



Scottish
Recovery
Indicator

2

Survey of SRI 2 Completers

Final Report



SRI 2 Completers Survey – Key Findings

The survey was sent to 268 named contacts who had completed an SRI 2 between October 2011 and September 2014. 109 completed responses were received representing a response rate of 41%.

Who responded ?

- 80% of those who responded to the survey were registered nurses.
- 64% of respondents had completed an SRI 2 within the last 18 months and 87% had completed an SRI 2 in the last two years.
- The highest proportion of respondents came from community mental health services (27%) followed by older peoples services (22%) and acute services (13%). Forensic services and addiction services each accounted for 11% of completed responses.
- 47% of all responses came from services based in the Greater Glasgow and Clyde Health Board area. A further 18% of responses came from services based in Lanarkshire. The next highest level of responses came from services based in Ayrshire and Arran health board area (8%) and Grampian (6%).

Experience of completing an SRI 2

- Over 80% of respondents said they found the experience of completing an SRI 2 quite or very positive. Only 5% of respondents said they found the experience of completing an SRI 2 was very or quite negative.
- 53% of respondents said they found the process of completing an SRI 2 for their service quite or very easy. However, 43% of respondents said they found the process quite or very difficult.
- Over a third (34%) of respondents said they found the process of completing an SRI 2 was very helpful in improving the recovery focus of their service. A further 48% said completing an SRI 2 had been quite helpful in improving the recovery focus of their service
- 71% of respondents said they were either in the process of completing another SRI 2 for their service or planned to do so within the next year. 12% of respondents said they weren't sure whether they would be doing another SRI 2 but only 3% said they probably wouldn't complete another SRI 2 for their service.

Involving People in Completing an SRI 2

- A majority of respondents (55%) said they found engaging with informal carers was the most difficult part of completing an SRI 2. A further 19% said they found that engaging people using their service was the most difficult aspect of completing an SRI 2 for their service.
- A third of respondents said they found that gathering evidence from assessments was the easiest part of the SRI 2 process and 28% said gathering evidence from care plans was the easiest part of the process.
- Over a third (37%) of respondents said they found it quite or very difficult to engage staff in the process of completing an SRI 2 for their service. However, a majority (53%) said it was quite or very easy.
- 46% of respondents said it was quite or very difficult to involve people using services in the process of completing an SRI 2 for their service as opposed to 43% who said it quite or very easy.
- 39% of respondents said it was very or extremely difficult to engage informal carers in the process of completing an SRI 2 for their service. A further 41 % said that they found it quite difficult to involve informal carers. 20% of respondents said that it was very easy or quite easy to involve informal carers in the process of completing an SRI 2 for their service.

Impact of Completing an SRI 2

- 80% of respondents said they felt that completing an SRI 2 had a positive impact on their service.
- 71% of respondents said that completing an SRI 2 was beneficial in helping them improve the recovery focus of their service.
- 75% of respondents said that the recovery focus of care plans had improved since completing an SRI 2. This included 24% of respondents who said that the recovery focus of care plans had improved a lot as a result of completing an SRI 2.
- 69% of respondents said that the engagement of people using services and assessments had improved as a result of completing an SRI 2.
- Over 60% of respondents said that the recovery focus of other aspects of practice had improved since completing an SRI 2.
- A majority of respondents said they felt their recovery practice had improved in relation to most of the SRI 2 recovery indicators. The indicators where the largest proportion of respondents felt that there had been improvements were providing personalised services (67% felt this area of practice had improved) and adopting a strengths based approach (65%).

Introduction and Background

The Scottish Recovery Indicator (SRI) is a service development tool that can be used by anyone interested in developing recovery focused services. SRI was developed by SRN to provide services with a practical tool to review, develop and improve how they supporting recovery.

SRI 2 was first introduced in October 2011 as an improved version of the original SRI tool. The SRI 2 framework helps services reflect on policies and practices in relation to 10 indicators that are based on evidence of what helps to support recovery. Services are asked to review and reflect upon their current policies and practices against these indicators by considering six sources of information. Assessments, care plans and service information provide documentary evidence and this is complemented by gathering the views of people providing the service, people using the service and informal carers.

A total of 363 services completed an SRI 2 in the three years between 2011 and the end of 2014. A large proportion of these services are mental health services working with people in both community and hospital based settings. SRI 2 is ,however, being increasingly used by services working with older people experiencing dementia, addictions services and social care organisations.

SRN was keen to get feedback from services that had completed an SRI 2 about their experience. As part of this process an online survey was conducted in late 2014. A questionnaire was sent to 268 named contacts who had completed an SRI 2 between October 2011 and September 2014. A total of 109 completed responses were received, representing a response rate of 41%.

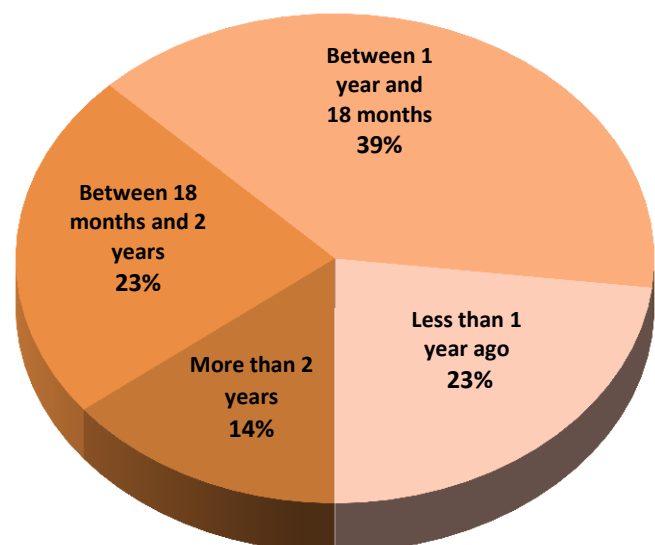
Who completed the survey?

