

# Cromwell Road

## A recovery based hostel

"Our remit is to be a recovery based project that has person-centred provision. We include service users in managing the project by consulting with Outside In and working with them to set up a programme for residents that includes peer mentoring, focus groups, residents meetings and peer facilitators. Staff and residents work together to achieve the clients' own dreams, hopes and aspirations. There is an expectation that residents will be willing to engage to actively change and manage their own lives, accepting that sometimes small changes can be huge achievements."

St Mungo's runs a diverse range of hostels and other accommodation projects, with a wide variety of staffing structures and on-site services - we hope to keep this variety because one size does not fit all. However, the common thread through all our projects will be the Recovery Approach. It's about an attitude and is an approach that can be applied across all our projects and teams. We asked Kirsty Craig, Deputy Manager of Cromwell Road, how the recovery model has influenced their project.



### Principle 12

Central to the recovery process is community involvement. Working with people who are often excluded from more than one mainstream service St Mungo's projects such as Putting Down Roots strive to look for opportunities for local community involvement.

The booking in interview focuses on progress and future goals and expectations during the stay at Cromwell. We have developed peer mentors. Peer mentors or other residents are able to give a tour on booking - in and explain how the project works over a period of a few weeks including the complaints procedure."

In order to support the work done here the staff has already undertaken a lengthy induction, which will be followed up by training programmes in recovery and the Essential Shared Capabilities framework.



"We have some client led in-house activities such as the library, Putting Down Roots, Work and Learning Services etc, but we are also hoping that this will lead on to developing a much wider programme with roots in the local community."



Principal Skinner is not part of the recovery approach

St Mungo's is opening doors for London's homeless. Every year we help more than 10,000 homeless and vulnerable people find responsive and integrated solutions for problems with housing, employment, training and health.

We offer pioneering services to men and women who have complex and overlapping needs that often exclude them from mainstream services. Our work is essential for preparing people with mental health, substance use, alcohol and housing problems to move on.

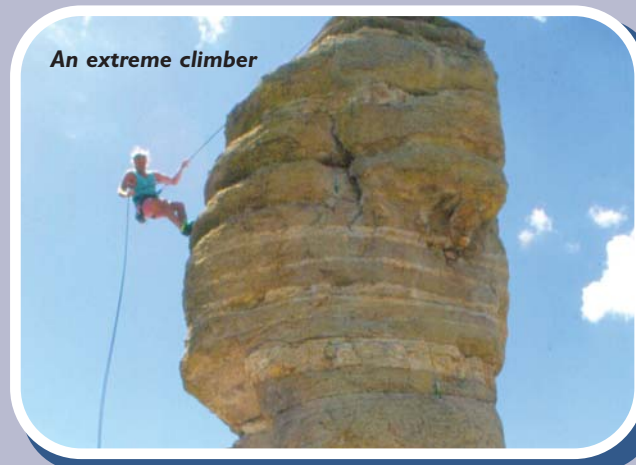
To constantly improve the quality of our services we welcome diversity and build partnerships to reflect and help all local communities across London.

# The Recovery Approach at St Mungo's

The word recovery means different things to different people. The recovery approach, which has its origins in mental health, offers a number of principles for defining and enabling recovery.

The aim of this briefing is to explain recovery and what it means for St Mungo's, and to acknowledge our successes with some directions on how to build on these.

## Which is the odd one out...?



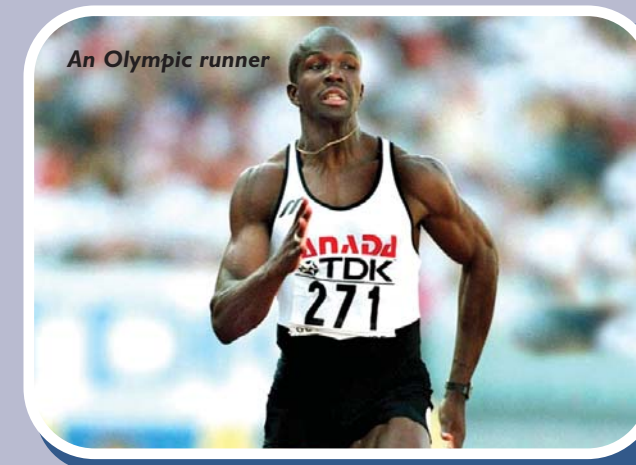
An extreme climber



A jelly



A butterfly emerging



An Olympic runner

answer on the back...

### Editorial

Edited by Kate Thomson (Substance Use Team) and Simon Rogoff (Mental Health Team).

Designed by Fundraising and Communications.

If you have any questions or ideas, please direct them to the editors by email or to: 6th Floor, 207 Old Street, London EC1V 9PS, 020 7549 8200. Kate: 07714 699 636. Simon: 07776 456 358.



