

Recovery in Action Project Report

"Tell people who don't have hope, that change is possible."



In partnership with

Mental Health Foundation

This report was produced in association with:



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Foreword

Recovery in Action is an important recovery project not just for the service users, staff and organisations involved but also for the wider mental health community. It describes the challenges and the successes of agencies really wanting to deliver recovery orientated services. For the Strategic Network for Mental Health it is the most substantial and rewarding project it has undertaken.

The Strategic Network is comprised of agencies with strong values, one of the factors that has led to its success. The commitment to recovery was evident from the beginning of the Network, but agencies were in very different stages of working with recovery. The Network passionately wanted to make recovery a reality and not just rhetoric and so embarked on this two year learning project. For each organisation the change achieved has not just been at service level but most significantly a culture shift within each organisation as a whole which will deliver profound changes in the way services are delivered.

The result has been a wealth of knowledge and practical ways forward that will help any organisation wishing to undertake its own recovery journey. From the Recovery Training Module, the Organisational Recovery Checklist, the evaluation tool, to individual service strategies and service user experiences, there is much to encourage and inspire agencies along the journey.



Aileen Edwards
Chair
Recovery in Action
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1. Executive Summary

Recovery in Action (RIA) was a two-year service improvement project developed, with Section 64 funding from the Department of Health, by the Strategic Network for Mental Health (SNMH). The SNMH is a service provider alliance formed in 2002 by four medium-sized voluntary sector mental health provider organisations: Advance, Mind in Birmingham, Second Step and Sussex Oakleaf. Their aim is to work in partnership, share experiences and resources and build on their common philosophy and purpose for the benefit of mental health service users across the country.

The Recovery in Action project was launched in the autumn of 2006, and completed in September 2008. The Mental Health Foundation was commissioned to provide project management and facilitation.

This project report has been jointly prepared by the Strategic Network for Mental Health and the Mental Health Foundation to capture what was learned throughout the life of the project, and the enthusiasm, commitment and hard work of all those involved.

Recovery in Action

The aim of the Recovery in Action project was to explore different ways of embedding Recovery in a range of mental health services. The key elements of the project were:

- Development of a Recovery training programme for a range of different audiences
- Production, with service users, of a validated set of service user recovery outcomes
- Production of a tried and tested outcomes measurement tool for Recovery
- Production of a Recovery checklist for organisations
- Facilitation of action learning sets for staff and service users throughout the project's existence, to support change and facilitate individual and organisational learning.

The pilot sites

Each participating organisation was asked to identify two sites that would pilot new ways of Recovery-oriented working. The RIA steering group agreed the following criteria for participating pilot sites:

Recovery projects:

- ✓ must demonstrate aims to improve the quality of life for service users, be socially inclusive and promote recovery
- ✓ be valued by the pilot sites and be supported by most service users and staff
- ✓ should use non-jargon language and hold meetings in accessible locations
- ✓ be big enough for learning over the next year, but not so big as to be overwhelming for the pilot leads
- ✓ be able to have an organisational impact and be transferable between similar schemes/projects
- ✓ have a project plan that shows that it is potentially sustainable ie. could still be there in five years
- ✓ generally fit in with the wider organisation's aims and direction
- ✓ either be acceptable to commissioners and purchasers of services, or be within the funding capacity of the organisation.

Seven pilot sites were identified (one organisation was only able to find one site able to participate). These were:

Advance

Leicester City: (Amber/Topaz/Sapphire) – Safe Inside–Safe Outside

Mind in Birmingham

Pershore Road – Skills Link

Beechcroft Day Centre – Outside In

Secondstep

Intensive Tenancy Support (ITS) – WRAP and physical well-being

Molitor House – Meaningful Relationships

Sussex Oakleaf

Stepping Stones - Social Recovery

26 Shakespeare Road – Physical Health and Well-Being

The RIA project adopted a co-production approach. Each pilot identified two project leads: a staff member and a service user. An action learning set facilitated by the Mental Health Foundation supported the pilot leads throughout the process. Another action learning set was established for eight senior managers, two from each of the four participating organisations.

Key findings

"I believe in what I can achieve and have more confidence about myself."

(Pilot project service user)

The Recovery projects developed by the seven pilot sites addressed a range of areas: volunteering and mentorship; increasing user involvement and user-led activity; community influence and safety; Wellness Recovery Action Planning (WRAP); physical health and well-being; meaningful relationships, and social recovery.

Each participating site provided a detailed report on the implementation and outcomes of their project, and all achieved significant successes in achieving their aims and objectives. They also usefully identified organisational and practical challenges and barriers, and identified potential solutions (see sections 3 and 4). Outcomes were characterised by increased service user involvement and empowerment. Lack of staff resources was a common challenge, as was overcoming initial suspicion among some service users that Recovery was simply about getting them back into work, and some lack of ownership among staff.

Projects reported the following achievements and outcomes.

1.1 Advance

Safe Inside – Safe Outside

This project aimed to examine how improved mental well-being affects people's capacity to better relate to and influence the community they are part of, in order to feel more confident on the inside and safer on the outside. Outcomes included production of the Safe Inside–Safe Outside toolkit; increased organisational involvement from service users; increased community participation and involvement; use of WRAP as a self management tool, and use of creative writing and poetry as a means of self-expression and communication. Service users were also invited to review support worker job descriptions and person specifications, resulting in the redefining of the service user and support worker relationship as more about 'partnership'.

1.2 Mind in Birmingham

Pershore Road - SkillsLink

This project supported staff and service users to work in partnership to redefine how support activities were delivered. Staff and service users were encouraged to share and draw for support on the skills, knowledge and abilities of everyone in the care home, on a voluntary basis. The project aimed to expand people's networks of support and offer opportunities to learn together. Having started with a more ambitious, formal programme of skills-sharing, the project decided to focus on small and more easily achieved goals, to get things moving. Individuals were enabled to achieve long-held goals and ambitions, such as learning to play an instrument, and going to the cinema in the city centre. Several people became involved in redesigning and creating a new garden at the project. Relationships between everyone were reported to be on a much more equal footing.

Beechcroft Day Centre – Outside In

This project aimed to increase service user involvement and service user led activities by focusing on what people have to offer, instead of their problems. The project also aimed to encourage community links, expand networks of support, and offer opportunities to learn together. The biggest outcome of the project has been more service user involvement in all aspects of planning and facilitating activities. These include a downsize and healthy eating group facilitated by a service user; a stop smoking group led by a service user facilitator; creation of a garden at the rear of the centre, where vegetables are grown for residents' meals; a coping with stress and anxiety support group, planned and facilitated by service users and staff, and a Voices group, jointly led by service users and staff, which gives talks to nurses on how to set up a support group and run it successfully. All new service users are now asked at assessment what skills and interests they have and how these can contribute to the activities at Beechcroft.

1.3 Second Step

Intensive Tenancy Support (ITS) – WRAP and physical well-being

This project focused on physical health and well-being and Wellness Recovery Action Planning (WRAP). Service users were asked to participate in the introduction of daily 'wellness lists' as part of their support package on a voluntary basis. WRAP groups were piloted at Second Step offices for both staff and service users. Physical well-being was promoted through workshops and activity groups. Recovery was made a regular item on team meeting agendas. At the end of the project 10 service users were using daily 'wellness lists'. The WRAP workshops and group sessions were less popular, with service users preferring to work individually with staff. The completion of a team WRAP was very beneficial for team wellness and provided a safe forum for the team to address both positive and negative situations and times. The staff team now have their own WRAP plan and this is being rolled out to the other teams in ITS.

Molitor House – Meaningful Relationships

The aim was to incorporate work around significant relationships into the support offered to residents. An additional questionnaire was introduced to the assessment process, which focused specifically on relationships and the impact that they had on well-being. Service users were also asked how relationships had been affected by times of crisis. Staff also sought to make better use of the existing opportunities to talk about relationships: e.g. in key worker sessions, support plans and house meetings. Workshops were organised to raise awareness of the importance of relationships, and a life coach was employed to undertake one-to-one work with service users on discovering their strengths. The project also reviewed house rules, to allow residents' children and partners to be in the project outside office hours.

1.4 Sussex Oakleaf

Social recovery

This project aimed to encourage members to identify and arrange social activities outside the centre independently of staff; to create a support-planning tool to help members identify and access community facilities independently, and to run groups led by staff to access community facilities. The project set up regular monthly planning meetings to arrange two activities that each member could do each month without staff support, outside the centre. It developed a formal recovery planning tool to support people with individual recovery planning, and organised recovery-based workshops on various themes, such as happiness, confidence, and goal-setting. A weekly Activities group was set up, led by staff, offering walking, cycling, shopping and other community activities. The project also developed contacts to support members to access local authority and mainstream community activities and facilities, and developed and updated a Community Resource file with information on local services.

26 Shakespeare Road – Physical Health and Well-Being

This project focused on the physical health and well-being of residents in this group home. Recovery groups were set up and facilitated by staff. Care plans were reviewed with a view to making them much more resident-focused, and different models were successfully used, such as pictorial planning, solution-focused therapy, Essential Life Planning and Circles of Support. There was particular emphasis on health and well-being and care plans were redesigned to encourage residents to improve their physical health, including exercise and healthy eating. Ideas around recovery were introduced at residents' meetings and became ongoing agenda items. Residents are now much more involved in caring for their own health and appearance.

Organisational outcomes

Projects also reported significant changes and learning within their organisations as a whole, including:

- Organisation-wide commitment to Recovery
- Greater involvement of service users in decision-making at service planning and delivery level
- Challenging of boundaries, with greater partnership between service users and staff
- Owning of Recovery principles by service users as well as staff
- Application of Recovery principles to staff job descriptions, competencies, supervision, training and support.

Formal evaluation

A formal evaluation, led by the Mental Health Foundation, used an amended version of the Developing Recovery Enhancing Environments Measure (DREEM) to evaluate participating projects' progress and impact of change on service users 'before' and 'after' the implementation of the pilot Recovery projects. DREEM is a self-report tool that gathers information about mental health recovery from mental health service users.

A total of 38 service users participated in the evaluation before and 27 after implementation of the Recovery projects. A number of Recovery elements were rated by the participants as highly important:

- To have hope
- To have their basic needs met
- To have the opportunity to be involved in personally meaningful activities
- To have helpers who care
- To be able to build upon one's own personal strengths and skills
- To have meaning in life; general health and well-being
- To have assistance in crisis.

However, the ranking of importance of the Recovery elements were not consistent across the two time points, demonstrating the need for services to consider recovery as an individual process and to be flexible to the diverse and changing needs of their service users.

Overall, participants felt that the services were performing well on many Recovery elements, particularly in relation to providing helpers who care, encouraging service users to do things that give their life meaning and helping them to take on new challenges.

Participants identified some potential areas for improvement in service performance. These related to delivering services that encourage hope; assist service users in meeting their basic needs (e.g. money, housing and healthcare), and encourage service users to self-manage symptoms/triggers.

Services were felt to be performing relatively well in assisting individuals with specific needs (e.g. relating to their ethnicity; sexuality; drug and alcohol problems; experience(s) of trauma or abuse; and issues relating to being a parent), but it was felt that improvements could be made, specifically in providing support around sexual orientation, ethnicity and healing from trauma and abuse.

Qualitative comments from participants highlighted the importance of having hope, having good social networks and relationships, and having helpers around them who care and who listen. Other comments included the need for patience; having self-confidence and a belief in oneself, and having opportunity to help others on their Recovery journey.

Overall, the evaluation showed that the member organisations of the Strategic Network for Mental Health services are making a positive difference to the lives of their service users. Those who completed evaluation questionnaires had all experienced some positive personal changes throughout the course of the evaluation, with some case studies highlighting a range of extremely positive outcomes across a wide range of areas of need. There were some areas where service users felt providers could improve service delivery – for example, in meeting their basic needs such as money, housing and healthcare, and supporting service users to self-manage symptoms/triggers.

In addition to the formal evaluation, Recovery in Action resulted in a wealth of experiential learning reported by staff and service users. Key learning points included:

- Implementing recovery takes time and effort, but is richly rewarded.
- Developing recovery can stretch local management capacity and needs ring-fenced staff time.
- Direct access to the chief executive and their support is valued by staff and service users.
- Visible leadership from the chief executive and senior managers is key to an organisation embracing recovery.
- Recovery training should be provided for staff and service users supporting others.
- Service user involvement is a long-term commitment that offers organisations real progress.
- Not all staff will embrace recovery and some staff turnover is inevitable.
- There is a need to track recovery changes – people move on and valuable information can be lost.
- Building relationships is key.
- Change takes time; taking small steps builds trust.
- Be consistent and don't give up, especially at the start of the project – change will happen once people feel listened to and valued and gain trust.
- Smaller and more easily achieved or implemented goals make it much easier to get things moving.
- Service users should be encouraged to think about what they can contribute, in addition to what they might need.

The Recovery in Action training programme

A Recovery in Action training programme was developed and piloted during the Recovery in Action initiative and has been used by the four organisations in the Strategic Network for Mental Health to train staff, service users, trainers and board members. The programme is an 'off the shelf', two-day training module designed for frontline staff, clinicians and senior managers to work and learn alongside users of services, in all areas of mental health provision.

The programme takes the concept of Recovery and puts it together with a coaching style and elements of a solution-focused approach, so staff can be enabled and empowered to work with a service user's agenda and service users can develop their skills and understanding.

Ideally, the programme should be part of a broad approach to developing a culture of Recovery within organisations, but the materials may be used as a stand-alone training course to increase awareness and skills.

The Recovery in Action checklist

The Recovery in Action checklist is the synthesis of the learning from the Recovery in Action initiative. It is not a definitive list of 'must dos'. Its purpose is to enable organisations to self-assess how far they have embedded recovery concepts and values in to their organisation, and to provide pointers for what steps to take next. The practical standards draw on the experience of the Strategic Network for Mental Health and have been reviewed and consulted on during the two years of the Recovery in Action initiative.