80% of those respondents to the survey were registered nurses. The remaining respondents came from a wide range of professional backgrounds including occupational therapists, allied health workers, support workers and service managers.

62% of respondents said that they had completed an SRI 2 within the last 18 months.

Almost 70% of respondents said that they co-ordinated the completion of an SRI 2 for their service and a further 29% said they had been a member of a team responsible for completion of an SRI 2 for their service.

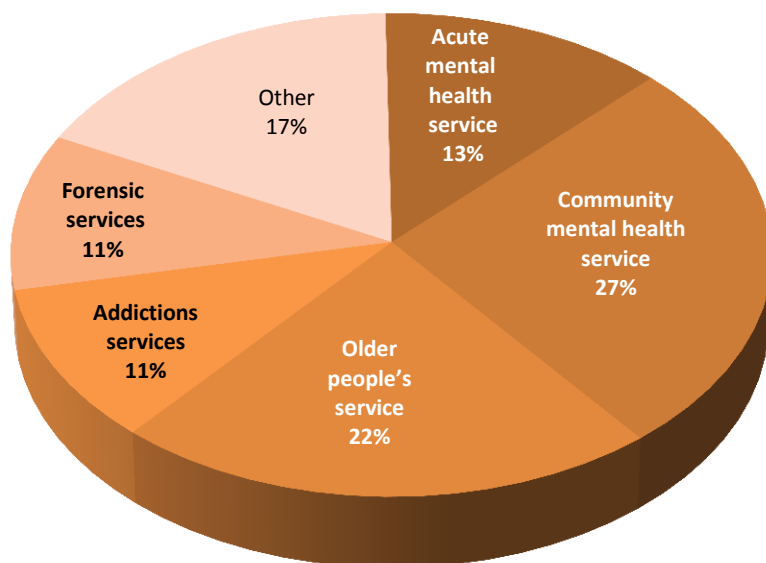
Figure 1 – When did respondents complete an SRI 2 ?



Respondents to the survey were broadly representative of all services that had completed the survey in terms of both the type of service and the geographical location of the service.

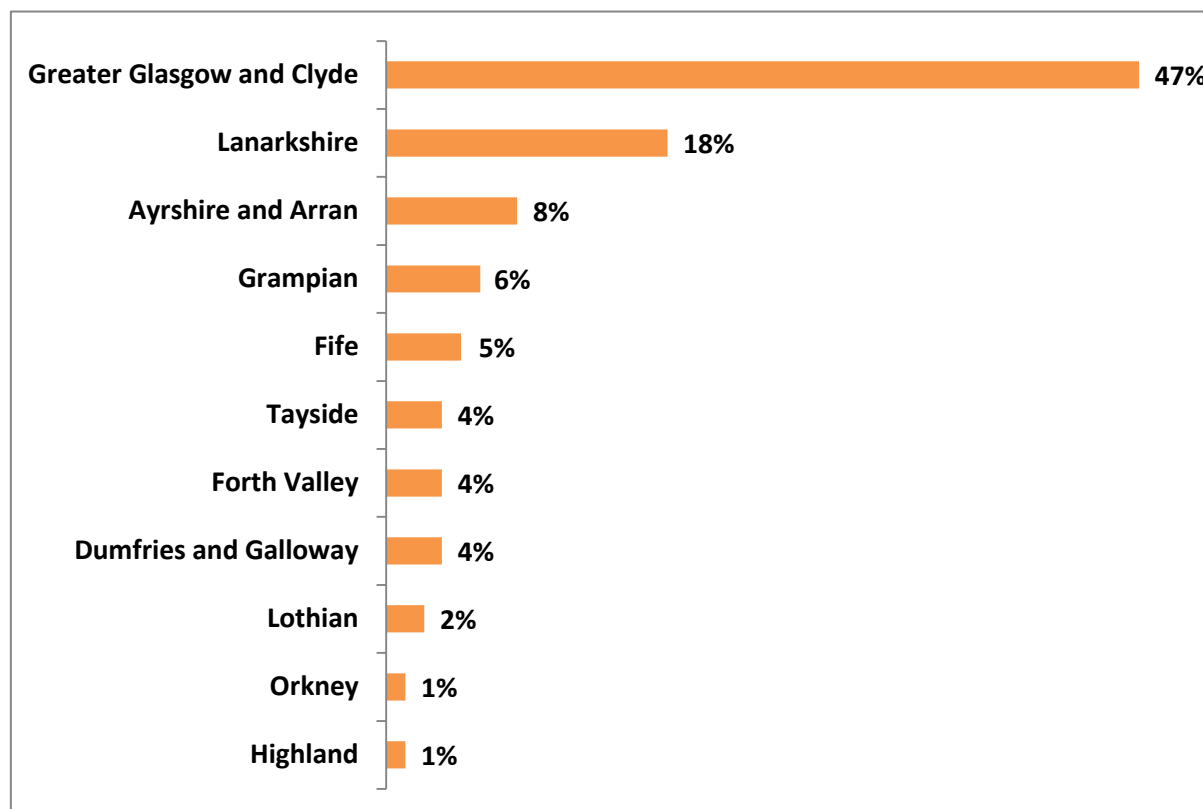
Figure 2 – Respondents by type of service

The highest proportion of respondents came from community mental health services (27%) followed by older peoples services (22%) and acute services (13%). Forensic services and addiction services each accounted for 11% of completed responses.