Thanks to all who contributed to this issue.

The answer: Unlike St Mungo's and the Recovery Approach, the jelly didn't break the mould!

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Opening doors for London's homeless

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## Foreword by Charles Fraser

“At St Mungo’s we work hard to support people with a range of difficulties. We strive to help clients achieve their hopes, dreams and expectations. The Recovery

Approach provides a framework that supports and guides our work.”

**Charles Fraser**  
Chief Executive

# The Recovery Approach

“Do I have enough to do at work today?” is a question we don’t need to ask ourselves very often at St Mungo’s. So, is ‘adopting the Recovery Approach’ just something else to add to the list of things to do? No.

The Recovery Approach is about *how* we do things. It’s about how we work *with* our clients so that they can achieve their goals (and we can achieve our primary task of helping people change).

However, there is a question we do need to be asking ourselves: “How can I be more effective at work today?”. Ron Coleman, pioneer of the Recovery Approach, said “*self is the cornerstone of recovery*” and a client said of her recovery, “*I am friends with myself again*”. We need to ask ourselves, “How did what I did



Ron Coleman

*and said today help my staff/my clients make positive changes?”, “How did it support them in achieving their goals?”.*

Rolling out the Recovery Approach in St Mungo’s is about the organisation providing training and support for staff and managers to work more effectively with our clients, and for managers to more effectively support and develop staff. Our objective is to ensure we provide an environment in which more of our clients can find their own personal journey to recovery. And where staff and management can develop themselves and their own skills, and find even greater satisfaction in doing such a hugely important job.

This is an inspiring direction, building on the best of what we have been trying to develop over the years. I hope you will take it up enthusiastically. It’ll make our lives better, as well as our clients.

**Peter Cockersell**  
Director of Programmes



## Principle 1

The client decides when the recovery process begins, and then directs it. This is a challenge in the face of pressures such as Supporting People targets. However in the MAAP framework we do have more opportunities than ever before for the client to take control.

## Principle 2

It is easier to do something for someone than to support them in doing it themselves. Services such as ours must be aware of its tendency to make people dependent. This effect should be guarded against.

# Our recovery values

## Principle 3

Users of a service are able to recover more quickly when the service considers seven key factors: hope, life, roles, spirituality, culture, education, socialisation and client goals.

Taking on the Recovery Approach is by no means a small undertaking. It is a long-term commitment to our clients, to placing them at the heart of everything we do, focusing on their aspirations and dreams over and above their needs and problems.

St Mungo’s has made a commitment to the following Recovery values. We:

- Recognise that people can and do recover from even the most severe personal traumas and distress
- Aim to support people to make their own recovery - not make them dependent on our services
- Recognise the strengths of our clients - assessing these alongside their needs
- Know that our clients’ recovery will be faster if their individual ambitions are central to the services we provide
- Aim to maximise opportunities for clients - looking beyond their housing need

- Aim to develop an equal partnership - working together to achieve goals which support the recovery journey
- Remember that our primary duty of care is to the client
- Understand that recovery happens when services are staffed by people who are compassionate and competent.

## Timeline

By now you might be thinking ‘when is all this going to happen?’. St Mungo’s will roll out the Recovery Approach over the next year, and all staff will receive comprehensive training in the new ways of working.

These are the major milestones we will aim to reach, and the times we hope to reach them by:

**To recruit 20 Recovery Champions - by September 2007**

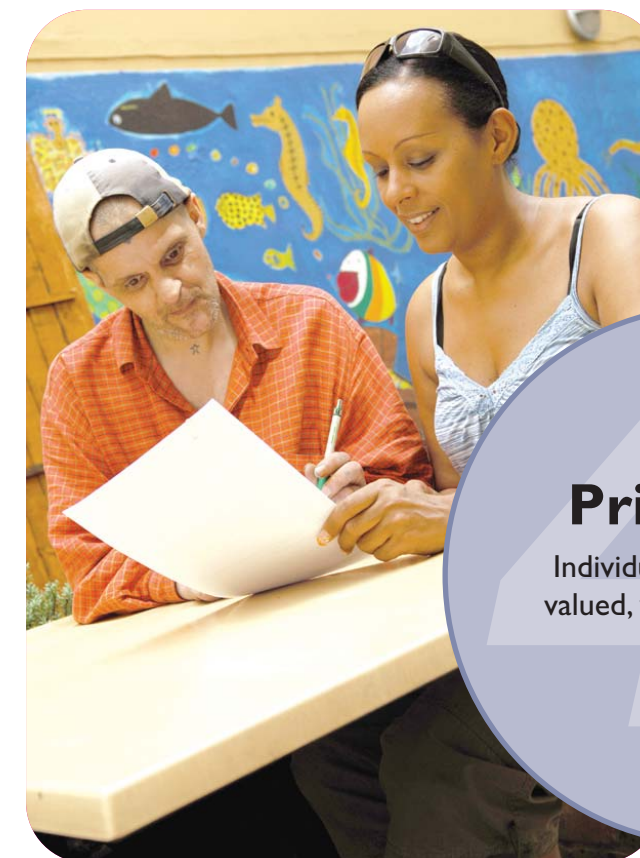
Recovery Champions will help to support staff to roll out the Recovery Approach throughout St Mungo’s. The Recovery Champions will receive comprehensive training in **November 2007**.

