Southside Partnership - Recovery Star Implementation Report

Mental Health Providers Forum
January 2009

1. Background and introduction

1.1 The Mental Health Providers Forum

The Mental Health Providers Forum (MHPF) is the representative body for voluntary sector mental health organisations working across England and is involved in influencing both national and regional mental health strategies.

As an organisation they work actively to promote the role of the voluntary sector in the delivery of recovery focused mental health services. They also ensure that the experience and concerns of service providers and service users are communicated to policy makers.

1.2 The Recovery Star

In 2007 the Mental Health Providers Forum commissioned Triangle Consulting to develop a version of the Outcomes Star[1] for the mental health sector. The work was carried out in collaboration with five of MHPF's member organisations. The projects taking part in the pilot included a floating support service, a supported housing service, two day centres, two training and employment projects, a residential care home, a residential rehabilitation service and an independent hospital. The Recovery Star was piloted with 114 service users, and the resulting work was published in May 2008.

The Recovery Star is a tool for supporting and measuring change when working with adults of working age who are accessing mental health support services. As an outcomes measurement tool it enables organisations to measure and summarise:
- the progress being made by service users
- the service being delivered through a project

The Recovery Star is also an effective keyworking tool. It is designed to support individuals in understanding where they are in terms of recovery and the progress they are making, providing both the client and worker a shared language for discussing mental health and wellbeing.

1.3 Southside Partnership

Southside Partnership was formed in 1991, and specialise in providing high quality person centred services for people with mental health needs and people with learning disabilities. Through the Southside Prison Project, they also work with offenders/ex-offenders with mental health needs before and after release from prison.

---

[1] See www.homelessoutcomes.org.uk/The_Outcomes_Star.asp for further information on the Outcomes Star

Southside Partnership Fanon provides a range of accommodation-based, community and outreach support services for people from black and minority ethnic communities, particularly African and Caribbean people with mental health needs. Fanon acknowledges the unique needs of African and Caribbean people, and through a culturally specific approach, aims to empower service users, maximise their independence and enable them to gain a better understanding of their mental health needs.

1.4   A collaborative approach

Southside Partnership and MHPF shared a vision to use the Recovery Star to support a more person centered, recovery focussed way of working within mental health services. Southside Partnership identified that in order to implement such a tool successfully, it needed to be used as part of a wider organisational strategy, including training, policy review and change management. With this in mind, a Recovery Star Project Coordinator was recruited, a post which was part funded by Southside Partnership and line managed by MHPF.

1.5   The Recovery Star Project Coordinator

The Recovery Star Project Coordinator was based within Southside Partnership's Central Offices for 6months, on a half time basis, commencing 16th June 2008. The main objectives of the post were as follows:

- Ensure that all staff within Southside Partnership's mental health services receive Recovery Star training, ideally in 'partnership' format (further details to follow)
- To support staff and service users to begin using the Recovery Star within all mental health services
- To work with a steering group to develop and support the Recovery Star's implementation
- Evaluate the Recovery Star's impact on training, policy and procedure, IT and data collection
- Ensure that the organisation has a clear plan to ensure consistent delivery of the Recovery Star within services in the long term

1.6   Southside Partnership's Mental Health Services

A total of 15 services were identified to use the Recovery Star, as follows:

Supported Housing Projects:
- Glengarry Road (Registered Care Service)
- Lambert Road
- Voltaire Road
- 1 Marmora Road
- 13 Marmora Road
- Medora Road (Registered Care Service)
- East Dulwich Road

- Norwood Road (Registered Care Service)
- Fanon House
- Nsoromma House

Outreach and Community Support:
- Community Outreach Support Service
- Fanon Resource Centre, Lambeth
- Fanon Resource Centre, Merton
- Lorrimore Drop-in Centre

- Southside Prison Project

2.   Summary of implementation

2.1   Southside Partnership Launch Event

On 19th May 2008, a launch event was held, attended by staff and managers from Southside Partnership, representatives from MHPF, and staff and service users from other organisations who had experienced using the Recovery Star during the initial pilot.

The aim of the day was to introduce the Recovery Star to the staff and managers who would be using it, to give them an opportunity to ask questions about the Recovery Star. It was also hoped that it would support staff to start thinking about the use of the Recovery Star within their services, and to prepare them for their training.

The event was very successful, and many attendees remarked on the power and importance of having a service user speak so passionately about their own recovery and the part the Recovery Star had to play in that process.

2.2   Steering Group

The first steering group was held on 5th June 2008, and was widely attended by staff and managers from a range of services, as well as representatives from Central Office and Learning Disability services. Due to the large numbers of participants, the focus of discussion was largely around the logistics of getting staff trained, and the practicalities involved in service user participation. Also discussed was the need for an assessment of how staff, managers and service users felt about the service they provide/receive before and after the Recovery Star's implementation. This assessment is discussed in more detail here.

The second steering group was held in July, and had a smaller attendance. The main items discussed were: feedback from training and discussion of further support needed; development of Recovery Star paperwork; risk assessment; impact assessments and IT.

On review, it was later decided that the main focus during the 6 month implementation period should be to get services up and running and supported at ground level, and so no further steering group meetings were held. One of the recommendations for continued success with the Recovery Star, following the Project Coordinator's departure, is to re-establish the steering group, and this is discussed in detail here.

2.3   Training

2.3.1   Partnership Training

In order to maximise the levels of service user participation throughout implementation, and to ensure they felt a sense of ownership of the tool, the majority of Southside Partnership's services participated in 'Partnership Training'. This involved staff and service user pairs attending the training together, enabling them to learn about the Recovery Star on equal footing, and giving them the opportunity to complete a real Recovery Star as part of the training. Due to the discrepancies between staff and service user numbers, full service user participation was not deemed essential, however all were given the opportunity to put themselves forward if interested.

A target was set for all services to be trained in using the Recovery Star by the end of July 2008, and training began on 16th June with a full day session, held at Southside's Central office, consisting of the staff and service users from 3 supported housing projects; 1 Marmora Road, 13 Marmora Road and Medora Road. Equal numbers of staff and service users attended, although not all service users remained for the full duration of the day. It was thought that a full day might not be the best approach for this type of training, and so future training sessions were more flexible, with some services receiving 2 half day sessions. Feedback also suggested that some service users might engage more fully if the training took place within their project, and so service managers were given the option of holding the training in their services for future bookings.

All services successfully completed partnership training, with the following exceptions who received staff only training:

The Prison Project felt that logistically it would be difficult for them to arrange for service users to attend. Much of the work they do is with people who are currently in prison, and the outreach work they do is, geographically, much wider and so it would be more difficult to arrange service users' attendance. Their training did, however, include a number of volunteers from the project, all of whom have direct experience of mental health needs and/or are serving prisoners or ex-offenders. These volunteers were able to learn about using the Recovery Star for their own work, and also contribute the service user perspective to the day.

The Community Outreach Service was going through a period of transition at the time of training, with large numbers of staff joining the team from other organisations. It was considered to be more efficient to support both existing and new staff to use the tool as a team before introducing it to service users.

Nsoromma House and Lorrimore Drop-in Centre both became part of Southside Partnership after the initial block of training was completed. They received their training in December, prior to the departure of the Recovery Star Coordinator. There was not sufficient time at this stage of the project to involve service users in the training.

Of the services who did run partnership training, service user participation on the whole exceeded expectations. The level of involvement varied between individuals, with some joining in the aspects they found useful and sitting out when they needed a break, others fully participated in the duration of the training, and most gave good feedback. The only criticism came from a staff member's feedback sheet, which stated that some service users did not understand why they were invited. As this was anonymous it is difficult to speculate on the causes of this, although it might be useful to provide staff and service users with more detailed information on partnership training in advance to overcome this in the future.

2.3.2 Training Content

The structure and content of the training remained roughly the same for all services, with the following key agenda items:

- Background to the Recovery Star
- Exercise - exploring the Journey of Change
- An introduction to using the Recovery Star
- Exercise - completing the Recovery Star
- Exercise - action planning with the Recovery Star
- Feedback and questions

When completing the Recovery Star, Partnership Training groups completed the Star in staff-service user pairs. Where the service user was comfortable to, they completed a real Star as part of the session. They were also given the opportunity to complete a retrospective reading (looking back at a specific point in the past) where time allowed. In staff only sessions, staff still completed the Star in pairs, but one assumed the role of a service user.

2.3.3 Training feedback

The overall feedback from the training (both the style and the Recovery Star itself) was very positive.

"I love this, it's all about me!"
Service User - on completing the Star in training

"I've learned more about this person doing the Star than I could ever have learned reading through 2 years worth of notes"
Staff member - on completing a retrospective Star with a new service user in training

"A great way to summarise a service user's progress in the project when they're ready to move on"
Staff member - feeding back to the group

"It was very good to be able to put yourself in the client's place"
Staff member - staff only training

"It helps me see where I am"
Service user - feedback form

"It helps the service user to discover their level of recovery"
Staff member - feedback form

"It brings into closer perspective the areas of support for service users"
Staff member - feedback form

"The most useful part was making goals"
Service user - feedback form

2.4   Paperwork

Throughout June and July, a review of the paperwork being used in the 15 services was conducted, and it was found that there were some inconsistencies both in which documents were being used, and how. There were also instances where work was being duplicated. During the second steering group it was agreed that a more uniform approach was necessary, as follows:

- All existing needs assessment paperwork would be replaced by completion of a Recovery Star reading on the Star and Plan (Appendix I)
- Support/care planning documents would be replaced by:
    - Initial Action Plan - completed with first Star reading (Appendix II)
    - Action Plan Progress - completed in monthly keyworking sessions (Appendix III)
    - Formal Action Plan Review - completed every 3-6 months with a new Star reading (Appendix IV)
    - Final Action Plan Review - completed with a Star reading when someone plans to leave a service (Appendix V)

- Existing risk assessment documentation would be continued to be used, pending further development

In addition, all staff were given access to a Recovery Star User Guide and Organisational Guide (both guides can be downloaded or ordered from http://www.mhpf.org.uk/recoveryStarResources.asp). Where resources allowed, service users were given the option to have their own copy of the User Guide. In all instances it was recommended that service users be given their own copy of their completed Star and Plan.

