



‘Making Recovery a Reality In Secure Settings’ Piloting The Secure Star

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Recovery in Secure Settings

- The challenge for forensic services is to create a culture where they are 'on tap not on top' (Shepherd, Boardman, Slade, 2008)
- This potentially presents as a major paradigm shift for secure services.

Recovery and Secure Settings

The Literature

- Compared to the main body of literature in relation to recovery in mental health settings very little exists in relation to how the concepts can be applied to forensic environments:
- Drennan, Alred, et al. (2012) – Secure Recovery – Approaches to recovery in forensic mental health settings.

Potential Barriers to Implementation

- The key principles of recovery are reliant upon equality between worker and service user.
- In secure settings however there is an overt power imbalance between the two groups.
- The Mental Health Act.
- Service users detained against their will
- May feel unwilling to participate as they see staff as 'the enemy'
- Staff Attitudes
- May feel individuals are 'beyond help'
- Allowing risk issues to predominate thinking
- Believing that individuals that have committed index offences may not be worthy of recovery.

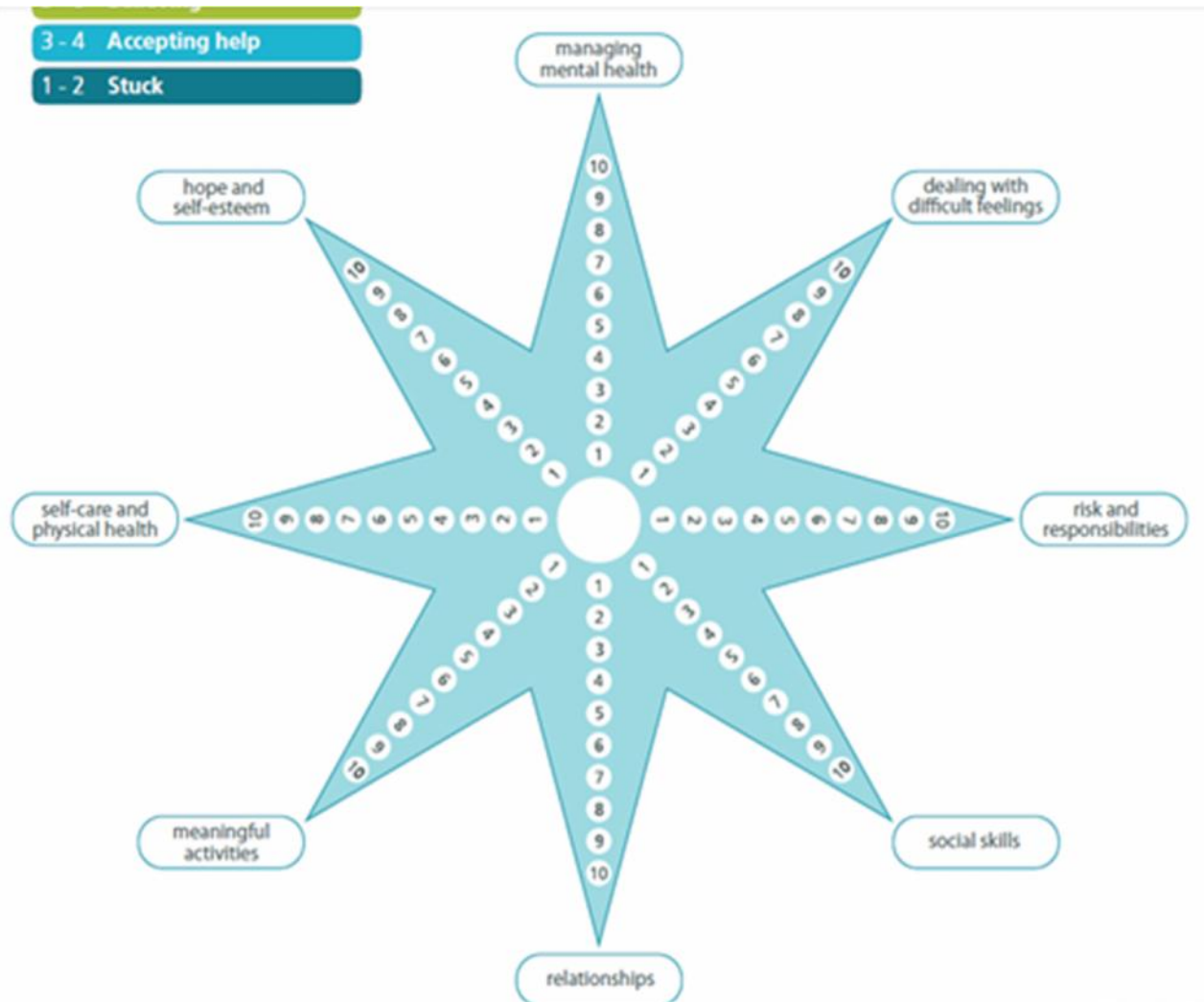
The Outcomes Star TM

- The Star approach can be described as Participatory Assessment and Measurement (PAM) because it draws on and extends Action Research and Participatory Action Research (PAR), both of which place empowerment, collaboration and integration at the core of research methods.
- In the same way, the Outcomes Star seeks to empower people within a collaborative process of assessment and measurement that is integrated with support work, rather than as a separate activity.

