a combination of learning events, guidance and email and telephone support and then supported to work together to implement their action plans.

We made sure that the experience and impact of the project was monitored from the outset through:

- A recovery knowledge and practice **survey**;
- Each service identifying **examples of change** in practice during the project;
- **Focus groups** with managers and staff;
- Analysis of the **action plans** generated through the SRI 2 process.

# What did we find?

The project successfully generated high quality discussion about recovery in practice and has led to improvements. It was a positive and beneficial process which has resulted in changes in practice which are already improving outcomes for people using the services. There was an extremely high level of engagement in the project with all services completing an SRI 2 and producing an action plan, over 90 per cent of those involved taking part in the staff survey and 44 people participating in focus groups.

***‘This is not only a change in work practice but it will improve outcomes for services as it is a way of involving family as much as we can.’***

Service Manager

## The SRI 2 experience

The services involved had been undergoing changes. However SRI 2 provided a participative and structured process where practitioners were encouraged to reflect on their practice and enabled to discuss difficult or uncomfortable issues. As a result staff felt able to acknowledge that previous and current practice did not always promote recovery effectively and that the focus needed to be on how to develop recovery focused practice rather than defending these existing practices.

Managers and staff reported that while they had always discussed practice, SRI 2 set these discussions explicitly in a recovery context. It also emphasised the need to go beyond a belief in recovery and to be able to articulate how this was being embedded in practice. Using SRI 2 generated a high level of formal and informal discussions about recovery in practice which created an environment where staff were able to recognise and acknowledge strengths and also look at how they could enhance their practice.

The discussions generated by the project not only increased recovery knowledge but also confidence in and comfort with recovery. Indeed some staff commented that it helped them to develop their ‘recovery vocabulary’. This meant that staff felt more able to promote recovery approaches to the people they work with, their colleagues and external stakeholders.

***‘Some of the questions are quite challenging from a risk perspective especially coming from a traditional approach.’***

*Support Worker*

### **Involving others**

SRI 2 is a participative process which not only got more staff involved in service review and development, but also brought a focus on how people using the service, informal carers and other stakeholders can be involved. Services built on existing good practice to involve people using the service in the process but all found engaging with informal carers challenging. Indeed 11 of the action plans identified involvement of carers as an area for development and included specific actions to take this forward. Despite the difficulties, services reported that their efforts to involve carers, family and friends had been beneficial. It had concentrated their attention and emphasised the need for new approaches.

### **Recovery knowledge**

SRI 2 supported the engagement of staff by being a participative process and also highlighting strengths as well as areas for improvement. During the project it became clear that recovery knowledge amongst staff was better than had been previously recognised or acknowledged. The results of the baseline staff survey confirmed this with the majority of responses being consistent with recovery values and approaches. Recovery knowledge was strongest in areas such as maximising opportunities; enabling people to manage their own wellbeing and recovery; conveying hope and dealing with distress and suicide.

The results of the follow-up survey undertaken after the completion of SRI 2 highlighted improvements in recovery knowledge with the most significant being in questions related to goal setting, belief in recovery for all and risk.

### **Recovery in practice**

Discussions during the SRI 2 process highlighted that knowledge of, and commitment to recovery was not always informing practice with perhaps more traditional approaches sitting alongside a commitment to recovery. This was not news to the practitioners but it was brought to the forefront. It emphasised the need to move beyond a commitment to recovery and for the focus to be on exploring how it could be genuinely translated into practice.

The services identified a small number of key areas that they needed to work on to more effectively translate recovery into practice:

- Embedding a strengths based approach in all aspects of practice;
- Achieving an appropriate balance between fulfilling a ‘duty of care’ and promoting recovery;
- Supporting people to set and achieve their recovery goals;
- Embracing a positive, informed approach to risk taking.

The experience of completing an SRI 2 highlighted that recovery is not something that can be added to existing activity and practice but is something which will impact on and require change in existing activity and practice. The drive and energy engendered through this process has resulted in changes in practice and this is being sustained as staff see the benefits of these changes.

***‘Staff members reported that participating in this project enabled them to take a fresh look at recovery and consider how it has shaped their individual practice.’***

*Service Manager*

# What did we learn?

## Leadership and commitment are essential

The leadership of the SAMH Community Business Manager and his openness about the challenges of embedding recovery into practice meant that the context for the project was supportive and reflective. Both organisations were fully committed to this project both in terms of carrying out the agreed work plan but also intellectually.

Underpinning this was a commitment to change and the development of a strong partnership where both organisations were able to be open and understanding, encouraging and, where necessary, challenging. We recognised that by working together both organisations would benefit.

## Participative approaches work

This project demonstrates that the use of SRI 2 can have a positive and lasting impact if it is supported. The participative nature of SRI 2 encouraged and supported staff involvement which facilitated an atmosphere of exploration. This resulted in a clearer view of what recovery looks like in practice. The level of staff involvement in the SRI 2 process and other aspects of the project indicate a high level of buy-in and this has been continued in the work to implement the agreed actions.