2.5   Impact Assessments

In July, staff, managers and service users were asked to complete an Impact Assessment (Appendix VI) based on their experiences of Southside Partnership before the Recovery Star's implementation. The time restraints of the project meant that some participants completed their assessments after receiving their Recovery Star training. Clear instructions were given regarding the purpose of the assessment, however the results may have been affected by this issue.

A second assessment was distributed in November to measure people's experiences of services after the Recovery Star's implementation. The two assessments were identical in format in all other respects.

The assessments asked people to assess on a scale of 1 to 5 how they felt about certain aspects of their work, or the support they receive. Each assessment consisted of 10-11 statements, with the 1 to 5 scale indicating how strongly the respondent agreed or disagreed with each statement. Statements were varied in terms of whether they were positive or negative, to avoid potential bias in either direction. All assessments were anonymous; the only information asked for was the name of the service, although this was optional.

The results of these assessments can be found here.

2.6   Recovery Star Champions

Towards the end of the 6 month implementation, Recovery Star Champions were recruited to ensure the continued success of the Recovery Star throughout the organisation. Volunteers were requested, and Champions were chosen to represent a range of services and varied from front line staff to senior managers. A Champions training day took place in December to support these volunteers to explore the Recovery Star in more depth, and to think about the type of support they could offer. Activities to support this process included:

- Exploring the Organisational Guide
- Answering FAQs
- Facilitating Recovery Star Training, both in workshops and 'on the job'
- Moving Southside Partnership forward with the Recovery Star

The group worked well, and was able to bring a range of perspectives to the day. A summary of their thoughts and recommendations can be found in the recommendations.

2.7   IT

All staff using the Recovery Star were introduced to the MHPF IT system that accompanies the tool. It was a requirement for all completed Recovery Star readings to be inputted onto the system. This process was supported by a written guide and follow up visits from the Project Coordinator.

Largely the system was adapted to well, although there were some initial issues with the service user IDs, which the staff were expected to generate themselves. This was overcome by the production of some posters to explain the system in detail. There were also some problems with multiple entries, largely due to a lack of confirmation screen on entering data, and the system preventing entries from being deleted.

MHPF is in the process of creating a new IT system which should address most of these issues, and existing errors have now been rectified.

3.   Service Profiles

The aim of this section is to look at each of the different service types in detail, in order to highlight any future issues that may need to be addressed, and to serve a guide for other organisations who might wish to implement the Recovery Star in similar services.

3.1   Supported Housing

Supported housing projects are in the strongest position from which to deliver the Recovery Star due to the ongoing keyworking relationship between staff and service users. Supported housing staff spend, comparatively, more time in direct contact with service users, and usually have a lower service user:staff ratio, so tend to have a more in depth knowledge of the service users they support. They are well placed to complete regular readings and to support change on a daily basis; the majority of these services were advised to complete Star readings every 3 months.

This close and long term relationship can lead to difficulties in implementing a new tool, however. Supported housing staff and service users can (but not always) develop habitual practices and routines, so the introduction of anything new can be more challenging to some. That said, most initial resistance was quickly overcome, with many staff commenting that the reality of using the Recovery Star was much easier than they anticipated. Often, all it took was using the tool within their projects, rather than within a training session. One member of supported housing staff commented on an anonymous impact assessment:

"Initially I was sceptical, but afterwards I found it very helpful and useful for me to assess my work and motivate me, and monitor service user progress and achievement."

Using the Recovery Star within registered care settings did prove to be slightly more challenging that in medium or low support supported housing. Service users within these settings had higher support needs and tended to be more difficult to engage.

One project was concerned about the apparent lack of progress on the Journey of Change between Recovery Star readings, despite service users achieving goals set on their action plans. They were encouraged to take a more relaxed approach to the process, completing the readings every 6 months (rather than 3), or when a significant goal was achieved. In addition to this, they were encouraged to find ways to celebrate each achievement between readings in order to continue to provide motivation.

Where service users found it difficult to engage in formal keyworking sessions, staff were advised to take a more creative approach to completing a Star reading. Work within this setting means that staff aren't limited to office hours, and can find times to work with individuals when they are at their most relaxed. Recovery Star conversations can be had informally, tackling different areas as they relate to every day life, rather than requiring a set session within an office setting.

3.2   Outreach and Community Support

3.2.1   Resource Centre/Drop In

Southside Partnership's resource centre and drop in projects faced the challenge of working with large numbers of service users, often quite informally, and with inconsistent attendance and engagement. In some situations, staff did not have existing keyworking relationship with service users, and so working with the Recovery Star involved a complete shift in working practice.

It was recommended that staff within these projects identify their 'core' client group, i.e. those service users whose attendance was consistent and who engaged with the service in a meaningful way, and introduce the Recovery Star with this group. In this setting, completing Star readings more frequently than every 6 months was largely unrealistic, although a flexible approach is useful to ensure that changes are captured and reflected upon.

A major concern for some staff was that the holistic nature of the tool meant that they were likely to be working on areas that they had never supported before, and in some cases were beyond the remit of the service. They were reassured that, although it is important to record progress in all areas, they were not expected to be able to support service users in everything, and that in some cases it would be necessary to provide signposting to the relevant service or professional.

Due to organisational and staffing changes during the implementation period, the resource centre/drop-in services did not progress as far with the Recovery Star as other services. Feedback on the progress of these services with the Star is not currently possible, although on completion of the 6 month implementation period, staff received refresher training, and were ready to progress further.

3.2.2   Community Outreach Support

At the beginning of the implementation process, the community outreach support team was going through a transition, both in the staff team and in the type of service they delivered. One member of staff commented that they had once been seen as little more than cleaners, and when visiting people in their homes were able to offer very little in terms of support towards recovery. They had, as a team began to move away from this way of working, and felt that the Recovery Star would very much support this process.

The main challenges that this service faced were the time limitations on visits to service users, and the relatively large case load that staff carried. Despite this, staff quickly adapted to the new way of working, and were very positive about the tool. Rather than being a lengthy piece of work carried out in a tight schedule, it was found that it gave direction and focus to visits, and an opportunity to build stronger relationships between staff and service users.

3.3   Southside Prison Project

The Prison Project encountered the most difficulties in implementing the Recovery Star for several reasons. When working with people in prison, there were administrative difficulties faced in gaining access to clients for the appropriate amount of time and with the relevant paperwork. In addition to this, there were problems in engaging with service users as their priorities were quite different to those of service users living in the community. Female service users were found to be the most difficult to engage as it was felt by staff that their focus was mainly on practical issues such as housing and their children, whereas men seemed to be more likely to engage with measures such as the Star.

When working with ex-offenders in the community, there were challenges in finding an appropriate place to complete the Star. Staff were not able to visit service users in their homes and, as they worked London wide, it was usually difficult to see service users within Southside Partnership's offices. Staff were therefore required to hold meetings with clients in public places, which lacked the privacy needed to complete something as potentially sensitive as the Recovery Star. They also had problems with timing, as they only had short sessions with service users, and much of that time was taken up with supporting service users to achieve practical tasks.

Strategies were put in place to try to overcome some of these challenges. When working in prisons, staff were encouraged to be more creative in their approach, and were given suggestions as to how to 'sell' the Recovery Star to service users. They engaged some service users by running Recovery Star sessions along side Capoeira classes - a popular dance/martial arts course that was run in the prison. Community workers were given contacts within the borough where much of their work was based, as some organisations had spare offices that could be used for meetings. Another strategy for this was to give the service user and staff member the opportunity to complete Star readings separately, and to compare notes and come up with a final reading when they meet, saving time for other support measures.

4. Data analysis

4.1 Recovery Star IT data

Recovery Star data has been inputted onto the Recovery Star IT system by the majority of teams within Southside Partnership. The number of readings entered onto the system are as follows:

Reading 0 (Optional, retrospective, reading)   8
Reading 1   195
Reading 2   38
Reading 3   9

In order to ensure that the data analysis shows true change, the following information looks only at readings 1 and 2, and only those service users who have had both readings inputted, therefore the sample size is 38.

The average time between readings 1 and 2 was 3.5 months (108 days). The majority of data (36 of 38 records) is from supported housing projects. This is due to the fact that other types of services are collecting and inputting data less frequently (as discussed above), and therefore have not yet entered their second readings.

