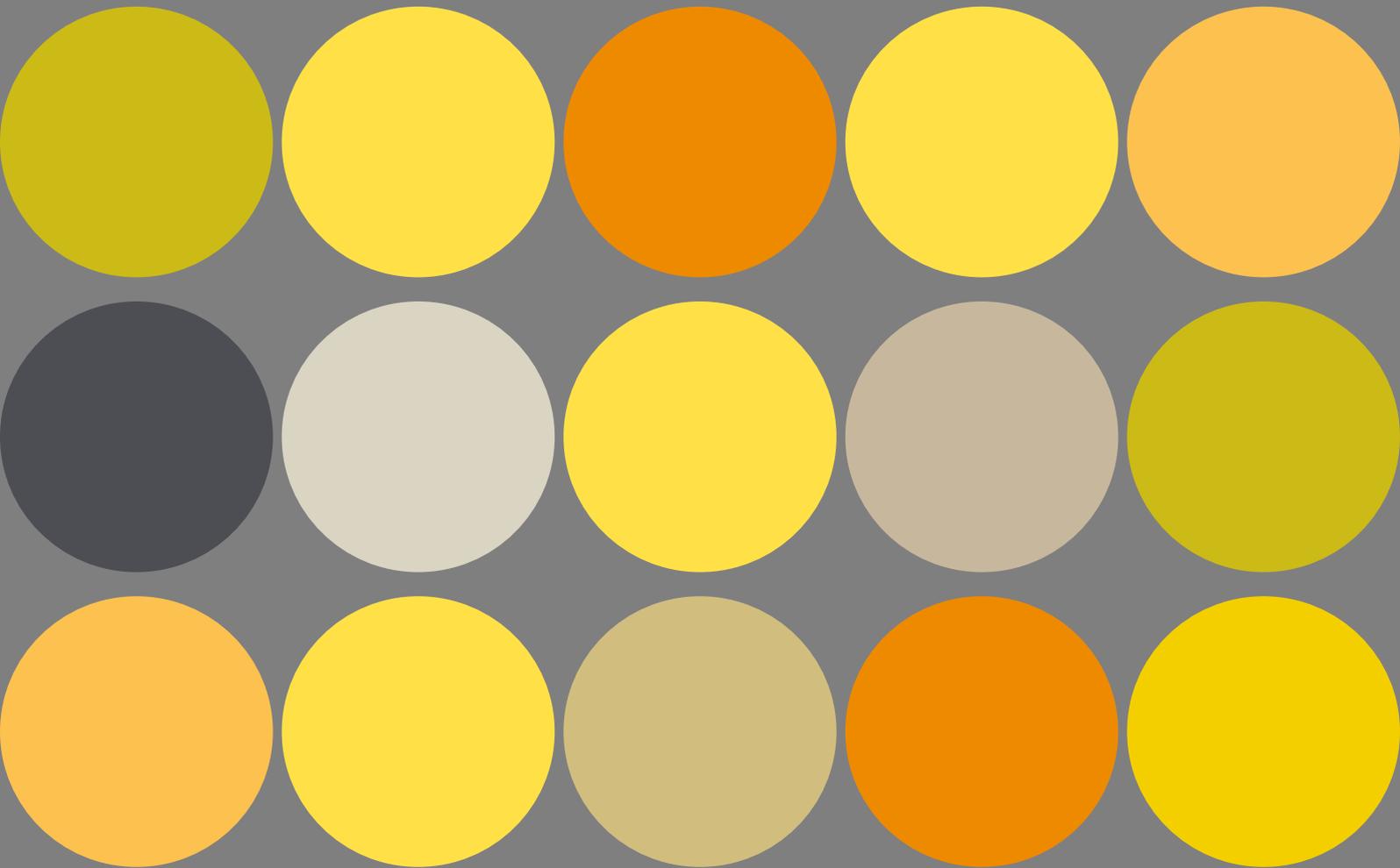


Scottish  
Recovery  
Indicator

2

## How Recovery Focused are We?

Learning from Four Years of the  
Scottish Recovery Indicator





# The Ten Recovery Indicators



The Scottish Recovery Indicator is a service development tool that helps services review and improve how they support mental health recovery. SRI 2 is a revised and improved version of the original tool and was first introduced in October 2011.

SRI 2 provides a framework for services to reflect on their existing practices using 10 indicators based on evidence about what works in supporting recovery.

# Foreword



**The Scottish Government believes that people can and do recover from even the most serious mental health problems. That is why we continue to support the work of the Scottish Recovery Network to ensure that recovery is central to the policy and practice of all services that provide support to people experiencing mental health problems.**

The proposal to establish the Scottish Recovery Indicator as an approach to refocus services on recovery outcomes and objectives was first set out in *Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland and the Delivering for Mental Health strategy*, published by the then-Scottish Executive in 2006.

The Scottish Government supported the launch of SRI 2, as the revised and improved version of the original Scottish Recovery Indicator, in October 2011. We re-emphasised our commitment to the promotion of SRI 2 as a service development tool that helps services focus on recovery outcomes in the *Mental Health Strategy 2012-2015*.

The Scottish Government welcomes the publication of this report. It is extremely encouraging that almost 400 services in the health and social care sectors have demonstrated their commitment to recovery focused practice by completing the SRI 2 process over the last four years. The evidence presented in this report shows that SRI 2 has been used in both community and inpatient settings across Scotland, and it has increased the focus on recovery amongst both practitioners and people supported by services.

The recently published *Commitment 1* review of the state of mental health services in Scotland noted that there had been positive progress in mental health policy and practice over the last 10 years. It also concluded that SRN has made a major contribution engaging practitioners and promoting recovery-oriented practices.

The Scottish Government will continue to support the work of SRN to develop and improve the Scottish Recovery Indicator and promote its continued use as a key approach to help improve services. The aim is to deliver better, recovery focused outcomes for individuals experiencing mental health problems.

**Jamie Hepburn**  
Minister for Sport, Health Improvement and Mental Health

# Introduction



**We developed this report to summarise four years of experience and feedback from the use of SRI 2. It is also intended to encourage discussion about the future use of the tool and the wider development of recovery focused mental health services in Scotland.**

The information gathered through the widespread use of SRI 2 across Scotland offers an unique perspective on the recovery focus and person centredness of services.

Services using the SRI 2 tool have reviewed over 5,000 assessments and care plans against recovery indicators. They have also asked almost 2,000 people using services about their views about how well services are supporting their recovery.

This kind of routine gathering of feedback and views should be an essential part of any systematic approach to reviewing how services are working to support recovery.

SRI 2 has undoubtedly helped many services think about how they can support recovery. However, it is also clear that the approach to using the SRI 2 tool has varied across the country and that there is potential for it to be used more widely across a wider range of health and social care services.

SRI 2 is not a panacea for service improvement but SRN believes it can continue to play an important role in facilitating discussions about how services can support recovery.

Put simply, it can provide the framework for supporting discussions about how we ensure that every person who comes into contact with mental health services has every opportunity possible for recovery.

**Simon Bradstreet**  
Director of the Scottish Recovery Network

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The Scottish Recovery Indicator is a service development tool designed to support and develop recovery focused practice in mental health services. The Scottish Recovery Indicator (SRI) was developed by the Scottish Recovery Network (SRN) and its promotion and use has been a central aspect of Scottish mental health policy for a number of years.

# The Development of SRI 2

The suggestion that ‘a recovery audit tool’ be developed for Scotland was first made in Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland published in 2006.