SRI 2 is a service development tool rather than an audit and as such looks at how services can build on strengths as well as address areas for improvement. The project confirmed changes already taking place and boosted and matured the discussion. It helped the services to move from discussing recovery as a concept to focusing more on reshaping existing practice to ensure that the strong commitment to recovery is translated into practice. This example of SRI 2 being used positively and effectively to enhance recovery in social care settings suggests that this type of approach should be further considered.

***‘Working together was what facilitated real change. SRN challenged, supported and enabled us to find our own solutions.’***

*Community Business Manager*



***‘Staff started to identify that they were unwittingly doing something that was making a task easier for one of our service users. However by doing this they were actually deskilling or disempowering the service user.’***

Service Manager

## Recovery needs to be built in not a bolt on

Practice in services is influenced by a range of factors including the requirements of commissioners, the Care Inspectorate and other health and social work professionals. Staff often felt that they had to focus on basic needs and daily living skills and did not always have time to promote and support recovery. Day-to-day experience of balancing ‘duty of care’ considerations with a recovery approach brings with it a variety of complexities and challenges. As a result of this the culture engendered can become task orientated and focused on doing things for rather than with people.

***More focus on areas other than basic living skills.***

SRI 2 Action plan

***Improve understanding of service user choice versus duty of care.***

SRI 2 Action plan

Recovery should not be seen as an add on. Rather, it should be embedded into working practices and its underlying principles used as a basis for review and improvement. This brings with it a shift in engagements with people in receipt of services, whereby staff are more able to adopt approaches that support people to make their own choices and decisions.

Central to this is a workforce with the skills and confidence to consistently facilitate the conversations needed to promote recovery approaches; to move to a position where the person using the service is in control of their life and care. It can be easier for staff to do things for people using the service than to engage them in discussions about their goals and what they need to do to reach them. These conversations can be challenging, particularly with people who have been using services for a long time or who face restrictions.

***‘Recovery emphasises doing with rather than doing for someone even if that means that an outcome takes longer’***

Service Manager

Rather than attempting to add recovery to existing practice, staff identified the need to have open and honest discussions with people using services. From this they need to work with people to support them to do things their way and at their own pace; even where practitioners feel they could do something quicker or more effectively.

**‘Staff are now looking at their practice in a more reflective way and acknowledging that risk taking, with clear action plans and safeguarding strategies in place, can be a positive approach to helping service users achieve their goals, no matter how small.’**

Service Manager

## All practice should be strengths based

Strengths based approaches had been a feature of the services but, as a result of this joint project, references to strengths and recovery had become more explicit, more frequent and action based. This was evident in discussions with people using services; discussions between team members and in paperwork.

The services had implemented a new Outcomes Based Framework over the previous year and acknowledged that it had helped them in the move away from a maintenance type approach towards a more recovery orientated approach. This project identified the need for further changes to this framework to enable staff to develop their practice in a way that worked from the strengths of the people using the service and supported them to set and review their own outcomes.

**More focus on “what can you do” rather than what you can’t.**

SRI 2 Action Plan

The changes included:

- a new assessment tool which enabled staff to have conversations with people using the service which identified, recorded and built upon their ‘strengths, needs, hopes, dreams and aspirations’ (SRI 2 action plan);
- setting of small goals as well as longer term outcomes to ensure that progress was acknowledged and celebrated;
- a stronger emphasis on supporting people to develop their own plans.

They also recognised the need to distinguish between the hopes and needs expressed by the individual using the service and needs identified by the service which require to be met if they are to fulfil their legal requirements.

## Positive risk taking is essential for recovery

The discussions and reflections during the project often centred on risk and attitudes to risk management. The importance of positive informed risk taking was recognised and it was agreed that this needed to inform all risk management approaches. This is central to recovery as it enables the person using services to have real choice in their life and to play an active role in their recovery.

Informed positive risk taking shared during the project helped to engage a wide range of staff in the discussions which deepened their understanding of this approach in practice. There was growing awareness that risk was about informed choice and that risk planning was becoming more of a discussion and negotiation with people using the services.

**‘We have seen people taking risks and it’s working.’**

Support Worker

The challenges of adopting an informed, positive approach to risk in a multi-disciplinary environment are acknowledged. However staff agreed that, given how central this is to recovery, they had an active role in involving others and building support for this approach.

**‘Language is different. We are generally more aware of strengths.’**

Support Worker

# Our message to you

Our experience of working together was exciting, challenging and positive. Our discussions and reflections enabled us to identify more clearly how to translate a commitment to recovery into day-to-day practice.

Through the use of SRI 2 as part of a supported and structured process, staff reflected on their practice and explored and discussed difficult and often sometimes uncomfortable issues. This type of conversation empowered staff with many of them feeling able to acknowledge, that while well intentioned, previous and current practice did not always adequately promote recovery and needed to change. They moved away from defending practice and identified what needed to change for them to work with people in a way that supported recovery.