4.1.1 Overall data

	Managing Mental Health	Self Care	Living Skills	Social Networks	Work	Relationships	Addictive Behaviour	Responsibilities	Identity and Self Esteem	Trust and Hope	Total
Reading 1	5.34	5.39	5.71	5.28	3.55	4.02	5.97	5.65	5.73	5.55	5.22
Reading 2	5.68	5.76	6.28	5.28	3.65	4.76	6	6.02	5.76	5.57	5.48

The table above shows the mean score for each of the 10 Star areas for both reading 1 and reading 2, along with the overall average score for each.

The mean overall score for this sample has increased from 5.22 to 5.48, an understandably small change over such a short period of time.

Lower scores are demonstrated in the areas of Work and Relationships for this sample, and the highest in Living Skills. The scores indicate that most service users within Southside Partnership are currently at the 'Believing' stage of the Journey of Change, the exception being for Work and Relationships, where most people are 'Accepting Help'.

This table seems to indicate that between readings 1 and 2, most scores increased. This can be shown more clearly in the following table, charting the average change.

Average change
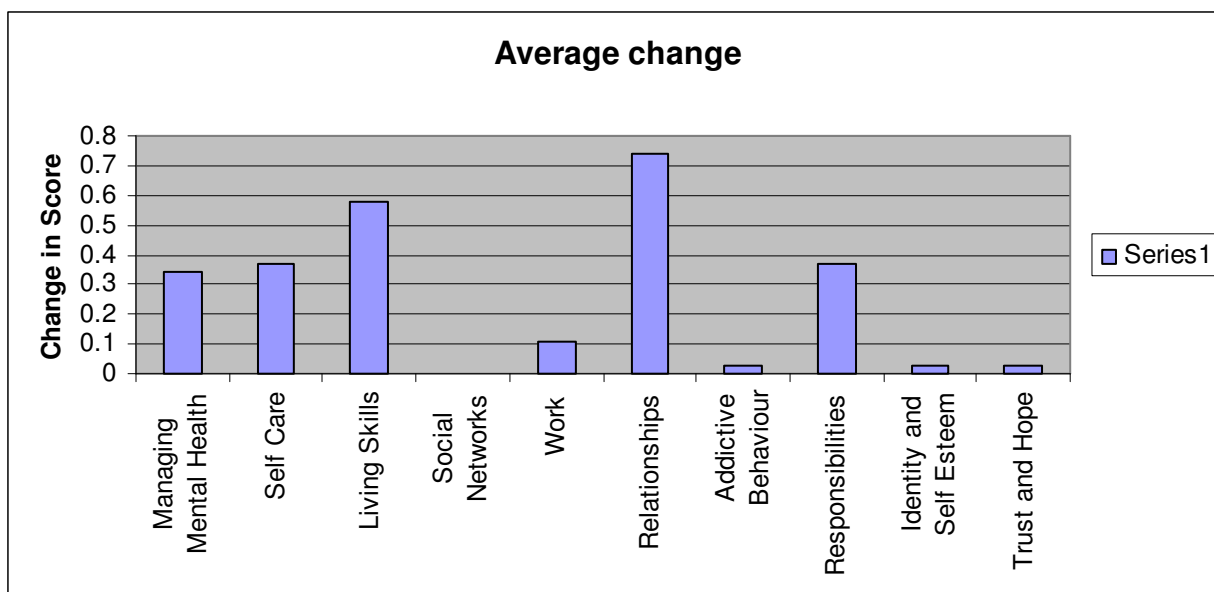
The most significant positive change was in Relationships (+0.73). The only area where there was no change was in Social Networks. There were no negative changes.

4.1.2   Ethnicity

When entering data on to the IT system, a service user's ethnic origin can be entered from a choice of 14 options. Within this sample, there were 7 ethnic groups identified as follows:

Black African	6
Black British	10
Black Caribbean	3
Mixed White & Asian	1
Mixed White & Black Caribbean	1
White Irish	1
White UK	16

Due to the small sample size, and the low numbers in certain groups, these have been combined to create 3, larger, groups: Black, Mixed and White. It is therefore advised that the following data is used as a rough guide only, until larger numbers are available. As there are only 2 service users in the mixed group, their data will be shown but not commented on.

The first table shows average scores for the 3 groups for reading 1:

Mean Score by Ethnic Group - Reading 1
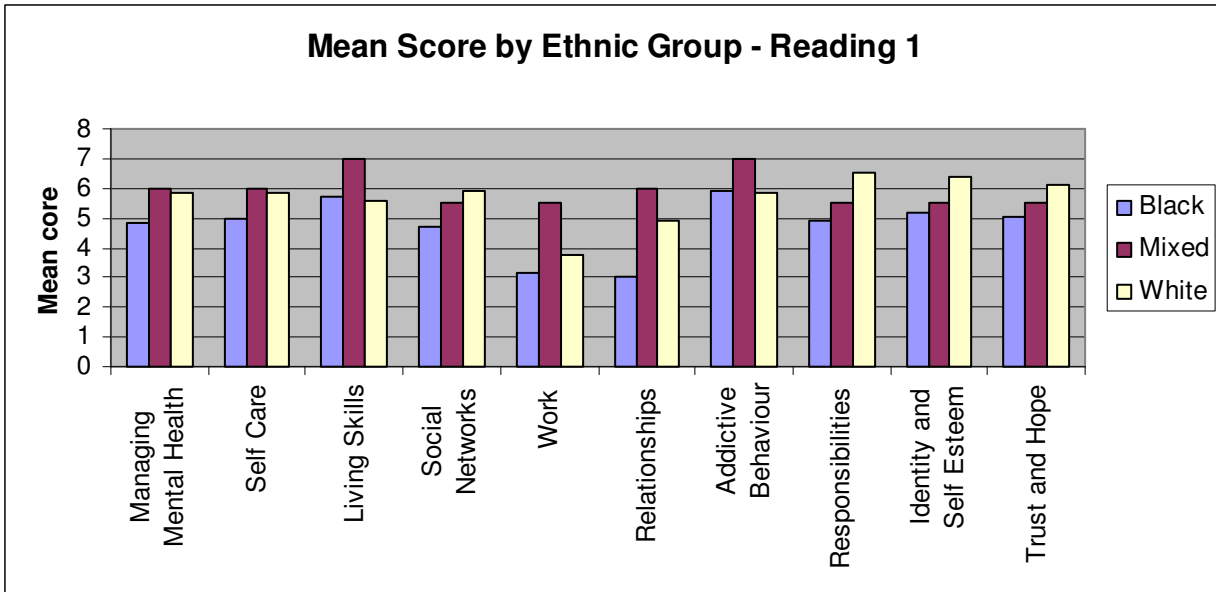
As you can see, for almost all areas, white service users had higher scores than black service users. The only exceptions to this being in Living Skills and Addictive Behaviour, where scores for black service users were fractionally higher. The biggest difference at reading 1 was in Relationships; the average score for black service users 3 (Accepting Help), compared to 6 (Believing) for white service users.

Mean Score by Ethnic Group - Reading 2
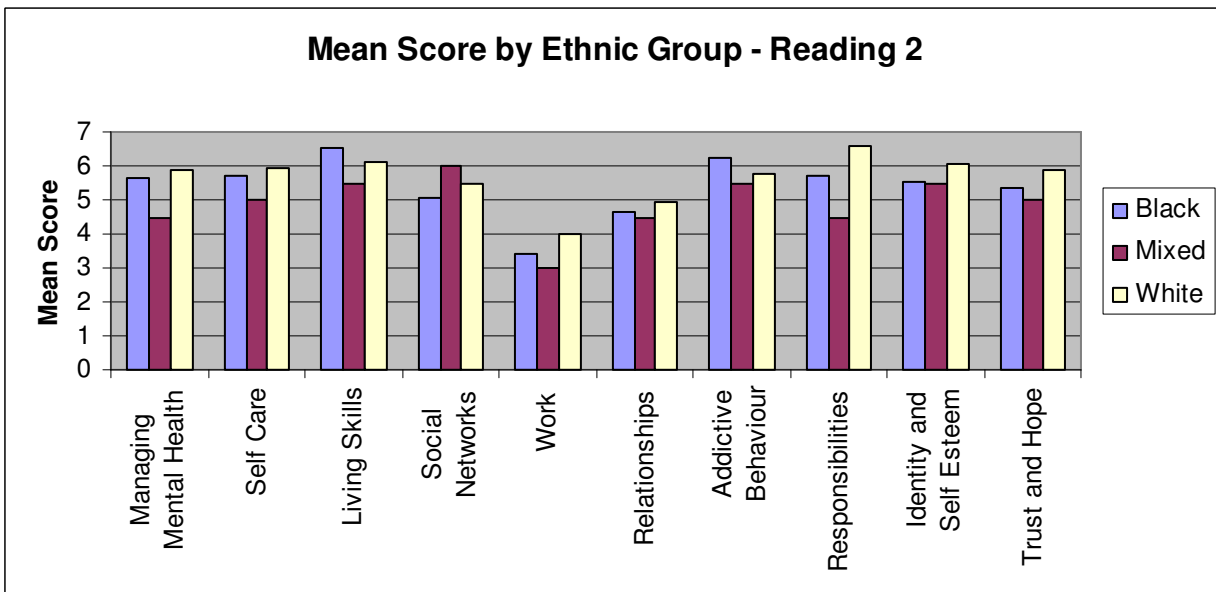
Reading 2 scores show black service users scores increasing to become much closer to those of white service users. Looking at the average change shows that there was a bigger increase in score in every area for black service users, where for white service users scores have changed very little or, in some cases, decreased.

