

January 2011

## **A joint proposal for Rethink to support 'Recovery Devon' in its development**

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## 1. INTRODUCTION

### What is Recovery Devon?

**“People of good will who support mental health recovery”**

- An independent community of people of good will who support recovery and wellbeing; both as a personal vision and as an underpinning value base to promote radical change in mental health attitudes and provision.

#### **A partnership of peers**

- A group of peers who meet on the basis of mutuality, equality and democracy; working in partnership to deliver and influence cultural change towards recovery.”

Recovery Devon is an extraordinary phenomenon; it is an open and democratic group without members or officers. It is a collection of people with a passion for promoting recovery, seeing this as a shared process encouraging health and wellbeing for all. It has been nurtured and sustained for 7 years, running two conferences and holding an Intentional Peer Support course. It has also developed a highly regarded and well used website, [www.recoverydevon.co.uk](http://www.recoverydevon.co.uk). Furthermore it has been the springboard for many significant contributions in recovery based practice in Devon. People who have associated themselves with Recovery Devon have greatly influenced the development of mental health services, both locally and nationally.

One of the difficult issues facing Recovery Devon has been Laurie Davidson’s retirement in March 2009. He brought a unique vision and held a position of influence both within the recovery movement and as a full time senior ‘Practice Development Manager’ for DPT. Recovery Devon grew organically as a partnership of people with lived experience of mental distress, alongside mental health practitioners. Additionally, now, Dr Glenn Roberts, another founder of Recovery Devon, is retiring, leaving a potential further vulnerability for the future. And both Laurie and Glenn provided inspirational leadership and practical skills.

Recovery Devon has historically been resourced by DPT, although it has functioned independently. This is one of Recovery Devon’s hallmark features; it has been an open forum for ‘people of good will’ who attend on the basis of their interest and expertise rather than roles or responsibilities, with an underlying principle of a 50:50 ratio of people with personal experience of mental distress / mental health workers.

In the period since Laurie’s departure several individuals have voluntarily taken a lead and responsibility in maintaining Recovery Devon; but lack of funds has led to a growing feeling of ‘struggling on’ rather than being well supported and resourced.

The intention of this proposal is to enable Recovery Devon to further develop the philosophy and practice of recovery, both within Devon and more widely. It will also provide Recovery Devon with a timescaled ‘financial umbrella’ and practical support.



During this period the group plans to formalise its organisation, in order to be able to sustain and develop its activities independently.

## 2. AIM OF RETHINK SUPPORT

This proposal offers the opportunity for Rethink to give constructive and tangible support, resources and staffing hours for the aid of Recovery Devon. Rethink will support Recovery Devon to work towards its aims and objectives as stated below.

Recovery Devon would retain its independence and being 'hosted' by Rethink would not stop Recovery Devon from challenging Rethink about its service provision and practice where considered appropriate.

Rethink's support will be time limited. Recovery Devon hopes to become fully autonomous, both financially and organisationally, within three years.

### RECOVERY DEVON'S VISION

Recovery Devon does not currently have an agreed vision statement. However the following definition is accepted and shown on the website:

- *"Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."* (W. A. Anthony, 1993)

Laurie Davidson identified the following Principles of Recovery, also available on the website.

- *'Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.*
- *Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness.*
- *Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives ('agency') and by seeing how others have found a way forward.*
- *Self-management is encouraged and facilitated. The processes of self-management are similar, but what works may be very different for each individual. No 'one size fits all'.*



- *The helping relationship between clinicians and patients moves away from being expert / patient to being ‘coaches’ or ‘partners’ on a journey of discovery. Clinicians are there to be “on tap, not on top”.*
- *People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.*
- *Recovery is about discovering – or re-discovering – a sense of personal identity, separate from illness or disability.*
- *The language used and the stories and meanings that are constructed have great significance as mediators of the recovery process. These shared meanings either support a sense of hope and possibility, or invite pessimism and chronicity.*
- *The development of recovery-based services emphasises the personal qualities of staff as much as their formal qualifications. It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience.*
- *Family and other supporters are often crucial to recovery and they should be included as partners wherever possible. However, peer support is central for many people in their recovery.*
- *There will be no more ‘them and us’, only ‘us’ – sharing struggles and challenges as part of being human.”*

