

Recovery Devon's Team (Board) HARP

(Health and Recovery Plan)

What can we do, as a leadership team, to stay healthy so we can function well in supporting opportunities for recovery in Devon?

Purpose

Our creativity and productivity are closely connected to our health and wellbeing. It is hard to 'do well' if we cannot 'be well' and wellbeing provides a foundation for work. There is value in creating a HARP plan but its value is really found in using it regularly and skilfully, with commitment and developing it in the light of our further experience. Over time and with successive revisions it increasingly becomes a well-shaped and well working tool that accurately reflects our world, how we live in it and what we can do to live as healthily as possible within it. We have arrived at our first version – we now need to think what to do with it. Individuals are encouraged to read and reflect on their HARP daily as a lively reminder of how to stay well and to prompt timely concern when action is needed. The challenge in constructing a team HARP is in working out how best to take this seriously and think how we can effectively put it into action – together!

Recovery Devon: TEAM HARP

As with any HARP plan this covers the following headings:

1. What does Good Health look like?
2. **What keeps us healthy?**
Our 'first aid kit'
3. **What are our positive practices?**
Things we do daily, weekly or less frequently which keeps us healthy.
4. **What may cause poor health?**
- And how we can heal again
5. **Symptoms of approaching ill health**
- And how we can heal again
6. **Symptoms of significant ill health**
- And how we can heal again
7. **If self-healing is no longer possible**
8. **How to learn from our experience**

The value of a Recovery plan is in making sure it is put into action ...

How to use our HARP

The main value of HARP is in using it. So ... the recommendations for using a HARP include the idea of reading it when well and spending 10-20 mins reflecting on it daily to reinforce awareness and commitment to staying healthy and being prepared to take the positive actions that we have worked out ourselves when needed in response to triggers. When things do get difficult it is suggested that attending to the actions we planned for ourselves is given more time and becomes an increasing priority. If a stage is reached when things are getting worse or breaking down then putting our plans into action then become the top and possibly sole priority, as we are heading for a crisis.

This is how we will use our HARP

- 1. Each member of the board to have a personal copy and read and review it regularly**, perhaps alongside briefing papers prior to each monthly board meeting, to make sure it is still relevant, and to make sure that we still recognise ourselves in Section 1, that we are still doing Section 3, and that Section 5 is not happening.
- 2. We will check in with one another** at the beginning of each board meeting, asking 'how are we doing' ... this is an opportunity to gather an impression of how and where we are in relation to our HARP.
- 3. RD MD (James) to carry a specific responsibility for regular 'health check'** of RD's Board's organisational health and lead the Board to implement the HARP and consider if it continues to be fit for purpose of needs changes.
- 4. It is a shared plan, so any board member will raise the need for action, change and development** of the HARP if it does not meet a specific situation – this is a shared responsibility.
- 5. Our HARP will be posted on the open website for RD** as a declaration of our commitment and intent to work in this way and something that others can hold us accountable to e.g. members at open or general meetings
- 6. We will keep our HARP under open review** and routinely reconsider its fit to purpose as part of the biannual review of our business plan

We will therefore aim to support one another and our team by *using* our HARP plan and through using it also be learning through doing.

1. What does Good Health look like?

This is a description of how people experience one another in the Recovery Devon Board,

when we are at our best – when we are well. It is a team portrait that we all recognise and which reminds us of how we can be. It is what we have to attend to and maintain and we can use it to be aware of when we've changed – 'are we like this, now?'

What we bring to the Board: we are

Enthusiastic and fun to be with

Generous and hospitable

Innovative

Reflective

We appreciate the value of being realistic and understanding limits

How we treat each other

We are aware of and responsive to one another

Contributions are valued and we make space for others to contribute and join in

We are respectful, accepting and appreciative of what one another brings ... 'even if we are in a mixed up place'

We are honest and can be constructively critical and creatively challenging; in response, we are ready to take direction from one another

What the team is like to work in

We want to turn up for meetings

We create a safe place to be in together. There's a freedom to 'get it wrong' and that's OK

What the team can do

We can aspire to live and work as a team by the values we advocate

We can be responsible and meet deadlines

The team can be productive. We can have a shared experience of:

- Knowing we are fulfilling our core purpose – both to our satisfaction and also in those who commission us
- A lively and creative interaction with those who constitute the 'community of goodwill' around Recovery Devon, its members, supporters and other agencies
- A clear sense of not only working in the community but with the community, and we can give practical examples of that in action.

One board member commented that, 'We are the evidence', at our best we represent and embody what we value and advocate – a visitor would 'get it'.