Average Change by Ethnic Group
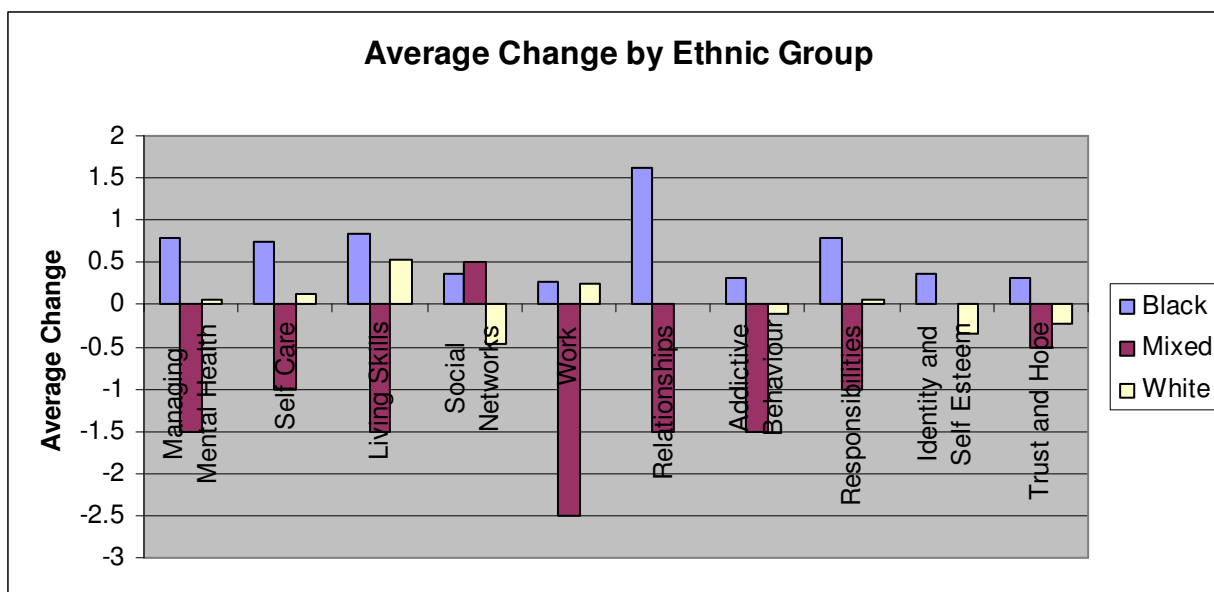
This difference could be explained in several ways. It is possible that black service users and white service users responded differently to the introduction of the Recovery Star. It was anticipated that some service users might inflate their scores for the first reading, resulting in a dip, or little change, in the second reading as they become more relaxed with the tool and more honest with their scores. It may be that this was the case for white service users and not for black service users. Conversely, it might be possible that black service users underestimated their scores for the first reading, in fear that they might be moved out of the service prematurely if they scored too highly.

It is also possible that black service users felt more pressured, either from workers or through their own personal motivations, to show a greater improvement, and so inflated their second reading scores.

Other possibilities are that black service users are better supported within Southside Partnership in general, that the Recovery Star has a greater effect on black service user's outcomes than on white service user's, or that black service users progress more quickly as a whole.

In order to draw any formal conclusions from this, it would be necessary to examine data from a larger sample group and over a greater period of time. If similar differences are being found after the Recovery Star is more firmly established, some qualitative research might be necessary to establish the reasons behind it.

4.1.3   Gender

The sample consisted of 23 men and 15 women. Their scores for Reading 1 were as follows:

Mean Score by Gender - Reading 1
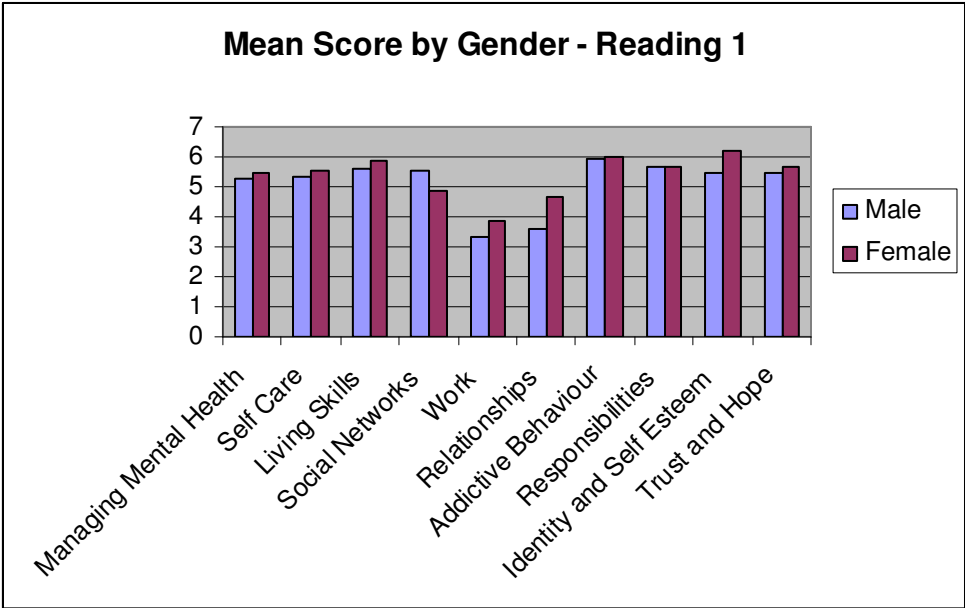
The above table shows that the initial scores for men and women were quite similar, with men showing slightly lower scores in most areas, with the exception of Social Networks.

Mean Score by Gender - Reading 2

For reading 2, men scored slightly higher than women in most areas. Looking at the average change, it seems that male service users have improved their scores in all areas, whereas women's scores have shown either comparatively small increases or decreases.

Average Change by Gender
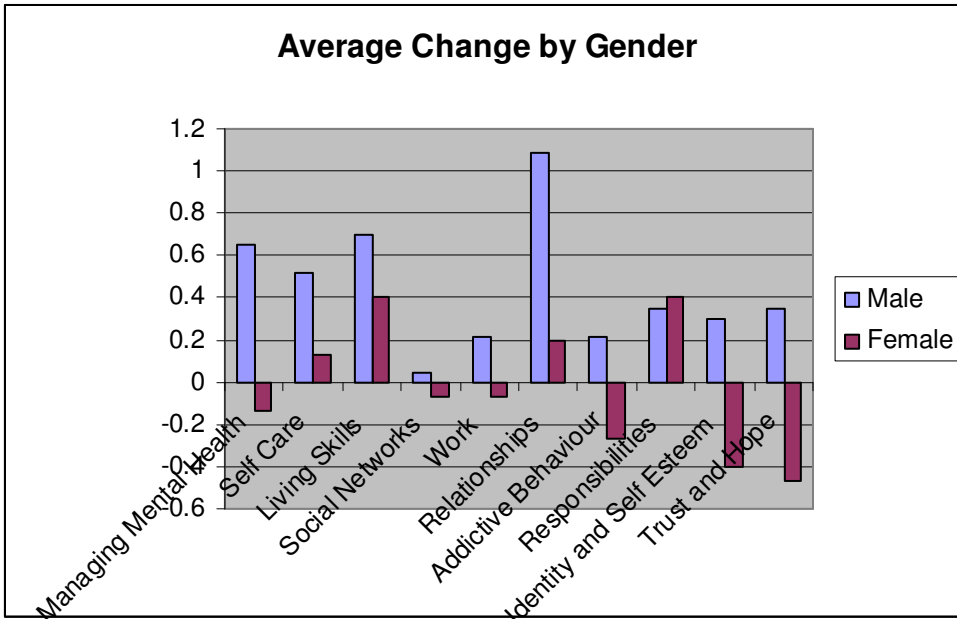
As with the analysis by ethnicity, these differences could be a result of differences in male and female service user's initial reaction to the Recovery Star, the differing pressure (real or perceived) to demonstrate improvement, the support they receive, or general gender differences in progression. Again, more data would be needed to draw any more definite conclusions from this data.

4.1.3 Age

The sample was divided according to age into 4 groups: 18-25, 26-40, 41-60 and 61+. The youngest service user was 19 at the time of the readings, and the oldest was 80.

The results for reading 1 were as follows:

Mean Score by Age - Reading 1
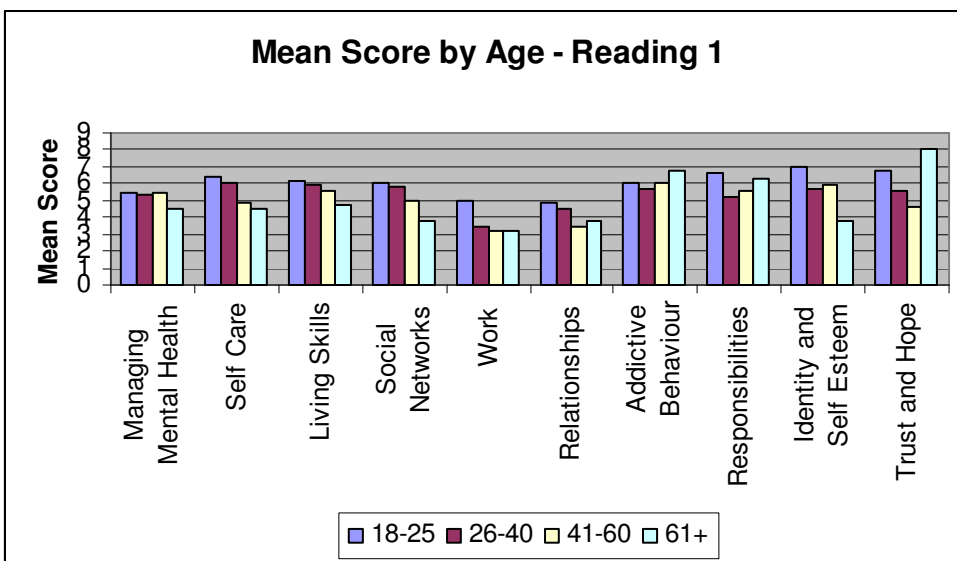
The 18-25s generally had the highest scores, with the exceptions of Addictive Behaviour and Trust and Hope, both of which had the 61+ group as the highest scorers.