## THREE YEAR PLAN

Over the next three years, Recovery Devon will work on three main goals:

1. **Continue to develop the philosophy of Recovery and Wellbeing**
2. **Assist in the implementation of Recovery oriented practice**
3. **Enable Recovery Devon to become a thriving autonomous organisation**

These goals are interdependent and each is important if Recovery Devon is to thrive.

### **Goal 1: Continue to develop the philosophy of Recovery and Wellbeing**

The first is paramount. If Recovery Devon is to have a reason to continue, it must be at the forefront of debate on recovery so far as possible, both locally and nationally. To do so, it must provide a genuine voice for all those who support recovery in Devon, both people who have experienced mental distress and their supporters, and people who work in the mental health services.



This is all the more important at a time of severe restrictions in services, as the progress of the recovery movement could now be at risk. This could be a result of false claims that it is 'irrelevant to the main work' of the mental health services. Or more likely, of using a claimed commitment to 'recovery', as a shield to implement those very cuts in services. If we are to fight such spurious ideas we need more thought, leading to more clarity, leading to more commitment.

Developing the values which support recovery and wellbeing, such as hope, empowerment, inclusion, choice and diversity, can help Recovery Devon to assert the effectiveness of a focus on health and wellbeing, rather than 'illness' and isolation.

### [Goal 2: Assist in the implementation of Recovery oriented practice](#)

At the same time, there is now a significant and well established body of theory supporting recovery and the importance of wellbeing. There is now a need to more fully implement these ideas across and throughout the mental health services.

This is a joint task for workers in those services, working in true partnership alongside people with lived experience of mental distress.

Recovery Devon can play an important role in assisting this. It can become a resource centre of excellence, offering:

- assistance and support for people to develop self management tools and resources
- an effective up-to-date website, promoting and supporting the views of people who use services as well as current local and national developments
- research, learning, planning and improved communications
- consultancy and training
- outcome evaluation and advice
- support and guidance on recovery and wellbeing for organisations, including charities, in Devon
- to share progress and experiences with the rest of the country

### [Goal 3: Enable Recovery Devon to become a thriving autonomous organisation](#)

A recent meeting agreed that if Recovery Devon is to continue and thrive, it needs to become an independent and accountable organisation.

In order to expedite this, Recovery Devon will, as a matter of some urgency, consider what form of organisational structure it should adopt, and implement this before the end of the first year. The following years can then be used to seek additional external funding and develop income streams to enable Recovery Devon to progress in the future.



Proposed options include creating a community interest company or charitable trust for the promotion of mental health wellbeing and recovery. It would then be in a position to seek funding from, e.g. GPs, DPT, PCTs, Rethink, for joint consultancy and training opportunities

### Hoped for Outcomes

Recovery Devon will

- provide a forum for discussion of recovery & wellbeing
- reach out to and include those with mental health difficulties whose voice has yet to be heard
- enable people in recovery to gain self management tools and skills
- assist those providing services to help people overcome mental health difficulties and build more meaningful and satisfying lives
- work in partnership with other mental health groups and organisations as appropriate, to foster more effective working
- provide information and assistance in a wide variety of ways, including the website, to help the mental health community to implement recovery oriented practice and promote wellbeing
- develop the understanding of creativity and spirituality in recovery
- continue to play an active and well respected role in the recovery movement, both locally and nationally
- produce Quarterly Reports detailing activities and outcomes
- strive for audacious goals in achieving improved mental health and wellbeing for all

At the conclusion of this three year plan it is envisaged that Recovery Devon will be able to stand alone as an autonomous organisation and the time limited support by Rethink will come to an end.