Conclusion

Recovery is often regarded as a journey. The Recovery in Action project has been a journey for all involved – for the organisations and their staff as well as service users. Successful recovery challenges existing boundaries and necessitates change in the balance of power in all aspects of services, from the way organisations are governed to service delivery. This requires time and effort from all involved. At the beginning of the project, Recovery felt like a somewhat abstract concept and staff in the pilot projects had anxieties about their understanding of Recovery and abilities to implement it. There was a feeling that others must know more. But, through the RIA process, Recovery has now become something tangible and, through their involvement, has empowered service users, improving their self-esteem and confidence.

Service users have given us a clear message. Recovery cannot be achieved through a 'one size fits all' service. While all service users share basic needs, recovery is an individual journey that requires individually tailored advice and support from staff who care and can offer appropriate, individual support in times of crisis.

Visible, actively engaged leaders who recognise the importance of taking time to appreciate successes are crucial to successful recovery implementation. The Recovery in Action project has shown that service users need support from staff who believe in their ability to recover and who have faith in their own ability to support people along their personal recovery journey. The Recovery in Action project has been a point of beginning, a landmark on the road to recovery. The challenge now is to keep the momentum going and fully realise the hope and opportunities a recovery-orientated service can offer to people with mental health needs.

Summary of recommendations

Policy makers should:

- **Be bold about recovery.** Encourage champions at the highest levels.
- **Consider the link between the personalisation agenda and recovery.** Providers who embed recovery into their organisations are best placed to really make personalisation work.
- **Ensure that recovery is central in the future review of mental health strategy at all levels.** Recovery principles should be applied to all policy development, recognising the rights of people with mental health problems to influence change.
- **Ensure that NHS Strategic Health Authorities are aware of recovery.** SHAs should ensure recovery informs strategies for funding mental health services. Recovery should apply to all types of provision, including acute wards, not just well-being services.

Commissioners should:

- **Learn about recovery.** Commissioners should ensure that they know what recovery is and what it is not.
- **Reflect recovery outcomes in contract monitoring.** Recovery should be explicit in service specifications. To ensure more than lip service is given to recovery, commissioners should ask for practical examples of how recovery is being delivered, such as case studies and user surveys.
- **Invest in initiatives that develop recovery thinking and practice.** Ensure that service providers demonstrate the need for service users to take control of their environment through their support planning process.

Chief executives, board members, and organisations should:

- **Set the recovery vision for the whole organisation.** Chief executives and the board have to passionately embrace and lead this vision.
- **Lead by example.** CEOs have a vital role in championing recovery. Enthusiastic and supportive leadership is vital and staff and service users need direct access to leaders of organisations.
- **Recognise that recovery requires a change in attitude and culture and should be embedded in the collective culture of the organisation.** Look for creative ways to spread the recovery message throughout the organisation. Ensure that all policies and procedures reflect the aims of recovery.
- **Have plans in place to take forward social recovery and ensure that they are linked to public sector transformation.** Recovery and the personalisation agenda share underlying principles and services should ensure service delivery is suitably positioned to meet plans for social transformation.
- **Understand that recovery can only be achieved in partnership with service users.** Recovery is a journey made together. Boards should look at creative and innovative ways to involve service users. The use of peer educators can bring considerable change within organisations.
- **Do not wait for someone to commission/buy a recovery service from you.** Start behaving in a recovery-orientated way now.
- **Collect recovery evidence and develop data collection systems needed for commissioning purposes.** It is important to agree definitions of recovery outcomes and put in place system wide measures for collecting evidence.

Service providers should:

- **Engage service users at the outset and develop your recovery approach with them.** Services should encourage and support co-production between staff and service users to facilitate hope and a belief that things are possible. Take time to learn about people's recovery aspirations and work together to redesign services.
- **Ensure all staff receive recovery training and that recovery practice is enhanced through regular supervision and professional development.** It is vital that all staff and service users providing peer support have access to recovery training. Learning together fosters a shared understanding, can unleash creativity and can fast track service improvement. Review job descriptions to embrace recovery and ensure that it is addressed in the recruitment process.
- **Appreciate that, while recovery may be seen as a big aspiration, in reality it can happen in relatively achievable small steps.** Don't be overwhelmed by the task. What may seem like a small improvement may be experienced as a considerable achievement in an individual's recovery journey.

Our message to service users:

- **Don't accept things as they are.** Challenge the barriers that you face.
- **Recovery is about taking responsibility for your own life.** Services can only support individual recovery journeys. Get involved in the development of services that encourage responsibility and support the development of self-management skills.
- **Focus on your individual strengths. Look at what you can do and what you can offer others.** Giving up your role as service user and embracing a new role as contributor can be scary, but it is worth it.
- **It is crucial that people with lived experience have the opportunity to support others.** Peer support systems focus on building reciprocal relationships, an enormous shift for people used to receiving services.

A full copy of the Recovery in Action evaluation report can be downloaded at www.mentalhealth.org.uk

2. Design of the RIA Initiative and Training Module

2.1 Design of the Recovery in Action Initiative

This was a complex multi-faceted initiative with a number of components. The original design was based upon having eight pilot sites across the four Network partners, although the initiative had only seven pilot sites – one organisation was only able to nominate one pilot site.

The key elements for the delivery of the project were:

- Development of a Recovery Training Module for a range of different audiences.
- Production, with service users, of a Set of Service User Recovery Outcomes that were tested and validated.
- Production of an Outcomes Measurement Tool for Recovery that is tried and tested.
- Production of a Recovery Checklist for organisations.
- Facilitation of Action Learning Sets for staff and service users for the length of project to support change and facilitate individual and organisational learning.

The anticipated outcomes were:

- A model of best practice – resulting in significantly greater knowledge across the Strategic Network about the best way to run support programmes based on Recovery principles, which lead to better services and sustained, genuine improvements in people's lives.
- An agreed set of tried and tested service user outcomes, which can be used to measure the 'recovery' of service users, drawing on best practice and experiences during the programme, and from existing knowledge.
- All members of the Strategic Network embed Recovery practice in a wide range of organisational settings resulting in real change on a very practical level within all participating organisations and enabling service users to have a meaningful impact on the redesign of mental health services.
- Better capacity within service user networks across the Strategic Network, to increase their ability to self-help, offer mutual support and share knowledge.
- A checklist for any organisation to use at all levels to evaluate how Recovery-orientated their services are and how well the organisation itself supports a genuine culture of Recovery. This will feature a commentary on the challenges that organisations faced when trying to implement a Recovery approach, how these were dealt with (such as service user and staff habitually using ways of working that reinforces dependence, or lack of cultural awareness for specific groups of service users).
- A training module on Recovery for board members, staff and service users, which can be used by any organisation.
- Measurable impact of using the Recovery model in a) increased move-on to more independent settings and b) less unplanned responses to crises.
- A report of the project findings, which can be promoted and distributed through websites, conferences, forums and appropriate media and will inform the mental health sector and influence policy development locally, nationally and internationally.

There were a number of interrelated strands of work that were involved:

- The Recovery in Action Steering Group was responsible for the oversight of the RIA initiative as a whole.
- Consultation with three groups of 20 service users about their views on measures and priorities for recovery projects with the partner agencies.
- Development of a bespoke evaluation tool that could measure aspects of 'recovery', based on a review of available evaluation tools, the DREEM model, and influenced by local service user views.
- Setting up a process of evaluation using the tool, which would measure 'before' and 'after' the implementation of recovery projects to evaluate the progress and impact of change.
- Setting up an Action Learning Set for Pilot Leads, to be a member of staff and a nominated service user representative from each of the pilot projects (up to 16 Pilot Leads meeting 10 times over two years.)
- Planning and delivery of up to eight pilot Recovery Project Plans and projects. (In the end only 7 sites were selected.)
- Setting up an Action Learning Set for eight senior managers in order for them to reflect on their role as project sponsors, their leadership role and the implementation of recovery as the organisational mode of service delivery. (8 senior managers meeting for 8 set meetings over two years.)
- Planning and carrying out of up to four Organisational Recovery Projects
- Developing and piloting a two-day Training Module for staff and service users.
- Development of an Organisational Recovery Checklist.
- Holding two large conferences – one as a launch event and one as a celebration event.

Preparation of a report of the initiative, in collaboration with the Steering Group, to provide information about the project and the lessons learned when taking a strategic approach to implementing Recovery approaches across Mental Health Provider Organisations.

2.2 The Recovery in Action Training Programme

The Recovery in Action Training Programme is an 'off the shelf', 2-day training module that was developed and piloted by the Strategic Network for Mental Health in partnership with the Mental Health Foundation as part of the broader Recovery in Action change programme.

The materials are useful for a range of staff, volunteers and service users who support others to help in their recovery. The aim of the materials is to enable people to learn together to improve everyone's awareness, knowledge, sensitivity and skills about the concept of Recovery and what it can do to change people's lives for the better. The materials are appropriate for frontline staff, clinicians and senior managers to work and learn alongside users of services, in all areas of mental health provision:

- Voluntary sector
- Health service
- Social care
- Private sector
- Joint learning across sectors.

The programme takes the concept of Recovery and puts it together with a coaching style and elements of a solution focused approach, so staff can be enabled and empowered to work with a service user's agenda and service users can develop their skills and understanding.

The programme uses a strengths-based approach to learning and development and is underpinned by values of equality and respect. The learning programme has exercises, presentations, handouts and resource materials, with guidance for facilitators about how the programme should be run.

The approach to the design of these materials:

- Uses an adult learning approach
- Emphasises increasing awareness, experiential learning and skill building not solely on knowledge acquisition.

The exercises enable staff and service users to share experiences in a safe environment, with the support of a skilled facilitator. Developed and piloted in the voluntary sector, they can be used in all areas of mental health provision, across health and social care, in the voluntary, statutory and private sectors.

The programme was piloted during the Recovery in Action initiative and has been used by the four organisations in the Strategic Network for Mental Health to train staff, service users trainers and board members. Ideally, these materials should be part of a broad approach to developing a culture of Recovery within organisations, but they may be used as a stand-alone training course to increase awareness and skills.

2.3 The Recovery in Action Checklist (see Appendix One)

This checklist was the synthesis of the learning from the Recovery in Action initiative. It is not meant to be a definitive list of 'must dos', but as possible helpful actions. These practical standards draw on the experience of the Strategic Network for Mental Health and have been reviewed and consulted upon during the two years of the Recovery in Action Initiative. The Recovery Checklist is offered to organisations to self-assess how far they have embedded recovery concepts and values in to their organisation or to act as pointers for what steps to take next.

Each of the standards has been graded into level 1, 2 or 3.

Level 1 (Re-vitalize), are the minimum standards that an organisation wanting to take practice steps to embed recovery concepts into the way it could plan and deliver services.

Level 2 (Re-align), these standards are rather more challenging, take more resources and/or time.

Level 3 (Remodel), these standards may need service redesign to achieve.

3. The pilot projects

"Tell people who don't have hope, that change is possible."

"Put recovery before risk!"

"Never stop asking why not and what if and confront."

"I believe in what I can achieve and have more confidence about myself."

"Dare to Dream!"

"I try to involve as many people as I can in my work and believe in people's ability to make their own recovery."

"Be open to change, to listen, to question, to learn and to do my bit to make things happen."

"I will learn from all the inspirational people that I have met and keep learning."

"Feed the roots of recovery and watch it grow."

(Quotes from pilot project service users and staff)

3.1 Advance

Leicester City – (Amber/Topaz/Sapphire) – Safe Inside–Safe Outside



Project description

The starting point of the Advance pilot project was to examine how improved mental well-being affects people's capacity to better relate to and influence the community they are part of, in order to feel more confident on the inside and safer on the outside. The pilot focused on what people can do, rather than what people can't do, embodying the spirit and philosophy of Recovery.

Aims and objectives

The aim of the pilot has been to engender empowerment both within an individual's personal life and their community life. The project aimed to increase individual self-esteem and confidence and use this to improve individual social inclusion and achieve a greater sense of community involvement and participation. An aim of the project was to overcome historic cultural obstacles and create better understanding in the community at large, supporting people with enduring mental health difficulties to positively affect both their inner and outer environment: for example, challenging stigma and perceptions of mental health.

What we did

The Leicester pilot, through focus groups and meetings, has created a resource tool/model, the Safe Inside–Safe Outside toolkit, which focuses on the importance of hope, sustaining motivation and supporting expectations of a life that is satisfying and fulfilling. The toolkit emphasises what a person can do, not what a person can't do, encouraging people to apply what they learn about personal well-being to the wider community. It offers the scope to think clearly and identify what works for the individuals, based on their own life and experiences. It also offers the use of techniques that offer support, affirmation and signposting, in some cases, to other services, where applicable. The toolkit harnesses the essence of Recovery allied to the Emotional Freedom Technique (EFT) to ensure that the Recovery journey is ongoing. It aims to achieve improvements to a mental well-being through use of guidance techniques, Wellness Recovery Action Plans (WRAP) and a strong sense of hope, future and self-value.

The project used creative writing and poetry to encourage feelings and emotions to flourish and enable service users to express how they felt about the realities and challenges of their place within their local communities. This is encapsulated by Teresa Chambers' poem 'Harassment', a powerful account of the challenges and heartache of daily life within a community struggling to accept and understand the impact of stigma and harassment on those living with mental health difficulties.

What worked

The EFT, which has accompanied the pilot since its involvement, has been integral in harnessing the confidence/self-esteem building techniques that act as a conduit to enable increased understanding and perceptions of self-management through, for example, WRAP. It has also enabled the recognition of 'new possibilities' and opened up people's 'map of the world'. Specific underlying issues have been resolved and personal goals achieved. Other outcomes have been people's ability to overcome the fear of reaching out and relating to other people,

resulting in improved integration within the wider community. Through increased self-acceptance and self-promotion, people involved have begun to feel safer within themselves and within the communities of which they are part.

Another aspect that 'worked' is the relationship between worker and service user. Boundaries and relationships have been re-defined, resulting in improved equality and partnership. This has facilitated a more open relationship and encouraged staff to adopt a more person-centred approach and a 'support' process that is service user driven. It has been suggested by some members of the group that 'support agreements' should be re-named 'partnership agreements'. This also ties in with the transformational language of EFT and a real sense of equality and empowerment.