By reading 2, the 18-25s had the highest scores in all areas, except, again, for Addictive Behaviour.

Mean Score by Age - Reading 2
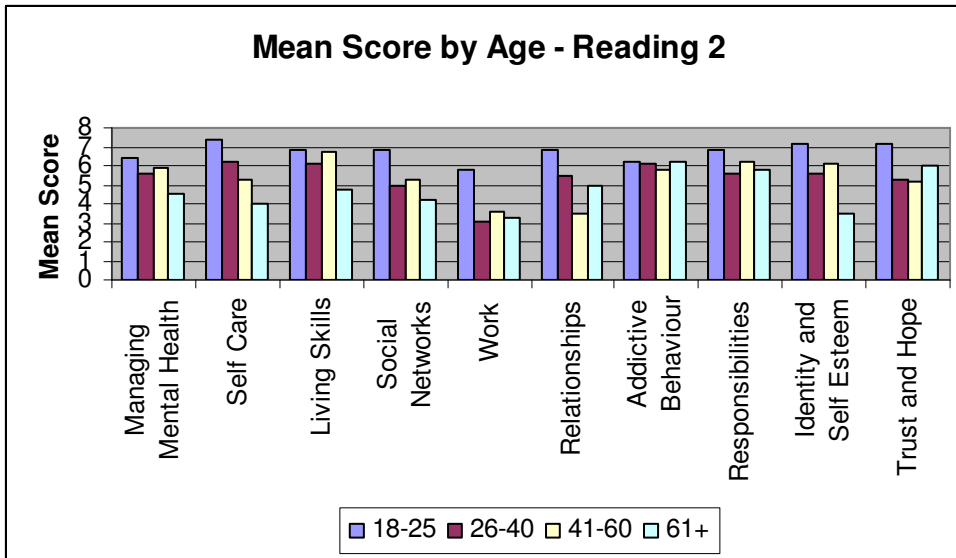
Looking at the changes, it seems that the 18-25 group showed positive change in all areas, the largest being in their Relationships:

Average Change - by Age
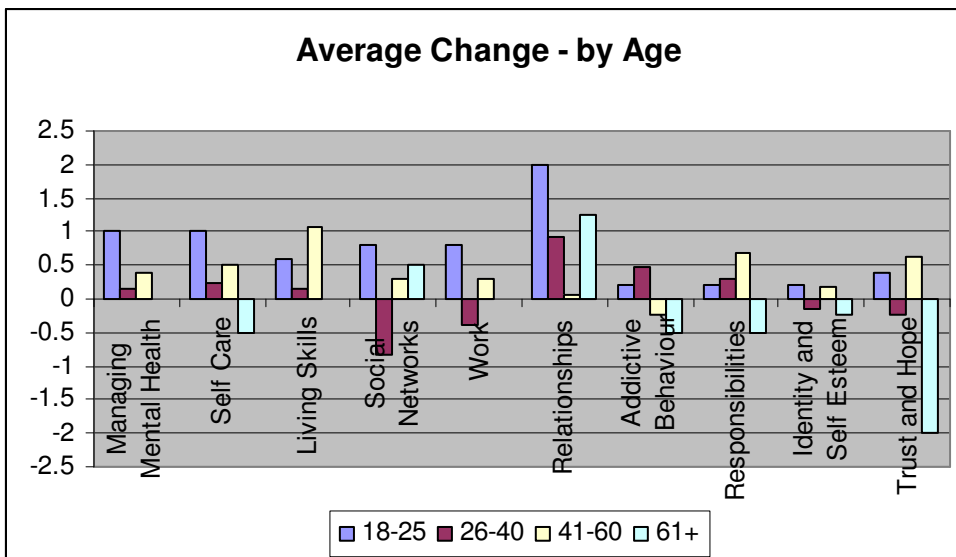
Other age groups had varied changes, some positive and some negative, although most relatively small. The main exception was the 61+ group, whose Trust and Hope scores dropped by an average of 2points.

As with gender and ethnicity, further work is needed to establish whether these patterns are consistent over time and if they are true when examining larger groups of service users, before conclusions are drawn as to potential causes.

4.1.4 Service type

As mentioned above, most of the current comparable data is from supported housing projects, as only reading 2 data for 2 service users has been inputted from other projects. Therefore, this section will look at data for reading 1 only, to serve as a profile of services when the Recovery Star was introduced. This data does not include any drop-in/resource centre figures as these have not yet been added to the system.
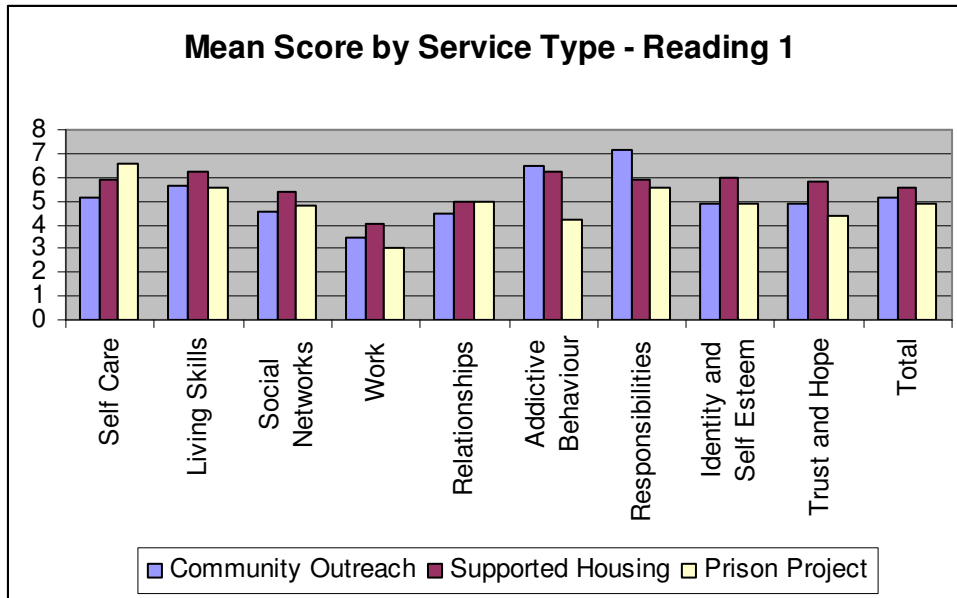
The overall scores indicate very little difference between service user scores in the 3 service areas identified, with service users in all areas averaging a score around the 'Believing' stage. More detailed analysis will be possible once more second readings are added to the system. This could include looking at gender, age and ethnicity in relationship to service type to examine whether certain services offer more effective support to particular groups.

4.2 Impact Assessment data

The following data will look at what impact the Recovery Star had on how staff, managers and service users feel about the service they provide/receive. This assessment was not intended to constitute formal research, but to provide Southside Partnership of a sense of how the Recovery Star might improve services.

4.2.1 Service Users

Service users were asked to respond to 10 statements (see appendix VI for details) Statements 1, 3, 5, 7 and 9 are statements that are positive about the service, and 2,4,6,8 and 10 are negative.

Service users were asked to respond according to whether they agree or disagree with the statement on a score of 1-5, where 1 is strongly disagree and 5 strongly agree.
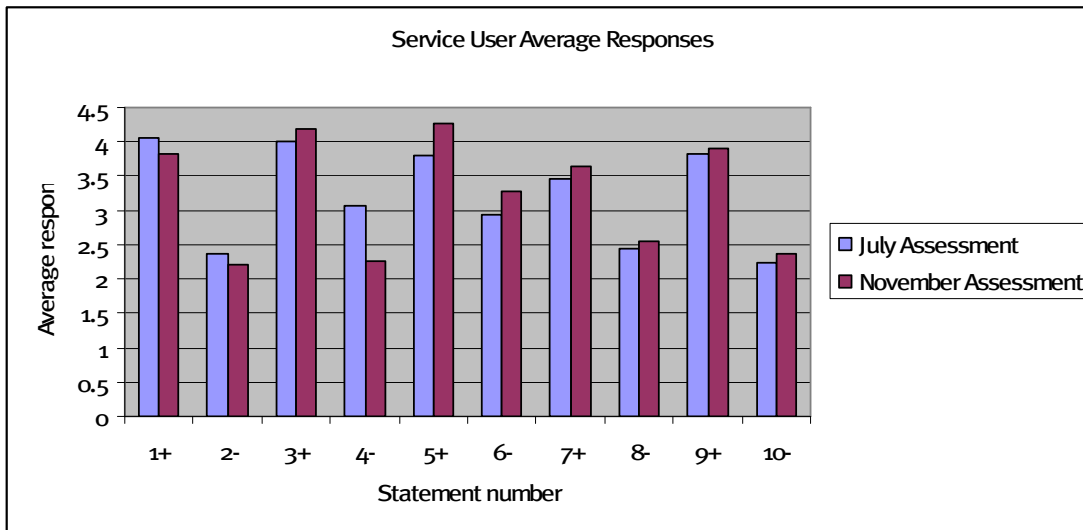
The table above shows the average responses for each statement taken as an average. The + or - symbol shows which statements were positive or negative, and thus whether an increase or decrease in result is preferable.