Almost half of the responses (47%) came from services based in the Greater Glasgow and Clyde Health Board area. A further 18% of responses came from services based in Lanarkshire. The next highest level of responses came from services based in Ayrshire and Arran health board area (8%) and Grampian (6%).

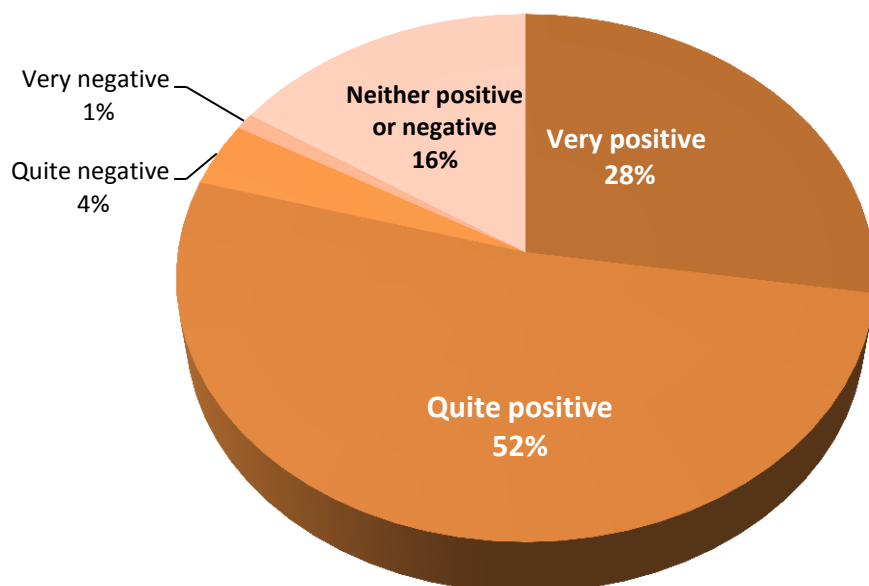
Figure 3 – Respondents by location of service



Experience of services using SRI 2

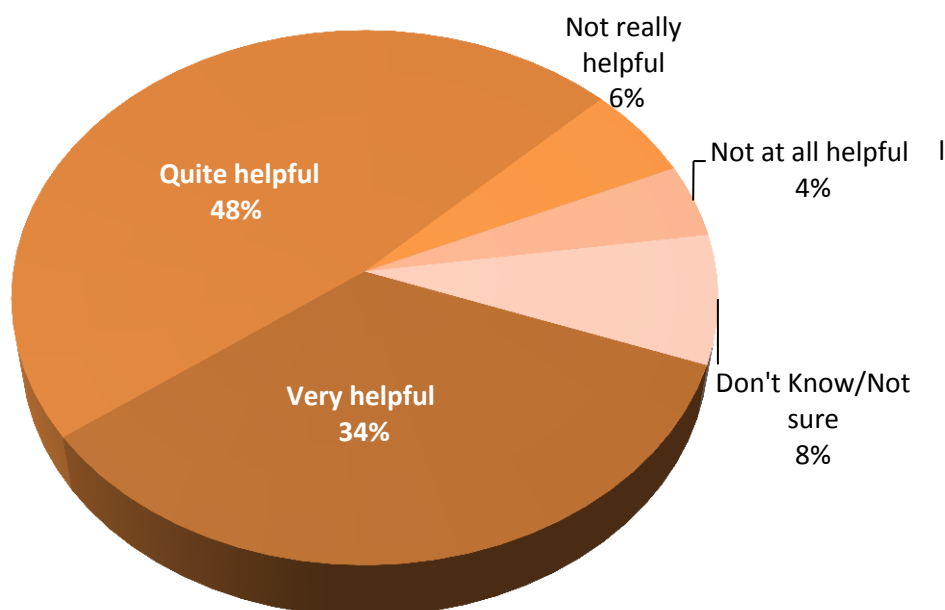
Over 80% of respondents said they found the experience of completing an SRI 2 quite or very positive. (This included 28% of respondents who said the experience was very positive). Only 5% of respondents said they found the experience of completing an SRI 2 was negative.

Figure 4 – How respondents rated their experience of using SRI 2



Over a third (34%) of respondents said they found the process of completing an SRI 2 was very helpful in improving the recovery focus of their service. A further 48% said completing an SRI 2 had been quite helpful in improving the recovery focus of their service. A small minority of respondents (10%) said they didn't find the process of completing an SRI 2 helpful in improving the recovery focus of their service.