Another useful aspect of the pilot project process was that it allowed the pilot group to explore and give their take on Advance's support worker job descriptions. Comments relating to this were fed back to Advance's Director of Support. This exercise was found to be extremely empowering and valuable for those involved as it gave a sense of worth to their opinions and displayed a real commitment by the organisation to listen and shape future service delivery around the views of the service users.

What didn't work

Capacity has been a difficulty for the staff pilot lead: specifically, the difficulties of combining day-to-day work with the demands of keeping the project fluid and sustainable. More recognition, a joined-up organisational approach, and better understanding between departments of the importance of what the project aimed to achieve for the organisation might have improved understanding at both strategic and operational levels. More briefings were required and a realisation of the commitment and passion put in and required by service users and the pilot lead to enable an amazing piece of work like this to flourish.

Some aspects of the pilot project plan needed to be re-examined to ensure project goals and aims were met: for example, trying to facilitate mental health representation on the Leicester Safer Partnership Board proved a big ask in the end, due to the joined up external organisational networking required. It remains an aim of the pilot project group to see this through. However, it will involve Advance pulling together similar organisations to promote mental health as a Safer Leicester issue, and providing the organisational support and resources needed to achieve this aim.

Achievements

The Safe Inside–Safe Outside Pilot has seen a fantastic array of achievements associated with it since its launch two years ago. One outcome has been the real sense of connection with service users, senior managers and board members. This has enabled the service users who were part of this journey to feel valued and, more importantly, listened to, ensuring that a genuine feeling for what they had taken on in the name of Advance was real and respected by senior staff.

Below is a list of the achievements associated with the work of Advance's Recovery in Action Safe Inside–Safe Outside pilot:

- Increased confidence
- Raised self esteem
- Recognition of relaxed states
- A knowledge of how to raise energy when feeling down
- Sense of increased control over illness
- Celebrates peoples uniqueness & diversity
- Feelings of sexual awareness
- Increased organisational involvement from service users
- Increased community participation & involvement
- Toolkit promoting Recovery
- Self-management
- Working alongside established networks (psychiatry, CMHTs, medication etc)
- Challenging stigma
- Increased responsibility
- Public speaking – (conferences, open mike sessions in Leicester's mainstream arts scene)
- Friendships and support networks formed
- Social networks
- Major improvements in the relationships of members of the group – they are now seen from a new position of self-worth
- The focus on what people can do, not on the 'darker' aspects associated with a person's diagnoses
- Piloted the use of WRAP as a self management tool
- Used creative writing and poetry as a powerful means of self-expression and a bridge for others to listen and empathise (also assists in celebrating uniqueness and challenging stigma)
- Examined support worker job descriptions and person specification – their take on it
- Redefined the service user and support worker roles as more about 'partnership' (less about power dynamics, more about shared responsibilities)
- The end product/toolkit/model, Safe Inside–Safe Outside.

Summary

Overall the RIA pilot has been a tremendous success and it has been a privilege to work so closely with Advance service users in such a unique and groundbreaking way. The work undertaken by the group alongside the EFT therapy has assisted in reducing fears associated with their illness and the decisions people continue to make. This piece of work has striven to harness self-belief, confidence and hope for the future, providing a new and fresh outlook on what the future can offer both the individual and the community. It has ensured a sense of people's own power and how that can be used to think more positively about oneself and solidify people's rightful place as valued and active members of their communities, ensuring their views are heard and respected.

The response to Safe Inside–Safe Outside has been extremely positive, with lots of interest in where it can go after the RIA pilot project comes to an end. There is a belief that it has increased the organisation's awareness of Recovery so that embedding Recovery within the organisation as a whole will be made much easier. We believe that Safe Inside–Safe Outside can be further developed to offer transitional support services and educational packages and the model itself can be extended to include issues around community activities, education, employment and health and influence safer partnership.

3.2 Mind in Birmingham



Pershore Road – SkillsLink

Our project was called SkillsLink and took place at Pershore Road, a residential care home run by Mind in Birmingham. SkillsLink is a volunteering/mentoring project that attempted to focus on using the inherent skills, knowledge and abilities that we all possess, irrespective of whether or not we have lived experience of using mental health services.

What did we do?

Two pilot leads were identified consisting of one member of staff and one service user. Everyone was encouraged and invited to propose ideas for the project and a recovery project working group was set up. The SkillsLink idea was proposed by the service user pilot lead and the idea for the name of the project came from our project sponsor. The SkillsLink idea was proposed to the group as a whole and agreed by all.

The key aims for the project were to enable both staff and service users to work in partnership to redefine how certain support activities were delivered. The idea was that staff alone would not be the sole source of support and that all of us, staff and service users alike, could draw on the skills, knowledge and abilities of others for support, on a voluntary basis.

The project aimed to expand the networks of support that each of us had and offer us the opportunity to learn together. This approach would promote recovery through enabling participants to feel needed and valued for themselves – to feel that they could contribute actively to supporting or helping others, staff and service users, rather than being a passive recipient of care or support.

What worked and what didn't work

Initially we tried to structure the project in a very formal, complex way by attempting to match the skills that people possessed to the needs of others. We drafted timetables and plans and we had ideas for developing a database of skills that we could use to match people to each other. Looking back, with the benefit of hindsight, what we did at this point was sort of sit back and expect it all to happen. When things didn't happen in exactly the way we had planned we were puzzled. Everyone had been enthusiastic about the project, everyone involved seemed to think it was a good idea, but for some reason it just wasn't happening.

We all met regularly to discuss the progress, or lack of it, and we attended the action learning sets. It was through discussing things with some of the other participants at one of the ALS meetings that we identified what the problem was. We had set our sights too high. We should have started small – i.e. taken small steps, and set smaller, more easily achievable goals.

The problem initially was having ideas that were too big, plans that were too complex. People felt that there was too much being demanded of them, too much commitment required. They liked the idea of peer support; they just wanted to do it in smaller steps. Smaller and more easily achieved or implemented goals made it much easier to get things moving.

Achievements and outcomes

Once this problem had been identified we were able to make progress and actually get people working together. Yes, they were perhaps very small things if looked at in isolation, but they meant a lot to the people who took part.

It was a great moment when one of the service users, who had never been out on his own for years and had never been into the city centre on his own, travelled one evening, by himself, to see a film. The small steps that he had taken with one of the other participants, over a period of several months, had culminated in what would have been, for him, an impossibly huge leap at the beginning of the project.

Another, who for years had wanted to learn to play an instrument but lacked the confidence to do anything about it, was supported, encouraged and taught some of the basics by another service user who was very musically accomplished. This gave the person the confidence to sign up for a music workshop.

We had several people who were keen to learn about gardening, and they worked with a member of staff and another service user, who were keen amateur gardeners, to redesign and create a new garden at the project.

Relationships between everyone have been on a much more equal footing. It was difficult at first for people to be sure that their input was equally valued, but now they are more confident that we all are partners and all have something to contribute. The project has enabled new networks of support and friendship to develop and flourish and these have lasted, even though some people have moved on to live elsewhere. It has enabled people to feel valued and needed and to believe that recovery really is a possibility for us all.

Beechcroft Day Centre – Outside In

Our project is called Outside In and was based at Beechcroft, a day service within Mind in Birmingham. There is a timetable of activities that take place on a daily basis at Beechcroft. The Recovery in Action project has focused on the activities we provide both in and from the centre.

The project aimed to increase service user involvement and service user led activities. The focus on what people have to offer, instead of problems that people may have, has been a theme throughout. The project also aimed to encourage community links, expand networks of support and offer opportunities to learn together.

What did we do?

To start with there was a meeting with all staff and service users and a presentation to explain the project. Then a recovery project working group was set up. This was made up of two pilot leads (a member of staff and a service user) and eight team members. There was an equal number of staff and service users in the working group. We then decided which activities to focus on and who in the working group would oversee which activities. To measure and document progress, an activity recovery tool was developed and teams were supported by the pilot leads to use this. The recovery tool was a document that helped to keep our focus on ensuring the activity had links with the community, was service user led and was aiding the recovery of individuals. Each activity group met on a regular basis to work on the re-design and development of the activities.

What worked and what didn't work

At the beginning of the project there was some fear about it. Some people thought it was related to the government agenda to get people back to work. This took a while to get over and gradually trust was built up. Service users became more involved in looking at and deciding how the budget for the whole service should be spent, and started to get involved in running groups. This was a challenging time as staff had to learn when to back off and when to give support to whoever was leading the activity. Lessons were learned about giving time and formal support to service users who were leading activities. If we wanted service users to become fully involved we needed to learn how to support them in the right way and listen to what they needed to enable them to perform effectively. Boundaries changed, and it wasn't always a comfortable feeling for everybody at first. Change takes time and trust needs to be built up! By being consistent and never giving up (especially at the start of the project), a gradual change started to take place as people began to feel listened to and valued and realised it was possible to become fully involved and work in partnership.

Achievements and outcomes

The biggest outcome of the project has been more service user involvement in all aspects of planning and facilitating activities. Some of these are as follows:

- A downside and healthy eating group is being facilitated by a service user. This focuses on the underlying reasons why people overeat or eat unhealthy food. It also looks at how people can start to enjoy eating nutritious food that is affordable and easy to cook
- A stop smoking group has been running on a regular basis and is well attended. A service user leads this group, having taken a facilitator course
- Staff and service users have worked together to create a garden at the rear of the centre. An allotment has been dug and vegetables that have been grown are used for meals cooked at Beechcroft. A group went to Sutton Park and chopped down a tree together that was made into a Peace Arch
- A coping with stress and anxiety support group has been set up after service users in the support group meetings requested this. This support group has been planned and facilitated by service users and staff together and has been a success
- The Voices group, which is jointly led, now gives talks to nurses in places such as Birmingham University about how to set up a support group and run it successfully.

We have also looked at how some activities do not need to take place at the centre and that we can access community facilities instead, such as attending a gym or computer training at an adult education centre or joining a local walking or cycling group. We have looked at the possibility in the future of opening activities up to members of the public.

We now ask at the point of assessment what skills and interests individuals have and how these can contribute to the activities at Beechcroft. A service user led activity appraisal system has been developed so that people have formal documented support and their needs are listened to.

Although the project is coming to an end we feel that we have achieved a lot and Beechcroft is a different place – it can only go forward, there is no going back! Working in partnership and focusing on recovery is now embedded into the service and really does work for all who use the service and work within it.

3.3 Second Step



Intensive Tenancy Support (ITS) – WRAP and physical well-being

Project description

The ITS central team has focused on promoting well-being in our service user group, as well as within the staff group. We have done this by focusing on two key areas:

- Wellness Recovery Action Planning (WRAP) (specifically daily maintenance lists), and
- Physical well-being.

The project title and specific areas were chosen after consultation between ITS staff and service users and involving Second Step senior management. The Mental Health Foundation facilitated this process. The introduction of WRAP planning and promoting physical well-being were identified as key challenges in delivering a Recovery-orientated service to a complex client group living in an inner city location.

Aims and objectives

- Service users were asked to participate in the introduction of daily maintenance lists as part of their support package on a voluntary basis.
- WRAP groups were piloted at Second Step offices for both staff and service users at various intervals during the project.
- Physical well-being was promoted by a number of workshops and activity groups that were decided by the local group. The pilot focused on Recovery principles in service delivery while also adhering to Second Step's policies and principles.
- The pilot ensured that "promoting wellness" was not used as a replacement or alternative to current support packages provided by Second Step.

What we did

After a series of preliminary meetings of the local project group, the team started piloting the use of wellness lists in our day-to-day work with service users and also held two open afternoons in the community to discuss their potential usefulness as a simple daily checklist.

We also held two WRAP groups where a DVD of Mary Ellen Copeland explaining the concept of WRAP was shown.

The ITS team introduced a recovery section to our weekly team meetings and also completed a team WRAP plan. The team also attended a recovery day with service users facilitated by Ron Coleman. This was followed by a two-day recovery training course designed as part of this project, and several team members and service users also attended a two-day course on intentional peer support facilitated by Shery Mead.

The staff team and service users also contributed to a short film detailing our experience of recovery over the past two years. During the course of our pilot both of our service user pilot leads were successful in moving on from our service. One pilot lead has now been in full time employment for the past eight months.

Members of the central team have also attended other team meetings within Second Step to share their learning and understanding of recovery gained through participation in the pilot.

Mainly we have focused on trying to ensure recovery-orientated practice runs through all we do in our support of service users. While many of the concepts of recovery were not new to our work, through the pilot we have positively transformed the way we work by focusing on wellness and positivism for service users and as staff.

What worked and what didn't work

Looking at what worked well, the introduction of Recovery to team meeting agendas has created a weekly space for staff to reflect on recovery as a team individually and in our work with service users.

Also, the completion of a team WRAP has had a noticeable positive effect on team wellness and has provided a safe forum for the team to address both positive and negative situations and times over the last 18 months.

The retelling of personal life stories has also emerged as a particularly popular and useful tool among the service user group.

Some things worked less well. The introduction of daily wellness lists has taken some time to come into effect and we have found that simply focusing daily, on an informal basis, on one emotional and one physical objective for wellness has worked best for our service user and staff group.

The WRAP groups were very poorly attended and we have found, as a community-based team, that working with people individually has been much more successful, resulting in a marked increase in engagement, especially among service users with more chaotic lifestyles.

Conclusion

At the end of the project 10 service users are using daily wellness lists in different formats, but all following the same principle. Only two people attended WRAP workshops and group afternoons were attended by the same four individuals throughout the pilot. The staff team have their own WRAP plan and this is being rolled out among the other teams in ITS.

Molitor House – Meaningful Relationships

The project we undertook at Molitor House was about meaningful relationships. We drew inspiration from previous and current tenants' experience of using the service and the feedback they gave.

Research into the area of relationships in recovery also inspired our work. For example, Mind's 'Roads to Recovery' report in 2001 highlighted friends and family as a key factor of recovery; Patricia Deegan and Dan Fisher cited relationships as one of five key themes to recovery in their 1998 research into how people recover for the National Empowerment Centre.