When looking at the average responses, the changes seem very small, which perhaps reflects the fact that responses were largely positive in the first instance.

Larger changes can be seen when comparing the percentages of actual responses.
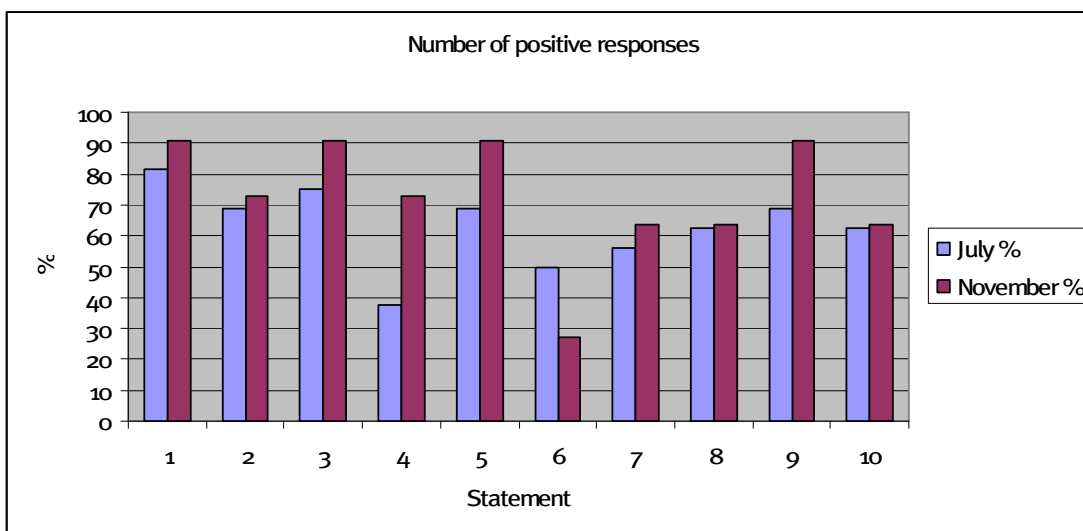
The above chart compares the percentage of positive responses for each statement (i.e. responding either 'strongly agree' or 'agree' to a positive statement, or 'strongly disagree' or 'disagree' to a negative statement.)

For all statements, with the exception of statement 6, the number of positive responses has increased, suggesting that, on the whole, service users have benefited from the introduction of the Recovery Star.

The most significant change was in responses to statement 4 - 'I don't know how much I've progressed since joining the service'. This seems to suggest that the use of the Recovery Star has supported service users to feel more aware of their progress, one of the key aims of the tool.

Other large changes were seen in the statements 'I feel in control of my life, the decisions I make and the support I get', and 'I am made to feel important and that my opinions matter', both suggesting that implementation of the Recovery Star has enhanced service users' sense of empowerment and control.

Statement 6 - 'There are important areas in my life that I don't know how to bring up in key working sessions' - was the only statement with a decrease in positive responses. There was, however, also a decrease in negative responses to this statement; the only increase was in the neutral answer 'neither agree or disagree'. The reasons for this change are unclear, a potential development of this assessment would be to interview service users to determine why they felt less confident to agree or disagree to this statement.

4.2.2 Staff

Staff were given 11 statements to respond to (detailed in appendix VI), with the same 5 point scale to indicate whether they agreed or disagreed.

As before, statements 1,3,5,7,9 and 11 were positive statements, and statements 2,4,6,8 and 10 were negative.
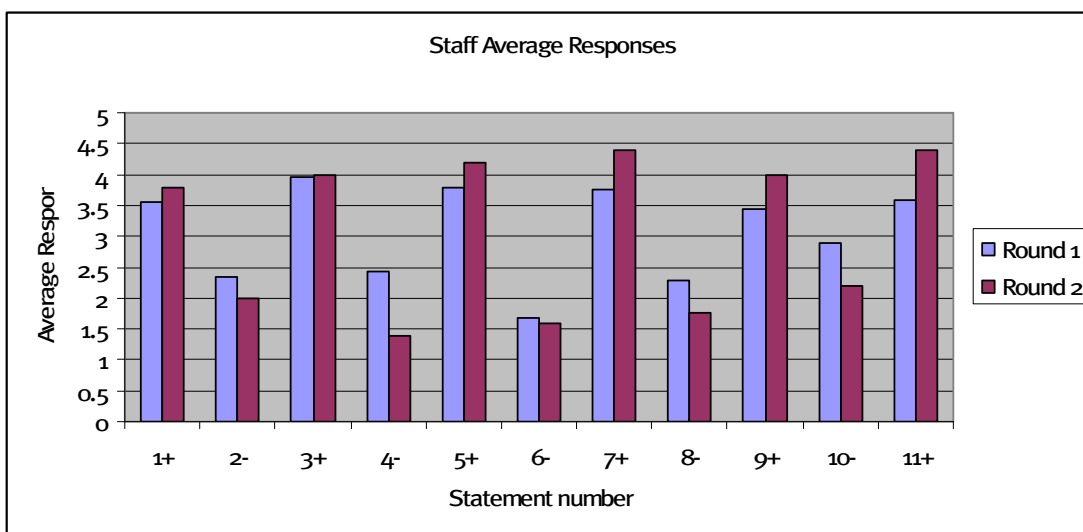
Again, when comparing the average responses, the changes are small, with the exception of statement 4 - 'I don't know how much the service users I work with have progressed since they

joined the service' - where there was a noticeable decrease in the average. This means that a greater proportion of staff disagreed with the statement, which might suggest that staff are now even more confident regarding service user progress since the introduction of the Recovery Star.

Again, comparing percentage of positive responses for each statement shows greater movement.
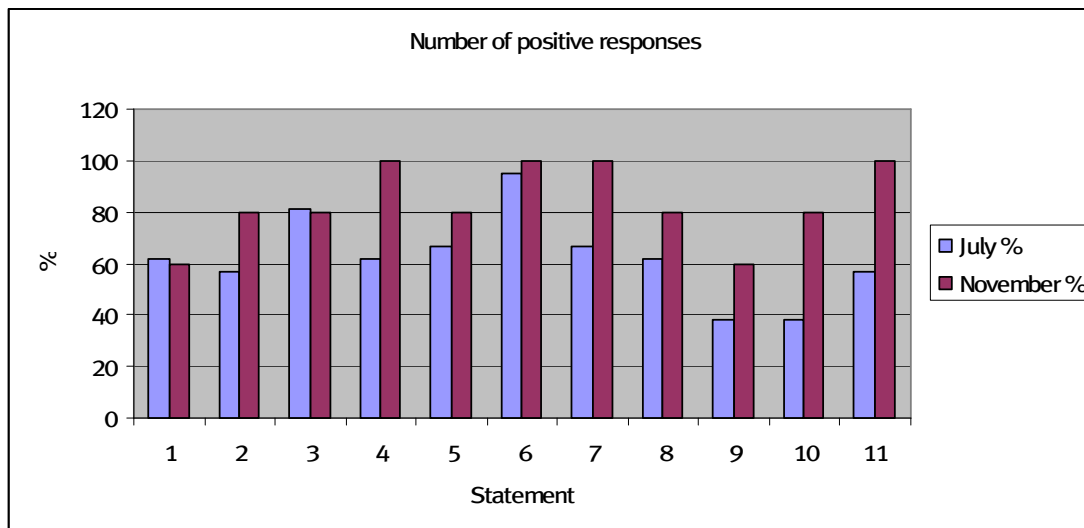
Statements 4, 7, 10 and 11 show the biggest changes:

- 'I don't know how much the service users I work with have progressed since they joined the service'
- 'I can clearly see and evidence how the support needs of service users have changed in the time I have worked with them'
- 'The impact the work I do has on service users' lives is not picked up by current monitoring methods'
- 'Our service reflects the needs and aspirations of service users and it is enriched by their contributions'

These results may indicate that the Recovery Star has enabled staff to feel more confident both in the impact of their work and the monitoring of that impact. They also feel that their services are more enriched by the contribution of service users.

4.2.3 Managers

There was a very low response rate for managers (3 responses in round 1, 4 in round 2), which may mean that these results aren't truly representative of managers' experiences throughout the organisation.

Managers were asked to respond to 10 statements, again on a 5 point scale indicating whether they agreed or disagreed with the statement (see appendix VI). Again, statements 1,3,5,7 and 9 were positive statements, and statements 2,4,6,8 and 10 were negative.