**To implement baseline audit evaluation - by September 2007**

This means that we will introduce ways to assess our progress and success with the Recovery Approach as it is rolled out.

**To train all project and team staff - between January and June 2008**

All staff working in frontline projects and teams will be trained and supported to work within the Recovery Approach.



## Principle 4

Individual differences are valued, whatever they are.



# Breaking out M of the Mould....



## Principle 7

Recovery is assisted when services place an emphasis on hope together with the development of trusting relationships. Dedicated projects such as Outside In, Employment team and Volunteer Services strive to build hope and experiences of success.

## Principle 8

We work from a strengths / assets model. Traditionally services have been problem focused with clients being identified in terms of their problems. Needs assessment should be accompanied by assessment of the clients past achievements, interests, goals and skills.

## The challenge of recovery for services working with multiple needs.

You may have heard the joke about the duck that goes into a bar and casually orders a drink. The bar manager stares in disbelief, (having never seen a talking duck) then gets very excited and persuades the duck to return the following day to meet a friend of his. The duck is promised, "a great job opportunity".

As agreed, the duck

obediently returns the following day. The manager's friend, it turns out, is from a famous circus. He tells the duck proudly that he is prepared to offer him fame and fortune and his name in lights as a talking duck in his circus. However, the two men are confused when the duck looks slightly annoyed and says, "that all sounds very nice, but I'm an accountant..."

**Principle 5** of the recovery approach refers to treating the whole person, and considering the whole range of aspects of that person that might be important for recovery. MAAP meetings make this task easier and more effective, since workers with different perspectives meet with the client and think about the what's important for the client. Goals and action are agreed, prioritized and recorded. One person might be highlighting a 'feelings' issue, another a behavioral issue and another a financial issue. All leave with a broader perspective and a shared plan. The outcome star is another opportunity to take a look at the whole person, and for the clients to take a reflective look at themselves, in a different way.

The Mental Health Team recently presented Recovery Approach Training to The Substance Use Team. It was agreed that it is a challenge for organisations such as ours to provide services without creating unnecessary dependence in clients. This problem is referred to in principle 2. During the emergence of the recovery movement, this was referred to frequently by people who had found 'escape' from the role of 'service user' something which almost seemed an impossibility once labels, risk assessments and professional relationships had been established.

So at what points are we as an organisation at risk of creating dependency, and how can we address or offset these? For example, a risk assessment or plan, which is overly protective or defensive, can lead to a client losing some power over their life unnecessarily. And there is more work to be done in using our risk assessments to justify positive risk taking decisions. It is these decisions that promote independence and create new experiences for people. **By Simon Rogoff**

## Outside In

Outside In is run by clients to represent the views of clients. This is not the only way that clients can get involved in St Mungo's, projects should have a clear service user involvement agenda. Peer facilitator meetings, which are client led, are currently running at Barnsbury Road, Cromwell Road, Palace Road and Vartry Road. Outside In attend a general meeting with Directors every 6 weeks and representatives from this group will soon meet with the Board of Directors twice yearly. Outside In held a conference in partnership with Groundswell in November 2006, which was attended by 70 people. A report, which highlights the main themes raised on the day and recommends ways to make progress, will be published soon. Clients can access Peer Facilitator and Interview Skills training through Outside In and are linked in with the Programme Centre to support them in accessing paid employment. Clients have recently been involved in interview panels and Outside In is involved in developing the appraisal system to include feedback from clients.

## Principle 5

It is important to offer support not only for social needs such as resettlement and benefits but also for the person's psychological, spiritual and physical needs.

## Principle 6

It is important to integrate different approaches to support, including medical, psychological, social and values based considerations. At St Mungo's the keyworker is the person who co-ordinates the support.

## Recovery Training

Ron Coleman and Karen Taylor have recently provided Recovery and Person Centred Planning workshops for St Mungo's teams in Kensington & Chelsea and Brent.

Last year, the Westminster SIH team received Recovery training as part of the delivery of the Essential Shared Capabilities framework, and staff from Camden mental health projects have previously attended training on Recovery and Working with Voices.