Aims and objectives

Our main aim was to incorporate work around significant relationships into our support, as follows:

- To be sure that we recognised and responded to key relationships. This was cited as an area for improvement by people using the service
- To support people to develop new relationships
- To explore how we involve these significant, loving and influential people in the support we provide, and also sometimes exclude them
- To explore existing relationships and the strains on these and to identify the kind and amount of support that might help to alleviate some of the pressures on existing relationships
- To identify any relationships that had been lost, acknowledge and respond to the impact that this had had on people's lives and wellbeing and to find ways of re-establishing contact with people with whom we've lost touch, where possible, and take steps to repair these relationships
- To support people to take steps to end damaging relationships.

What we did

- Both service users and staff met and formulated the project plan.
- We implemented a pre-assessment meeting, when we would introduce the project and give people the option of incorporating it into their support.
- We introduced an additional questionnaire to the assessment process, which focused specifically on relationships and the impact that they had on wellbeing. We also asked how people's relationships had been affected by times of crisis.
- We made better use of the existing opportunities to talk about relationships: e.g. in key worker sessions, support plans and house meetings.
- We asked Ron Coleman to facilitate a workshop that focused on how we could work towards establishing new relationships.
- We employed a life coach to undertake some one-to-one work with tenants on establishing a meaningful relationship with ourselves and discovering our strengths.

What worked and what didn't work

The rapid throughput of tenants and high turnover of staff made it difficult to sustain confidence around being capable of working in a recovery-orientated way. We found introducing and re-introducing some basic concepts were essential in progressing the work. Although adding a 'relationships' section to our assessment documentation was successful in ensuring that everyone was given the opportunity to be included in the project, it did mean asking a virtual stranger some very personal and potentially distressing questions, in addition to an already lengthy assessment interview. We were proud to conclude that we did spend a significant amount of time supporting people around their meaningful relationships. We reviewed some project procedures, particularly regarding children and partners' presence in the project outside office hours.

Achievements and outcomes

We intend to continue to work on meaningful relationships and explore the ways in which the project can support people who are in relationships: i.e. involving partners, children and others in the housing and support of clients.

We challenged existing boundaries in the form of house rules and allowed children to be with their parents at the project outside office hours. We made a decision to trust a parent's judgement about whether the project was a safe environment for their child to be in.

We are far more focused on people's strengths and aspirations than two years ago. The language we use and the approach we take to our support has changed significantly and helps to build better relationships between service users and staff.

Most achievements were smaller, very personal achievements, such as contacting a solicitor to instigate divorce proceedings or writing a letter to a parent who had chosen not to have contact with their child after a particularly difficult time in their relationship. It's incredibly difficult to quantify or qualify this in such a short report, but these constituted some of the greatest successes of the last two years and were an important part of several people's recovery journey.

3.4 Sussex Oakleaf



Stepping stones - Social recovery

Our project was called Social Recovery and its aim was to facilitate and support members' social recovery, with a focus on empowering individuals to achieve their aims and aspirations in this area.

Aims and objectives

The project aimed:

- To encourage members to identify and arrange social activities outside the centre independently of staff.
- To create a support-planning tool that focused on individuals' goals in accessing community facilities and the support they wanted to achieve those goals, and help them identify any barriers and how these could be overcome.
- To run groups led by staff to access community facilities that members felt they needed support in accessing. Examples of these include the local leisure centre (K2), the local college (Crawley College) and walks organised by Crawley council as part of the 'Active Life' programme.

Our aim was for staff to support members in accessing the service initially and then for members to access the service independently from staff, and to have 50% of the day service running outside the centre by March 2008.

We also wanted to promote an awareness of mental health and break down the stigma associated with mental ill health through working with staff involved in other community services and breaking down ignorance.

What we did

We set up regular monthly planning meetings to arrange two activities that each member could do each month outside the centre, without staff support.

We developed a recovery planning tool and supported 13 people with individual recovery planning. We also arranged recovery-based workshops each with a different theme: e.g. happiness, confidence, goal-setting.

We organised a weekly Activities group led by staff, which did community-based activities, such as walking, cycling, and shopping.

We developed contacts with community organisations, and visited many centres and facilities to learn about recovery-based activities. We also facilitated members' access to the local K2 leisure centre through free membership cards, supported members to access free guided walks organised by the council, and developed a café run by members in a community building in Crawley town centre.

We developed and updated a 'Community Resource' file with information on local services.

The band has helped break down mental health stigma and has done five performances at different community venues, including Maidenbower, Open House and Acorns. The band recently performed at the open day for the new hospital at Langley Green. The band sells its own CDs, has a video on YouTube (type in 'who's caring' to view) and is now getting repeat bookings and has also been offered payment for gigs.

What worked

Generally the project worked well, with the ideas and principles behind recovery being embraced by the staff and the members. Initial fears from the members about recovery being just about 'getting back to work' have been allayed over the past two years and members now seem to view recovery in a positive light. Most members seem to be keen to get involved in opportunities both inside and outside the centre. Members now seem to enjoy the fact that there are a lot of activities going on and a lot of different ways to get involved, including the band, the café and now peer support. Initially people were afraid that some might get 'left behind' and those who were less confident or less well would be left out. However that seems to be less of a concern now, as people have realised that there are plenty of different ways people for people to get involved in a way that suits them.

What didn't work

We currently don't have the staffing resources to do individual recovery planning when there is no work placement student in place. This leaves us a gap between July and November.

The expansion of the service has left the staff team stretched and very busy. Staff are able to meet the demands of the service placed on them, but we are now at the point where we are working at full capacity. We are hoping that having peer supporters working at the centre will help to ease this pressure.

Achievements/outcomes

The project seems to have been successful. Activities arranged by members have included picnics and walks in local parks, trips to Brighton, watching a local car rally, Hampton Court Flower festival, going to music festivals, volunteering at a local stables and arranging holidays together. Events are arranged and publicised at the centre, but happen outside the centre, without staff involvement.

Members are responsible for all the organisation and co-ordination of the events. Social recovery has enabled people to form lasting friendships and build support networks that progress beyond the service.

Our annual outcomes questionnaire in April 07 showed that:

- 60–80% of people filling in the questionnaire felt that attending Stepping Stones in 2007 had a positive improvement in their:
 - Confidence
 - Leisure and social opportunities
 - Relationships with partner, friends and family
 - Opportunities in life
- 50% reported an increase in using community resources
- 31.25% reported an improvement in finding and maintaining voluntary or paid employment.
- 12.5% reported an improvement in enrolling on training and further education.

External trips and events arranged by members

From Feb 07–August 08 members have arranged 114 events that have been independent of staff and outside in the general community.

External trips and events arranged by staff

From Feb 07–August 08 staff have arranged 56 events that have been in the general community and included trips to other community centres and services that model best practice around recovery. In addition, the café opened in May 08 and has been open each Monday (excluding bank holidays) from 10am–2pm. This is based in a community building just off the main high street in Crawley. Additionally, the Activity group runs on Thursdays from 11am–1.30pm and does community-based activities, such as walking, cycling and shopping. The centre is closed while the café and Activity group are running. Our community resource file has been updated and holds information about a huge range of local community services.

One-to-one recovery planning

Recovery planning is supporting people to identify their goals and then breaking these down into manageable and achievable steps. Any barriers and obstacles are discussed and ways of addressing these agreed. This works by encouraging people to take small and achievable steps. The work is done on a one-to-one basis and is focused on what the individual's goals and capabilities are at that time. Recovery planning is time limited and individuals are offered eight sessions over a two-month period. At the end of the eight sessions, the individual develops a plan for how they can carry the work forward independently.

We use a solution-focused approach where the Recovery worker and member identify strengths that individuals already have in order to build on these. The focus is on supporting people to find solutions, rather than focusing on problems.

Outcomes for one-to-one Recovery planning

A total of 13 people took part in Recovery planning. Of these, six people's outcomes were formally measured. The results are shown in the table below. A higher number indicates a higher level of satisfaction with the situation and ability to cope with it.

Person	Goal	Movement on scale (start of recovery planning – end of recovery planning)	Achievements/changes made
1	Return to work	5–8	Started voluntary work at MSX day services.
2	Improve relationship with daughter	4–9	Structured time with daughter, started cooking lessons with daughter. Planning time between partner and daughter.
3	Improve physical health	3–9	Started to exercise by walking. Feeling more relaxed by listening to calming music which helped with going to sleep.
4	Self-care	1–2	Improved hygiene by addressing issues that embarrassed him with his carers. Went to GP for advice about diet. Got help from carers to measure blood sugars.
5	Relationship with daughter	3–6	Referred to parent advisor for one-to-one support in parenting help. Setting clear boundaries and giving positive feedback to daughter.
6	Managing mental health	3–7	Support to address issues with psychiatrist around mental health.
	Social networks	2–3	Attended woodwork group at Steps.
	Managing money	2–8	Got financial advice from MACs.

26 Shakespeare Road – Physical Health and Well-Being

Shakespeare Road is a residential care home for eight adults with enduring mental health needs. It works on the principles of Choice, Social Inclusion, Empowerment and Individuality for the people who use the service. The residents all have key workers and participate in care plan meetings that set realistic and achievable goals and objectives. The home is in a central location in Worthing with local amenities and excellent public transport links.

Aims and objectives

- To support residents at Shakespeare Road to explore what improving their physical health and well-being means to them, as a group and as individuals.
- Staff to help residents identify their goals and to do this on an individual basis in a recovery-focused way. To replace the physical health area of the current care plan with other recognised models of care.
- To be specific with the project scope and objectives, and to consider how this will develop the wider organisation's approach to working in a recovery-focused way.
- To use SMART principles (specific, measurable, achievable, realistic and timely) and plan four phases that have clear tasks and milestones.

What we did

Recovery groups were set up with Kendall House. Six groups ran for one hour from Jan–June 2008 and were facilitated by staff at Shakespeare and Kendall.

Group sessions were attended by one service user who became very involved with recovery. Topics discussed included:

- What does recovery mean to you?
- Healthy eating
- Social life
- Knowing what you want and how to ask for it
- Looking and feeling good.

Care plans were reviewed with a view to make them much more resident-focused and different models were successfully used, such as pictorial planning, solution-focused therapy, Essential Life Planning and circles of support. There was particular emphasis on health and well-being and care plans were redesigned to encourage residents to improve their physical health, including exercise and healthy eating.

Ideas around recovery were introduced at residents' meetings and became ongoing agenda items. Recovery in Action questionnaires were circulated by the Mental Health Foundation and completed by two residents. An Evaluation Recovery form was circulated internally, with a positive response. Residents are taking much more pride in their appearance, with regular trips to the hairdressers and nail salons. Also, one resident is going on regular bike rides with staff member and using exercise as a way to manage insomnia and anxiety.

What worked and what didn't work

Care planning is now taking place in a much more resident-focused way. Tools such as MAPS/Personal Futures Planning, Essential Life Planning and Circle of Support have been effective in this process. The Recovery group at Kendall House proved to be a great success with the participation of one service user who was happy to share his ideas and feelings around his own recovery. He found it to be an enjoyable and fulfilling experience and has expressed an interest in being involved in other recovery-based groups.

Residents have become much more involved in their personal appearance and have continued to do so by regular visits to hairdressers.

One resident also made the decision to give up smoking, which they managed for six months.

Areas that didn't work so well were engaging all residents in being involved in their recovery. Some residents found it hard, due to becoming unwell or simply having other things they wished to do. Staff looked at creative ways and resources to engage people but this was not always successful.

Trying to get all staff involved was difficult at times, and this was often down to time and resources. Several staff have now attended recovery training, which has led to a better understanding and scope of knowledge on how to support and encourage residents in improving their physical health and well-being.

Feedback from both residents and staff to the Mental Health Foundation evaluation questionnaires were that they were too long, and some questions caused anxiety to one person.

Achievements and outcomes

Residents and staff have come on a long journey since the Recovery pilot began and learnt a lot in this process. Care plans are now much more resident-focused and embedded in recovery and individuals aspirations. Female residents have continued to have regular trips to the hairdressers and nail salons, and there is much more emphasis around healthy eating, exercise and well-being.

The Recovery group set up by Sussex Oakleaf and Kendall house has been a great success and we are hoping that this will recommence in the near future. A resident who attended found it very beneficial and wrote creatively about what recovery meant to him:

"Recovery means to me getting over mental illness or physical illness or a problem such as depression and feeling free again."

He has established good links with other people in the group and has been out on a social event, which is a huge achievement.

Recovery is now a rolling agenda at resident and staff meetings and regular discussions and new ideas are encouraged and put into practice.

As a service we are proud of our achievements and hope that we will go from strength to strength in supporting people to be involved in their own recovery.

4. Organisational perspectives

"We can express ourselves, the fear factor has gone, there are changes in the hierarchy, service users talk to their chief executives and are listened to."

4.1 Advance organisational perspective

Five years ago Advance embarked on a programme called 'Better Futures'. We wanted to ensure the whole organisation was focused on the contribution it is able to make towards achieving better lives for people. For us, this meant focusing on people as individuals, making best use of the resources the community has to offer in helping people achieve better lives, emphasising their potential, encouraging their achievements and involving them at all levels within Advance.

The more we learnt about the concept of Recovery in mental health, the more we realised that here was an approach that we wanted to adopt not only to service development and practice, but also to the whole way an organisation and its people behave. By working collaboratively with Strategic Network partners, we were able to do so, with the added advantage of challenge and inspiration from people outside of Advance.

Recovery in Action in Advance

By becoming part of the Recovery in Action project, we were provided with a framework within which certain specific pieces of work took place:

- Action learning around Recovery
- Development of the Safe Inside: Safe Outside toolkit
- Participation in the design and development of the Recovery training module, organisational checklist and evaluation tools.

However, it soon became clear that there is a 'Recovery' element to just about everything we are involved in:

- Citizenship and safety (our Coast to Coast service)
- Providing the opportunity for people to own a share of the equity in their home (Own Home)
- Supporting people into employment (Work in Progress)
- Involving people at all levels within Advance (our Inclusion Pyramid)
- Offering creative writing workshops for people.