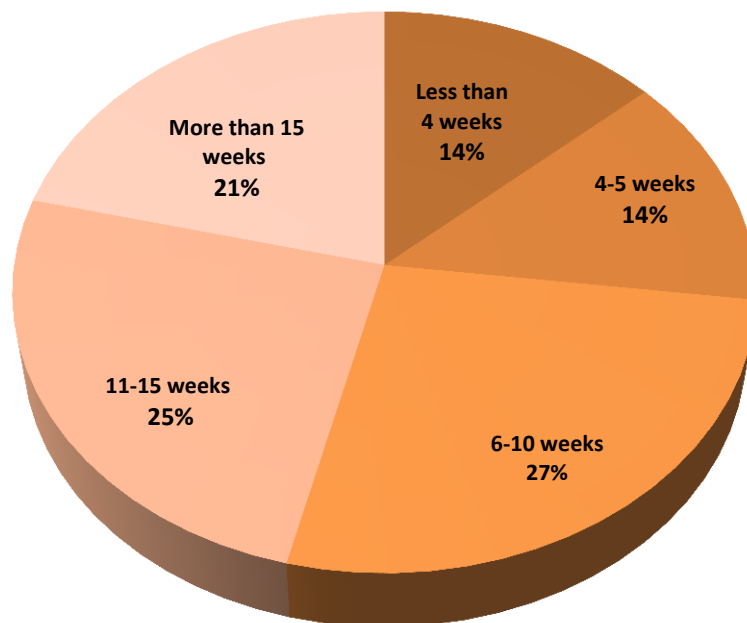
Figure 5 – How helpful was SRI 2 in focusing on recovery?



53% of respondents said they found the process of completing an SRI 2 for their service quite or very easy. 84% of respondents said they found the SRI 2 guidance quite or very helpful. (This included over a quarter of respondents (26%) who said they found the guidance was very useful. However, 43% of respondents said they found the process quite or very difficult.

Over half of respondents (55%) said it took them less than 10 weeks to complete an SRI 2 for their service. 80% of respondents said it took them less than 15 weeks to complete the SRI 2 for their service. However, over one in five (21%) of respondents said it took them more than 15 weeks to complete an SRI 2 for their service.

Figure 6 – How long did it take to complete the SRI 2

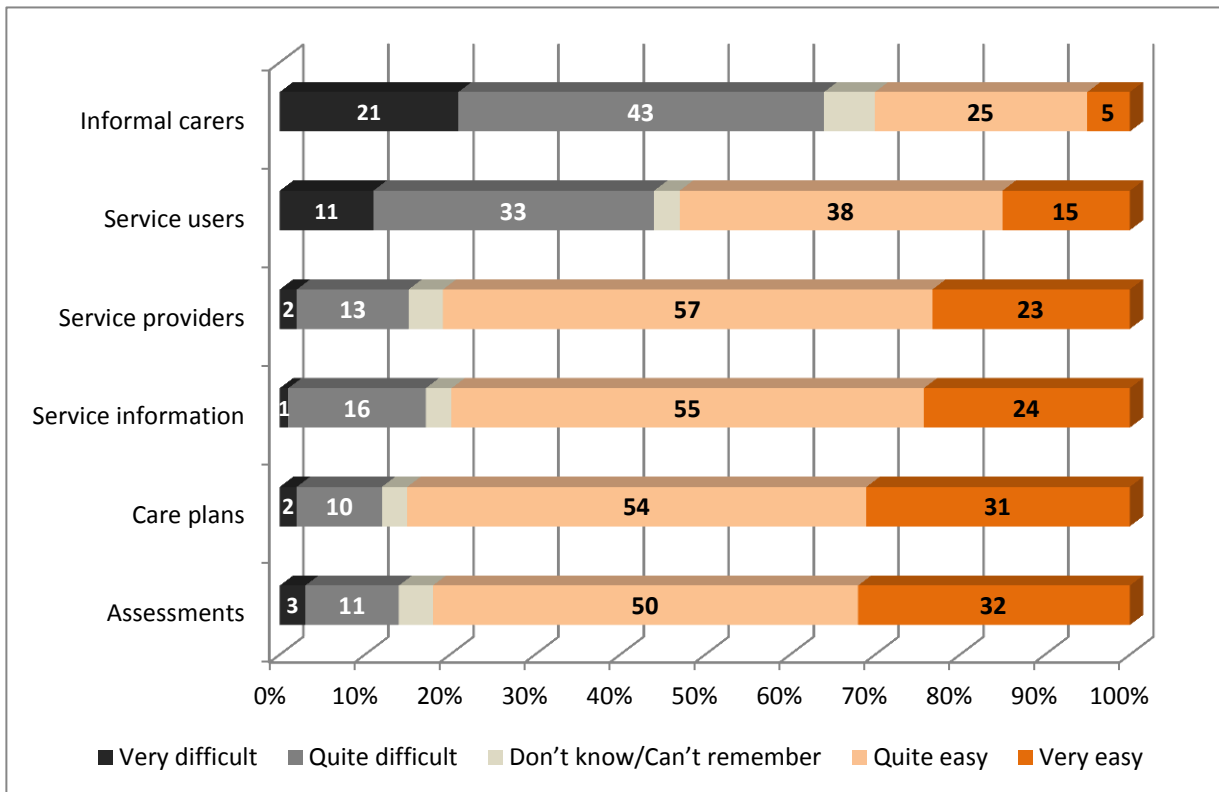


71% of respondents said they were either in the process of completing another SRI 2 for their service or planned to do so within the next year. 12% of respondents said they weren't sure whether they would be doing another SRI 2 but only 3% said they probably wouldn't complete another SRI 2 for their service.