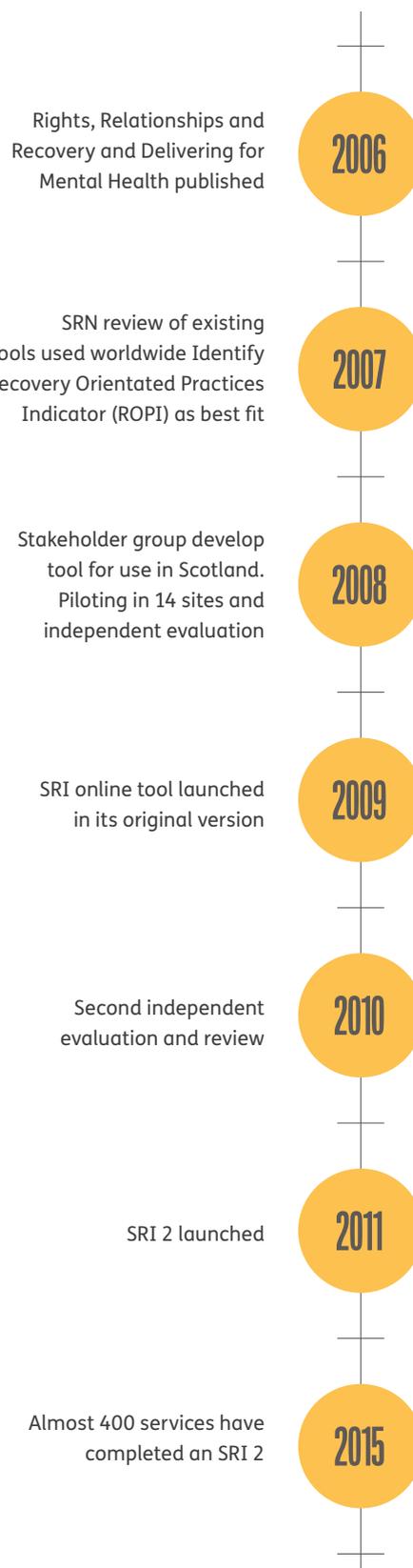
In the same year, the Delivering for Mental Health strategy published by the Scottish Executive and the promotion of recovery based approaches to the delivery of mental health services of the strategy. Commitment One of the strategy stated that:

*We will develop a tool to assess the degree to which organisations and programmes meet our expectations in respect of equality, social inclusion, recovery and rights.*

The Scottish Recovery Indicator was initially based on a tool called the Recovery Oriented Practices Index (ROPI), which was developed by New York State Office for Mental Health. SRN facilitated the work of a representative group which was tasked with the responsibility for refining and adapting ROPI for use in a Scottish context. This led to the development of the original version of the Scottish Recovery Indicator which was then tested and evaluated in a wide variety of mental health services across Scotland. Following this test phase, work continued to refine and develop the SRI and the final web version was launched in May 2009.

In 2011, following a thorough review process and feedback from users of the original version, SRI was re-launched as SRI 2. This simplified and refined version of the tool made it easier to use and was more focused on the key areas of practice that evidence shows are important in supporting people with experience of mental health problems in their recovery.

SRI 2 was acknowledged as having a major role to play in promoting the recovery in services as one of the seven themes for mental health outlined in the new Mental Health Strategy for Scotland 2012-2015 published by the Scottish Government in 2012.



# About SRI 2

## **SRI 2 is both a framework and a process.**

**The framework consists of a set of reflective statements centred on ten recovery indicators. These recovery indicators are based on research about what works in recovery e.g. ‘service is strengths based’ and ‘goals are identified and addressed’.**

Services using SRI 2 are encouraged to reflect on their practice by considering evidence from six sources. Assessments, care plans and service information provide documentary evidence while the other three sources of evidence are the result of conversations with people who provide the service, people who use the service and carers.

**The SRI 2 process helps promote and foster conversations about what recovery means in practice. The process of engaging in discussions with staff, people using services and their carers encourages reflective conversations that don’t necessarily happen on a routine basis. It provides an opportunity to create the space and time to engage in meaningful discussions about how services can support recovery in policy and practice.**

SRI 2 is designed to support self-evaluation and service improvement. It is not an audit or quality assurance tool. Services sometimes find this difficult at first, particularly where there may be a culture of audit and inspection. However, the evidence suggests that most services who use the SRI 2 tool are able to embrace the concept of self-evaluation and reflection, even if they have initially been apprehensive about the process.

The information gathered during the data collection process is entered into the SRI 2 website. The website also provides guidance to support people during the information gathering stages of the SRI 2 process. This includes the sort of evidence to look for to support their consideration of how well they are performing against each of the ten recovery indicators.

The final aspect of the SRI 2 process involves preparing an Action Plan based on the evidence gathered. The Action Plan should highlight strengths that can be built upon as well as identifying specific actions that can be taken to improve how services support recovery.

One of the things that people who have used the SRI 2 tool value most is the fact that it often identifies significant strengths in teams. It’s often hard to see the good practice that is happening on a routine basis. SRI 2 helps services evidence existing good practice that can be built on as well as areas of practice where improvements can be made.

***The SRI 2 process helped us structure and consolidate existing good practice and allowed us to identify areas where we could be more focused on recovery***



**Gillian Davies**  
Consultant Nurse (Mental Health)  
NHS Highland

### **Why did you decide to use SRI 2 in your service?**

We became aware of the SRI 2 a few years ago and we wanted to see how recovery focused our inpatient services were. We were keen to see what we were good at and what areas we could improve upon. SRI 2 seemed like a good tool to help us do that by providing a structure to review our assessment and care plans and service information. It also allowed us to focus on the needs of people using our service and their carers.

### **How would you describe your experience of using SRI 2?**

It has been very helpful and positive for services. It gave us information and raised awareness. People became more articulate around recovery, using the language of what recovery is about. It gave us a positive reinforcement and encouragement that we had good outcomes relating to recovery but that there were also things we could improve on.

Being engaged and immersed in recovery, through the SRI 2 process, has been a springboard for change. There has been a shift in practice because of it and a change in how practitioners see their role. They now have greater focus on recovery and involve the person more.

### **What did you learn from your experience of using SRI 2?**

We have learned more about recovery and to look at our documentation for people using the services. We have learned that the person needs to be central to the care packages, and that is now much more evident. It is more about strengths based practice and less about problems and deficits.

The SRI 2 process helped us realise that we needed to improve how we engaged with carers. We have worked with the voluntary sector to improve how we involve carers and have used the Triangle of Care project to ensure that staff are much more aware of the needs of carers and involve them more than they may have done previously.

### **What changes or improvements have you made as a result of using SRI 2?**

We took a collective approach to SRI 2 across our services. It is an evolving journey for services but we are now taking a much more strengths based approach and working closer with our third sector and collective advocacy colleagues. We now look at things differently and our approach to care and the language we use is now much more about putting the individual person and their personal recovery at the centre of everything we do.

# FOUR YEARS OF SRI 2

## IN NUMBERS



SRI 2 Completions in

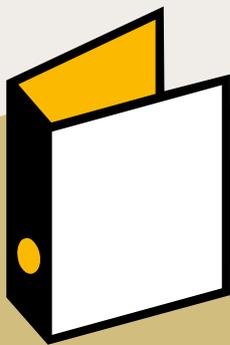
# 13 NHS

Health Board  
areas



# 1,092

Staff involved



# 5,300

Assessments and  
Care Plans Reviewed



# 392

SRI 2 Completions



# Interest in SRI 2

**868 user accounts were registered on the SRI 2 website between October 2011 and December 2015.**

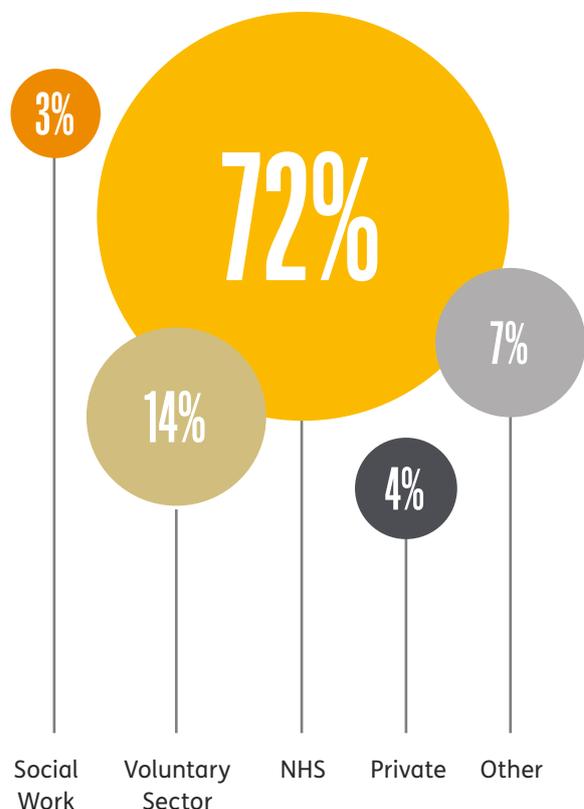
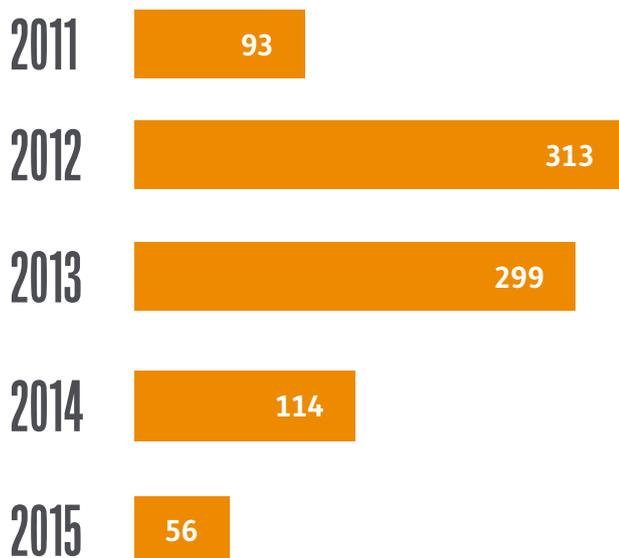
**72%** of all user accounts registered on the SRI 2 website are by services based in the NHS. A further 14% of user accounts are from services in the voluntary sector.