2. What keeps us healthy?

In our experience this is what supports and sustains our wellness as a team:

What we have inherited:

Substantial history and foundations

A good reputation

Secure finance (about as secure as it can be)

Our values

Belief and confidence in a clear vision concerning "Recovery", which we all share and to which we are committed

We have hope and goodwill
 We value co-production

Our skills

We communicate well and are able to listen and share
 We are flexible and adaptable, able to respond to changing circumstances
 We give value to a range of knowledge – personal, professional, research based
 We are realistic and aware ... including of limits and gaps
 We take feedback seriously, consider it and see from different perspectives
 We take time to reflect
 We know how to support each other with our responsibilities

Organisational strengths

We have stable, coherent structures with clear accountability
 We have good leadership and well chaired meetings
 We keep things simple, e.g. “just enough” documentation
 We have a business plan
 We are linked to many networks and partners

We have a lot of skills and resources to call on

Many are relationship skills and aspects of the culture we have developed over many years. These are clearly useful in sustaining our wellbeing and good functioning but are also vulnerable to change should we become less well ... they highlight the need and value of us taking care to ‘keep our tools sharp and well oiled’ i.e. they need to be in good condition if we are to be able to rely on them.

3. What are our positive practices?

By definition this is what we need to do to stay well ... it’s useful to keep this brief ... i.e. to what is *needed* so we can see what’s most important ... and then make sure it gets done and if whoever is responsible is not available that it passes to another director, as if we don’t do what is necessary we are in trouble.

Every day / week we need to ...	Who is responsible?
Stay in touch with one another - share information, phone in, email, stay connected. Ensure good documentation to sustain communication for people not present	All
Engage with those around us: DPT, members of RD CIC, public	All
Ensure good external communications via Recovery Devon gmail and phone	MD, []
Keep up to date with website and social media	Webmaster, all
Let one another know if we are not well, and ask for help if we need it	All
Celebrate success	All
Attend to agendas and meeting dates	
Attend to action points from previous Board meetings to progress actions	All with action points

Think about new ideas / directions for Recovery Devon Be on the lookout for new opportunities for activities and projects	All
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Every month we need to ...	Who is responsible?
Remind members and prepare, documentation, agenda, financial and other reports or papers	MD: those with specific responsibilities
Turn up to Board meeting – or inform one another if going to be absent	All
In the meeting: - greet one another, and check in and out - speak up and contribute - be prepared to make and meet a challenge constructively - prompt, invite and welcome the contribution of others - crack jokes	All All All All Some more than others ... !
Produce and disseminate minutes within a week of the meeting	Minute-taker
Do the payroll, pay the bills	Finance
Carry out supervision	Line managers

Less frequently we need to:	Who is responsible?
Do Companies House return	MD
Review policies and business plan, using this as an opportunity to check back on ourselves that we are still respecting, living our values	All: MD to agenda
Ensure that our contingency planning is up to date and everyone knows what their responsibilities are	All

Another way of thinking about what we can routinely do to stay well is to adopt a team version of the ‘5 ways to wellbeing’

Following the acronym CLANG:

Connect – if we haven’t heard from someone for a while or we just want to say hello.

Keep Learning – if an aspect of our roles is something we don’t know much about we could commit to asking about it and seeking learning

be Active – we could make time to do something active together; a walk, a bike ride, we could take a break for a few minutes stretching in a long board meeting.

take Notice – we are in tune in with each other and notice when things aren’t quite right.

Give – we do this with our bring and share lunch but giving care, concern and interest to each other is important; if one of us is doing something for charity we could support them.

4. What may cause poor health?

These are the issues, events or experiences which unsettle us, trouble us, trip us up and if unchecked bring us down, make us less well and create escalating difficulties ...

Stresses and difficulties arising from ourselves:

- If one of us is struggling with our own health and wellbeing – leading others to think ‘what’s going on?’
- Excessive demands, either too big a spread of activity, too great a number of tasks or too much responsibility, feeling pressured and not able to say ‘no’
- Needing and not getting a rest / break – getting tired or exhausted
- Unrealistic expectations

Shocks and difficulties arising from others:

- News of severe adverse events in the lives of people we know: e.g. hearing of people becoming very unwell, getting into trouble or ending their lives
- Disappointments at how people have responded to our efforts, leading to blaming self and being troubled by, ‘what have I done wrong?’
- Transitions and changes whether planned or imposed by others

How we can heal again

1. Be honest and open

Be honest and open about our own experience to and with one another

Take the time and take care to feel properly in touch with others, e.g. at the “checking in” time at meetings

2. Look after each other

Encourage one another and be appreciative

Become aware of one another’s’ personal ‘triggers’ and so be able to be considerate and caring

Actively watch out for the wellbeing of those who carry a lot of responsibility

3. Lighten the load

Moderate expectations so they are realistic rather than perfectionistic

Share responsibilities and ownership

Find / ask other people to give time to reflect upon difficulties and plan useful actions

4. Forward planning

Make sure to stick to daily maintenance plan

Prepare and plan contingencies for how to respond to ‘shocks and difficulties’

Use ‘adverse experiences’ as triggers to plan contingencies for similar events in future and grow experience and skills (don’t waste a good crisis)

5. Symptoms of approaching ill health?

These are signs that something is going wrong ...

