Sustainability Model Customized for Recovery-Oriented Practice Guidelines

The Sustainability Model is a diagnostic tool that will identify strengths and weaknesses in your implementation plan and predict the likelihood of sustainability for recovery-oriented practice. This version of the model has been customized to assess the Guidelines for Recovery-Oriented Practice (the Guidelines).

The Sustainability Guide provides practical advice on how you might increase the likelihood of sustainability for recovery-oriented practice using the Guidelines.[1]

For more information, see the full Sustainability Model and Guide.

[1] Maher, L., Gustafson, D., & Evans, A. (2010). Sustainability model and guide. NHS Institute for Innovation and Improvement. https://webarchive.nationalarchives.gov.uk/20160805122935/http://www.nhsiq.nhs.uk/media/2757778/nhs_sustainability_model_-_february_2010_1_.pdf

Process

Factor Description	Identify (✓)	Factor Level Choose the **factor level** that comes closest to your situation and tick the box left of it.
Benefits beyond helping patients • In addition to helping patients, are there other benefits to recovery-oriented practice? • Will staff notice a difference in their daily working lives by practicing recovery approaches?	A ○	We can demonstrate that recovery-oriented practice has a wide range of benefits beyond helping patients, such as benefits to the community and the health care system.
	B ○	We can demonstrate that recovery-oriented practice has more than three beyond helping patients such as benefits to the community.
	C eg ✓	We can demonstrate that recovery-oriented practice has one or two benefits beyond helping patients.
	D ○	The benefits we have identified are only directly related to helping patients. We have not identified any other benefits that recovery-oriented practice could bring.
Credibility of the benefits • Are benefits of recovery-oriented practice to patients, staff and the organization visible? • Do staff believe in the benefits of recovery-oriented practice? • Can all staff clearly describe the full range of benefits associated with recovery-oriented practice? • Is there evidence that recovery-oriented practice has been achieved elsewhere?	A ○	Benefits of recovery-oriented practice are widely communicated, immediately obvious, supported by evidence and believed by stakeholders. Staff are able to fully describe a wide range of intended benefits for recovery-oriented practice.
	B ○	Benefits of recovery-oriented practice are not widely communicated or immediately obvious even though they are supported by evidence and believed by stakeholders.
	C ○	Benefits of recovery-oriented practice are not widely communicated or immediately obvious even though they are supported by evidence. They are not widely believed by stakeholders.
	D ○	Benefits of recovery-oriented practice are not widely communicated, they are not immediately obvious, nor are they believed by stakeholders.

Process

Factor Description	Identify (✔)	Factor Level
Adaptability of improved process • Can recovery-oriented practice and new associated processes overcome internal pressures, or will this disrupt the change? • Does recovery-oriented practice continue to meet ongoing needs effectively? • Does recovery-oriented practice rely on a specific individual or group of people, technology, finance, etc. to keep it going? • Can recovery-oriented practice keep going when these are removed?	A ○	Recovery-oriented practice and associated processes can adapt to link in with, and even support, other organizational changes. It would not be disrupted if specific individuals or groups left the organization, its focus will continue to meet the improvement needs of our organization.
	B ○	Recovery-oriented practice and associated processes can be adapted to support wider organizational change but it would be disrupted if specific individuals or group left the organization. Elements of this work will continue to meet our organization's improvement needs.
	C ○	It would be difficult to adapt recovery-oriented practice and associated processes to other organizational changes. It would cause disruption if specific individuals or groups left the organization.
	D ○	Recovery-oriented practice and associated processes can not adapt if there was any other organizational change happening and it would be disrupted if specific individuals or groups left the organization.
Effectiveness of the system to monitor progress • Does recovery-oriented practice require special monitoring systems to identify and continually measure improvement? • Is there a feedback system to reinforce benefits and progress and initiative new or further action related to recovery-oriented practice? • Are mechanisms in place to continue to monitor progress of recovery-oriented practice beyond the formal life of the implementation plan? • Are the results of recovery-oriented practice communicated to patients, staff, the organization and wider healthcare community?	A ○	There is a system in place to provide evidence of impact, monitor progress, and communicate the results of recovery-oriented practice. This is set up to continue beyond the formal life of the implementation plan.
	B ○	There is a system in place to provide evidence of impact, monitor progress, and communicate the results of recovery-oriented practice. This is not set up to continue beyond the formal life of the implementation plan.
	C ○	There is a system in place to provide evidence of impact and monitor progress. However, none of this information is communicated more widely than the core project team. The measurement system is not set up to continue beyond the formal life of the project.
	D ○	There is only a very patchy system to monitor progress of recovery-oriented practice and this will end at the same time as the implementation plan. There is no system to communicate the results.