Community Mental Health Service Teams account for almost **20%** of all user accounts registered on the SRI 2 website. Acute services account for a further 11% of registered accounts. Addictions services, dementia services have the next highest level of accounts registered on the SRI 2 website.

**70%** of all SRI 2 user accounts were registered in 2012 and 2013.

*Initially it was seen as very much a process we were obliged to participate in and there was some resentment amongst staff about their work being scrutinised. However, once they were involved they were able to see the benefits and became enthusiastic about the process*

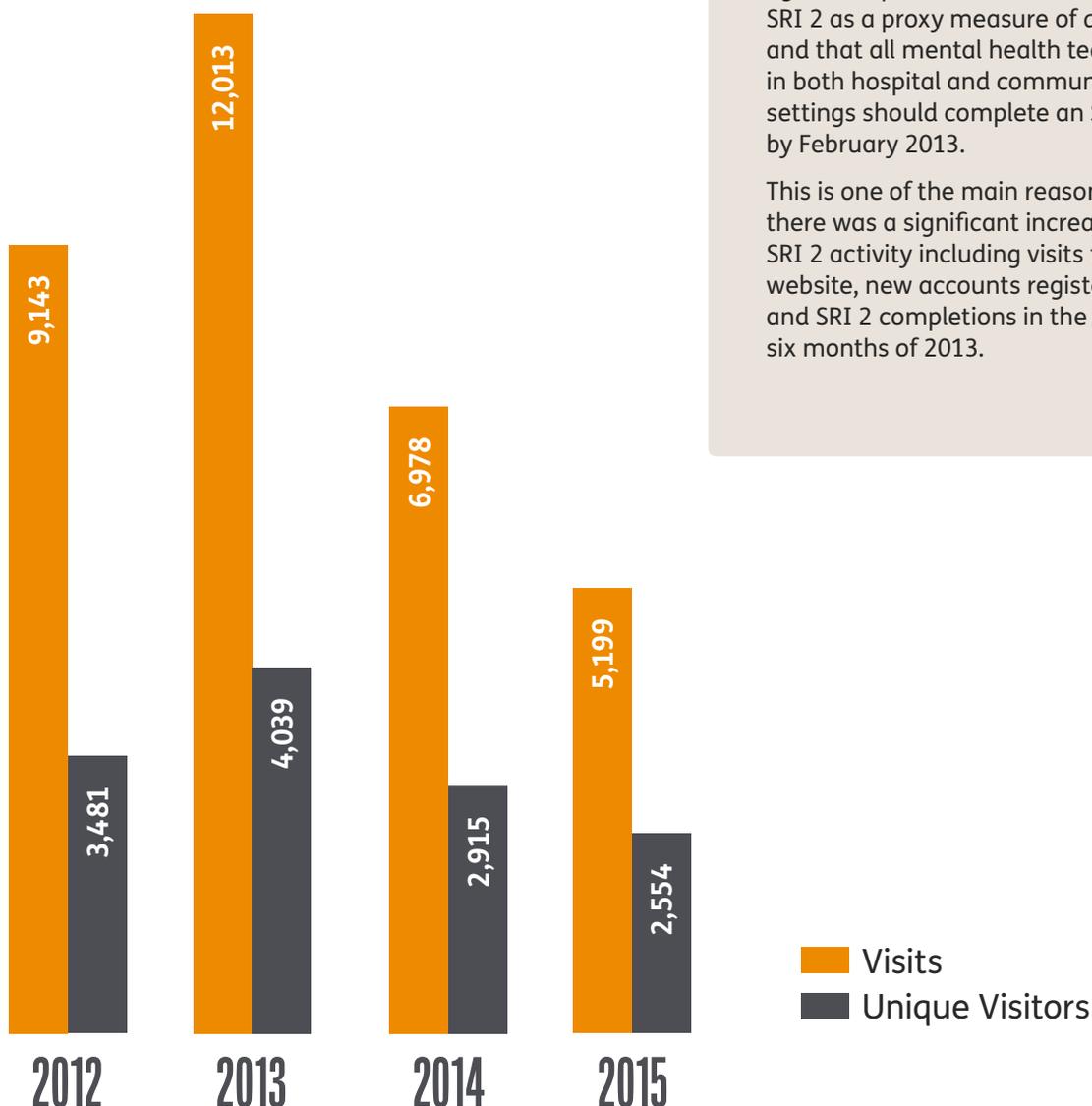
## USER ACCOUNTS REGISTERED



## There were 34,595 visits to the SRI 2 website by over 13,000 people between October 2011 and December 2015.

There was an average of 692 visits to the website per month, over the period. The highest number of visits to the website was 948 in January 2013.

### WEBSITE VISITS



Leading Better Care (LBC) was a key outcome from the Senior Charge Nurse (SCN) Review (2008). One of the key aims of LBC was that nurses should be able to demonstrate the contribution they make to the quality and experience of care that patients receive by March 2013.

In 2012 the LBC programme board agreed to promote the use of the SRI 2 as a proxy measure of quality and that all mental health teams in both hospital and community settings should complete an SRI 2 by February 2013.

This is one of the main reasons there was a significant increase in SRI 2 activity including visits to the website, new accounts registered and SRI 2 completions in the first six months of 2013.

# SRI 2 Completions

**There were 391 SRI 2 completions in the four years to the end of December 2015.**

The highest number of SRI 2 completions was in 2013, when there were 195 completions representing almost half of all completions between October 2011 and December 2015.

There were a total of 106 completions in the three months between April and June 2013 representing 29% of all completions.

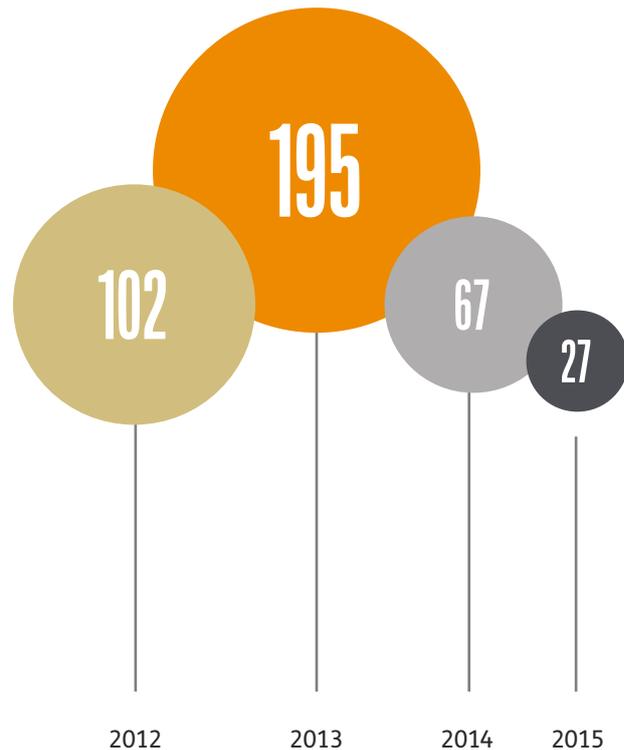
The vast majority of services using SRI 2 have been based in the NHS.

The highest proportion of non NHS services completing an SRI 2 was in 2013 when there were 15 completions from social care organisations in the third sector. This was largely a result of a joint project between SRN and SAMH to use SRI 2 in a number of supported living services.