As with the other assessments, there was very little movement when comparing average responses for most statements:
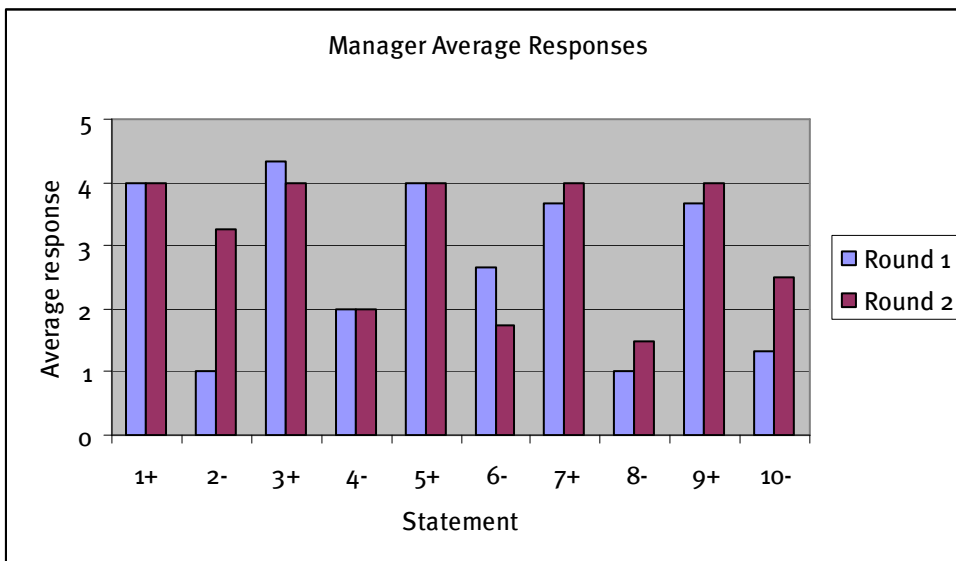
The most significant change was in response to statement 2: ' I find it difficult to motivate my staff team'. This showed an increase from an average score of 1 to an average of 3.25, meaning that more people tended to agree with this statement after the Recovery Star's implementation. This could be explained by the difficulties associated with introducing a new way of working within a team, but could equally be due to the small sample size.

Further analysis of these results is not felt to be useful, due to the small number of responses.

5.   Recommendations

The following recommendations are based on discussions held within the Recovery Star Champions training, the results of the Impact Assessments and the observations of the Recovery Star Project Coordinator throughout the implementation process. They aim to provide Southside Partnership with a guide to continuing the momentum of the Recovery Star now the initial implementation process is complete.

5.1   Steering Group

It is considered a priority for Southside Partnership to re-establish a Recovery Star steering group to take forward the recommendations to follow.

The first steering group meeting should ideally be held as soon as possible, with subsequent meetings held 2-3 times a year to check progress, maintain momentum and share good practice. The frequency of these meetings should be reviewed after a year to determine ongoing need.

It is important that steering group members represent a range of Southside Partnership's stakeholders, and would preferably be made up of service managers, front line staff, senior managers, service users, volunteers and potentially a representative from MHPF where possible.

During the Champions training, the need for service user involvement was strongly highlighted in a number of areas. In order for it to be meaningful, service users would need to be fully informed of the nature of their involvement, and suitably prepared to contribute to meetings either through training or the support of their keyworker beforehand. It was felt that service user involvement in steering group meetings was best arranged on a rolling basis, so that more service users would be able to contribute.

5.2   Recovery Star Champions

Staff Recovery Star Champions have been recruited and trained, as mentioned above. The nature of their role was discussed during the training, resulting in the following thoughts:

- Each project would have an identified Champion, who would be the 'go to' person for front line troubleshooting
- They would be responsible for encouraging good practice and discouraging incorrect use of the Star
- In the short term, they would be able to conduct informal, on the job, training for new starters, while formal training is being finalised
- On a rota basis, they would introduce the Recovery Star to new starters on induction

Ideally, it was felt that all service managers should be trained as champions, as well as one or two frontline staff members. It was considered necessary for the Champions to be a separate entity from the steering group, but that one or two Champions could be part of that group.

In addition to this, the importance of service user involvement was, again, highlighted. It was felt that having Service User/Volunteer Champions to support their peers around the Recovery Star and to support new service users to learn about it was essential. They could also get involved in staff induction and training, to reinforce the benefits of the Recovery Staff to service users.

5.3   Training

5.3.1   New Starters

A key role for the steering group, and the Learning and Development team, will be to establish how new starters will be trained in using the Recovery Star. There are several options available:

1. Comprehensive on the job training alone, run by Recovery Star Champions within projects
2. Basic on the job training within projects, backed up by a formal, in house, course run regularly for new starters
3. As above, with training bought in from an external training provider

Option 1 has the benefit of requiring the least resources, and would give new starters an opportunity to learn, in really practical terms, how to use the Recovery Star. Ideas for this approach proposed during the Champions training included shadowing another worker - both within your service and visiting others - to gain an understanding of the process; encouraging staff to complete stars for themselves in pairs to develop a sense of what the service user experiences during a reading; and providing ongoing peer support to talk through difficulties and share learning. The drawbacks of this approach are the possible inconsistencies of the training received by each individual and the potential to pass on bad habits from one member of staff to another.

Option 2 would tackle the disadvantages of option 1, whilst maintaining most of the advantages. The running of in house training depends on having a member of staff available, and trained, to deliver regular sessions. Option 3 would mean this isn't necessary, but would require a financial investment to maintain a training schedule.

5.3.2 Peripheral training

Throughout implementation, additional training needs have been highlighted throughout the organisation to varying degrees. The following skills have been identified as being useful to using the Recovery Star:

- Motivational Interviewing
- Emotional intelligence
- Developing action plans
- Mediation/negotiation skills
- Person centered working
- Problem solving

A large proportion of staff are very skilled in some or all of these areas, but others might need additional support in order to be fully effective in using the Recovery Star. A rolling programme of training that addresses some of these skills would benefit all, regardless of skill level, and ensure a more consistent approach to keyworking.

As more Recovery Star data is collected and analysed, more training needs may emerge, see below for more details.

5.3.3 Refresher Training

Refresher training would ensure that staff's skills were kept up to date, and that the Recovery Star is being used consistently over time. As with new starter training, a decision would need to be made by the steering group as to whether this is conducted in house, within services or by external training providers. An annual refresher would be ideal, and could incorporate aspects of the peripheral skills mentioned above to ensure that none of these proficiencies are lost.

5.4   Recruitment

It is very important for new members of staff to understand the recovery approach, and to have sufficient skills to be able to use the Recovery Star effectively. A role for the steering group and HR will be to review existing job descriptions and person specifications to ensure that they incorporate the key principles involved in using the Recovery Star.   To enhance this, the Recovery Star could be fully incorporated into the recruitment process, with applicants given access to the User Guide prior to interview, and given questions/tasks geared towards understanding the process and supporting service users through that process as part of the interview.

5.5   IT

As mentioned above, most members of staff have access to, and are using, the current MHPF Recovery Star IT system. Support of the introduction of this system, and the pending completion of a new system (due February 08), has highlighted the following priorities:

- A member of staff within Southside Partnership will need to take responsibility for the upkeep of the IT. This person will deal with day to day troubleshooting, adding new users, as well as escalating any larger issues to MHPF. This should ideally sit within the existing IT support remit for clarity, but this can be decided by the steering group
- Some members of staff lack confidence with IT, and so when the new system is introduced, they will need support to adapt to it. A decision should be made regarding whether this is provided in house or externally (MHPF will provide written guides)

5.6   Outcomes Data

Another key role for the steering group is to ensure that the outcomes that the Recovery Star produces are used to enhance and develop the service that Southside Partnership provides. Some of the key questions that should be asked of the data are:

- How effective are we?
  - Overall as an organisation
  - Within individual projects
  - With particular groups (e.g. according to gender, ethnicity, age)
  - Within particular areas of the Star
- What/where are our key strengths?
  - Sharing learning between projects/individuals and with other organisations

- Where do we need to develop?
  - Are there particular areas of the Star that service users aren't progressing in?
  - Are there particular projects/members of staff that need extra support or training to move service users on?
  - Do we need to develop more services to meet needs that aren't being met?
- What do our service users look like?
  - On entering a service
  - On leaving a service
  - Are we taking on the right service users for the support level of each service?

After 6 months of using the Star, there isn't enough data to be able to start to answer these questions, but it should be a key item for the steering group to discuss further down the line.

5.7 Other policies/procedures

Ideally, all policies and procedures will be reviewed to ensure that they refer to, and complement, the Recovery Star approach. In addition to those already mentioned, the following in particular should be looked at:

- Referral procedures
  - What documentation is needed from referrers and how does it fit in with the Recovery Star paperwork?
  - How soon after referral should a Recovery Star be completed?
- Support planning and keyworking
  - Any policies referring to these processes need to be updated to incorporate the new approach and paperwork
- Appraisal and supervision
  - Does existing paperwork allow for discussion of the Recovery Star?
  - Should this be added to ensure that it is a key part of these procedures?
- Risk Assessment
  - Currently under review - important to complement the Recovery Star and keep its key principles at heart - is it person centered? Does it allow people to take managed risks in order to progress?
- Monitoring
  - Do all commissioners know about the Recovery Star?
  - Does the Recovery Star match all current monitoring requirements?
- Paperwork
  - A review of the Recovery Star paperwork designed during implementation should take place to ensure that it is still meeting the needs of staff and service users
  - The majority of staff and some service users were given their own hard copy of the User Guide. Going forward an assessment is required of the relative benefits and costs of ordering hard copies Vs printing copies

5.8 12 month plan

During the Champions training, a 12 month plan was drawn up, based on the above recommendations, highlighting the key milestones of the next year.