So the idea of a Recovery in Action project was daunting and exciting – exciting because there is no start and no end – it is a process that involves changing behaviours, attitudes, cultures and practices; daunting for the very same reasons.

Impact on Advance and organisational learning

The start of the Recovery in Action project two years ago (autumn 2006) came at a bad time for Advance, mainly due to organisational and staff restructuring. For the first year it was difficult to fully embed the Recovery in Action projects into the mainstream of Advance, and it was difficult to make a connection between the many other initiatives going on within Advance and Recovery in Action.

What emerged during the second year, however, was a series of organic connections: the Coast to Coast team working with the Safe Inside: Safe Outside team; our Own Home service appearing at several recovery events; training being provided locally, using some of the materials being developed within the Recovery in Action project; the same users of our services appearing at consultation events and conferences; creative writing courses as well as the Recovery in Action pilots; one of our regions appointing their own recovery champion, and our Better Governance initiative developing specific proposals for service user involvement on all boards and committees within Advance.

Perhaps this is the clue to what the key learning point for Advance has been: that with visible leadership and active engagement in recovery focused activities by staff and service users at all levels working together, attitudes, behaviours and cultures can change.

Sustainability

Recovery in Action has given us the impetus and to some extent the language to move forward in a recovery focused way. It has given us new tools to work with (the training module, evaluation tool and checklist), and it has given us a new insight into what can be achieved by working with rather than for service users. We intend to keep the momentum going and have already:

- Built more recovery focused activities into our new strategic plan (Better, Together)
- Incorporated recovery into a new statement on organisational culture, and
- Committed to 'Recovery in Advance'.

4.2 Mind In Birmingham organisational perspective

Two years has flown by and it is sad that our journey is ending. However the lessons learnt and improvements made will be embedded across all services over the next few years, so in some ways it is only the start. As an organisation we have seen many changes, some directly as a result of the project and some indirectly. As an organisation we continually challenge ourselves in relation to Recovery but the project has helped support some of those challenges. The following highlights a few of these but there are many more.

We have seen a change in power balance. People using our services want to be more involved in budgets and allocation of money and challenge us on our decisions. Service users are leading activities and services. True partnerships are flourishing as people can see the benefits of working together, with all people bringing different skills, passion and expertise to services.

The work has challenged our boundaries, challenged the old ways of working. From the way in which our organisation is governed to the actual delivery of services, service users and staff are working together more. Policies have been rewritten and allocation of resources has changed.

The whole concept of recovery is now beginning to be owned by service user in ways that hadn't been apparent before. Rather than an abstract concept mentioned more by staff than service users, this has changed in the projects involved. Recovery for individuals in those services has become more tangible and a constant reminder of how they can take control and seek meaningful change.

For us, what has also become so evident is how the opportunity for service users to be involved in the project has undoubtedly increased their confidence and desire to become involved. Without exception, the actual involvement in the project itself has contributed to individuals' recovery: a consequence we hadn't really considered at the outset. In addition, the individual staff members in the projects have been on their own recovery journey, learning to give up control and power and take more risks.

The real challenge for us is to keep the momentum going and continue to spread the word across all our services with the enthusiasm we have all found to date. People who are/have used the services involved in the project will be integral to this dissemination of learning and growing. One of the key changes that we will be rolling out immediately is asking, on point of assessment, what skills the person has that they would be willing to share with other service users or with the project as a whole. We have seen through both our pilots that the sharing of skills and knowledge can really make a difference to someone's self-confidence, self-esteem and recovery.

Mind in Birmingham – organisational project:

We choose to look at creative ways in which to support people who work for us and who have/had used mental health services. From the offset we were conscious that there was likely to be an inevitable tension between wanting to do what was best for staff and volunteers and running a business that has limited resources. Initially we researched best practice in this area, consulting a number of organisations across the country both in industry and in the care sector. We were also able to use the network of affiliated associations within Mind and soon compiled a portfolio of good practice. We also made best use of our own well-established internal support group SWIM (Survivors Working in Mind), asking of them what their thoughts were and how best we could move the project on. After some deliberations among ourselves and further discussions with other members of the Strategic Network, what became apparent was that our approach should be all-encompassing and benefit all staff and volunteers, not just those who declare themselves as having a mental health issue. This approach was also endorsed by SWIM and our approach must be one that is as flexible as possible in our working practices for all staff, regardless of the circumstances. We were also fortunate in that we have been able to take advantage of scheduled staff conferences that were to run over the summer. The Association's Director of Human Resources led a session with all staff, looking at what could be done to make working for Mind in Birmingham a better and more supportive environment. We are now considering how many of the suggestions made by staff we are able to adopt, given our available resources and obligations to provide services. We already provide formal support such as counselling in certain circumstances, as well time off or flexible hours of working for people to get through life crises.

We have already become a member of the Mindful Employer scheme, signing up to the philosophy of being a responsible and caring employer who takes the well-being of all staff seriously. We are looking at even more flexible hours and possibly providing a third party helpline available to all staff 24 hours per day, if the funding is not too prohibitive. Undoubtedly the project has prompted much discussion and has been welcome in making us reflect on current practice and build on this over the ensuing months.

4.3 Second Step organisational perspective

Second Step was learning and working on Recovery before we became part of the Recovery in Action project. This work was happening in an organic way under the auspices of a Recovery working party made up of staff champions across the organisation. Some training had taken place and some initiatives were underway.

Joining the RIA project took this work to a whole new level and we have achieved so much from the impetus of this project.

Impact on organisation

Staff were very nervous about the concept of Recovery when the project first started. Often people wanted to know how to do it, and many felt inadequate or that they lacked skills. We soon learnt that it is common in Recovery for people to believe that there is someone who knows better, or that there is a set way of delivering Recovery services, when in fact there are many routes. Recovery is so much about values and attitudes, which take longer to address. Confidence building for staff has been an essential part of the journey. The development of the training module has been so useful in this project.

Recovery can be a hard word for people, as it does not capture all the variations of meaning. But no one has found a better word, so it was important not to get too hung up debating language while not actually doing anything.

We asked all staff teams (including non-operational teams) to have a regular item on Recovery in their team meetings. This was challenging for some, but really encouraged everyone to grapple with the issues and explore ideas together.

The inclusion of service users throughout the RIA project has also gone hand in hand with the development of our internal service user involvement work. The RIA project has really demonstrated to our service users our commitment to partnership working.

It has been essential for the organisation that there has been an action learning set for chief executives and directors. It has really helped us to change the culture at Second Step. This has kept Recovery at the forefront of the organisation and has permeated all strands of activity. For example, our recently introduced competency based role profiles now have references to Recovery throughout.

We've realised that Recovery is not just important for service users, but is important for staff and the organisation as a whole. We went through a restructuring process in 2007. Carrying on with Recovery in Action and working hard on achieving some Recovery activities really made a difference – holding hope and hearing inspiring stories was important for Second Step going through a difficult process.

Sustainability

We now have a formal Recovery steering group led by the director, with the Recovery working group as a sub-group working on promotional ideas and specific pieces of work. This structure is working well.

Our new mission statement is focused on Recovery, as we believe this is the central theme in our work.

We sat down earlier this year and wrote down all that we had achieved around Recovery. We were shocked to find we had achieved 31 Recovery actions over the last two years. And we are doing more! Taking time out to appreciate our successes has been important too. It feels like Recovery is a snowball that we couldn't stop growing even if we tried!

Second Step organisational project – ‘Getting the Recovery message across’

Project description

This project was chosen as we were keen to learn how to get the Recovery message across to everyone within Second Step. We were keen to look at organisations that had made significant changes and were leading Recovery examples.

The process:

Three organisations with reputations for leading in Recovery and who were known to Second Step were identified. They were Devon Partnership Trust (England), Thresholds (USA) and Pathways (New Zealand). Information was sought through discussion via personal contact and reading of organisational material.

We identified a number of areas that we wanted to look at:

- a. key elements and strategies to get the Recovery message across
- b. communication and structures
- c. what has worked well and what else needs doing.

Towards the end of this project, information on Recovery Innovations (formerly Meta) in Arizona was also available from the Sainsbury Centre report ‘Making Recovery a Reality’ (2008). We used all this information to review the process underway at Second Step, what we had done as part of the Recovery in Action project, and lessons we had also learnt.

All the information was reviewed and we identified key themes to aid ‘Getting the Recovery Message Across’. It was clear that to get the message of Recovery across to staff and service users required a number of strategies and factors to achieve a significant cultural shift.

Second Step organisational project – ‘Getting the Recovery message across’

Six themes emerged.

1 Setting the direction

All organisations had a clear Recovery vision; they had made a conscious decision and commitment to Recovery and they had all clear policies on Recovery; each had a clear intent to change to become more Recovery-orientated, and the direction was very visible both internally to staff and service users and as well as to the external world.

2 Commitment from leaders

Leaders articulated their belief that recovery is possible; that they believed in recovery; and that we can all change both as individuals and organisations.

3 Message

The Recovery message in all the organisations was clear, positive, and aspirational. The message that recovery is achievable was strong and coherent through all the literature.

4 Clear investment in staff development

There were high expectations on staff to learn and change their practice and, importantly, this expectation was supported by resources to support staff training. Most agencies had Recovery competencies.

5 Services will change

There was obvious commitment from the organisations that services would develop and improve. Any services not fitting with Recovery would be reviewed. Organisations were not afraid to make difficult decisions.

6 Structures

The Recovery message was supported by new structures: steering groups or working parties. All had Recovery champions throughout their organisations and some had set up awards to acknowledge significant effort. It seemed that both structured and organic processes supported change. The role of service users within the organisations was evident and that this partnership was very valued by each agency.

Conclusion

Significant cultural changes had been achieved by the agencies consulted. This cultural change had not happened without investment of time and significant leadership, commitment and vision.

4.4 Sussex Oakleaf organisational perspective

When we embarked on the Recovery in Action project back in 2006, our ambition as an organisation was to really embrace the principles and the philosophy of Recovery so that a shift in culture could be seen to reach across and deep within the organisation. To enable this to happen, our top team and board needed to lead with energy, enthusiasm and, most importantly, by example. So choosing a project that focused on Recovery in governance and leadership was a step in the right direction. The aims and objectives of our project were:

- 1 To ensure that service users were represented and had real input into the governance of Sussex Oakleaf.
- 2 To ensure that all board members had an understanding and commitment to the Recovery movement within the organisation.
- 3 To ensure our managers in the organisation embraced the principles and understood the change that was needed in Sussex Oakleaf to unlock the potential of service users and staff to realise their ambitions and hopes.
- 4 To ensure that the managers had a framework by which they could assess the competencies of their staff within a Recovery framework.
- 5 Finally, to ensure that Recovery was the central theme within any new business Sussex Oakleaf developed.

What we did

During the period we have been successful in the development of a service user committee that is a formal committee of our board. Sussex Oakleaf has at present two service users on the board and these service users are also involved in the service user committee. The committee is made up of service users within Sussex Oakleaf who have an interest in governance, policy and strategy and a desire to increase their knowledge and learning to enable them to apply for board positions in the future. Membership of the committee is through an application process and there are clear terms of reference that sit within the rules of the association. The first formal meeting of the committee is due to take place in December 2008 and over the past 18 months the committee has met as a working group to ensure it is clear about its role and the influence it has on shaping the future of Sussex Oakleaf.

Sussex Oakleaf has also undertaken a significant project to ensure that every member of staff within the organisation has a competency-based job description. The competencies that people are working towards are embedded in Recovery and within each competency area there is a paragraph that explains exactly how this particular competency supports the principles and values of Recovery.

A very simple thing that we did in Sussex Oakleaf and one of the most powerful things that we did over the two years was introduce Recovery as a standing item on the agenda of every single staff meeting in the organisation – simple but very effective.

Sussex Oakleaf was also in the fortunate and unusual situation to recruit a new senior management team. We involved service users through the recruitment of the new directors and the new team have made a significant contribution to Recovery in Sussex Oakleaf within the first six months of being in post.

We also held a Recovery seminar for our top team, board members and members from the statutory sector. The seminar was with Shery Mead from America.

Last, but in fact the first thing we did, was carry out a survey to benchmark the level of knowledge of Recovery within our board and senior management team.

What worked well

The work with our service user committee has worked really well and has been a great opportunity to engage with service users across Sussex Oakleaf and enable Sussex Oakleaf to have a more powerful voice within West Sussex.

The competencies, which were a significant piece of work over the two years, have worked fantastically well. We have adapted our supervision and appraisal policy to complement the new competency framework and this has been welcomed by all staff in the organisation and has enabled managers to be able to assess and talk about Recovery with their staff teams in a much more structured way.

Introducing Recovery on the agenda of all meetings has been a huge success and has really got the organisation talking Recovery.

What didn't work so well

There were two pieces of work that had disappointing results. The first was the Recovery questionnaire to the board and senior management team. It was difficult to get the forms back and the information wasn't so helpful and we have put that down to experience.

The second thing that was an interesting experience was organising the seminar with Shery Mead for senior people within West Sussex. The meeting ended up with some Sussex Oakleaf board members and our senior management team and a number of staff from more middle management levels within the statutory sector. It was a helpful session to discuss Recovery with our partners but unfortunately we did not get the senior managers that we were hoping for from the statutory sector.

Achievements and outcomes

Over the two years we have achieved an enormous amount in Sussex Oakleaf. We believe that we have achieved our outcomes but we have also recognised as an organisation that Recovery is a journey and that we are really only at the beginning of that journey: the real results are in the feedback that we get from our service users about the difference that Sussex Oakleaf has made to help them realise their hopes, dreams and ambitions.

5. Action learning sets

Introduction

The Recovery in Action initiative included two action learning sets (ALS) that were facilitated throughout the two years, with participants meeting every two to three months. They were for nominated representatives from each of the four participating organisations: one for pairs of service user and staff leads, and one for senior managers. The model for the action learning sets was the traditional action learning approach, ¹underpinned with solution focused thinking² and Recovery concepts.