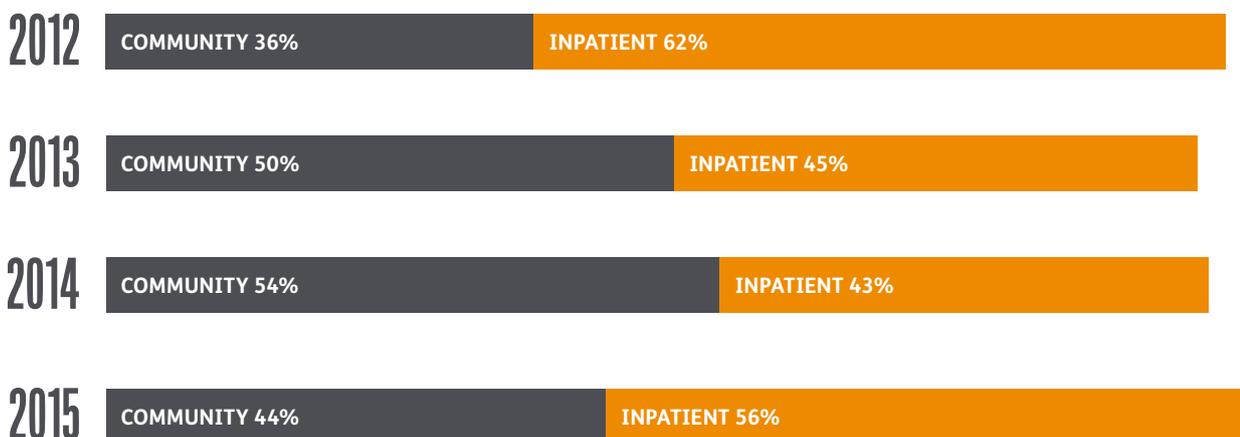
Over the four years, 47% of SRI 2 completions were by services based in the community compared to 50% from inpatient services.

The proportion of SRI 2 completions from services based in the community increased from 36% of all completions in 2012 to 44% of all completions in 2015.

SRI 2 COMPLETIONS BY YEAR



SRI 2 COMPLETIONS BY SETTING



The highest number of SRI 2 completions to the end of December 2015 came from community mental health teams (17% of all completions). The next highest proportion of completions came from acute services (12%); forensic services (10%) and addictions services (10%).

#### SRI 2 COMPLETIONS BY TYPE OF SERVICE

● COMMUNITY MENTAL HEALTH TEAM	64	● EARLY INTERVENTION	4
● ACUTE	45	● EATING DISORDERS	4
● ADDICTIONS	39	● HOUSING AND HOMELESSNESS	4
● FORENSIC	38	● COMMUNITY FORENSIC	3
● DEMENTIA	32	● LEARNING DISABILITY	3
● PRIMARY CARE MENTAL HEALTH	31	● LOW SECURE UNIT	3
● REHABILITATION	26	● SUPPORT (WITH CARE AT HOME)	3
● OTHER	21	● CHILD AND ADOLESCENT MENTAL HEALTH SERVICE	2
● CARE HOME	16	● PERINATAL	2
● CONTINUING CARE/LONG STAY	14	● PSYCHOLOGY	2
● IPCU - INTENSIVE PSYCHIATRIC CARE UNIT	10	● SUPPORT (WITHOUT CARE AT HOME)	2
● MEDIUM SECURE UNIT	9	● ASSERTIVE OUTREACH	1
● CRISIS AND OUT OF HOURS	5	● DISCHARGE AND RESETTLEMENT SERVICE	1
● DAY SERVICE	5	● LIAISON PSYCHIATRY	1



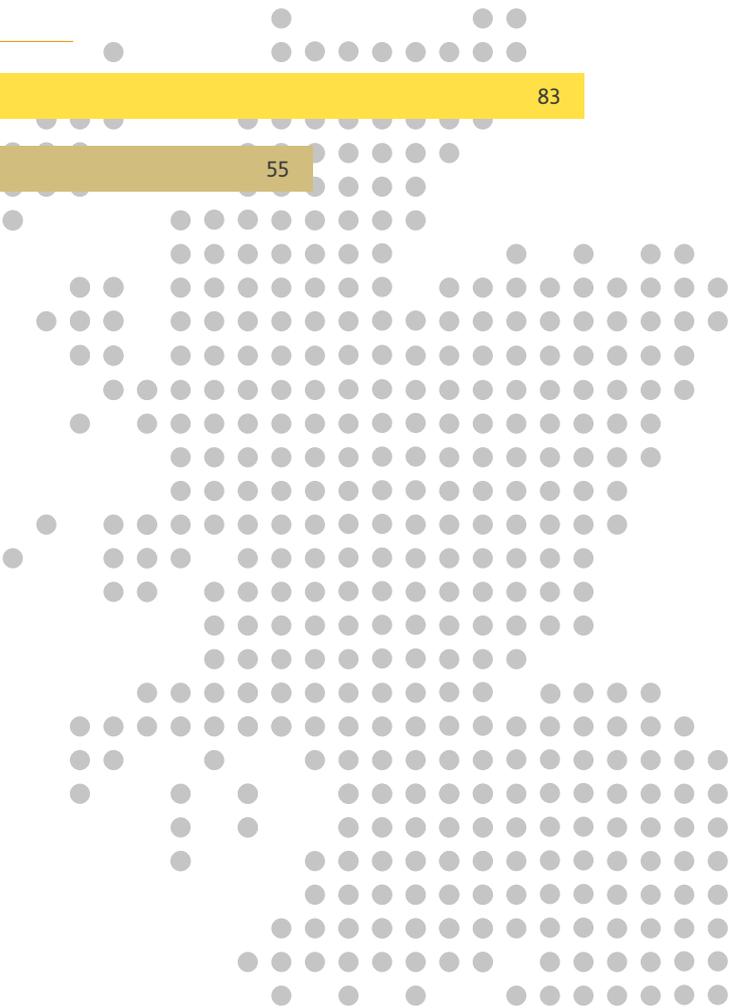
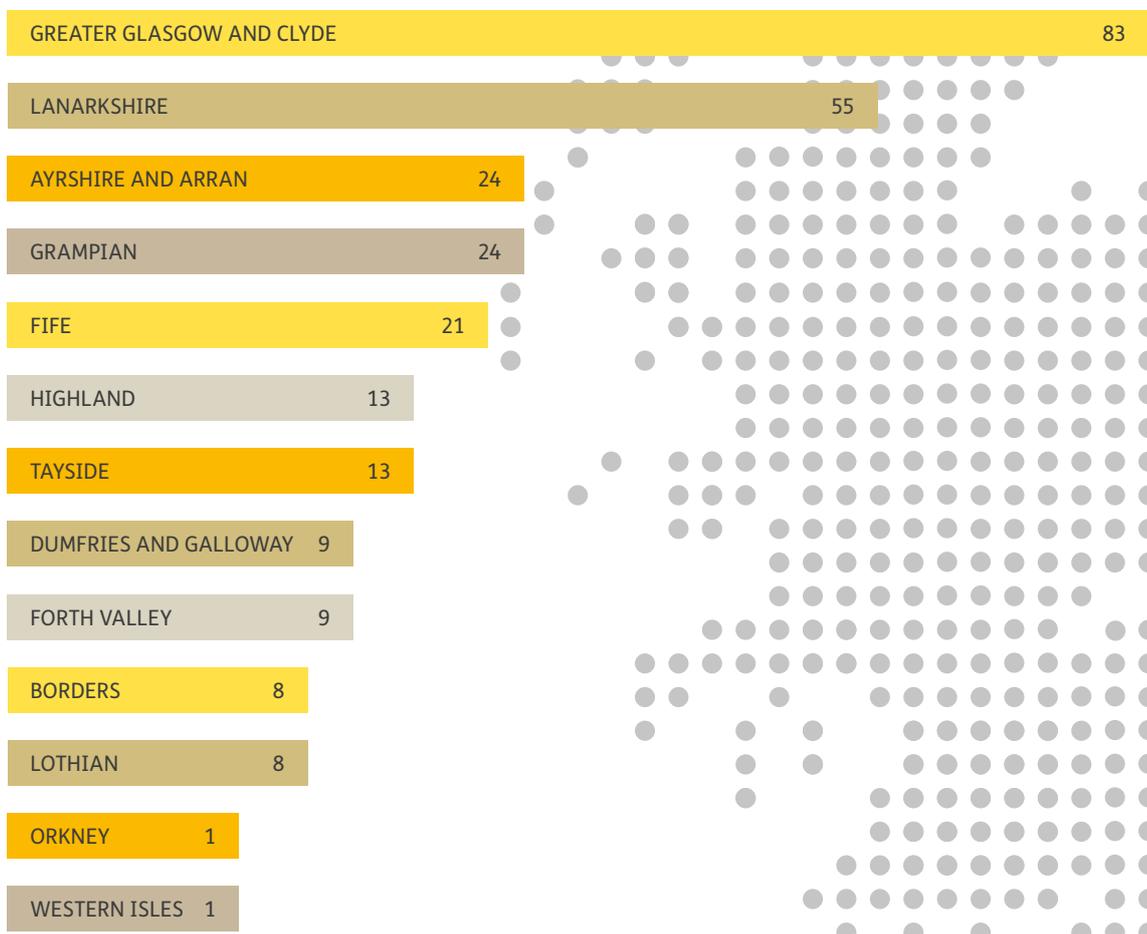
Almost half (49%) of all SRI 2 completions over the four years came from services based in Greater Glasgow and Clyde Health Board area.

