Scottish
Recovery
Indicator 2

www.sri2.net

Introduction to the Scottish Recovery Indicator (SRI 2)

SRI 2 is the service development tool of choice for mental health services. Since its launch in 2011 it has been used successfully by a wide range of services across Scotland and has resulted in activity to enhance their recovery focus.

SRI 2 is a compact and user friendly tool which can be used across all mental health services and sectors. It helps practitioners work together and with others to reflect on their practice and look at how services can become more recovery focused.

“The tool highlights where improvements need to be made in recovery practices”

SRI 2: What it does

SRI 2 enables mental health practitioners to provide ever more recovery focused services. We know that people working in mental health services want to demonstrate their commitment to recovery. We know that the people using services want to experience the benefits of that commitment; and we know that the Scottish Government wants to support services to embed the principles and values of recovery in all that they do.

SRI 2 is the tool of choice that enables all of that to happen, through a clear, evidence based and effective process.

SRI 2 provides the opportunity for people who provide the service, and people who use the service along with their carers, to rate aspects of the service against ten recovery indicators. This results in stimulating and reflective conversations, leading to an action plan which is then fed into the web based tool. The resulting service improvements can be recorded and celebrated, and the next SRI 2 scheduled, thus ensuring continuous improvement and service development.

Why you should complete an SRI 2

Services achieving SRI 2 completion are demonstrating evidence of:

- Support for the Scottish Government's aspirations on recovery oriented and person centred practice.
- Willingness to critically analyse and review their policies and practice.
- Willingness to engage with and respond to the views of people who use the service and their carers.
- Commitment to continuous development and improvement.
- Values based and reflective practice.
- Commitment to inclusion and equalities

The SRI process has been shown to be encouraging and motivating, because it demonstrates examplesof good practice and things to be proud of, as well as providing ideas for improvements. Services have completed SRI 2 in around a day or a day and a half plus preparation.

Who should do an SRI 2

Practitioners in mental health services who have a leadership or practice development role, team leaders interested in service improvement and generally those who want to evidence their values based and recovery focused practice.

SRI 2 is equally applicable to the NHS, voluntary, private and social service sectors. Any service interested in recovery and mental wellbeing would do well to consider the development opportunities offered by SRI 2. Experience has also shown the SRI process to be helpful across a range of settings including Learning Disability and Dementia services. Some addiction services are also looking into the application of SRI 2.

SRI 2 connects to other initiatives

It is recognised that staff and services are always busy and that time is a precious commodity. With this in mind, completion of SRI 2 helps provide service monitoring and reporting data and connects to the objectives of a number of other important policy drivers and guidance including:

- Healthcare Quality Strategy for NHS Scotland
- Rights Relationships Recovery Refreshed
- Leading Better Care
- Involving People who use Care Services and their Families Friends and Supporters
- Self-Directed Support

The tool is designed to mesh with the values and best practice as exemplified by a range of programmes including Realising Recovery and the 10 Essential Shared Capabilities.

"The recovery indicator highlighted where the gaps were in service provision and the areas we had to improve and provided structured framework for this"

SRI 2:
How it works

SRI 2 is a structured process centred around 10 recovery indicators. These are based on evidence about what works in recovery, e.g. 'service is strengths based' and 'goals are identified and addressed'. The service reflects on its practice against these recovery indicators using six sources of evidence:

- Assessments
- Care Plans
- Service Info
- Service Provider
- Service User
- Informal Carer

As we can see from this list, the six sources fall into two types: paperwork and people. Paperwork includes looking at assessments, care plans and service information to identify whether the service is meeting the aspirations of each recovery indicator. This evidence is complemented by the second type, which is gathered by seeking the views of those involved in the service. This is done through a series of reflective discussions between the people providing the service, the people who use the service, and their carers and/or families.

SRI 2 helps services through each stage of the process by providing a set of reflective statements to be considered when looking for evidence from the six sources. Guidance on how to prepare for and complete an SRI 2 is available on the SRI 2 website, as are data collection sheets to record the scores and comments that have been gathered.