Gathering the evidence

A third of respondents (33%) said they found that gathering evidence from assessments was the easiest part of the SRI 2 process and 28% said gathering evidence from care plans was the easiest part of the process. On the other hand, a majority of respondents (55%) said they found engaging with informal carers was the most difficult part of completing an SRI 2. A further 19% said they found that engaging people using their service was the most difficult aspect of completing an SRI 2 for their service.

Figure 7 How easy of difficult was it to gather evidence from each source (%)



85% of respondents said it was quite or very easy to gather the evidence from care plans and a similar number (82%) said it was easy or very difficult to gather evidence from assessments. However, almost two-thirds (64%) of respondents said they found it quite or very difficult to involve informal carers in the process of completing an SRI 2. Similarly, 44% of people said that they found it quite or very difficult to involve people using services in the process of completing an SRI 2.

The main challenges involved in gathering documentary evidence i.e. care plans and assessments appear to be related to the time required to review and reflect on the paperwork and in particular getting people together to discuss the evidence.

Some of the comments from respondents illustrate that while people found completing an SRI 2 a rewarding experience finding the time to complete the process could often be challenging.

“It has been beneficial in looking at our practice and developing it but it has been quite taxing at times to get the information”

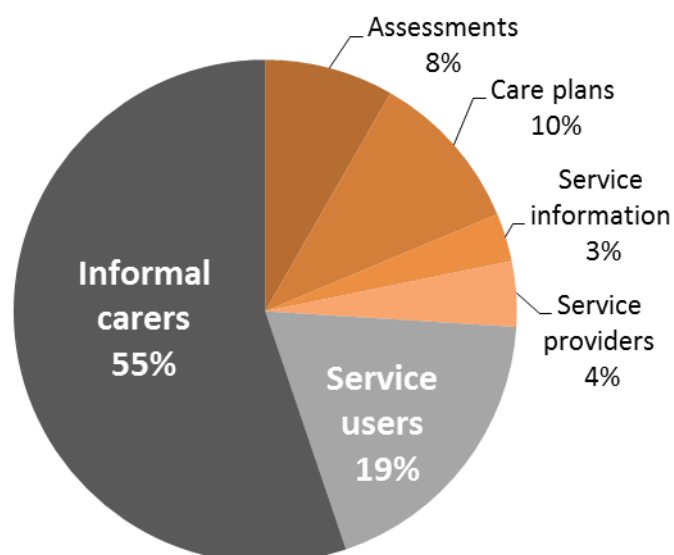
“Completing the SRI 2 was in itself fairly straightforward. However, it could be difficult to find the time to do it especially when there was a lot of activity in the ward”

“Gathering the data was not difficult but finding the time to get people together to discuss the evidence was very difficult and time consuming”

Involving people in SRI 2

It is clear that involving staff, people using services and informal carers was the most challenging aspect of the SRI 2 process for many respondents.

Figure 8 – What was the most difficult part of the evidence gathering process ?



Involving Staff

37% of respondents said they found it quite or very difficult to involve staff in the process of completing an SRI 2 for their service. A number of respondents commented that staff in their service were sceptical about the SRI 2 process initially. This was often based on an assumption that SRI 2 was some form of audit or inspection and that they would be scrutinised and possibly open to criticism. However, it is encouraging that a number of respondents said that this changed once staff got involved in the SRI 2 process and realised that they could benefit from the opportunity to discuss and reflect on their practice in a non-judgemental way.

“Initially there was some hesitation or resentment being challenged which made it difficult to get people engaged in the process. However, once they were involved they were able to see the benefits”

“Staff were initially defensive as they felt they were being scrutinised. This changed during the process and staff are now enthusiastic about the process”

Finding the time to complete the SRI 2 process and the logistical challenges involved in getting team members together was again cited as being a problem for some services.

“Some people saw it as deflecting them away from other clinical tasks which were perceived as being more important”

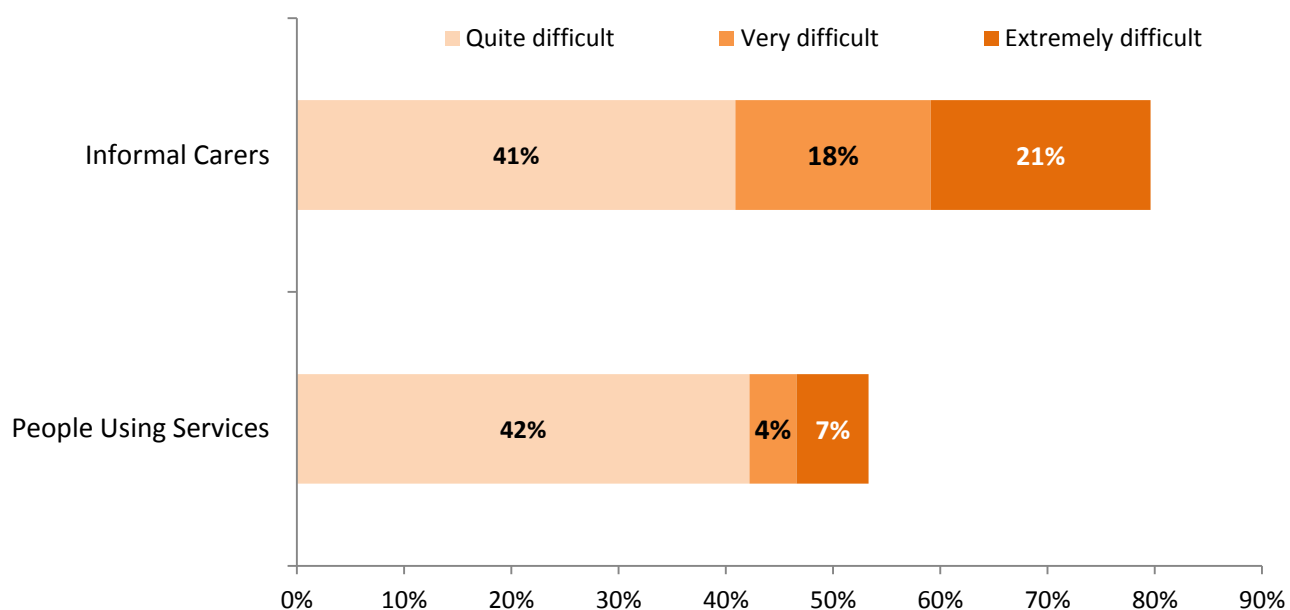
“Finding time to direct, motivate and support staff was difficult, particularly when people are working on different shifts.”