The second largest number of completions across the three years came from services based in the Lanarkshire health board area accounting for 14% of all completions. This was followed by Ayrshire and Arran (6% of all completions) and Fife and Grampian which each had 5% of all completions.

***“NHS Lanarkshire took a strategic decision to implement SRI 2 across all its mental health services in both community and inpatient settings”***



#### SRI 2 COMPLETIONS BY LOCATION





NHS Lanarkshire took a strategic decision to implement SRI 2 across all its mental health services in both community and inpatient settings. This decision was partly in response to the Leading Better Services (LBS) Report, however, it also reflected a commitment to put into practice the recovery values outlined in the Report of the National Review of Mental Health Nursing in Scotland.

Maria Docherty, Associate Director of Nursing, Mental Health for NHS Lanarkshire said:

*“We wanted to put recovery at the heart of our approach to delivering mental health services and recognised the need to demonstrate that we were delivering on the values base for mental health nursing identified in Rights, Relationships and Recovery. We also saw SRI 2 as a way of ensuring that our practice reflected the 10 essential shared capacities for mental health practice”*

The decision to take a strategic approach to supporting mental health services to implement SRI 2 was endorsed by the Chief Executive and the Board of NHS Lanarkshire.

The Practice Improvement and Development Team played a crucial role in co-ordinating a strategic approach to using SRI 2. The Team also provided practical support and a source of advice for services when they were implementing the SRI 2 process.

Theresa Watson, Practice Improvement & Development Nurse with NHS Lanarkshire said:

*“Our role was to support services plan and deliver on the commitment to implement the SRI 2 process. This was sometimes challenging as it required a commitment of time and some staff were initially hesitant about the process as they felt they were being scrutinise. However, once they got involved they could see the benefit of the process and recognised that it was about identifying strengths as well as areas that could be improved”*

59 services in Lanarkshire have now completed an SRI 2 and developed an Action Plan. Services are now being supported to implement improvements through small cycles of change and are encouraged to share their experience and learning with each other.

One area where there has been significant improvement is in relation to care planning. There was a feeling in many services that care plans were not person centred and didn't capture people's strengths and personal goals. New recovery focused care plans – MyCarePlan were developed by Airdrie Community Health Team working in partnership with the Person Centred Health and Care Collaborative.

Neil Richardson a CPN with the Community Mental Health Team in Airdrie said:

*“The feedback we have had from the people we support tells us that they feel more involved and engaged in decisions about their care as well taking greater responsibility for managing their own recovery”*

# SRI 2 Results



**The average score for services that have completed an SRI 2, is 3.8 out of a possible maximum of 5. This is the average across all the ten recovery indicators and the six data sources.**

A key aspect of the SRI 2 process is the rating of services against the 10 recovery indicators and for each of the six data sources. The scoring framework is designed to help services identify areas of strength and areas where improvements could be made.

The score generated is between one and five; with a score of 5 suggesting that there is clear evidence that the service is meeting the aspirations of the indicator and a score of 1 being that there is little or no evidence.

Scores are intended to be indicative and not a measure of performance. The scores recorded by a service using the SRI 2 tool are confidential. They cannot be viewed by anyone else and only aggregated scores, which do not identify services are reported.

Overall services have tended to score highest against the “meeting basic needs”, “Supporting staff” and “personalised services” indicators.

On the other hand, average scores are lowest for the “self-management and advance planning”, “involving informal carers” and “strengths based practice” indicators. This suggests that these are areas where services are most likely to feel that there is scope for improvement to make their practice more recovery focused.

## SCORES BY RECOVERY INDICATOR

BASIC NEEDS ARE IDENTIFIED AND ADDRESSED	4.2
STAFF ARE SUPPORTED AND VALUED	4.1
PRACTICE IS RECOVERY FOCUSED	3.9
PERSONALISED SERVICES ARE PROVIDED	3.9
GOALS ARE IDENTIFIED AND ADDRESSED	3.8
SERVICE PROMOTES AND ACTS ON SERVICE USER INVOLVEMENT	3.8
SERVICE PROMOTES SOCIAL INCLUSION	3.8
SERVICE ENCOURAGES ADVANCE PLANNING AND SELF MANAGEMENT	3.7
INFORMAL CARERS ARE INVOLVED	3.7
SERVICE IS STRENGTHS BASED	3.7

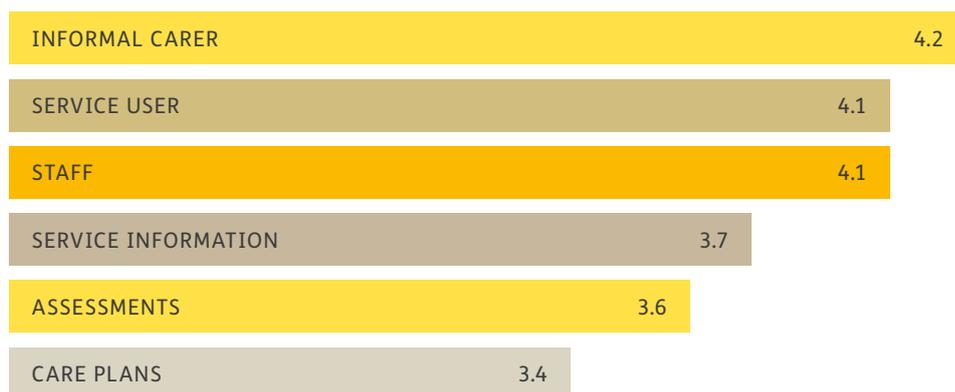
## Scores by Data Source

There is also a significant variation in average scores from different sources of evidence. Staff working in services, people using services and informal carers tend to score services high against the 10 SRI 2 recovery indicators.

Scores are lower for documentary sources of evidence including service information, assessments and particularly care plans. This suggests that people generally rate a service high but that this is not always supported by documentary evidence.

Many services that have completed the SRI 2 process may feel that they are working in a recovery focused way but acknowledge that their care planning documentation could be improved. Care plans scored particularly low against the “strengths based practice”; “goal setting” and “self-management” indicators.

### SCORES BY DATA SOURCE



Services have also acknowledged that they sometimes find it difficult to engage people using their service and particularly informal carers in the SRI 2 process. Yet, when they are able to do so people tend to rate the service relatively highly against the recovery indicators.

Interestingly, scores recorded by staff, people using services and informal carers tend to be similar for each of the individual SRI 2 indicators. People using services are slightly more likely to say that a service is recovery focused than staff working in services. However, staff are slightly more likely to say a service is “strengths based” and “promotes social inclusion” than people using the service.

# Experience of using SRI 2

SRN conducted a survey of services that had completed an SRI 2. Over 100 services responded to the survey...

**83%** of respondents said using SRI 2 was helpful in improving the recovery focus of their service. This included over a third who said they found that it had been very helpful in improving the recovery focus of their service.

**80%** of respondents said they found the experience of completing an SRI 2 quite or very positive.

**71%** of respondents said they were either in the process of completing another SRI 2 for their service or planned to do so within the next year.

**53%** of respondents said they found the process of completing an SRI 2 for their service quite or very easy. However, 43% of respondents said they found the process quite or very difficult.

**55%** of respondents said they found engaging with informal carers was the most difficult part of completing an SRI 2.

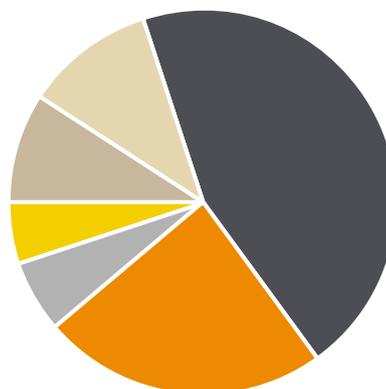
**19%** of respondents said they found that engaging people using their service was the most difficult aspect of completing an SRI 2 for their service.