Working together with Rethink will enable Recovery Devon to help transform the lives of many of the people in Devon who come into contact with mental health services and their supporters.

## Year 1

### AIMS

#### 1. Develop the philosophy of Recovery and Wellbeing

To take Recovery Devon forward with a sense of purpose and focus.



To enable Recovery Devon to continue to contribute to local and national developments in the philosophy and practice of recovery.

To maintain Recovery Devon as an independent voice of people in recovery in partnership with those who provide services.

## **2. Assist with the implementation of Recovery oriented practice**

To develop Recovery Devon's work in promoting, sustaining, preserving and enhancing recovery based practice in Mental Health services.

To actively begin to link Recovery Devon with the forthcoming IMROC project.

To further develop the role of Recovery Devon in providing information and resources on recovery and wellbeing.

## **3. Enable Recovery Devon to thrive**

Through identified Rethink support to enable Recovery Devon to work on identifying and developing an appropriate organization for the future.

To introduce ring-fenced staff hours through Rethink's Devon Community Opportunities service to support the work of Recovery Devon.

# **OBJECTIVES**

## **1. Develop the philosophy of Recovery and Wellbeing**

To maintain a commitment to 'Put recovery at the heart of all we do' and 'No more them and us'.

To continue to develop a stronger, authentic voice for people in various stages of recovery.

A genuine commitment to be there for all who support recovery and to include those that don't currently have such a sophisticated, but nonetheless equally valid, voice.

To reconsider the implications of the reports by Mary O'Hagan and Mike Slade, following their visits in 2008.

To develop the Recovery Devon website as a tool to promote dialogue on recovery and wellbeing.



To organise events as decided by Recovery Devon meetings in conjunction with other mental health organisations

## 2. Assist the implementation of Recovery oriented practice

To constructively support DPT and other providers to address the 10 key organizational challenges of ImROC

- Changing day-to-day interactions and the quality of experience of people who use services
- Delivering comprehensive education and training programmes led by people who use services, to increase staff awareness
- Establishing a '*Recovery Education Centre*' to drive the training programmes forward
- Ensuring organisational commitment, changing the 'culture' (from the 'top-down' and the 'Bottom-up')
- Increasing personalisation and choice ('self-directed' care)
- Transforming the workforce ('peer professionals')
- Changing procedures for risk assessment and management
- Redefining involvement ('*partnerships-between-experts*')
- Supporting staff in their recovery journeys
- Increasing opportunities for building '*a life beyond illness*'

To re-assert the importance of the six priority areas for development identified by Recovery Devon in 2009 and to further develop the Personal Recovery Planning Toolkit (see Appendix 2).

To investigate opportunities available within Rethink's Workforce Development to support learning and training.

To further develop the Recovery Devon website and other methods of information sharing in line with the above.

## 3. Enable Recovery Devon to thrive

To establish a mission / vision statement and Terms of Reference.

To investigate, select and implement the most appropriate structure for the long term future of Recovery Devon e.g. CIC, Reg. Charity

To develop an accurate Job Description for the lead contact for Recovery Devon and recruit to the post accordingly





To maintain and support a small Task Group in order to keep Recovery Devon functioning effectively in the interim period, e.g. by setting agendas, ensuring actions are carried through and by keeping the vision alive.

To collaborate with Rethink on administration tasks e.g. maintaining a mailing list and sending email invites, copying agendas and information

To develop and update the Recovery Devon Website, especially to develop sections of the site provided by or related to people with lived experience, including the forum and the creative café aspects.

To re-establish the Recovery Devon seasonal newsletter (4 times a year) recording the progress of recovery in Devon

To establish a lead contact for Recovery Devon for people outside of Devon wishing to contact the group

## Years 2 and 3

### AIMS

To review and build upon Year One activity

To offer to work in partnership with any existing providers wherever possible and appropriate

To flexibly respond to changes in circumstance both externally and internally

To continue to provide a forum for discussion of the philosophy and practice of Recovery and positive mental health and wellbeing

To enable Recovery Devon to gain momentum to challenge practices and approaches by exploring alternative forms of support and provision

To continue to actively link Recovery Devon with the ongoing IMROC project

To hold further Recovery Devon events as decided by members where appropriate and financially viable.