The Outcomes Star™ – Key Principles

- When using the Outcomes Star, the worker and service user assess the service user's needs together, if the service user is able to do so.
- Service users base their assessment on their knowledge and understanding of themselves and workers utilise their experience of working with other people generally and their observations and reflections on this person's behaviour in particular.
- The intention is that the assessment emerges through a dialogue between service user and worker and this may include both people shifting their views.

The Secure Star™



The Secure Star™

- A newly developed variant of The Recovery Star
- **Key Changes**
- Eight points on the star tool, as opposed to 10 (this has since changed to include a ninth – Addictive Behaviours)
- The inclusion of risk behaviours and emotional control as specific domains.
- The end point of the journey of change in relation to the Secure Star is readiness to step down from a more restrictive setting as opposed to disengagement with services.

The Secure Star™

- There are a number of specific values and assumptions that underpin the Recovery Star Secure.
- A core belief is that people in secure services should be supported to manage their own recovery as much as is possible for them, so that they can aim towards having a satisfying and meaningful life, with the lowest level of security that is safe for them to reach their full potential. This means:
 - Being recognised and valued as an individual with their own particular needs and preferences
 - Being able to self-manage and have as much autonomy as possible
 - Being as healthy and active as possible and spending their days in meaningful ways
 - Having the opportunity to make a contribution and being allowed and enabled to do things for themselves, where this is safe.

The Pilot

- In 2012, Triangle and MHPF sought further collaborators and drew together a working group to develop and pilot the Recovery Star Secure, drawing on work to date and using the Recovery Star as a basis. The collaborators at this stage were:
 - Inmind Healthcare
 - Northumberland Tyne and Wear NHS Foundation Trust (NTW)
 - Mersey Care NHS Trust
 - Norfolk and Suffolk NHS Foundation Trust (NSFT)
 - St Andrew's Healthcare
- Between these five organisations, the draft Recovery Star Secure was piloted across a range of high, medium and low secure services.

Preparing for Roll Out at Inmind Healthcare

- Training
- All staff that were due to implement the Secure Star were provided with training by a registered practitioner.
- We selected 2 of our 3 low secure sites for inclusion in the pilot.
- Site 1 – Inner London. Male service users. Forensic mental health population.
- Site 2 – Lincolnshire. Male service users. Mental Health in Learning Disability population.

Implementation at Inmind Healthcare

- All participant service users were introduced to the Secure Star model.
- A first reading was then taken.
- The second reading was subsequently taken after 3 months.
- Data was then submitted to Triangle Consulting for collection and analysis.

The Findings – Total Cohort

- A total of 112 people in secure services completed two readings of the Recovery Star Secure during the four-month pilot period.
- These were drawn from High, Medium and Low Secure services.

The Findings

Table 1: Starting points, change and end scores

This table shows the average scores in each of the Star areas:

- At the first reading, averaged across all clients
- At the review point within the pilot period after approximately 6 months
- The amount of change from assessment to review (outcomes)

Star Area	First	Second	Change
Managing mental health	6.7	7.2	0.5
Physical health	6.5	6.9	0.4
Dealing with strong feelings	6.1	6.5	0.4
Risk to others	6.9	7.0	0.1
Social skills	6.8	7.1	0.3
Relationships	6.7	6.9	0.2
Meaningful activities	6.5	6.7	0.2
Trust and hope	7.1	7.3	0.2
Average	6.7	7.0	0.3

The Findings

Table 2: Percentage of clients showing change

This data is for same people over the same time period as Table 1. It shows the proportion of the 112 clients in the pilot who made positive progress, stayed the same or went downhill, in each of the 8 star areas.

Star Area	Improvement	The same	Slipped back
Managing mental health	40%	47%	12%
Physical health	38%	43%	19%
Dealing with strong feelings	38%	44%	17%
Risk to others	37%	43%	24%
Social skills	36%	41%	23%
Relationships	39%	40%	21%
Meaningful activities	36%	41%	23%
Trust and hope	37%	40%	23%

The Findings

Table 3: Proportion improving on their overall star

This table shows the number and percentage of clients who made a large or moderate improvement in their overall star score.

Large increase (>1 on av.)	Moderate increase (0.25-1)	No significant change	Moderate decrease (-0.25 - -1)	Large decrease (>-1.0)
26 (23%)	27 (24%)	46 (41%)	17 (9%)	15 (13%)

Conclusions and Next Steps

- Once the Star is rolled out, starting scores should provide useful information on the people who have recently come into a service, including the relative areas of need and position on the journey of change. However, for the pilot period they are more a snapshot in time as most of those in the pilot were current service users and many can be assumed to have been in the service for some time already
- From the pilot study it appears that even when service users are established within services the use of the Secure Star generated a level of positive change for many service users.
- The finalised Secure Star has now been published and is available for use.
- Recovery remains a highly relevant concept in conditions of security, although there may be more barriers to implementation than in non secure settings.



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