What we bring to the Board

People feel and act withdrawn and disconnected

Loss of generosity

We become ‘allergic to good ideas’ as they represent an unwanted demand

Reduced capacity to absorb / accept stuff

How we treat each other

Less supportive of one another / avoidant
Loss of interest in and sensitivity to one another
Reduced tolerance

What the team is like to work in

Humour goes
Atmosphere of meetings changes: feel anything from 'flat' to an 'ordeal'
Jobs feel like an unwanted duty
Discussions get critical or defensive
We may be reluctant to own up to mistakes or worry we'll get found out and there will be a bad consequence
Hostility / irritability / grumbling to each other outside of meetings
Manner of challenging leadership decision – becomes more hostile or covert /hidden

How the team starts to fail

Communication gets difficult or fails
Non-attendance: we do not turn up to meetings and neither do others
Productivity drops as action and activity drop to the minimum necessary
Finances get out of order:
 we overspend or fail and acquire debts or
 underspend and fail to put our financial resources to work
We miss opportunities because we haven't got the interest or energy to engage
We make mistakes

How we can heal again

1. Be honest and realistic

Be willing to face up to the difficulties, recognise them and be realistic
Accept limits: recalibrate, recalculate and reset expectations so they are achievable
Ask: what does this mean?
Understand the problem

2. Look after ourselves and each other

Be honest when someone's becoming unwell – be open and trusting with others, and others respond by being open and caringly responsive
Ask for and welcome feedback
Give permission to take time out / step back
Enable responsibilities to be shared
Be patient with one another but keep up standards i.e. not collusive

3. Take a step back

Remember our values and purpose – what we are trying to do and why
Reduce striving and stress
Accept it will take time – don't knock yourself out

4. Prioritise

Check maintenance plan is being effectively acted upon and reallocate responsibilities so that everything that needs to be done is being done

6. Symptoms of significant ill health

This is a seriously worrying and painful state to be in and should alarm us and needs to be recognised as requiring urgent attention and committed action:

These are the signs that things are getting worse for us ...

Break- down in all modes of communication – disjointed, fractured

We are stressed and preoccupied with ourselves rather than our work as a team, and start blaming rather than thinking of shared responsibility

Conflict within the team: we no longer trust each other and share difficulties

Team split into factions: talking behind one another's backs – keeping secrets

Overstretching ourselves beyond capacity and risking burn-out: we lose hope and start thinking about leaving Recovery Devon

Things don't get done / are left as we lose our goodwill and do the minimum; the team no longer functions effectively

A sense of fear, that we are not achieving the things we should be achieving

A sense of disaster: if we can't pull this back what will we do?

How we can heal again

Principles:

Decide in advance how to establish leadership in case of crisis

Be clear that anyone in the Board can suggest a crisis meeting – shared responsibility

Be clear what the priorities are e.g. what functions must continue and which can be left or postponed

How we should behave:

Avoid blame

Show compassion for one another and the situation

Need to find, make and take time to focus on restoration: pull back, slow down and take stock

A time for tough leadership (tough love)

What we should do:

Cut back to basics – make time and conserve energy – to put into the problem of solving our own problems

Share any hard decisions

Talk to one another and not through mediators; but if this fails, get help from trusted supporters or consider external facilitation for a team meeting

If we have serious concerns, but are unable to gain willing commitment from other team members to take action – we should all be prepared to 'blow the whistle' and raise the concern, having made sure that we have got the facts straight and that we have enough personal support and resources to see it through

7. If self-healing is no longer possible

By definition – at this stage we have lost it – we are not a team and we are beyond our capacity to sort out the problems we are in disarray and need to look to others for help, as

individuals and collectively as a team / board. At this stage we do not have the time, energy or agreement for complicated or elaborate action. We need to face facts, be responsible, seek appropriate support and engage with what's going on so as to work on resolution, repair and recovery.

OUR CRISIS PLAN

Be honest with ourselves and one another about what is going wrong
Ensure that core responsibilities are being taken by someone
Seek help from and formally engage outside mediators who may see things more objectively:

- Advisors
- Peer supporters
- Senior managers representing our stakeholders

Identify where we are going wrong and address the problems
Learn from our experiences, reflect, be humble, be willing to accept change
Not get stuck or try to go back to a nostalgic past

Ask ourselves if the organisation is still fit for purpose or needs to dissolve

8. How to learn from our experience

If we get to the point where, despite our best efforts, things break down and we enter a crisis, we are, by definition, beyond what we can sort out ourselves and need to call on others to help us get through the difficulties ... it seem, feel and looks like a mess and a failure but the best thing we can do is to use this experience to grow and develop. We can commit to learning from whatever has happened and draw from it useful understanding of what could be done to avert crisis or limit harm another time. We can use this information to make better, possibly more effective plans for how to stay well and take more effective action, should we get into difficulties again in the future.

If we are still together and wanting to continue with the work we need to find a way to ask, 'how can we honestly, openly, genuinely reflect upon:'

How well did our HARP work for us / how well were we able to use it?

DID we use it?

What were the positives?

What were the elements that didn't work?

What can we learn from this experience?

How can we adjust our HARP to be better suited to our needs, more robust and effective for the future?