### OBJECTIVES

To develop support for recovery 'educators' and sponsor 'recovery learning' for people who use services and/or provide services



To map which providers are providing courses, opportunities & developing tools etc which may benefit from Recovery Devon's support

To initiate and support developments on self-management tools

To facilitate developments in peer support, and training and supervision of peer support workers

To further develop the website and other means of information sharing

To develop an appropriate and accurate Job Description for the lead contact for Recovery Devon

**The final aim within this plan is to see Recovery Devon continue to explore the philosophy of recovery and wellbeing, and to translate these aspirations into practice.**

**The final objective in this plan would be to have established Recovery Devon as an independent and recognised body capable of generating income and identifying potential funders**

## Conclusion

The proposal for Rethink to support Recovery Devon by providing resources and practical help from a leading national Mental Health charity is sound, constructive and pragmatic. There is no doubt that Recovery Devon needs strengthening and developing in order to function effectively. If it is to reach its potential it needs identifiable paid and supported leadership resources.

Rethink would not seek to alter Recovery Devon as an independent voice of people working in partnership to improve mental health and wellbeing in Devon. Recovery Devon could, under this proposal, be a major contributor in the service development processes that will come out of the ImROC project and could support the commissioning of recovery-based services in Devon.

It would not be right to identify Recovery Devon as a DPT owned or led organisation because one of its greatest potential benefits is its role as an independent voice or collaborative forum where 'staff and people using services' meet on an equal footing.



Rethink and Recovery Devon believe that support for the future development of Recovery Devon within one of the Rethink contracts would work well and is a sensible idea. Nationally Rethink are identified as a major lead on recovery.

This proposal links with Rethink's national agenda of offering more substantial local leadership and support.

In terms of funding, Rethink consider that a healthy, robust and well functioning Recovery Devon would provide clearer vision and responsibilities for both people who use and those who provide services – a group that could support and develop the key organisational challenges of ImROC.

## **Appendix 1**

Extracted from the Recovery Devon website:

www.recoverydevon.co.uk – About Recovery Devon – Our Story

### **A Short History of Recovery Devon**

Laurie Davidson, an inspirational founder member of Recovery Devon, has provided the following article.

Recovery as a set of radical ideas for moving away from ‘treatment and cure’ towards ‘living a good life, with or without symptoms’ had evolved in parts of the US and New Zealand in the late 1990s.

Between 2001 and 2003, a few enthusiasts in Devon were introducing the ideas in an ad hoc way through local workshops and by revising the Care Programme Approach to reflect recovery values. These enthusiasts, who were a mix of people with experience of services, either directly or as supporters, mental health professionals and voluntary sector organisers, formed a group to set up a conference with the aim of engaging as many people of good will as possible to have an effect on the whole system ‘from the bottom up’. This was a conscious decision because past experience had shown us that a ‘top down’ approach could both alienate and take away ownership.

#### **2003 Conference**

A two day conference was organised for October 2003 to fit around a visit by Mary Ellen Copeland, from Vermont, US, the founder of the Wellness Recovery Action Plan (WRAP) approach. The week before, Dr Glenn Roberts and Laurie Davidson attended a five-day WRAP training with Mary Ellen in Stockport, which enabled a roll out of WRAP training across Devon over the next few years, with more and more WRAP trainers emerging.

At the conference, Mary Ellen and WRAP inspired all those who attended, as WRAP translated recovery values into action in a way that was accessible for all. Self management, rather than ‘being managed’ by professionals, was such an empowering concept that there was a clear call after the conference to continue meeting to develop WRAP and recovery.

#### **Starting Out**

From the small first meeting in 2003 in the back room of a café (following a long tradition of radical and revolutionary groups) in Exeter, the group has continued to meet regularly. Originally called ‘Devon Partnerships for Mental Health Recovery’, the group spread the word about recovery from within teams or peer support groups.