The aim of both action learning sets was to develop awareness, skills and confidence and to plan for actions that would take place outside the ALS, back within their organisations.

Recovery is about people's vision, hope, strengths and working in partnership to move step by step towards a better life – and to improve services. The ALS was a pioneering two-year journey into unknown territory, with service users and staff working in pairs, in partnership, challenging the traditional power balance and using their different qualities and experiences to make it work, get their Recovery projects done and improve services. In many ways the ALS and Recovery approach mirrored and complemented each other.

Both action learning sets (ALS) had the same format:

- Solution focused Recovery topics to support learning about Recovery
- 'Airtime' to reflect on the development and eventually the progress of their chosen Recovery project.

On two occasions – one half way through the RIA project and one near the end – a joint action learning day was held, attended by members of both action learning sets. On these occasions a different approach was used, which included experiential learning and workshop style exercises.

The pilot leads ALS was facilitated by Janice Lowe, an experienced facilitator and coach, and leader of service user development programmes. Penny West, an experienced facilitator who has worked with senior manager and staff using action learning as a mode of learning, underpinned with solution focused approaches, facilitated the organisational ALS.

The pilot leads action learning set

The pilot leads action learning set had an introduction to action learning so participants could become familiar with the approach and what was expected of them. None of the participants had taken part in an action learning set before. This was therefore a new experience and it took several sessions for people to be comfortable with the approach. During the two years the pilot leads ALS met 12 times as a set and provided opportunity for learning through exercises and facilitated 'airtime' to enable participants to understand and develop their roles as local pilot project managers and role models for change. On average 10–12 people attended.

¹ Weinstein, K. 1999. Action Learning: a practical guide. Gower. UK

² Duncan, L., Ghul, R., and Mousley, S. 2007. Creating Positive Futures: solution focused recovery from mental distress. BT Press, UK.

The ALS used solution focused exercises with Recovery related topics as warm up/ice breakers and each pair's 'airtime' focused on reflective learning to develop skills, confidence and plan actions outside the ALS. Each pair of project leads was expected to choose a Recovery project to be the focus for change. To support them, each pair of pilot leads had a project sponsor, who was a senior manager attending the organisational ALS. A project sponsor is someone "Who knows, who cares and who can." A project plan was completed and approved by their organisation and this Recovery project plan was used during the ALS sessions for learning and to shape the work outside the action learning set.

It was very important from the beginning of the action learning set to establish a 'can do' culture: a culture of working with members' strengths and passion from the heart in order to encourage people to use creativity, overcome resistance and find a way to move forward. By about session three service user pilot leads found their individual and collective voices in their pairs (with the staff member) and in the ALS. They gradually spoke up more and more and were able to apply their thoughts and feelings to the development of a process that would enable their projects to succeed. They say "recovery unites and illness divides": the ALS members seemed to unite, while respecting each other and using their differences creatively to progress their thinking about their projects.

Every two to three months, participants were able to use the next action learning session to review progress, contribute, learn, have feedback about successes and be offered suggestions for next steps – including how to overcome obstacles. Recovery project plans were considered at every ALS and progress acknowledged and celebrated. Everyone kept a learning log, which they completed while the learning of the day was fresh in their minds. There was a time about half-way through the two years when the staff members of the pairs seemed anxious and uncertain about the future, whereas the service user members were full of optimism, energy and vision. It appeared that power may have shifted and that service users had developed their confidence to play a more active and equal role.

Feedback from the pilot leads was that the ALS had become a source of inspiration: participants were encouraged by other set members and by the facilitator to try new things, to have the confidence to make mistakes and to take risks. In the last ALS, participants were asked for their thoughts about the experience. Their comments were:

"We can express ourselves, the fear factor has gone, there are changes in the hierarchy, service users talk to their chief executives and are listened to."

They spoke of the passion in the group to see everyone achieve and the ALS being,
"a haven in which people could be honest, vulnerable, make mistakes and struggle 'going through the fog' to change and progress".

The ALS was also described as "a springboard -- it helped you to jump up steps and gave you nuggets to keep going."

The organisational action learning set

The Organisational action learning set had a similar introduction to action learning as the pilot leads ALS, so participants could become familiar with action learning and what was expected of them. Of the eight senior managers (two from each organisation) involved in the organisational ALS, only a couple had previously been part of an action learning programme and, as would be expected at this level (chief executive and director level), all participants had previously participated in some sort of management development programme. During the two years the organisational ALS met ten times and, in common with the pilot lead ALS, participants were provided with opportunities for learning through exercises and feedback. There was facilitated 'airtime' to enable participants to understand what embedding Recovery concepts could mean for their organisation and to reflect on how, as senior managers, they could provide the leadership and organisational environment to support Recovery.

At the beginning there was a high degree of commitment to the Recovery in Action initiative, but differential levels of knowledge and awareness about Recovery concepts. Members were aware that culture change cannot be imposed from the top of an organisation and were very open to exploring how to optimise both a 'top down' and 'bottom up' approach to embedding Recovery concepts. There were two senior managers from each organisation at the start of the programme, but, due to staff changes, the total numbers attending the set reduced to five after the first year.

It was felt to be important that senior managers were exposed to the same Recovery exercises and reflection as the other action learning set, to familiarise them with the concepts and to facilitate the same learning for the senior managers as for the staff and service users. At each ALS there were Recovery-related solution focused warm up/ice breakers relevant to the stage of the process and the facilitator challenged participants to reflect and act on their role of leader (e.g. "to notice, to appreciate, to reward"; to say "WOW" when there had been a small success).

The senior managers had a number of tasks to reflect on in addition to their personal learning about Recovery: their roles as project sponsor for the Recovery projects, and their leadership role in relation to organisational culture change, and the specific tasks/projects chosen related to this and the development of the organisational checklist. (For details of organisational recovery projects see Section 4; for the organisational checklist see appendix one). Given that there was a separate Recovery in Action steering group it was felt important that the organisational ALS focused on learning and development, not the technicalities, or administration, of the RIA project.

After the warm up exercise each organisation – either as an individual or as a pair – used their airtime to present progress and for others to use 'powerful questions' to explore progress, how to overcome obstacles and to plan next steps. The 'airtime' for the senior manager group focused on their 'project sponsor' role for the pilot projects and on their roles as organisational change agents and culture carriers. During the organisational ALS senior managers also selected projects and explored what needed to happen at the strategic level to ensure that Recovery and positive approaches to management were embedded in their various organisations' infrastructures (see box with outline content for both ALSs.)

There was a tendency (not uncommon in organisations generally) to dwell on what had not yet been accomplished, rather than to notice and celebrate the small steps that had been achieved. This demonstrated the importance of having a facilitator who could raise awareness of noticing and amplifying small achievements – similar to the approach needed for encouraging a Recovery approach within their organisations.

The focus on a coaching style and its congruence with Recovery was found useful by the senior managers, who began to appreciate that, if senior managers use a coaching approach with staff and the staff are trained in coaching techniques, they will all be better equipped to work with the service users' needs: i.e. a coaching approach helps to implement a Recovery approach.

“The ALS was crucial to the success of the project. It was so important to me as a leader to have time with peers to discuss and reflect on Recovery. The discussions took my understanding further and it was a safe group for me to take risks and be vulnerable.”

Quote from a chief executive

6. Evaluation

6.1 Summary of findings

Overview

The Strategic Network for Mental Health (SNMH) developed seven pilot projects drawn from the four Network partners, which aimed to embed the Recovery model into their service provision. An evaluation was led by the Mental Health Foundation on behalf of the SNMH and measured 'before' ('Time 1') and 'after' ('Time 2') the implementation of these pilot Recovery projects, to evaluate their progress and impact of change. The evaluation used an amended version of the Developing Recovery Enhancing Environments Measure (DREEM – Ridgway & Press, 2004): a self-report tool that gathers information about mental health recovery from mental health service users.

Aims and objectives

Overall, the evaluation aimed to:

- Provide a snapshot of the pilot sites before and after the implementation of their Recovery pilots, to evaluate their progress and impact of change
- Provide case studies of the 'Recovery journeys' of a sample of service users involved with the pilot projects.

Process

Information about the research was disseminated via staff using accessible flyers, which gave service users the opportunity to put themselves forward as possible participants. Those who expressed an interest in the research were given a research pack consisting of an information sheet, consent form, DREEM questionnaire, glossary of useful terms and pre-paid envelope. Participants were given the option of completing the questionnaire alone or with assistance from a research supporter, and staff and service user research supporters were recruited at each site to provide support to those participants who requested it.

Findings

- A total of thirty-eight service users participated in the evaluation at Time 1 and twenty-seven participated at Time 2.
- A number of Recovery elements were rated by the participants in this evaluation as highly important:
 - To have hope
 - To have their basic needs met
 - To have the opportunity to be involved in personally meaningful activities
 - To have helpers who care
 - To be able to build upon one's own personal strengths and skills
 - To have meaning in life; general health and well-being
 - To have assistance in crisis.
- However, the ranking of importance of the Recovery elements were not consistent across the two time points, which demonstrates the need for services to consider recovery as an individual process and to be flexible to reflect the diverse and changing needs of their service users.
- Overall, it was felt that the SNMH services were performing well on many Recovery elements, particularly in relation to providing helpers who care, encouraging service users to do things that give their life meaning and helping them to take on new challenges.
- Potential areas of improvement in service performance were related to delivering services that encourage hope; that assist service users in meeting their basic needs (e.g. money, housing and healthcare), and that encourage service users to self-manage symptoms/triggers.
- Individuals who have other specific needs (e.g. relating to their ethnicity; sexuality; drug and alcohol problems; experience(s) of trauma or abuse; and issues relating to being a parent) view having help with these other needs as important to their mental health recovery. Services are performing relatively well in assisting with specific needs, but improvements could be made, particularly in providing support for sexual orientation, ethnicity and healing from trauma and abuse.
- The qualitative data in this evaluation provides insight into participants' experiences on their Recovery journeys, by allowing them to expand on the fixed responses in previous sections of the questionnaire. Many of the elements highlighted in the qualitative section of the questionnaire were the same as those included in earlier sections. For example, participants talked of the importance of having hope, having good social networks and relationships, and having helpers around them who care and who listen. Some new factors also arose, which included the need for patience; having self-confidence and a belief in oneself; and having opportunity to help others on their Recovery journey.

Conclusions

The data gathered in this evaluation provide the SNMH with a sound knowledge base on what their service users think about mental health recovery. It provides insight into what elements their service users' felt were important to their recovery, as well as highlighting their thoughts on what SNMH services can do to better support recovery.

It should be clearly recognised that the SNMH services are making a positive difference to the lives of their service users. Twelve individuals participated as 'case studies' in this research, and all had experienced some positive personal changes throughout the course of this evaluation, with some case studies highlighting a range of extremely positive outcomes across a wide range of areas of need. One can therefore conclude that the pilot projects did have a successful impact on and benefit to these service users' Recovery journeys.

The SNMH has demonstrated good service user involvement throughout this evaluation and throughout the Recovery in Action project as a whole. It is felt that these inclusive processes enhanced this evaluation. Service users were represented on the evaluation sub-group and made key recommendations on the adaptation of the DREEM questionnaire, which further enhanced its value. The questionnaire was piloted with a service user consultation group and their feedback was used in the evaluation design. Finally, service user research supporters were trained to oversee the collection of data. A half-day training session and a further half-day refresher training session was carried out with these research supporters, providing information about general research principles and ethical considerations. It is hoped that the SNMH services will continue to develop these skills with their service users so that they may be given the opportunity to assist in future service research/evaluations.

Recommendations arising from the formal evaluation

A number of recommendations for the services involved in this evaluation were made in the final evaluation report, including the recommendations that:

- The SNMH invests resources in **communicating the findings of this evaluation to their staff and service users** and continues to maintain an open dialogue about mental health recovery.
- The SNMH provides services that **encourage service users to develop their own sense of hope**. It is important that staff have a good understanding of mental health recovery and that they believe in, and have confident expectations of, their service users.
- In turn, staff can help service users to develop and internalise their own sense of hope, and **encourage them to feel hopeful again when they feel disheartened or experience a setback** in their recovery. Practical ways of developing hope include incorporating the use of a Recovery tool, such as the Recovery Star, along with regular feedback and encouragement from staff to help service users look back over their Recovery journey and realise how far they have travelled.
- **Providing a framework for staff to enable them to feel comfortable and confident in the giving of compliments** to service users would also be useful. In addition, incorporating inspirational 'stories' into services can be helpful in developing hope. Services may wish to develop materials (DVDs etc) that highlight service user Recovery stories and inspire hope in others. Other ideas include arranging meetings/events where service users can come together to discuss their journeys; and employing staff with their own personal experience of mental health problems and allowing space for them to share their experiences with service users, to help inspire hope.
- The SNMH **provides service users with assistance in getting their basic needs met** by helping with income/benefits, housing or healthcare needs. This assistance may be associated with improving service users' understanding of their basic needs and how to manage them and/or improving access to resources that help service users meet their basic needs. It is recommended that services provide appropriate training to ensure that all members of staff are well prepared to provide such assistance and are equipped with the necessary and up-to-date information and knowledge required to do so. It is also important that services do not take a 'one size fits all' approach when considering basic needs, and instead take a person-centred approach, acknowledging that service users may have different needs at different stages of their Recovery journeys.
- **Improving levels of support available for service users' individual specific needs and diversity issues**, particularly those relating to sexual orientation, drug and alcohol misuse and previous trauma or abuse. It is essential that mental health services identify and acknowledge the importance of specific needs/issues and develop appropriate ways to address them. Service improvements in this matter can be made through the development of staff capabilities and provision of appropriate staff training. It may also be appropriate to review staff job descriptions to ensure that staff with the right skills are recruited. It is recommended that all staff are given a basic level of training around specific needs/diversity issues, so that they feel confident and capable of addressing these issues with their service users. Where specialist support for specific needs (e.g. drug and alcohol problems, trauma/abuse etc) cannot necessarily be directly addressed within individual organisations, staff should be aware of how and where to direct service users for specialist support.