Getting help

Information and guidance on SRI 2 completion is available in the comprehensive guidelines at www.sri2.net

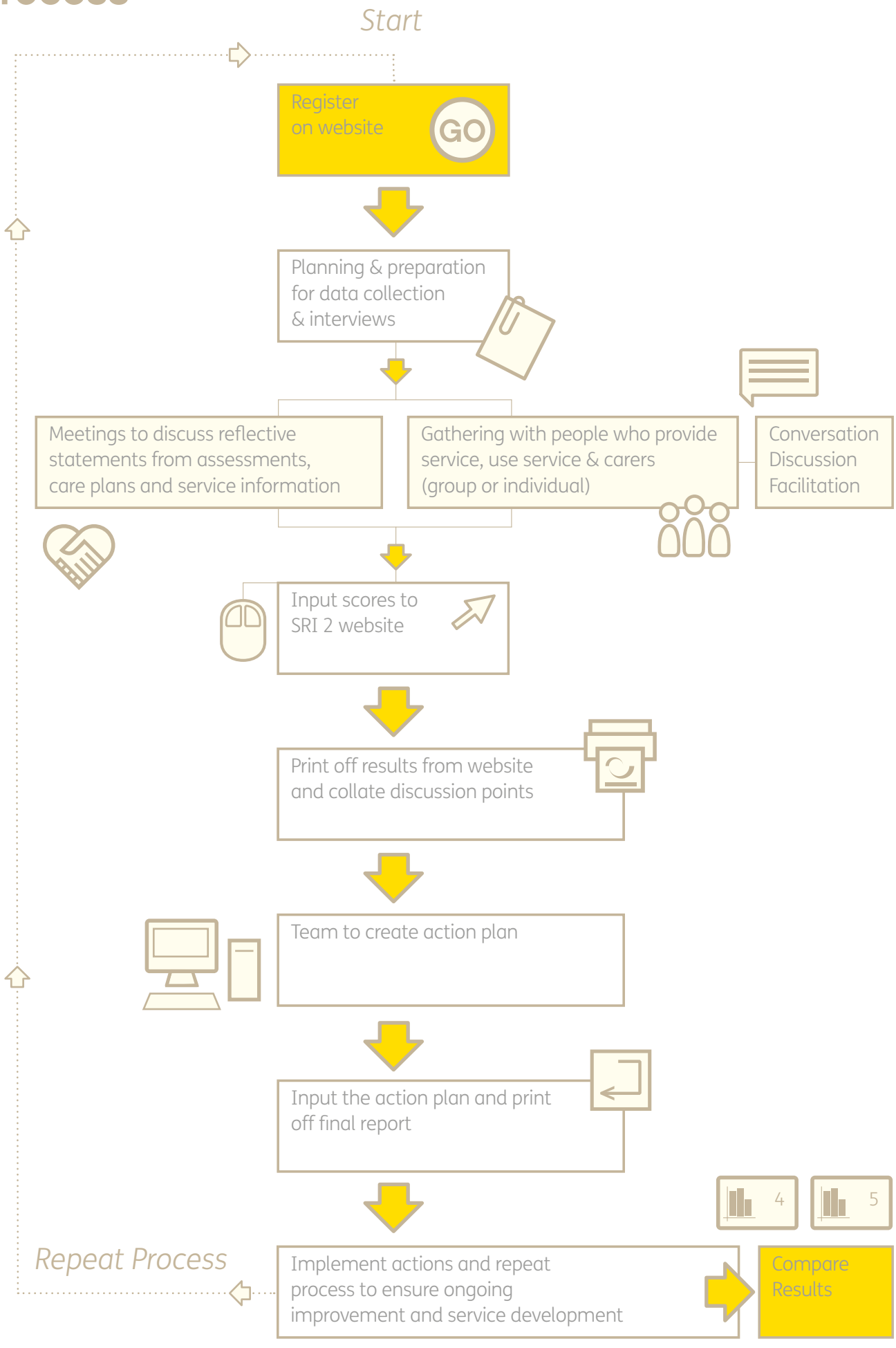
“The SRI process brought together all disciplines of staff in collaboration with service users and carers and allowed everyone the opportunity to explore current practices, empowering them to develop and improve recovery based approaches”