Recovery Devon has had no fixed membership – dates and places are advertised and meetings are open to all. A chairperson is appointed for each meeting at the

meeting and there are no permanent posts within the group. This was to ensure a democratic and inclusive ethos.

More recently a small steering group has taken responsibility for ensuring that meetings take place and work taken on by the group is carried out. People who attend are just people; rather than labelled as professionals or people who use services. The group has never sought to 'evangelise' about or force recovery; rather to create change through feeding the energy of those who can see the huge potential for radical and permanent culture change implied within the values of recovery.

## **2006 Conference**

The group organised a further conference in 2006 in North Devon, where among the speakers were Shery Mead (who developed Intentional Peer Support), Frank Bristol from New Zealand and David Gonzales from New York. All speakers had experienced services themselves and this added credibility to the concepts of recovery, self management, wellness and thriving. Local pioneers of recovery ran workshops and friendships and alliances were formed across Devon which accelerated the process of winning hearts and minds.

At this conference, Richard Brabrook launched the first Recovery Devon website which pulled together key papers and source material on recovery and self management as well as being a shop front for the developments in Devon.

Following the conference, the group decided to call itself Recovery Devon, as less of a mouthful and coming in line with the new Website. A series of newsletters charted progress and formed a permanent archive of the story of recovery in Devon.

## **2007 Intentional Peer Support**

In April 2007 the group organised a week long residential Intentional Peer Support run by Sherry Mead and Chris Hansen in Bovey Tracey for 30 people with lived experience. This gave confidence to a strong group who have been very active in Recovery Devon. Recovery Devon has led in the development of trainers with lived experience, a programme of WRAP training and guided recovery developments for around five years.

## **2008 Visitors and Conferences**

In the summer of 2008, Recovery Devon staged open meetings, inviting three influential people in the history of recovery; Rachel Perkins and colleagues from St George's and South West London, Mike Slade, who had just completed a research tour of world recovery sites and Mary O'Hagan, who had been the main architect of recovery services in New Zealand. The latter two prepared reports with recommendations for developing recovery in Devon. Recovery Devon then held two major conferences to plan the implementation of these reports. This remains one of

the ongoing tasks of the group.

### **Recent Recovery Devon Developments**

Since 2007, the values and practical application of recovery have been adopted by commissioners and managers throughout the whole mental health community in Devon. This 'top down' commitment combined with the 'bottom up' developments of Recovery Devon meant a bloodless coup had been achieved. The Recovery and Independent Living group of the statutory and third sectors commissioned work on changing the culture of mental health through a recovery strategy, recovery outcomes, Support Time and Recovery Worker training, a revised approach towards CPA (Care Programme Approach) as recovery coordination, integrating WRAP, recovery and medication, key standards for recovery and other practical changes to the building blocks of the mental health system.

Although much of the day to day work of implementing recovery is now seen as the responsibility of everyone, the role of Recovery Devon remains vital as the independent guardians of recovery; making sure that changes are consistent with these values and providing the vision for the next steps on this exciting journey.

Recently, the Recovery Devon website was given a facelift and this is consistent with never resting on our laurels, but always looking for the new challenges and engaging all the talent and good will available in Devon to take recovery forward.

## **Appendix 2**

### Current Recovery Devon Priorities

Over the last two years, Recovery Devon has been through a lengthy process to identify and promote our priorities for development in the local mental health services.

This process began in 2008, following visits to Devon by two leaders within the Recovery movement, Mary O'Hagan and Mike Slade.

### **Recovery Devon's Response**

Through the course of 2009, Recovery Devon held a series of meetings and events to consider these reports and to set our priorities for the development of local mental health services.

These included Day Workshops on 6th March, 8th July and 8th October. As these meetings progressed, a number of discussion documents were produced.