Factor Description	Identify (✓)	Factor Level
Staff involvement and training to sustain the process • Do staff play a part in innovation, design, and implementation of the change process toward recovery-oriented practice? • Have staff used their ideas to inform the change process toward recovery-oriented practice from the beginning? • Is there a training and development infrastructure to identify gaps in skills and knowledge, and are staff educated and trained in recovery-oriented practice?	A ○	Staff have been involved from the beginning of the change process toward recovery-oriented practice. They have helped to identify any skill gaps and have been able to access training and development so they are confident and competent in recovery-oriented practice.
	B ○	Staff have been involved from the beginning of the change process toward recovery-oriented practice. They have helped to identify skill gaps but have not had training or development in recovery-oriented practice.
	C ○	Staff have not been involved from the beginning of the change process toward recovery-oriented practice but they have received training in recovery-oriented practice.
	D ○	Staff have not been involved from the beginning of the change process and have not had training or development in recovery-oriented practice.
Staff behaviours toward sustaining the change • Are staff encouraged and able to express their ideas regularly throughout the change process toward recovery-oriented practice and is their input taken on board? • Do staff think that recovery-oriented practice is a better way of providing care? • Are staff trained and empowered to run small-scale tests (Plan, Do. Study, Act cycles) based on their ideas, to see if additional improvements in recovery-oriented practice should be recommended?	A ○	Staff are able to share their ideas regularly and some of them have been taken on board during the implementation plan. They believe that recovery-oriented practice is a better way of providing care and have been empowered to run small scale test cycles (Plan, Do, Study, Act).
	B ○	Staff are able to share their ideas regularly and some of them have been taken on board during the implementation plan. They believe that recovery-oriented practice is a better way of providing care. Staff do not feel empowered to run small scale test cycles (Plan, Do, Study, Act).
	C ○	Staff are able to share their ideas regularly but none seem to have been taken on board during the implementation plan. They don't think that recovery-oriented practice is a better way of providing care. They don't feel empowered to run small scale test cycles (Plan, Do, Study, Act).
	D ○	Staff do not feel they have been able to share their ideas. They do not believe that recovery-oriented practice is a better way of providing care, and they have not been empowered to run small scale test cycles (Plan, Do, Study, Act).

Staff

Factor Description	Identify (✓)	Factor Level
Senior leadership engagement and support • Are the senior leaders trusted, influential, respected and believable? • Are senior leaders involved in the plan to implement recovery-oriented practice, do they understand it and promote it? • Are senior leaders respected by their peers and can they influence others to get on board? • Are senior leaders taking personal responsibility to help break down barriers and are they giving time to help ensure the plan to implement recovery-oriented practice is successful?	A ○	Organizational leaders are highly involved and visible in their support of change towards recovery-oriented practice. They use their influence to communicate the impact of recovery-oriented practice and to break down any barriers. Staff regularly share information with and actively seek advice from leaders.
	B ○	Organizational leaders are highly involved and visible in their support of change towards recovery-oriented practice. They use their influence to communicate the impact of recovery-oriented practice and to break down any barriers. Staff occasionally share information with and actively seek advice from leaders.
	C ○	Organizational leaders are somewhat involved but not highly visible in their support of change towards recovery-oriented practice. They use their influence to communicate the impact of recovery-oriented practice but cannot be relied upon to break down any barriers if things get difficult. Staff typically don't share information with or seek advice from leaders.
	D ○	Organizational leaders are not involved or visible in their support of change towards recovery-oriented practice. They have not used their influence to communicate the impact of recovery-oriented practice or break down any barriers. Staff typically don't share information with or seek advice from leaders.

Staff

Factor Description	Identify (✓)	Factor Level
Clinical leadership engagement and support • Are the clinical leaders trusted, influential, respected and believable? • Are clinical leaders involved in the plan to implement recovery-oriented practice, do they understand it and promote it? • Are clinical leaders respected by their peers and can they influence others to get on board? • Are clinical leaders taking personal responsibility to help break down barriers and are they giving time to help ensure the plan to implement recovery-oriented practice is successful?	A ○	Clinical leaders are highly involved and visible in their support of change towards recovery-oriented practice. They use their influence to communicate the impact of recovery-oriented practice and to break down any barriers. Staff regularly share information with and actively seek advice from clinical leaders.
	B ○	Clinical leaders are highly involved and visible in their support of change towards recovery-oriented practice. They use their influence to communicate the impact of recovery-oriented practice and to break down any barriers. Staff occasionally share information with and actively seek advice from clinical leaders.
	C ○	Clinical leaders are somewhat involved but not highly visible in their support of change towards recovery-oriented practice. They use their influence to communicate the impact of recovery-oriented practice but cannot be relied upon to break down any barriers if things get difficult. Staff typically don't share information with or seek advice from clinical leaders.
	D ○	Clinical leaders are not involved or visible in their support of change towards recovery-oriented practice. They have not used their influence to communicate the impact of recovery-oriented practice or break down any barriers. Staff typically don't share information with or seek advice from clinical leaders.

Organization

Factor Description	Identify (✓)	Factor Level
	A ○	The goals of the change towards recovery-oriented practice are clear and have been shared widely. They are consistent with and support the organization's strategic aims for improvement. The organization has demonstrated successful sustainability of improvements in recovery-oriented practice before and has a 'can do' culture.