A number of respondents emphasised the importance of good planning and communications as being essential to ensure that staff are engaged in the SRI 2 process and are able to see the benefits of participating.

“If all staff had been more involved in the consultation prior to the introduction of SRI 2 it would have helped them understand the background and allayed any fears they may have had”

“People are generally defensive and resistant to changes being imposed on them. Once they become involved in the process they are less likely to be defensive and see the benefits of the process”

Figure 9 – How difficult or easy was it to engage people in the SRI 2 process?



Involving people using services

46% of respondents said it was quite or very difficult to involve people using services in the process of completing an SRI 2 for their service as opposed to 43% who said it quite or very easy.

A number of respondents said they found it challenging to get people using the service involved as they did not fully understand what they were be asked or why they were being asked to comment on the service. Others said that people using services were sometimes reluctant to comment on the service as they did not want to be seen as being critical.

“People don’t like being asked questions and others are reluctant to give feedback which they think may be seen as being negative”

“It was difficult to motivate service users and assuring them that giving honest opinions is what we were looking for”

Another issue raised by a number of respondents was the difficulties they faced in getting people using their service to understand what they were being asked and communicate their views because of “cognitive impairments”. This was a particular issue for respondents working with older people with dementia.

“Many patients were cognitively impaired and unable to communicate their needs”

“It was extremely difficult to gather evidence from people using the service as most of them have severe cognitive impairment”

“It is difficult to engage with and get meaningful views from people with severe dementia”

Involving Informal carers

39% of respondents said it was very or extremely difficult to engage informal carers in the process of completing an SRI 2 for their service. A further 41% said that they found it quite difficult to involve informal carers.

The main issue that many services seemed to struggle with was the fact that many of the people using their service did not have any informal carers:

“Quite a lot of patients had very little contact with friends or family therefore they were not available to participate. Those carers who were involved were keen to be involved in something that could be beneficial to their family member”

“Difficult to identify who to speak to....some people don't like being referred to as a carer”

Other issues of concern included the fact that some people using services did not want family or friends contacted or that informal carers themselves were reluctant to become involved.

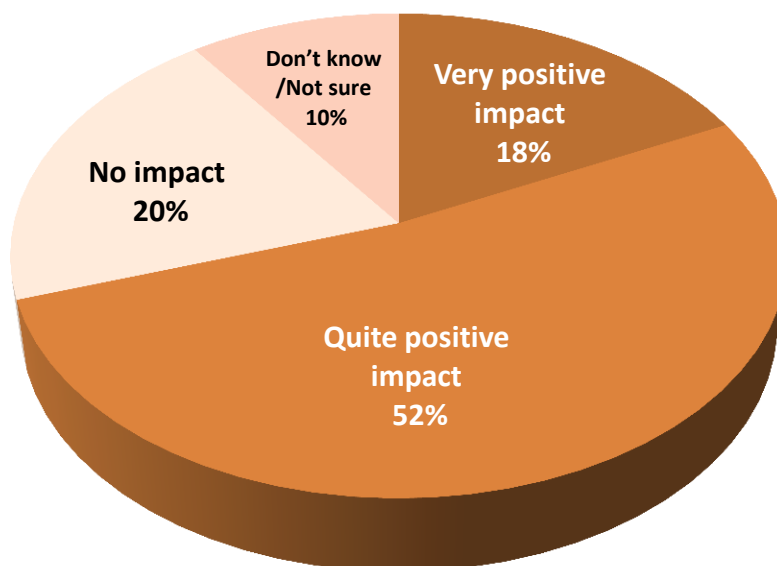
“Often people using the service do not wish informal carer involvement”

“Carers are busy people and don't have much time to become involved. They also don't want to be seen as trouble makers and are therefore reluctant to criticise services”