**70%** of respondents said they believed that completing an SRI 2 had a positive impact on their service.

## HELPFULNESS OF THE SRI 2 PROCESS



## MOST DIFFICULT PART OF THE SRI 2 PROCESS



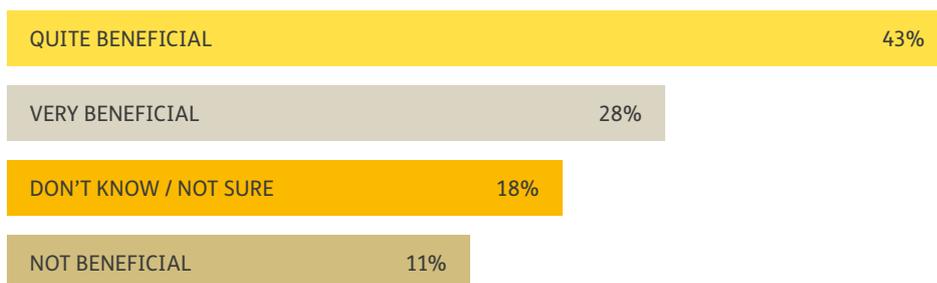
*We found the SRI 2 framework useful but it was challenging to get people using services and carers engaged in the process as they found some of the language difficult to understand.*

INFORMAL CARERS	55%
SERVICE USERS	19%
SERVICE INFORMATION	3%
SERVICE PROVIDERS	4%
CARE PLANS	10%
ASSESSMENTS	8%

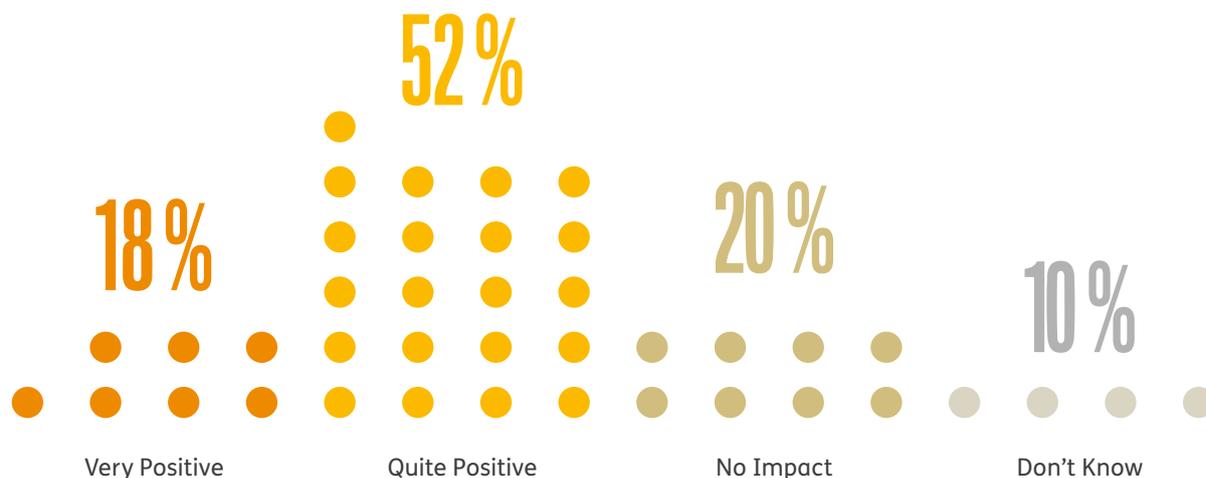
**71%** of respondents said that using SRI 2 had helped them make improvements to their service to make it more recovery focused

*It was positive to hear feedback from service users and carers as to how our service had helped. It was also good to review our own practice and identify areas for improvement.*

#### BENEFITS OF THE SRI 2 PROCESS



#### IMPACT OF THE SRI 2 PROCESS





**Falkirk and District Association of Mental Health (FDAMH)** is a mental health charity which provides a range of services that support individuals to recover from mental ill health. FDAMH decided to take an innovative approach to using Scottish Recovery Indicator by asking a group of people using services to take the lead in co-ordinating the use of SRI 2 to review how well the organisation was supporting people to recover.

**Angela Price, FDAMH's Manager** said

*"We invited people using our services who were members of Involvement Group to assess our work against the SRI 2 indicators so that we could demonstrate the extent to which our services were actually meeting our aim of being a recovery focused organisation"*

**Linda McGonigle, FDAMH's Service User and Carer Involvement Officer** said the members of the Involvement Group saw it as an opportunity to get involved in a meaningful piece of work. Linda said:

*"It gave members of the group an opportunity to use their skills and abilities as well as increasing their confidence and self-esteem".*

Members of the Involvement Group were involved in all aspects of completing the SRI 2 process including interviewing members of staff, people using services and facilitating a discussion with a carers group.

**Donna Flood a member of the Involvement Group** said

*"I thoroughly enjoyed doing the interviews. It was really interesting to see how staff implemented the theory of recovery in practice"*

Another member said:

*"I really enjoyed doing the presentation to the staff. When people were saying well done to me afterwards it made me feel good and more confident"*

Using SRI 2 helped bring staff and service users closer together. An Action Plan was agreed at a joint meeting between the FDAMH staff group and the service users Involvement Group. Key actions agreed included improving service information to place more emphasis on recovery and increasing understanding of recovery amongst people using services.



Our team had used the original version of the Scottish Recovery Indicator and it was, therefore, a natural progression to use the SRI 2. We found that SRI 2 was much easier to use and we divided up responsibility for gathering information between several members of the staff team.

There were still difficulties with some of the language used and staff sometimes found it difficult to explain this to service users and informal carers.

Key actions we have taken as a result of our SRI 2 findings have included:

- Redesigning our service information leaflet and updating information on the local intranet website.
- Updating the interest checklist for service users, to reflect the younger age group of our service users
- Reviewing care plans in keeping with the new electronic recording system

**Brian Hood, Caroline Hall and Kirsty Gibson**  
Community Forensic Mental Health Service  
NHS Ayrshire and Arran



We were looking for a way to help us to reflect on our practice as a team, and as a way to involve people that use the service. SRI 2 seemed a good way of structuring that.

It has been a really positive experience. We don't often have the opportunity to look at our practice as a team such as whether we are strengths based and how we could evidence this. It gave us a different way to reflect on our practice.

An external agency helped us to gather information from service users and carers, and we did some work internally with the team. Some of the team initially found it difficult to get used to, but by the end everybody was very positive about it. We've completed the process twice and now some of the staff are really enthusiastic and asking to be involved!

We've learned a lot from doing it. You get a different perspective from people that use the service, which you don't get unless you take the time out to ask.

We also identified concrete things that we needed to change. We didn't have any service information which was a huge gap. So we did a piece of work involving service users and carers, so we now have a leaflet to give to people about what to expect. We knew that we needed service information but the SRI 2 prompted us to take action.

Some things, such as the design of assessment tools, were not within our control. As part of a local authority systems are designed at a central level. However we fed information back to the council and some of what we said was taken on board and tools amended to suit the needs of adults with mental health problems. SRI 2 helped us to present that and articulate the changes we felt were needed and did help influence things.

**Kate McCormack**  
Team Manager - Mental Health  
North Ayrshire Council

# How is SRI 2 improving services?



**The final stage in the SRI 2 process involves services agreeing an Action Plan based on the evidence they have gathered and discussed. The template for an SRI 2 Action Plan takes a strengths based approach and asks services to describe the key strengths they have identified during the SRI 2 process. Services are then asked to describe how they think they can build upon these strengths and any improvements that would make their service more recovery focused.**

SRN does not check or audit the content of Action Plans other than to ensure that an Action Plan has been completed. However, we have analysed an anonymised sample of Action Plans to identify the type of issues that services have included in their Action Plans.

**The scale and scope of completed Action Plans varies considerably. Some are very detailed and contain specific examples of where strengths can be built on or improvements can be made. Others are very short and tend to also be very generalised with few specific actions identified.**

Where areas for improvement are identified in Action Plans they are sometimes very vague about how these actions will be implemented for example, who will be responsible and time scales for introducing changes. In other instances, individual services have identified the need to make improvements but are unable to either because they are required to adhere to organisational wide policies or require senior management approval to make the changes identified in their Action Plan.

**There is often a mismatch between scores entered during the SRI 2 data collection process and the contents of Action Plans.**

Sometimes this was because a service may have given a particular indicator a high score but provided little evidence in the strengths section of the Action Plan to support this. For example, many services rated themselves highly in relation to the strengths based practice indicator but provided little evidence to support this in the strengths section of their Action Plan.

The involvement of carers is another area where the scores and supporting evidence entered by services is not always reflected in Action Plans. There are a significant number of cases where the carer involvement indicator has been scored highly but it is still identified as an area that needs to be improved in the Action Plan.