Following the July workshop, six main topics were identified for further consideration: [Topics 1 to 6 from July Workshop, 2009](#) (Hyperlink)

The six priorities were:

1. Crisis Response, Inpatient Provision and Community Alternatives to Admission
2. Risk Assessment, Risk Taking and Safety Planning
3. Workforce Culture
4. Promotion of Wellbeing and Strength Based Approaches
5. Stigma, Discrimination and Language
6. Support from Peers, and Staff Support in Assisting Recovery

These were then presented to the October workshop and further responses gathered:

[Recovery Devon Workshop, 8<sup>th</sup> October 2009](#) (Hyperlink)

At this meeting, the commissioner for mental health services in Devon asked Recovery Devon to suggest three priority areas for development locally. Discussion to identify these continued at a meeting on 6th November.

### Setting Our Priorities

At our meeting on 18th January 2010, Recovery Devon decided that the three main priority areas we would like to see further developed locally are:

- Peer Support
- Personal Recovery Plans
- Acute Care Provision - alternatives to hospital and improving support for moving back into the community

These were explained further in this document:

[Recovery Devon - Three Priorities - May 2010](#) (Hyperlink)

In March, a small group from the Recovery Devon Task Group met with the commissioner to discuss these priorities and how Recovery Devon could work most effectively to support any new developments.

As regards work within Recovery Devon on our priority areas, on Peer Support, Ann Ley, a member of our Task Group, had prepared a discussion document on this for Recovery Devon to consider:

['RD Peer Support Discussion Document'](#), Ann Ley (Hyperlink)

Recovery Devon had also been able to purchase a licence to use, and if desired modify for local use, the Personal Recovery Planning Toolkit formulated by SW London / St Georges NHS Mental Health Trust.

### **How does Recovery Devon currently operate?**

Recovery Devon is a group open to all that includes people with lived experience of mental distress and their supporters and family, alongside mental health practitioners.

The group works in partnership to promote the philosophy and practice of Recovery oriented approaches to support improved mental health and wellbeing.

We meet at two monthly intervals to explore Recovery ideas, focused around hope, empowerment, acceptance, inclusion and living a meaningful life, whether or not there are ongoing difficulties.

We have many active members and currently also have a small Task Group.

### **Our Task Group**

This group works on administrative tasks, follows up items from Recovery Devon meetings and prepares suggested agendas for forthcoming meetings.

We aim for the task group to comprise equal numbers of health practitioners (experts by training) and people with lived experience of mental illness and their families and supporters (experts by experience).

We always welcome volunteers to help with Recovery Devon activities.

### **The task group currently comprises:**

Russ Drayton, Linden Lynn, Ann Ley, Geof Lynn, Elaine Hewis

### **Website Group:**

There has also been a small group working on the new website, comprising: Ben Roberts, Geof Lynn, Ann Ley, Linden Lynn and Glenn Roberts



### Appendix 3

#### Costs

If DPT are looking at reallocating some of the existing funding within the Rethink contract to develop Recovery Devon there are areas that need to be considered: Paid roles carrying defined responsibilities, expectations and accountability that would take Recovery Devon forward and the resources required to develop a group with the potential of Recovery Devon.

	Yr1	Yr2	Yr3
<b>Staff:</b> <b>MHRW/Peer Specialist: 0.48 FTE</b> <b>Administrator: 0.32 FTE</b>	15,250	15,500	15,775
<b>Or</b>			
<b>MHRW/Peer Specialist: 0.8 FTE</b>			
<b>Recruitment costs</b>	2,000	-	-
<b>Travel expenses inc. volunteers &amp; meetings</b>	4,000	4,000	4,000
<b>Events</b>	3,000	2,700	2,400
<b>Website inc updating &amp; maintenance</b>	3,000	3,000	3,000
<b>Promotional materials</b>	2,000	1,500	1,000
<b>Venue Hire</b>	400	360	320
<b>Newsletter</b>	300	270	240
<b>Total p/year</b>	<b>£29,950</b>	<b>£27,330</b>	<b>£26,735</b>