7. What we have learned

On 9 September 2008 representatives from each of the four participating organisations, their service users and the Mental Health Foundation, came together for a *Capturing the Learning* workshop. What follows is a summary of the discussion and feedback gained on that day.

7.1 Organisations

Recovery takes time and effort

Developing Recovery practice takes time and effort. The experience of piloting Recovery has had a considerable impact on each organisation's learning, to the extent that it has been difficult to capture everything that has happened and pull it all together. Recovery has challenged traditional policies and practice and organisational capacity to take on something new. On reflection, organisational leads questioned the readiness of their respective organisations, and some questioned whether they were in a suitable state of preparedness. Additionally, the site support visits by Mental Health Foundation to each pilot site might have been more useful if they had come earlier in the project development process.

Make it simple

The Recovery process can be perceived as rather abstract and there is a tendency to make Recovery over-complicated when in reality we need to make it simpler. Organisations have had to balance funders' expectations for outcomes with the sometimes 'softer' outcomes of Recovery.

Long term commitment to service user partnerships

The involvement of service users needs long-term commitment and an awareness of the impact that involvement has on the individual. For example, some service users involved in the projects or who sat on management boards felt that their peers viewed them as 'part of management'. At the start of the project some service users viewed Recovery as a strategy for getting people back to work but, through project involvement, attitudes and understanding have changed.

CEO commitment is a must

Clearly, for project success, a huge amount of CEO energy and commitment is needed and can really help to drive things forward and achieve results. Recovery has shot up the agenda of each organisation and the challenge now is to embed Recovery in all aspects of the organisation.

Recovery strengthens relationships

Participating organisations feel strongly that Recovery in Action has brought the Strategic Network closer together.

7.2 Organisational support to projects

CEO support and practical resources are important

Levels of organisational support to the pilot projects varied and involvement on a practical level was limited. On reflection, some thought that communication could have been improved and, while some pilot sites felt they had considerable CEO support, others would have liked more practical support and involvement. Having a direct link to the CEO, as project sponsor, was considered very important by pilot leads. Pilot leads felt stretched at times and would have liked additional resources and greater support – having time to step back and reflect on what they were doing, for example. A serious event in one service had a considerable impact and the time, support and ‘nurturing’ given by the CEO was vital and much appreciated. Pilot sites appreciated CEO encouragement but would have liked, in some instances, to have been backed up by greater resources.

Support comes in many forms

Where Recovery training has been delivered, it was valued, and visiting other services and social enterprises was also felt to be useful. Support from other areas of the service was viewed as important but engaging support with mental health services that were deemed less progressive was challenging. All involved saw that the greater involvement of service users in their own reviews was a real step forward and pilot leads (both staff and service users) felt they were treated as equals in the process.

7.3 What would make Recovery even better in your organisation?

Pilot leads found it difficult at times to manage operational duties while also taking the project work forward and would have appreciated designated time to devote to project leadership. To break down existing boundaries, staff need support in challenging preconceptions. For example, in multi-disciplinary assessment the history of the service user can follow them, to the extent that limitations are placed on what they are expected to be able to achieve. Staff felt they needed to be bolder in questioning assumptions, promoting a person-centred approach and encouraging positive risk-taking.

The project has illustrated the importance of peer support systems to Recovery and would like to extend this and other Recovery initiatives to other parts of their services. Rolling out Recovery training to all staff is a priority.

7.4 Staff engagement and workforce development

The projects were journeys for staff as well as service users and attitudes changed over time. Understandably, staff and service users can have misconceptions about Recovery and some difficulty was experienced in persuading people it was not just another thing to try. Some staff were initially cynical and had a 'seen it all before' attitude and were concerned that they did not have sufficient resources. To combat this, Recovery was a standing agenda item at staff meetings and attitudes were challenged. The enthusiasm of the project lead was very important and encouraged staff to have faith that they could make a difference. Some barriers are still there and there were staff who remained uncomfortable with the new culture and have moved on, but this was not felt to be a negative outcome.

All staff need to know the basics of Recovery, especially when there is turnover of staff and service users. It is crucial that they are clear about Recovery ideas, principles and values. The Recovery process forces staff to look at how they approach situations and who they are. There has been an increase in access to information and training. The two-day RIA training and Recovery Star training have given Recovery a high profile in the organisations, spreading the practice wider and getting more people involved.

Staff didn't always think relationships were important. Now they do. It has become embedded in the services to ask about and work around relationships. Staff understand the need to make things personal – not to be afraid of asking difficult questions.

7.5 Challenges and ways to overcome them

One pilot project described how it started well but then 'fell apart'. They felt that the project had gone through its own Recovery and still is. There was a lot of kudos riding on each project and sometimes it felt like "You must not fail". This put projects under pressure. Some did not always feel supported and they felt angry, and sometimes the project had to go on the back burner. Simple things really helped, like managers acknowledging that things don't have to be perfect and giving advice and suggestions.

Changes of staff personnel and managers in particular brought new participants with no early awareness of the project, highlighting the need to track changes from the start of the project so that information isn't lost when staff leave. Understandably there was some resistance from staff and service users. Some service users, for example, did not want to talk in a group setting and this was addressed by offering more one-to-one time. It took time to gain trust from project group members and the knowledge and passion about Recovery from the project lead helped develop understanding and trust with others.

Genuine enthusiasm is vital in driving Recovery forward and everyone was encouraged to contribute ideas. Projects within day services found that group activity can dwindle after time but groups that helped maintain interest were those that focused on happiness, confidence, assertiveness, for example. They also learned that it was important not to rely on just a small group of people to get things organised and to create space for others to come forward and develop. Where peer support systems were introduced, they were highly valued.

Small steps are really important in building trust. With new residents in supported accommodation, previous residents were able to offer hope by example, sharing their experiences and what they had achieved. Recovery was on the agenda of house meetings to encourage involvement in the project and staff demonstrated an optimistic attitude towards what residents could accomplish. Networking with other residential units has also been productive, resulting in more joint activities.

Where there was resistance to change, honestly addressing the issues has worked well in changing attitudes. Changes to the assessment process in one establishment has encouraged people to consider what they can contribute in addition to what support they might need.

7.6 Evaluation process

Project researcher learning points

If the research was replicated, funding for greater involvement from the research team (i.e. a researcher to visit the sites, hold research 'sessions' within services, personally assist with completion of questionnaires etc), rather than relying on research links and supporters within the services, might have helped. It would have been useful to have funding for carrying out one-to-one interviews (particularly with the case studies), or holding focus groups, to increase the richness of the data and to explore reasons behind any changes identified between Times 1 and 2. Carrying out another wave of research (i.e. Time 3) when people could complete the tool again after they have left the service would also have explored any longer term effects of the service/pilots.

We are aware that the DREEM is a lengthy and complex tool. A number of factors were set in place at both Times 1 and 2 to encourage participation: (e.g. the research supporters; the division of the tool into two separate sections; the inclusion of a glossary of terms, the entrance into a prize draw to recognise participants' time and contribution etc). However, we are aware that the length and complexity of the tool discouraged participation for some. If replicated, we could seek copyright permission from the DREEM authors to improve the look of the tool, perhaps by adding pictures/ larger fonts etc. It would be possible to use only specific parts of the DREEM tool in future research, rather than give out the whole tool. This would depend on what services are interested in finding out (i.e. it could explore only the importance/performance ratings of services; it could explore changes to the organisational climate; or it could look at changes in individual recovery markers across Times 1 and 2).

Alternative ways of 'catching' those from short-term services would need to be found – this was a particularly hard group to access, and no one from these services participated in 'Time X'. It may be that the Recovery journeys of those in these short-term services was different to those in the longer term services.

Pilot project learning points

- Evaluation process needs more time.
- Need to reduce size of questionnaire – was too big, intense. Needs to be easier to read. Could improve layout and include visuals. More open questions.
- Look at alternative ways of engaging people in process.
- Service user trainers were not used as a resource. Need to find ways to do this.
- Research supporters under used in Time 2, but was worthwhile, gave options.
- Length of evaluation questionnaire versus richness of data.
- More creativity needed to get people involved in evaluation.

7.7 What do you want to share with others?

Without doubt, developing a Recovery-focused service is a challenging process that requires patience and persistence. It is important to embrace positive risk taking – don't be scared, try things! Project participants agree that even challenging times in the life of the project have helped the learning. Fundamentally, we have learned that Recovery is based on positive relationships. Without meaningful relationships projects would have ground to a halt. Getting service users involved and positive staff optimism and enthusiasm are key, and have led to a greater sense of equality between service users and staff.

Service users should always be seen individuals, not defined by their illness. It is rewarding to see how service user led activities have become the norm and more individual needs are being met. New activities have encouraged friendships and the sharing of interests and experiences, with a corresponding improvement in well-being, though this must be seen as a transition into wider community activities. The focus on social recovery has addressed issues of stigma. Performances by Sussex Oakleaf band 1in4 has had a positive impact in breaking down negative images and boosted self-confidence.

Each project has been on a Recovery journey that has had a positive impact on individuals and participants are keen to share their experiences and stories with other organisations. Self-management has been a very important aspect of Recovery for service users and we have seen a change of attitude to Recovery during the life of the project. Ultimately, the projects have been exciting and rewarding journey and we believe that this is not the end. The Recovery journey is just starting.

8. Recommendations

8.1 Recommendations for policy makers

- **Be bold about recovery.** Encourage champions at the highest levels.
- **Consider the link between the personalisation agenda and recovery.** Providers who embed recovery into their organisations are best placed to really make personalisation work.
- **Ensure that recovery is central in the future review of mental health strategy at all levels.** Recovery principles should be applied to all policy development, recognising the rights of people with mental health problems to influence change.
- **NHS Strategic Health Authorities should be aware of recovery.** SHAs should ensure recovery informs strategies for funding mental health services. Recovery should apply to all types of provision, like acute wards, not just well-being services.

8.2 Recommendations for commissioners

- **Learn about recovery.** Commissioners should ensure that they know what recovery is and what it is not.
- **Recovery outcomes should be reflected in contract monitoring.** Recovery should be explicit in service specifications. To ensure more than lip service is given to recovery, commissioners should ask for practical examples of how recovery is being delivered, like case studies and user surveys, for example.
- **Commissioners should invest in initiatives that develop recovery thinking and practice.** Ensure that service providers demonstrate and recognise the need for service users to take control of their environment through their support planning process.

8.3 Recommendations for chief executives, board members, and organisations

- **Setting the recovery vision for the whole organisation is key.** CEOs and the board have to passionately embrace and lead this vision.
- **Chief executives must lead by example.** CEOs have a vital role in championing recovery. Enthusiastic and supportive leadership is vital and staff and service users need direct access and to leaders of organisations.
- **Recovery requires a change in attitude and culture and should be embedded in the collective culture of the organisation.** Look for creative ways to spread the recovery message throughout the organisation. Ensure that all policies and procedures reflect the aims of recovery.
- **Organisations need to have plans in place to take forward social recovery and ensure that they are linked to public sector transformation.** Recovery and the personalisation agenda share underlying principles and services should ensure service delivery is suitably positioned to meet plans for social transformation.
- **Recovery can only be achieved in partnership with service users.** Recovery is a journey made together. The board should look at creative and innovative ways to involve service users. The use of peer educators can bring considerable change within organisations.
- **Don't wait for someone to commission/buy a recovery service from you.** Start behaving in a recovery-orientated way now.
- **Collect recovery evidence and develop data collection systems needed for commissioning purposes.** It is important to agree definitions of recovery outcomes and put in place system-wide measures for collecting evidence.

8.4 Recommendations for service delivery

- **Engage service users at the outset and develop your recovery approach with them.** Services should encourage and support co-production between staff and service users to facilitate hope and a belief that things are possible. Take time to learn about people's recovery aspirations and work together to redesign services.
- **All staff should receive recovery training and recovery practice should be enhanced through regular supervision and professional development.** It is vital that all staff and service users providing peer support have access to recovery training. Learning together fosters a shared understanding, and can unleash creativity and fast track service improvement. Review job descriptions to embrace recovery and ensure that it is addressed in the recruitment process.
- **Recovery may be seen as a big aspiration but in reality it happens in relatively achievable small steps.** Don't be overwhelmed by the task. What may seem like a small improvement may be experienced as a considerable achievement in an individual's recovery journey.