Impact of Completing an SRI 2

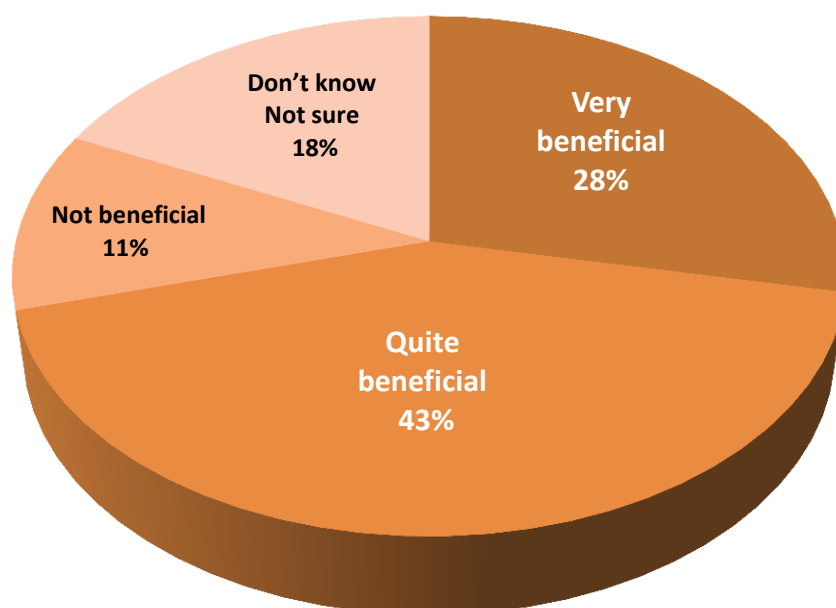
70% of respondents said they believed that completing an SRI 2 had a positive impact on their service. However, 20 % said completing an SRI 2 had no impact and 10% said they didn't know if it had any impact.

Figure 10 – Impact on services of completing an SRI 2



Over a quarter (28%) of respondents said that completing an SRI 2 had been very beneficial in helping to improve the recovery focus of their service. A further 43% said that completing an SRI 2 had been quite beneficial in helping to improve the recovery focus of their service. Therefore, 71% of respondents said that completing an SRI 2 was beneficial in helping them improve the recovery focus of their service.

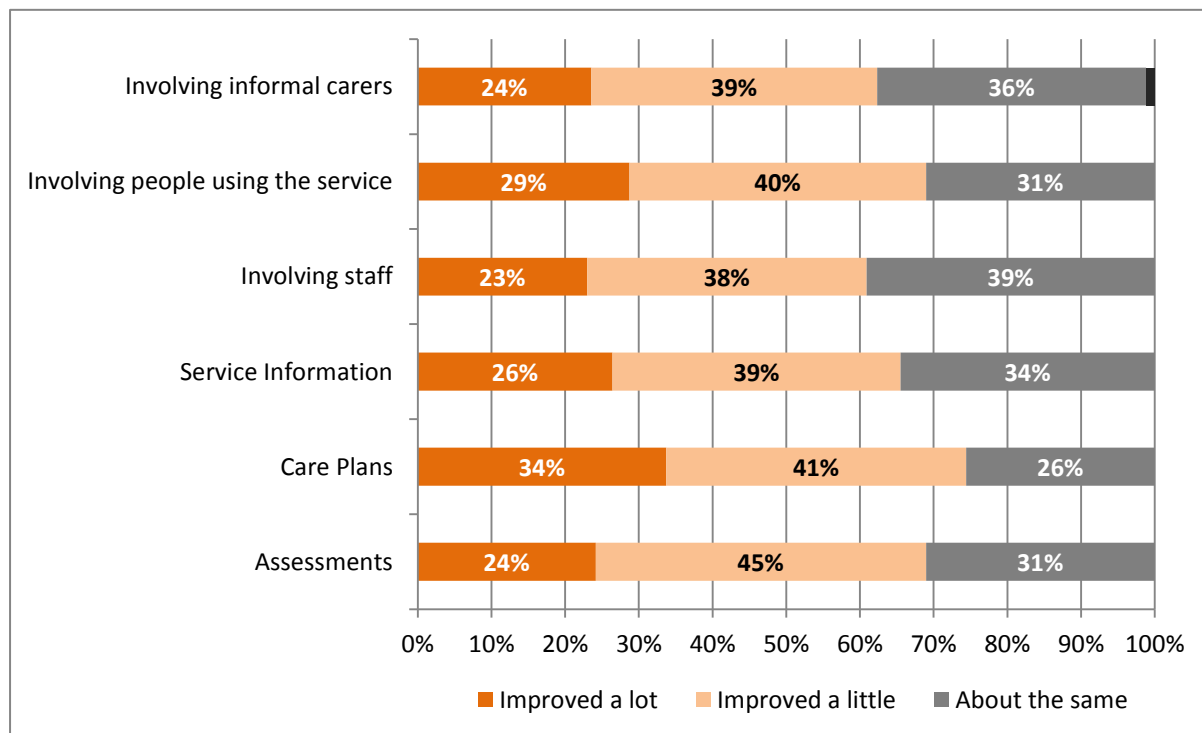
Figure 11 – Improving recovery focus as a result of completing an SRI 2



Three quarters of respondents said that the recovery focus of care plans had improved since completing an SRI 2. This included 24% of respondents who said that the recovery focus of care plans had improved a lot as a result of completing an SRI 2.

69% of respondents said that the engagement of people using services and assessments had improved as a result of completing an SRI 2. Over 60% of respondents said that the recovery focus of other aspects of practice had improved since completing an SRI 2.