Workshops explore the philosophy and underlying processes of Recovery, introducing creative ways of helping people to dream, plan, and move on to a more fulfilled life. Sessions incorporate a range of practical methods to assist with developing recovery- focussed work practices.

Senior Managers attended a two day recovery workshop in early May. Later that month, a group of 20 staff and clients attended a Recovery-based 'Training the Trainers' programme. This group will deliver a series of workshops to assist in building St Mungo's capacity to provide recovery-focussed services. **Stuart Bakewell**



The Fabulous Creative Writing Group at World Mental Health Day





# “My recovery...”



Born in 1951, Raymond was diagnosed with schizophrenia in 1971. We asked him what recovery has meant to him and what has been important. After a number of years living at St Mungo's accommodation he now says he is very happy in his own flat.

## Principle 9

Clients with the support of workers should develop a 'recovery management' or 'wellness recovery action plan'. This plan should focus on wellness and resources such as treatment and the client's own strengths that will support the recovery process.

### What has been important to you in your recovery?

- **Housing** - having a permanent base in which to assault my plan of recovery.
- **Support** - a continual battery of attack on the remnants of my illness comprised of various nurses and one mental health worker (with St Mungo's).
- I credit my recovery and normal sleep pattern partly to a good diet and being physically fit."



Raymond with his mental health worker

"I have been symptom free since late 2003. I am still on medication (why I don't know but I'm frightened of coming off it) and have an injection once a month."

### Have there been any turning points from your point of view?

1. "My initial recovery was in 1991 and was completely unforeseen. I had a degree of recovery in the 13 hospital admissions I had since 1971, but nothing like this. I was still recuperating for 3 years, with 9 'mini relapses'. These relapses lasted 3 weeks and each were a turning point in their own way, but I wasn't aware of it at the time.
2. Final recovery has happened in the last 3 years and consisted of 3 or 4 mini-mini-relapses which lasted about 3 days each."

### What did people around you do that was helpful or unhelpful?

1. **Support** - this was very strong and my Mental Health Worker rallied round and gave me full understanding and help when the chips were down.
2. **Counselling.** This I turned to after my initial recovery in 1991 when everything was going well. However this doesn't tell the whole story as when things continually went pear shaped (about once a year) they talked me through it. You would not think that a friendly ear could pull you out of it."

## Principle 10

Involving family, partners and friends may be important to the recovery process, but the client should decide whom they wish to involve.

# “My recovery...”

Tony was homeless for 12 years sleeping in cars and stairways of flats around Hounslow. He developed a drug problem after his relationship broke down. Tony is now living in semi-independent accommodation and regularly works at the Workshop. We asked him about his recovery and what had been important to him.



"I came into contact with St Mungo's when I was referred to the Programme Centre by Hounslow job centre in March 2005.

Moving into Wharton St in June 2005 was a big turning point for me. I had sorted out a methadone script while homeless, but this was only 'halfway there', as I still did not have any accommodation. Once in Wharton St, I had the chance to be more stable, use less and found that I did not need to commit crime to fund my opiate habit. Another turning point was going to the workshop. I have great respect for the Workshop staff for giving me help, assistance and understanding.

I found that having support outside my accommodation project was useful, when I did not feel that I was not getting the right support there. I feel that being involved with the workshop has calmed me down a lot and that staff do not bear grudges long at times when I had fallings out with them.

I feel that I might have been kicked out of my accommodation by now if it wasn't for the attention and intervention of Steve, Shener and Andy with whom I can talk through issues and problems.

I would advise people in similar positions to me to keep busy and get involved with Putting Down Roots or the workshop to help continue their recovery."

## Principle 11

Services such as ours that work with marginalised people are most effective when delivered in the context of the client's local area and cultural setting.

## Peter (and Rhino)

Peter has been living at St Mungo's projects for over 6 years, moving from Cedars to Endsleigh Gardens and then on to semi-independent housing in Westminster. We asked him what has been important.

"I have managed to stabilise my crack use over time and have grown to realise that my drug use was having a negative impact on my physical and mental health. I also got fed up with spending all my money on drugs. Controlling my use was a gradual process which involved regular meetings with the Substance Use Team. We looked at practical ways to limit my use, such as taking only a small amount of money out with me, and making it last as long as possible.

My dog has been an influence on changing my behaviour. I have had Rhino - an English Bull Terrier - for 6 years.

Owning a dog has brought me responsibility, and given me something to live for.

I also attend the workshop, which has been an important source of support and activity. The workshop has given me a structure, something to do and people to talk to so I feel less isolated. I am learning to control my temper and to speak to people before reacting to problem situations."



Peter + Rhino