In other cases a relatively low score has been recorded for a particular indicator but no specific actions about how this area of practice could be improved have been included in the Action Plan. For example, many services rated their practice in relation to supporting self-management and advance planning relatively low but did not identify any actions to improve this in their Action Plans.



### **Why did you decide to use SRI 2 in your service?**

We had been involved in the first SRI right from the start, we were a pilot site for the SRI. The paper version then the first web based version. We knew what it was about and we'd trialled the first two versions so we could see that it made a difference. Plus, it fitted in with what we were doing around recovery.

### **How would you describe your experience of using SRI 2?**

It is simple to use. We'd had a bit of experience of using the first versions so we knew what to do. You need to plan how you're going to gather the information from, who you will speak to. Then it is just a case of putting in numbers and you get an overall score.

Once you've got that information and had the conversations it tells you what to focus on in the next 18 months. The tool guides you and helps you to set priorities.

### **What did you learn from your experience of using SRI 2?**

It keeps recovery in mind and keeps you holistic in terms of mental health and wellbeing. Not just symptoms. It makes you think beyond your service about what resources are in the community that people can get in touch with when they have finished with you?

For us, we felt we were already a good recovery focused service. We had good relationships with our third sector partners and we'd had good feedback from our service users. The SRI 2 process reinforced that. But a couple of things jumped out that it was clear we needed to change so we were able to focus on these areas.

### **What changes or improvements have you made as a result of using SRI 2?**

One thing that came out was about spiritual needs. It helped us recognise that this wasn't just about religion. So we did a bit of work around that.

We modernised one of our social therapy services to link with mainstream community services and promoted our health and physical exercise programme with our patients.

These are all things that are now in the national strategy, so we like to think we were ahead of the game. But we have continued to look at ways we can build upon this and continue to improve.

**James Kennedy**  
Practice Development Nurse (RMN)  
Angus Adult Integrated Mental Health Services



## Improving Care Planning

Analysis of the Action Plans completed by services that have used the SRI 2 tool suggests that improving care planning to make it more personalised, strengths based and goals focused is a key area of improvement.

The improvement that is most frequently included in Action Plans by services that have completed an SRI 2 relates to care plans. This is clearly linked to the fact that this is the data source that was most frequently scored lowest by services against the SRI 2 recovery indicators. Care plans have tended to be scored relatively low for being strengths based and goals focused in particular.

Many services have identified improving care planning “paper work” as one of the key actions they will make as a result of completing an SRI 2. In other instances, there is a recognition that it is more about how care plans are completed and the ability of staff to initiate and sustain recovery focused conversations with people using services that is the main challenge.

## Improving information about services

Another improvement that is frequently identified by services in their SRI 2 Action Plan is the need to improve the information provided about services. Many services said this was an area where they could improve by using more recovery focused language in information about their service such as leaflets, handbooks and websites etc. This was often identified as an action that could be implemented fairly easily and be seen as a “quick win” that would provide evidence that the service was committed to recovery orientated practice.

## Involving people using services and carers

Many services found it difficult to engage carers and to a lesser extent people using services in the SRI 2 process. A significant number of services included making improvements to the way they engage with carers and service users on a routine basis as one of the key actions they would be taking as a result of completing the SRI 2 process. The type of improvements identified generally involved establishing better relationships with carers and developing more effective mechanisms for engaging with people using services such as recovery groups, or service user forums.

## Supporting Staff

While services generally scored themselves relatively high against the “supporting staff” indicator, this was also an area where services were most likely to identify the need for improved practice. Common actions identified included better training and development, more emphasis on supervision and creating more time for reflection and discussions around how clinical practice could be made more recovery focused.



We had used the original SRI tool and found it useful. But it had been a bit cumbersome and difficult in a forensic unit, because some of the questions were not tailored to some of the barriers we have got here. So we decided to use the new SRI 2 tool to see how things compared. It was much better than the first one.

This is a medium secure unit so you'd think the focus here would be on safety and security but when you strip away the day-to-day stuff it turns out we are quite recovery focused. You don't think you are until you take a closer look at it.

We used SRI 2 to find out how recovery focused we were. It helped us point out things that needed changed. It gave us evidence to say what needed changed and why. All the wards did the SRI 2 and created a group action plan amalgamating everyone's issues and highlighting the common challenges. For example, it highlighted that the website for the clinic was not up to date or friendly for people using our service.

**Sarah Cosgrove - Charge Nurse**  
Sycamore Ward, Rowanbank Clinic  
NHS Greater Glasgow and Clyde



We have been involved in the development and use of the SRI since it started and feel that it has helped us improve our service to make it more recovery focused which in turn benefits our client group.

**The SRI 2 process has helped us identify gaps in our service. The discussion it generates helped bring the team together to make positive improvements to our service.**

Our documentation has improved and the way we write up our records has changed to make them more patient centred and recovery focused. Patients and carers are more involved in planning their care and our service information leaflet has been updated to make it more recovery focused.

**John Campbell, Clinical Care Manager**  
West Fife Community Outreach Team  
NHS Fife

# What does the evidence tell us?

## SRI 2 helps services gain a better understanding of how they can support recovery

SRI 2 has been widely used in a range of different settings primarily in the mental health sector but also increasingly in social care and other services such as addictions and dementia services. This has helped raise the profile of recovery and provided a framework for people to discuss how services can best support individual recovery. It has also provided an incentive for services to engage in conversations with people using services and informal carers about what recovery means to them and how services can be improved and provide them with more personalised and strengths based support.

## SRI 2 has potential to be used more widely

While it is encouraging that a large number of services have used SRI 2, it is also clear that the vast majority of these services have been based in the NHS and largely led by nurses. However, the evidence presented in this report shows that SRI 2 can help other services in other sectors. There is, therefore scope for SRI 2 to be used even more widely both within the NHS but also across the wider health and social care sectors.

## Good recovery practice needs to be supported by better evidence

The evidence provided by the services that have completed an SRI 2 provides a unique insight into how practitioners are responding to the need to be more recovery focused. This type of intelligence on the realisation of recovery principles in services is unprecedented and provides an evidence base that is not available anywhere else in the world.

The fact that almost 400 services have completed the SRI 2 process is in itself a demonstration that there is an interest in thinking about recovery and a commitment to adopting more recovery orientated approaches in services.

The evidence shows the areas where services feel they are currently strongest in relation to demonstrating good recovery focused practice. It is clear, that staff working in services and people using these services generally rate services highly in relation to the SRI 2 recovery indicators. However, this is not always supported by documentary evidence and this is an area that many services that have used the SRI 2 tool have identified as key area that needs to be improved.

There are also areas of practice where services recognise that there is room for improvement but have not identified specific actions that can be taken to make the necessary improvements. This can most clearly be seen in relation to self-management and advance planning but also in respect of promoting strengths based practice. This suggests that some services may need more support and encouragement to identify specific actions they could take to improve in these areas.

## Services need to be encouraged and supported to use SRI 2 effectively

Many services have embraced the concept of self-evaluation and reflection that underpins the SRI 2 process. However, it is also clear that others need to be encouraged and supported to make the time to use the SRI 2 tool effectively. Services are most likely to use SRI 2 when there is clear commitment to this approach from senior management within their own organisations. This can most clearly be seen in the increased levels of SRI 2 activity and completions linked to the implementation of Leading Better Care.

Senior management commitment, however, needs to be more than an instruction to be implemented. The evidence from services that have used the SRI 2 tool suggests that staff can initially be reluctant to reflect on their practice particularly when they are more used to a culture of audit and inspection. Experience suggests that SRI 2 is most effective where services are actively supported to use the SRI 2 tool as part of a collaborative learning process. This can most clearly be seen in the approaches taken in NHS Lanarkshire and SAMH described in this report.



A senior manager in the Scottish Association of Mental Health (SAMH) approached SRN in 2011 to discuss how the two organisations could work together to support a group of 14 services to develop their approach to supporting recovery.

**Robert Nesbitt, the Community Business Manager in SAMH**, who initiated the project said:

*“We were looking for a framework that would allow services to look at the actual evidence of how recovery focused they really were in practice rather than just talking the rhetoric”*

SRI 2 provided a participative and structured process where practitioners were encouraged to reflect on their practice including addressing issues that might have previously been seen as too challenging or uncomfortable to discuss.