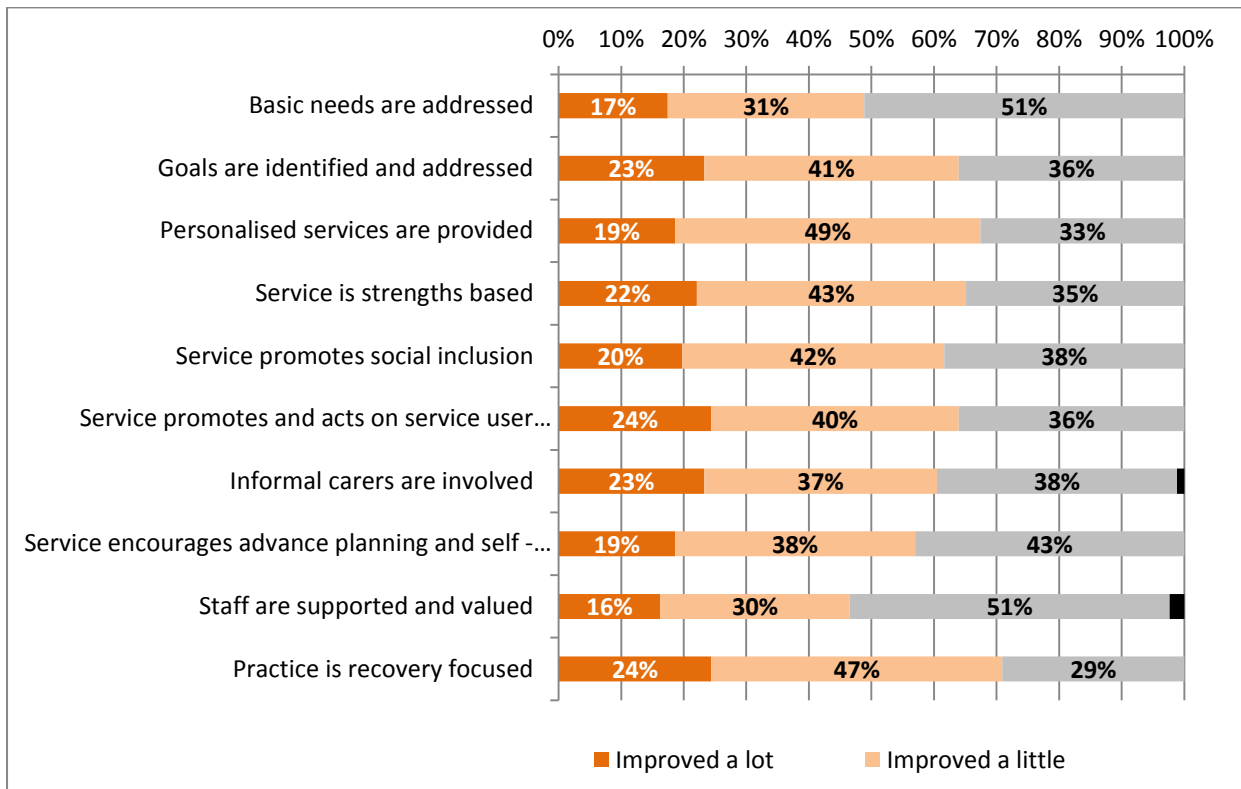
Figure 12 – Percentage of respondents saying practice improved as a result of completing an SRI 2



A majority of respondents said they felt their recovery practice had improved in relation to most of the 10 SRI 2 recovery indicators. The indicators where the largest proportion of respondents felt that there had been improvements were providing personalised services (67% felt this area of practice had improved) and adopting a strengths based approach (65%).

51% said there had been no change in terms of how they addressed basic needs and 51% said that there had been no change in the engagement of staff as a result of completing an SRI 2.

Figure 13 - % of respondents saying practice improved in relation to SRI 2 indicators



The type of improvements that respondents were most likely to say they had made as a result of using the SRI 2 tool included:

- Changes to assessment and care planning documentation
- Greater focus on involvement of people using services
- Greater focus on needs of informal carers
- More focus on strengths in care planning
- More focus on evidencing recovery focused practice
- Use of language to be more focused on strengths and potential

“It has emphasised the importance of ensuring that care plans are recovery focused, strengths based and person centred”

“Our main area of improvement has been getting staff to focus on strengths when completing their assessment rather than what service users can’t do”

Respondents also highlighted a range of challenges and barriers that they had faced in implementing improvements they had identified in their SRI 2 Action Plans. The types of challenges that were most frequently commented on included:

- Need for senior management approval/buy in
- Convincing other disciplines and professionals
- Staff changes/turnover
- Time and funding
- Sustaining change

“Convincing all disciplines involved that promoting recovery focused care is necessary and a benefit for our patients”.

“Due to staff shortages and workloads it can be difficult to spend quality time with service users and developing recovery focused care plans”

“Not all staff are in agreement with proposed changes. Staff turnover is high and the service uses a lot of agency staff who are not committed to service improvement”

General Comments

Most respondents were very positive about their experience of using SRI 2 and the benefits they had derived from it in terms of helping them be more recovery focused:

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

“It certainly focused our attention and increased our understanding of recovery”

“This has been very beneficial in highlighting the importance of recovery and especially some of the little things which are important but can often be overlooked”

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

Some respondents acknowledged that they had benefited from using SRI 2 but highlighted challenges e.g. in relation to the finding the time to examine the evidence and in engaging people using services and informal carers in the process.

“Did make us more focused on recovery but very time consuming and at times the language used was ambiguous and confusing”

“It was a good tool but some of the terminology could be changed to help people using services and their carers better understand the questions”

“Think it has been beneficial in looking at our practice and developing it but it has been quite taxing at times to get the information”