Recovery is not something that can be added on but is something which requires a change in existing activity and practice. This has implications not only for practitioners but organisations, commissioners and regulators. Translating recovery principles into practice is challenging and complex but is possible. This project shows that recovery can be embedded into day-to-day practice and improve the outcomes for people using services. **We achieved this because we had a shared vision; were committed to change and were open to where the journey took us.** These components will be needed as we continue our journey.

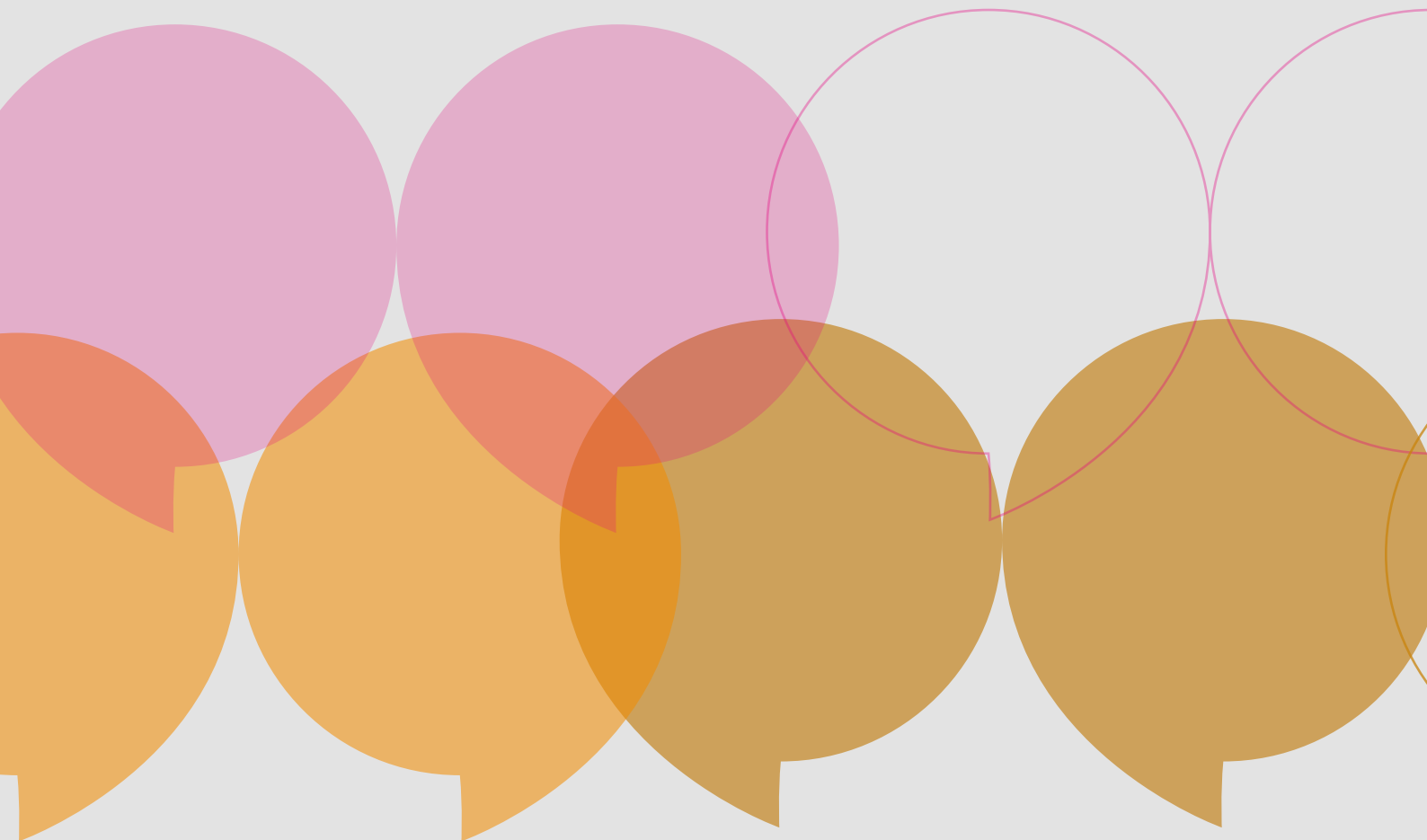
## How recovery focused do you want to be?

Louise Christie  
Network Manager (Policy & Development)  
Scottish Recovery Network

Robert Nesbit  
Community Business Manager  
SAMH

## Scottish Recovery Network

Suites 320-323 Baltic Chambers  
50 Wellington Street  
Glasgow G2 6HJ  
Phone: 0141 240 7790  
Email: [info@scottishrecovery.net](mailto:info@scottishrecovery.net)  
Web: [www.scottishrecovery.net](http://www.scottishrecovery.net)



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