Commenting on the experience of the SRI 2 project, one service manager said:

*“Staff said that participating in the project helped them take a fresh look at what recovery meant and how it should shape their own practice in working with people”*

Robert Nesbitt said that working with SRN provided support and encouragement to the managers and staff involved and helped give them the reassurance and confidence to use the SRI 2 framework to facilitate open and honest reflection. He also said:

*“It was good to do this as a collective exercise as people didn’t feel isolated. They were able to work together to identify common experiences and identify ways they could address shared challenges and opportunities”*

The services involved in the project identified a number of key areas where they felt they needed to improve to translate a commitment to recovery into practice. These included:

- Focusing on individual strengths and supporting people to set and achieve their own goals
- Embracing a positive approach to managing risk and “duty of care” responsibilities

Robert Nesbitt said the SRI 2 process had helped open up discussions about how services operated and supported recovery in practice. He concluded:

*“The SRI 2 project was a real catalyst for change. It changed the way we thought and talked about our practice. It allowed staff to embrace change without seeing it as threatening. Ultimately, it is resulting in us providing a better, more recovery focused service to the people we support”*

# Future Development of SRI 2



*SRI 2 has undoubtedly been a success. It has helped raise the profile of recovery and engaged a large number of practitioners in discussions about what recovery means in practice.*

More work could be undertaken to gain a better understanding of how services are using SRI 2 to improve and make practical changes that will strengthen their approach to supporting recovery. In particular, it is clear that services need more support to identify practical ways that they can improve care planning by making it more person centred and strengths based and provide more support for self management and advance planning.

**SRN will continue to gather evidence about how SRI 2 is being used in practice including getting feedback from services about their experience and actions they have taken to improve as a result of using SRI 2. We will also provide services with more information about specific actions they can take to support greater emphasis on self management and advance planning.**

There has been more limited use of the SRI 2 tool out with the NHS and there is potential for it to be used more extensively in the social care sector. The integration of health and social care presents an opportunity to make recovery central to the delivery of mental health services that are focused on the needs of individuals. SRI 2 provides an excellent framework to make this a reality in practice.

**SRN will continue to promote the use of SRI 2 in the social care sector and seek opportunities to work with partners including new Health and Social Care Partnerships to support them to adopt a strategic approach to using SRI 2.**

The evidence about the use of SRI 2 over the last four years shows that many services have, at least initially, found the process challenging. It is clear that services are more likely to complete the SRI 2 process when there is strong support and leadership from senior management. This suggests that some form of central direction is often required to provide the incentive for services to complete the SRI 2 process. But this needs to be more than a directive to complete an SRI 2, which can simply result in a “tick the box” compliance approach to the process.



One of the main things we learned was that the people that you provide the service for and the people that provide the service need to work together. You'll develop things better if you plan things together.

**SRI 2 helped us to think about how we could apply this approach to other projects by showing us that people can work together if you put in place the right mechanisms.**

Completing the SRI 2 process helped us realise we weren't valuing and recognising our staff as much as could be. We need to instil hope in our staff to instil hope in our patients. SRI 2 helps us do that because it gives equal weight to the views of both staff and the people we work with. It has been a huge culture change that affects how we work together as a team.

**James Dalrymple, Lead Nurse, The Ayr Clinic**  
Partnerships in Care Scotland



RAMH were keen to have some way to evidence that we were working in a recovery focused way.

**SRI 2 provided us with a quality indicator because, even though it was self-assessment, it is based on an evidence of what works to support recovery.**

We wanted it to be a meaningful experience with learning built into the process. We had lots of individual conversations and we did it as a team which was a big challenge. But it was also super in terms of clarity and direction and upskilling of the team. There was good discussion amongst everyone across the service including people who used the service and carers and partner agencies.

It consolidated our learning on the key elements of recovery and helped us realise that if we're not evidencing assets we can't claim to be a recovery focused service. We realised we need to continue to develop our work around the assessment and evidencing of strengths and assets.

**Jacqui Heron, Day Services Manager**  
RAMH



Services need to be supported to have the sort of discussions around recovery focused practice that SRI 2 is designed to help facilitate. They also need to be encouraged to see SRI 2 as a tool that can help them deliver better outcomes for the people they support rather than an additional burden imposed on them. There is strong evidence to suggest that this can best be achieved when there is an organisational wide approach taken to providing support to services to help them use SRI 2 effectively and facilitate collaborative learning across services.

**SRN will work with the Scottish Government, Health Boards and other partners to encourage more strategic approach to providing support to services using SRI 2 and to promote shared learning across services.**

The feedback from services that have used SRI 2 suggests that engaging people using services and particularly informal carers is the part of the process that many find the most challenging. There are examples of good practice in using SRI 2 as a tool that can empower people using services and their carers and help them become more involved in discussions about how services can best support their recovery. However, the overall picture is extremely patchy. There is scope to further develop and improve how SRI 2 can be used to support more effective engagement of people using services and informal carers to work in partnership with practitioners to co-produce services that are more recovery focused.

**SRN will work with partners to review and improve the guidance provided to services about how they can more effectively involve people using services and informal carers in the SRI 2 process.**

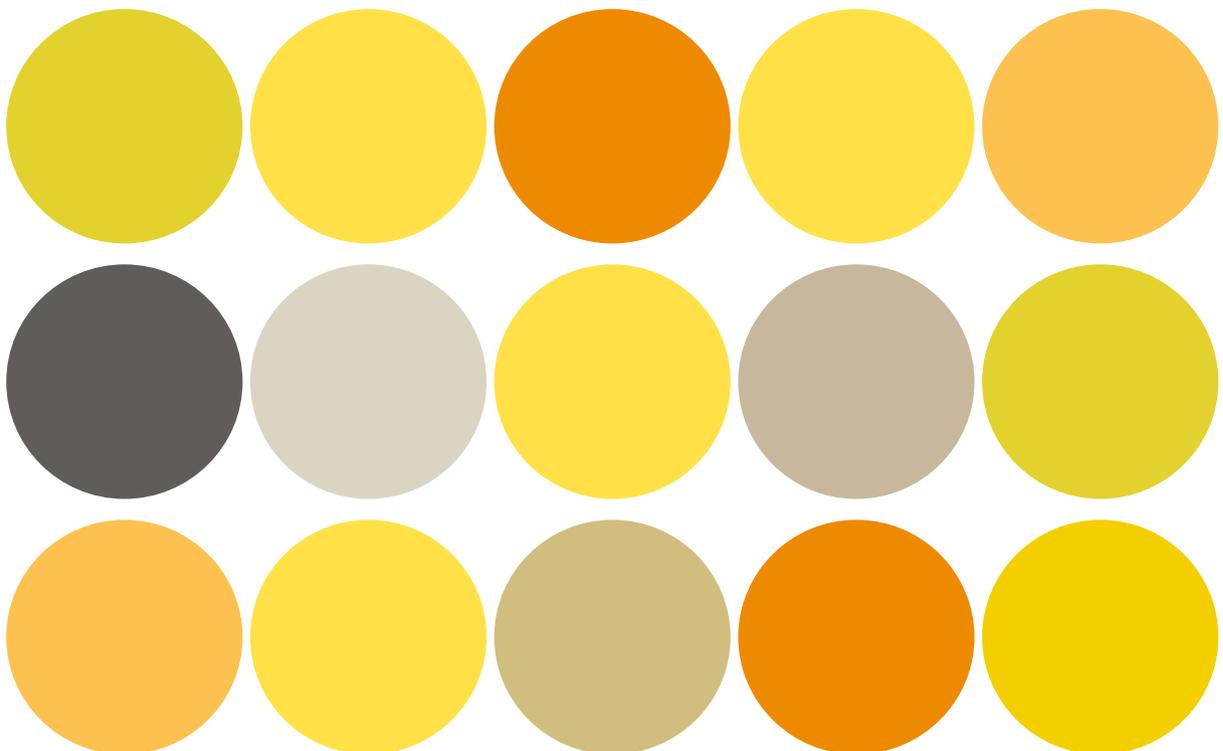
*When we first introduced SRI 2 staff were reluctant to become involved because they thought they were being scrutinised. However, when they became involved in the process they became much more positive and could see how it could help them improve the services we provide to the people we work with.*

People can and do recover from even the most serious mental health problems. Recovery means being able to live a good life, as defined by each person, with or without symptoms.

SRI 2 helps people recover by focusing on their strengths and helping them set personal goals that inspire hope and optimism. SRI 2 provides a mechanism for services to engage with and respond to the views of people using their service as well as people who support them in their recovery.

You can find out more about recovery on the Scottish Recovery Network website:  
[www.scottishrecovery.net](http://www.scottishrecovery.net)

To find out more about SRI 2 visit the website:  
[www.sri2.net](http://www.sri2.net)



This report is available in large print.

Email: [info@scottishrecovery.net](mailto:info@scottishrecovery.net) to request a copy.