5.8.1 Within 3 months

- Steering group re-established and first meeting held
- Policies reviewed and those relevant to Recovery star identified - sub steering group formed to work on these if necessary
- Every service to be using Recovery Star, including the Resource Centres, Lorrimore and Nsoromma House - focus on quantity at this stage, including completion of 2nd and 3rd readings for those trained in June/July
- New IT system introduced to staff

5.8.2 Within 6 months

- All Recovery Star data being regularly inputted onto the IT system
- All identified policies updated and in place
- Steering group dates set for the year
- At least 2 service user/volunteer champions recruited and trained
- New starter Recovery Star training established

5.8.3 Within 12 months

- Formal reviews of Recovery Star use to ensure quality use
- Full analysis of Recovery Star data
- A formal training plan established - using Recovery Star data to guide additional training requirements
- A full cohort (10-12) of service user champions trained

Appendices

I.   Star and Plan

Star and Plan

Service user		Date joined project	
Online identifier		Age	
Service ID		Ethnicity	
		Gender	

Completed by

| | Worker and Service User | Worker alone | Service User |

Reading	Worker name	Date of completion
Retrospective		
1st		
2nd		
3rd		
4th		
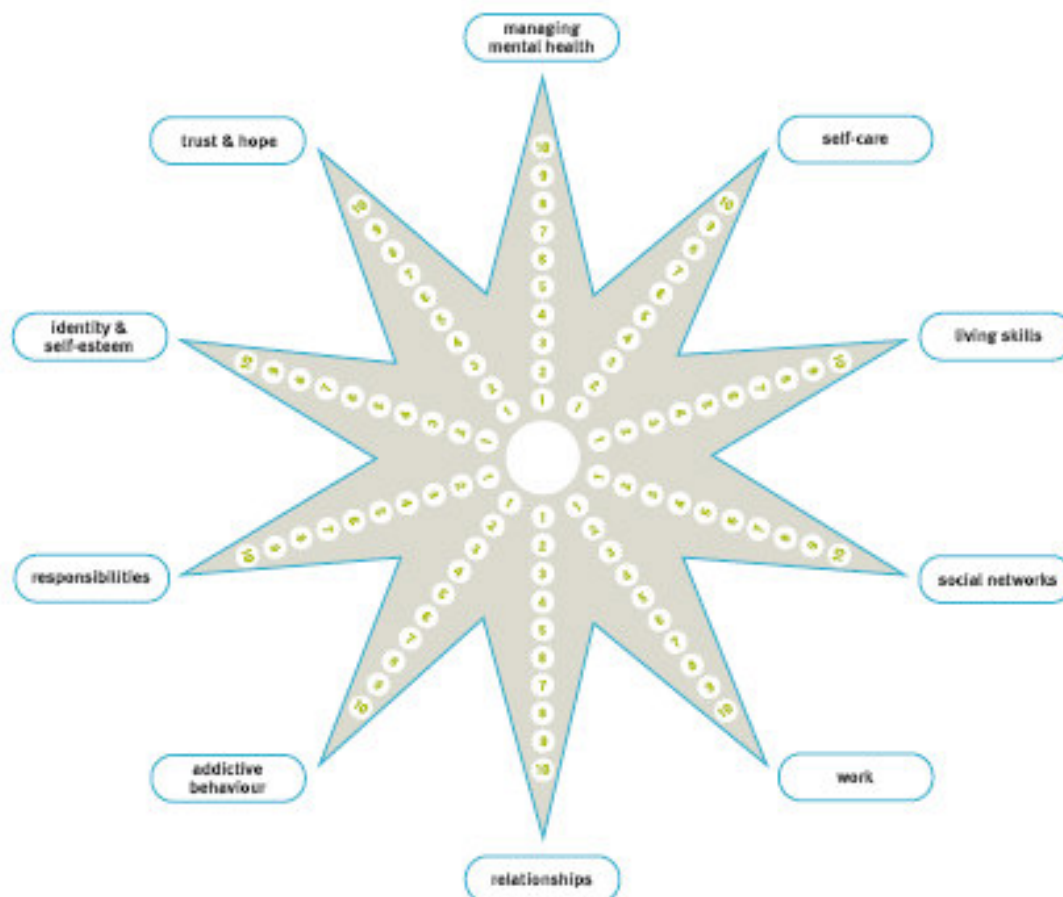
Service User: I was involved in completing this Star Chart _____ (signature)

II.   Initial Action Plan

Initial Action Plan
Completed with first Star

Date: _____

Service User Name _____

Staff Member _____

Name of Service _____

Priority outcome area from star	Current Score	Goals before next star reading	Action needed	By who?	By when?

Signatures: Service User _____   Staff Member _____

III.   Action Plan Progress

Action Plan Progress
Completed Monthly

Date: _____

Service User Name _____

Staff Member _____

Name of Service _____

Goal identified on Action Plan	Action needed	Progress made	Next steps	By who?	By when?

Signatures: _____ Service User _____ Staff Member _____

Additional Keyworking Notes
Information not covered in Recovery Star

Issue raised	Action required (if applicable)	By Who?	By When?

IV.   Formal Action Plan Review

Formal Action Plan Review
Completed with Star (3-6 months)

Date: _____

Service User Name _____

Staff Member _____

Name of Service _____

Mental Health Recovery Star

Priority outcome area from star	Current Score	Goals before next star reading	Action needed	By who?	By when?

Signatures: _____ Service User _____ Staff Member

V. Final Action Plan Review

Final Action Plan Review
Completed with Star on leaving service

Date: _____

Mental Health Recovery Star

Service User Name _____

Staff Member _____

Name of Service _____

Outcome area from star	Current Score	Ongoing goals	Action needed	Outside support identified	By when?

Signatures: Service User _____ Staff Member _____

VI.   Impact Assessment

Service User Assessment
Please circle the number that is most appropriate for each statement :

	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
I feel listened to when I talk about what support I need	1	2	3	4	5
Positive engagement is difficult for me as staff aren't interested in what I want to do	1	2	3	4	5
Staff make me feel relaxed and welcome and I feel confident to approach them for support	1	2	3	4	5
I don't know how much I've progressed since joining the service	1	2	3	4	5
I am made to feel important and that my opinions matter	1	2	3	4	5
There are important areas in my life that I don't know how to bring up in key working sessions	1	2	3	4	5
I feel satisfied with the advice and support I receive relating to education, training and employment	1	2	3	4	5
There aren't enough opportunities to feedback on the support I receive	1	2	3	4	5
I feel in control of my life, the decisions I make and the support I get	1	2	3	4	5
I feel that I am stuck and don't know what my next step should be	1	2	3	4	5

Additional Comments:

The information you provide will help us to evaluate the impact that the Recovery Star has on you, the staff who support you, and the organisation as a whole. The results of this assessment will be compared with later assessments, and the overall results made available once completed.
Thank you!

Name of service (Optional)   _____

Staff Assessment
Please circle the number that is most appropriate for each statement :

	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
I feel that service users can clearly communicate their support needs to me	1	2	3	4	5
I'm not as motivated as I used to be to encourage positive service user engagement	1	2	3	4	5
I feel that I am supporting service users on things that really matter to them	1	2	3	4	5
I don't know how much the service users I work with have progressed since they joined the service	1	2	3	4	5
Supervision is used to help me think through my key work and support planning	1	2	3	4	5
I often feel that I don't know how to communicate with service users about the things that matter to them	1	2	3	4	5
I can clearly see and evidence how the support needs of service users have changed in the time I have worked with them	1	2	3	4	5
I don't know how the service users I work with feel about the support I provide	1	2	3	4	5
I feel service users are actively leading in their own recovery	1	2	3	4	5
The impact the work I do has on service users' lives is not picked up by current monitoring methods	1	2	3	4	5
Our service reflects the needs and aspirations of service users and it is enriched by their contributions	1	2	3	4	5

Additional Comments:

The information you provide will help us to evaluate the impact that the Recovery Star has on you, the service users you support, and the organisation as a whole. The results of this assessment will be compared with later assessments, and the overall results made available once completed.
Thank you!

Name of service (Optional) _____
Manager Assessment
Please circle the number that is most appropriate for each statement :

	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree
I can evidence the training needs of my staff team	1	2	3	4	5
I find it difficult to motivate my staff team	1	2	3	4	5
I can measure the progress of users	1	2	3	4	5
As a service we have lost sight of what we are trying to achieve	1	2	3	4	5
I can demonstrate the effectiveness off this service	1	2	3	4	5
Current monitoring methods fail to pick up on a lot of the work our service does well	1	2	3	4	5
The skills and strengths of the whole team are used to best effect	1	2	3	4	5
I don't have a clear idea of how the service is performing in the things that matter	1	2	3	4	5
My staff team feel inspired and empowered to develop services that people want	1	2	3	4	5
I find it difficult to communicate to other departments/organisations about the service in a constructive way	1	2	3	4	5

Additional Comments:

The information you provide will help us to evaluate the impact that the Recovery Star has on you, the service users you support, and the organisation as a whole. The results of this assessment will be compared with later assessments, and the overall results made available once completed.
Thank you!

Name of service (Optional) _____