



Introduction to the new Scottish Recovery Indicator (SRI 2)

SRI 2 is the revised and enhanced Scottish Recovery Indicator (SRI). It builds on the success of the original SRI introduced in 2007 which has been used by a range of services across Scotland.

Through listening to the experiences of those who have used the original SRI, we have reviewed and simplified the tool. SRI 2 is more compact and user friendly, whilst remaining as true as possible to the design, content and intention of the first version.

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



Scottish
Recovery
Indicator

2

www.sri2.net

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 accomplish 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 elicit and respond to the views of the 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 examples of 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:

- Rights Relationships Recovery Refreshed
- Releasing Time to Care
- Realising Potential
- Leading Better Care
- Healthcare Quality Strategy for NHS Scotland
- Involving People who use Care Services and their Families Friends and Supporters

The tool is also designed to mesh with the values and best practice as exemplified by Realising Recovery and the new 10 Essential Shared Capabilities, updated for 2011.

“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 framework and a process. The framework consists of a set of reflective statements centred on ten recovery indicators. These recovery indicators are based on research about what works in recovery e.g. 'service is strengths based' and 'goals are identified and addressed'. The service reflects on its practice by considering data from six sources.

Assessments, care plans and service information provide documentary evidence of recovery orientation from three data sources. The three other data sets are the result of Reflective conversations with the people who provide the service, the people who use the service and, where possible, their carers.

The SRI 2 website and associated guidance supports the service through the preparatory and information gathering stages. Guidance on what sort of evidence to look for is also made available. Data collections sheets are printed from the SRI 2 website which also records the scores and comments that have been gathered.

The practitioners meet and discuss the scores and comments and devise an action plan. This might involve for example 'being more explicit about strengths based practice in the assessment paperwork'. The service then implements the actions identified and records these in their SRI 2 website account. That then is one cycle of SRI 2 complete. The service can follow this up with another SRI 2 and build on the improvements.

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.	Basic needs are well met by this 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.	This service is tailored to individual needs and circumstances.
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.	This service takes account of people's strengths, skills and abilities.
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.	This service helps people connect with their community.
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.	People who use this service have a say in how things are done.
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.
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 encouraged to plan for the future including periods of poor mental health.	This service helps people plan for the future including periods of poor mental health.
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 staff here are supportive, positive and approachable.

Process

Start

Register on website 

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 

Implement actions and repeat process to ensure ongoing improvement and service development  

Compare Results

Repeat Process

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 to 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”



www.sri2.net