The SRI 2 recovery indicators and reflective statements

The framework of the recovery indicators and reflective questions is shown here to let you see how straightforward and logical the structure of SRI 2 is. At the heart of the web based SRI 2 process are the ten indicators of recovery focused practice shown here in the first column of the framework starting with 'Basic needs are identified and addressed'. Each indicator is considered and discussed against evidence from six different data sources.

Indicator	Data Source					
	Assessments	Care plans	Service Info	Service Provider	Service User	Informal Carer
Basic needs are identified and addressed.	Basic needs are routinely considered.	Basic needs are routinely addressed.	No data required.	We identify and address basic needs.	My basic needs are well met by this service.	My needs are considered by the service.
Goals are identified and addressed.	Goals are routinely considered.	Personalised self-set goals are routinely addressed.	No data required.	When we plan care we consider people's self set goals.	My goals are considered when planning my care.	No data required.
Personalised services are provided.	Personal choice is routinely considered.	Considerable variation between care plans.	Personal choice is identified as fundamental.	We ensure people receive a personal unique and tailored service.	I get a service that is tailored to my individual needs and circumstances.	No data required.
Service is strengths based.	Strengths are routinely identified and explored.	Strengths are routinely integrated.	Strengths based approach is promoted.	We consider people's strengths skills and abilities.	My strengths, skills and abilities are considered by this service.	No data required.
Service promotes social inclusion.	Social connectedness is routinely considered.	Mainstream services and community integration are routinely addressed.	Information is provided that promotes social inclusion.	We provide a good range of options to promote social inclusion.	This service helps me to feel connected to my community.	No data required.
Service promotes and acts on service user involvement.	No data required.	No data required.	Information is provided that promotes service user involvement.	Significant changes have taken place as a result of service user involvement.	People who use this service have a say in how things are done.	No data required.
Informal carers are involved.	Informal carers role is routinely considered.	Informal carers are routinely involved.	Information is provided that promotes informal carer involvement.	We fully involve informal carers wherever we can.	If I want it, my informal carer is fully involved.	I am fully involved by the service.
Service encourages advance planning and self management.	Advance plans and self management plans are routinely considered.	Advance plans and self management plans are routinely integrated.	Information is provided that promotes advance planning and self management.	We encourage advance planning and self management.	I'm encourged to plan for the future including periods of poor mental health.	I'm involved in planning for the future for the person I care for.
Staff are supported and valued.	No data required.	No data required.	Training, supervision and wellbeing policies or initiatives exist.	Staff are supported and valued and opportunities exist to reflect on practice.	The staff here seem satisfied in their work.	The staff here seem satisfied in their work.
Practice is recovery focused.	Promotes hope and optimism.	Responsibilities are routinely shared.	Information is provided that identifies recovery focused practice as fundamental.	We are recovery focused practitioners.	The staff are supportive, positive and approachable.	The service helps me feel hope for the future.

Process


Start
Register on website
GO
Planning & preparation for data collection & interviews
Meetings to discuss reflective statements from assessments, care plans and service information
Gathering with people who provide service, use service & carers (group or individual)
Conversation
Discussion
Facilitation
Input scores to SRI 2 website
Print off results from website and collate discussion points
Team to create action plan
Input the action plan and print off final report
4
5
Repeat Process
Implement actions and repeat process to ensure ongoing improvement and service development
Compare Results

Feedback:

“audit tools usually identify deficits and do not recognise good practice, but the SRI is different, I’ve never felt more valued or motivated in my entire nursing career”

“It provided valuable insights into the service user opinions and what adds value for them in relation to service provision”

“We all felt it was worthwhile, it gave us clear direction of focus and we changed our service as a result”

“Completing the SRI helped provide evidence and confirm perceptions held about the service I worked in rather than relying on tacit knowledge”

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