8.5 Our message to service users

- **Don't accept things as they are.** Challenge the barriers that you face.
- **Recovery is about taking responsibility for your own life.** Services can support individual recovery journeys. Get involved in the development of services that encourage responsibility and support the development of self-management skills.
- **Focus on your individual strengths.** Look at what you can do and what you can offer others. Giving up your role as service user and embracing a new role as contributor can be scary but it is worth it.
- **It is crucial that people with lived experience have the opportunity to support others.** Peer support systems focus on building reciprocal relationships, an enormous shift for people used to receiving services

9. Acknowledgements

Mental Health Foundation

Louise Lingwood, Head of Service Improvement and Workforce Development – Recovery in Action Project Manager; Chair of Evaluation Subgroup
Kathryn Hill, Director of Mental Health Programmes – Steering group member
Penny West – Lead Consultant
Janice Lowe – Consultant
Mo Hutchinson – Consultant
Sarah Gillespie – Researcher

Advance

Stuart Rigg, Chief Executive – Steering group member
Leon Herbert – Pilot lead
Darren Bennett – Pilot lead
Diane Ellis – Evaluation Subgroup member

Mind In Birmingham

Helen Wadley, Chief Executive – Steering group member
Ian Laing, Director of Operations – Steering group member
Andrew Owen – Steering group and Evaluation subgroup member
Shirley Williams – Evaluation Subgroup Member
Dorrie Baker – Pilot lead
Becky Nolan – Pilot lead
Stephen Schumann – Pilot lead
Martin McKinley – Pilot lead

Second Step

Aileen Edwards, Chief Executive – Chair of Steering Group
Richard Shaw – Steering Group and Evaluation Sub Group member, Research supporter
Ann Wilson – Research supporter
Brian Quinn – Pilot lead
Paula May – Pilot lead
Debbie Spearmen – Pilot lead
Martin Mousah – Pilot lead
Sally Hooper – Pilot lead
Gill Pickford – Evaluation Sub Group member
Giz Thomas – Evaluation Sub Group member

Sussex Oakleaf

Tracey Faraday-Drake, CEO – Steering group member

Beth Osmond – Pilot lead

Lucy Burrows – Pilot lead

Graham Mann – Pilot lead

Roy Davies – Pilot lead

Neil Perkins – Evaluation subgroup member

Rachel Perkins – South West London and St George's Mental Health Trust

Catherine Jackson – Report Editor

Thank you to all service users, staff, colleagues and friends who have contributed to Recovery in Action

APPENDIX ONE

Recovery in Action ORGANISATIONAL CHECKLIST

SERVICE USER CHECKLIST								
No.	RE-VITALISE	TICK	No.	RE-ALIGN.	TICK	No.	RE-MODEL	TICK
1	Person centered plans: Does the organisation have a policy statement on person centered planning?		1	Person centered plans: Do all service users have a person centered plan agreed between them and their key workers?			Person centered plans: Do service users have a choice of person centered plans and support for making Advance Agreements if illness means they unable to exercise choice?	
2	Goal setting: Are service users encouraged to set their own goals?		2	Goal setting: Is there evidence that service users set their own goals?		2	Goal setting: Are service users offered peer support in setting and achieving their goals?	
3	Information: Are service users provided with basic written information about Recovery?		3	Information: Is there a resource library with information about different approaches to Recovery?		3	Information: Are service users encouraged to share their achievements with others by writing articles, or poems or publishing their personal Recovery stories?	
4	Activity programmes: Are service users involved in choosing their activities or programme?		4	Activity programmes: Are service users offered opportunities for self help, volunteering and peer support?		4	Activity programmes: Are service users leading aspects of activity programmes such as running sessions on self-help, or peer support?	
5	Newsletters: Do newsletters and notice boards regularly include Recovery stories?		5	Newsletters: Do service users contribute to the organisation's newsletters?		5	Newsletters: Are service users offered the opportunity and support to produce/edit their own newsletter?	
6	Training: Are there training programmes for staff that include service user experiences and stories?		6	Training: Are service users offered training about Recovery and given certificates for attending		6	Training: Is all recovery training co-delivered with service users?	
7	Recognition: Are certificates given to service users who attend any training?		7	Recognition: Are service users paid travel and out of pocket expenses for their contributions?		7	Recognition: Are service users paid as trainers for their training or contribution to development?	
8	Consultation: Are all service users consulted about service changes in a meaningful way?		8	Consultation: Are service users consulted about services and activities that could take place in a variety of settings?		8	Consultation: Are service users consulted about setting up user-led activities and training?	

STAFF CHECKLIST								
No.	RE-VITALISE	TICK	No.	RE-ALIGN.	TICK	No.	RE-MODEL	TICK
1	Person centered plans and goal setting: Are staff trained to work with service users in setting their own goals?		1	Person centered plans and goal setting: Do support plans used by staff fit the Recovery model?			Person centered plans and goal setting: Do staff competencies reflect the values of the organisation related to Recovery?	
2	Recruitment: Are staff assessed on their knowledge of and attitude to Recovery during recruitment?		2	Recruitment: Are service users involved in interviews for care and support staff?		2	Recruitment: Are service users involved in the recruitment process for other key staff e.g. senior management, team leaders?	
3	Job descriptions and appraisal: Have these got reference to the principles and practice of Recovery?		3	Job descriptions and appraisal: Are there competencies on Recovery and employment opportunities, including volunteering?		3	Job descriptions and appraisal: Are targets set and staff appraised on their contribution to the promotion of Recovery principles?	
4	Employment practices: Does the organisation's equal opportunities policy include people with mental health needs?		4	Employment practices: Does the organisation have a "Mindful Employer" Charter and offer counselling and support to staff?		4	Employment practices: Does the organisation employ significant numbers of people with lived experience of mental health needs?	
5	Induction and training: Are care and support staff required to attend mandatory Recovery awareness training?		5	Induction and training: Is there at least a 2-day staff training programme to increase awareness of Recovery concepts?		5	Induction and training: Have staff such as finance, IT, and HR attended basic training in Recovery awareness?	
6	Recovery awareness: Can all staff show a basic understanding of the principles of Recovery?		6	Recovery awareness: Is the topic of Recovery included in all staff meetings?		6	Recovery awareness: Are team building events based on Recovery principles e.g. teams encouraged to write their own WRAP?	
7	Supervision: Is supervision carried out using a strengths based approach to support Recovery principles?		7	Supervision: Is Recovery based practice included in supervision?		7	Supervision: Are staff encouraged to write their own WRAP to underpin Recovery principles?	
8	Recognition: Have managers been trained in Recovery concepts?		8	Recognition: Does the organisation demonstrate it's committed to supporting staff and service users in life long learning, personal and professional development?		8	Recognition: Does the organisation have an annual award for the staff member who has contributed most to Recovery during the year?	

SERVICE DELIVERY CHECKLIST								
No.	RE-VITALISE	TICK	No.	RE-ALIGN.	TICK	No.	RE-MODEL	TICK
1	Policies: Does the organisation have an explicit value statement about its commitment to Recovery approaches in the delivery of services?		1	Policies: Does the organisation have a policy on values held by the organisation in relation to Recovery, person centered planning and involvement of service users?			Policies: Does the organisation have clear policies on boundaries for interactions between staff and service users that are compatible with Recovery?	
2	Procedures and guidelines: Are support plans Recovery orientated?		2	Procedures and guidelines: Have all operational procedures and guidelines been checked to ensure they are compatible with Recovery?		2	Procedures and guidelines: Has the organisation developed positive risk strategies that support service users and staff?	
3	Social Inclusion: Does the service promote activities that enable service users to integrate and mix with people who are not users of mental health provision?		3	Social Inclusion: Are service users encouraged to take up opportunities for self-help, volunteering and peer support both within the organisation and also within their communities?		3	Social Inclusion: Are service users offered opportunities to organise and run user-led services within the organisation, and to take-up leadership roles in their own	
4	Family and Friends: do services encourage connection and development of existing and new relationships?		4	Family and Friends: Do service policies and delivery support these relationships and networks in the everyday lives of service users?		4	Family and Friends: Do services promote innovative ways that family and friends are involved in service delivery?	
5	Information: Is there a library/resource directory for staff and service users about Recovery?		5	Information: Are self-management tools actively promoted by the service e.g. WRAP, WRAP Groups		5	Information: Does the service offer internet training and access for staff and service users to research Recovery approaches?	
6	Employment opportunities: Does the service encourage job applicants with lived experience of mental health issues?		6	Employment opportunities: Have user development worker posts been established in services and/or across the organisation?		6	Employment opportunities: Does the service employ peer support workers?	
7	Audit: Are the support or care plans audited for ensure that they are completed together with service users and that service users define their own goals?		7	Audit: Are outcomes measured using Recovery tools such as the Recovery Star? Is there evidence of celebration in the achievement of goals?		7	Audit: Are services reviewed every 3 years using Recovery audit tools e.g. DREEM Tool?	
8	Conferences/events: Are service users involved in organisational events to give the service user perspective?		8	Conference/events: Are there joint events for staff and service users to work on Recovery approaches and identify priorities for action?		8	Conferences/events: Are there service user-led conferences with service users planning and delivering them?	

BUSINESS AND BOARD CHECKLIST

No.	RE-VITALISE	TICK	No.	RE-ALIGN.	TICK	No.	RE-MODEL	TICK
1	Board strategy: Is Recovery highlighted as a key value in the organisation's Mission Statement?		1	Board strategy: Is progress on Recovery included in the Business Plan and Annual Report			Board strategy: Does the Board have a strategy to disinvest/get rid of/close services that are not Recovery orientated?	
2	Board development: Has the Board received briefing papers on Recovery and Service User Involvement?		2	Board development: Has the Board held an Awayday or training event focusing on Recovery/Recovery Awareness?		2	Board development: Is Recovery included as a competency for all Board Members?	
3	Board leadership: Have the Board and Chief Executive set a clear direction on Recovery?		3	Board leadership: Has the Board identified a "Recovery Champion"?		3	Board leadership: Has the Board demonstrated its long-term commitment to user involvement by having service users on the Board as full Board Members?	
4	Executive leadership: Have the Chief Executive and Senior Managers had Recovery awareness training?		4	Board leadership: Has the Board identified a "Recovery Champion"?		4	Executive leadership: Is performance on Recovery included in the Chief Executive's and other senior managers' annual appraisal targets?	
5	Structure: Does the organisation have identified Recovery Champions across the whole organisation?		5	Executive leadership: Do senior managers support and empower front line staff to work in a Recovery way		5	Structure: Does the working party/steering group set Recovery goals for the whole organisation?	
6	Recognition: Does the organisation recognise the "Ten Essential Capabilities for Mental Health Practice" which includes Recovery in the shared capabilities for all Mental Health Workers.		6	Recognition: Do all Board papers have to identify the impact of a proposal on Recovery?		6	Recognition: Is there a Service User Sub Committee of the Board or User Advisory Group to advise the Board?	
7	Service user empowerment: Do working parties, steering groups and development work include service users as a matter of course?		7	Service user empowerment: Has the organisation identified budgets that are delegated to service user control?		7	Service user empowerment: Does the organisation link with key external leaders in Recovery especially service user-led initiatives?	
8	Contracts: Does the organisation's quality reporting on contracts include Recovery concepts e.g. support plans, use of the Mental Health Recovery Star?		8	Contracts: Does the organisation prompt commissioners to include reference to the organisation's approach to Recovery in contracts and future tenders?		8	Contracts: Can the organisation demonstrate to commissioners positive outcomes related to Recovery?	

APPENDIX TWO

Outline of action learning sets content

Introductory phase:

ALS Session 1

- Get to know each other and the organisations
- Develop ways of working together in each group
- Be introduced to Action Learning and how action learning sets work
- Understand the roles of action learning set member, pilot lead, project sponsor and mentor
- Develop a shared understanding of the Recovery philosophy/approach
- Develop/consider guidelines for projects and think about the possible focus of Recovery projects.

ALS Session 2

- Develop a shared understanding of Recovery concepts and key issues that need to be addressed to enable Recovery to make a difference
- Build relationships, feel comfortable in the action learning group, learning styles and action learning skills
- Contract and clarification of role of pilot lead and project sponsor
- Practice approach using temporary action learning sets, using powerful questions
- Learn the importance of compliments and noticing change.

Developmental phase: Undertaking projects and continuing to learn about recovery

ALS Session 3/4

- Choose Recovery projects to be the focus of learning in each pilot site.
- Each pilot leads pair to have "airtime" to work through their project using powerful questions for projects.
- Each ALS group to focus on their personal learning about recovery using the exercise "What recovery means to me – use of your own experience"
- Considered how to engage others in the development of the Recovery project.
- Sign the contract between pilot leads and project sponsor.
- Develop a project plan in four phases for each Recovery Project.
- Organisational action learning set members to consider what are their roles in terms of promoting organisational change as their focus for learning (Organisational Recovery project).
- Agree how to measure change/success both in terms of the action learning sets and the projects overall.
- All members of ALS groups feel comfortable and confident in using powerful questions and their "airtime".

ALS Session 4/5/6

- Each pilot leads pair and organisational ALS member to continue to have “airtime” to plan, progress and learn from action taken. This will result in growing confidence in use of action learning approaches. Facilitators ensure that there is focus on learning as well as action.
- Recovery and solution focused exercises.
- Keep focused upon Recovery outcomes for service users: results of initial evaluation work will be considered by each ALS.
- Agree work to be done in each organisation to prepare for the Joint ALS in November.

Joint ALS (Half way review)

- To give members of the pilot leads action learning set and the organisational action learning set time to get to know each other and spend time reflecting and learning together.
- To review the challenges both the pilot leads and the project sponsors face in their roles within their organisations in their efforts to make Recovery approaches a reality in their organisations.
- At this half way point, to celebrate achievements so far and plan for the next year.

Session 5/7

- Action learning review of progress to date in terms of learning, progress with projects and on communication and organisational change.
- Recovery and solution focused exercises.
- Consider how to overcome obstacles that have become apparent.
- Issues from the evaluation.
- Learning so far for the “organisational checklist” including issues of power, authority, leadership, service user involvement, staff training and recruitment etc
- Celebration of successes so far.
- What needs to change to give the Recovery agenda the greatest chance of sustainable change?

ALS Session 6/8

- Each pilot leads pair and organisational ALS Member to continue to have “airtime” to review the project plan, progress and learn from action taken and the review in November.
- Consider implications for the future where action learning sets finish: what still needs to be done? How can support be given?
- Recovery and solution focused exercises.
- ALS to contribute to the thinking about the final Outcomes Conference: format? How will Recovery projects contribute?

Final Phase:

Joint ALS Session (Capturing the learning)

- To provide an opportunity for the key players in the Recovery in Action initiative (steering group members/ pilot leads/senior managers/researchers /facilitators) to reflect together on the learning over the last two years.
- To identify specific outcomes and achievements so far.
- To provide a supportive setting to identify challenges the organisations faced when trying to implement a Recovery approach and how these were dealt with.
- To contribute to the final report on Recovery in Action.

ALS Session 8/10

- Review the programme: celebration of the programme’s successes, learning and progress of Recovery projects – as well as any shortcomings and regrets about what has not been achieved so far.
- Consider the formal ending of the ALS and invite ALS pilot leads to consider how they will continue to be supported, stay in touch etc.
- Consider how an action learning way of working can continue in people’s own organisation.
- Reflect on how to promote our own mental health and others we come into contact with.
- Formally end the programme, celebrate successes, consider sustainability, give compliments and reflect on the Outcomes Conference.

Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services. We can only continue our work with the support of many individuals, charitable trusts and companies. If you would like to make a donation, please call us on 020 7803 1121.

Visit www.mentalhealth.org.uk for free information on a range of mental health issues for policy, professional and public audiences, and free materials to raise awareness about how people can look after their mental health.

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