Organization

Factor Description	Identify (✔)	Factor Level
Fir with the organization's strategic aims and culture • Are the goals of the change towards recovery-oriented practice clear and shared? • Are the goals around recovery-oriented practice clearly contributing to the overall organizational strategic aim? • Is improving recovery-oriented practice important to the organization and its leadership? • Has the organization successfully sustained improvement in recovery-oriented practice in the past?	B ○	The goals of the change towards recovery-oriented practice are clear and have been shared widely. They are consistent with and support the organization's strategic aims for improvement. The organization has demonstrated limited success in sustaining previous improvements in recovery-oriented practice before and does not have a 'can do' culture.
	C ○	The goals of the change towards recovery-oriented practice are clear and have been shared widely. They have not been linked with the organization's strategy so we don't know if they support any organizational aims for improvement. The organization has not demonstrated success in sustaining previous improvements in recovery-oriented practice before and does not have a 'can do' culture.
	D ○	The goals of the change towards recovery-oriented practice are not really clear and they have not been shared widely. They have not been linked with the organization's strategy so we don't know if they support any organizational aims for improvement. The organization has not demonstrated success in sustaining previous improvements in recovery-oriented practice before and does not have a 'can do' culture.
Infrastructure • Are the staff fully trained and competent in recovery-oriented practice? • Have the right facilities, equipment, and resources been acquired to support recovery-oriented practice? • Are new recovery-oriented practice requirements built into job descriptions? • Are there policies and procedures supporting recovery-oriented practice? • Is there a communication system in place about recovery-oriented practice?	A ○	Staff are confident and trained in recovery-oriented practice. Job descriptions, policies, and procedures reflect the new process and communication systems are in place. Facilities and equipment are all appropriate to sustain recovery-oriented practice.
	B ○	Staff are confident and trained in recovery-oriented practice. However, job descriptions, policies, and procedures do not reflect the new process. Some communication systems are in place. Facilities and equipment are all appropriate to sustain recovery-oriented practice.
	C ○	Staff are confident and trained in recovery-oriented practice. However, job descriptions, policies, and procedures do not reflect the new process and there are no communication systems to adequately support the new process. Facilities and equipment are not appropriate to sustain recovery-oriented practice.
	D ○	Staff have not been trained in recovery-oriented practice and are not confident in the new way of working. Job descriptions, policies and procedures do not reflect the new process and there are no communication systems to adequately support the new process. Facilities and equipment are not appropriate to sustain recovery-oriented practice.

Enter your scores

Process
Benefits beyond helping patients
Write your score in the circle
a **8.5**
b **4.7**
c **4.0**
d **0.0**

Process
Credibility of the benefits
Write your score in the circle
a **9.1**
b **6.3**
c **3.1**
d **0.0**

Process
Adaptability of improved process
Write your score in the circle
a **7.0**
b **3.4**
c **2.4**
d **0.0**

Process
Effectiveness of the system to monitor progress
Write your score in the circle
a **6.5**
b **3.3**
c **2.4**
d **0.0**

Staff
Staff involvement and training to sustain the process
Write your score in the circle
a **11.4**
b **6.3**
c **4.9**
d **0.0**

Staff
Staff behaviours toward sustaining the change
Write your score in the circle
a **11.0**
b **5.1**
c **5.1**
d **0.0**

Staff
Senior leadership engagement
Write your score in the circle
a **15.0**
b **6.2**
c **5.7**
d **0.0**

Staff
Clinical leadership engagement
Write your score in the circle
a **15.0**
b **6.7**
c **5.5**
d **0.0**

Organization
Fit with the organization's strategic aims and culture
Write your score in the circle
a **7.0**
b **3.5**
c **3.3**
d **0.0**

Organization
Infrastructure for sustainability
Write your score in the circle
a **9.5**
b **4.4**
c **3.3**
d **0.0**

Calculate your total scores

Process	total score
+	
Staff	total score
+	
Organization	total score
=	
Sustainability	total score / date

To calculate your score, use the master score system on the last page. Add the **Process**, **Staff** and **Organization** scores together and place in the **Sustainability total score** box above.

Bar Chart and Portal Diagram:
plot your scores and identify which factors require most attention.

Interpreting your scores?
We do advocate that you use the Sustainability Model at the beginning of your improvement initiative as it can provide you with a vaulable understanding of where you can strengthen your work in order to maximise the potential for sustainability. You need to note that at this stage it is normal to have low scores in one or two of the factors. For example; infrastructure often has a low score initially as the tasks of fuly training staff in the new process and revieiwing role descriptions are usually undertaken later in the project. With each score teams should assess what the score means to them in their particular context. Use the scores as a reminder of important tasks even if they need to be undertaken at a later stage.

Improve your **Process scores** by putting the following recovery competencies into action:

Process

Write your score in the circle

a **8.5**
b **4.7**
c **4.0**
d **0.0**

Benefits beyond helping patients

- Sponsor service-wide and regional exchange of research and information about recovery concepts; support staff to participate in such conferences and case rounds.
- Support local recovery champions and introduce them to other local leaders in order to advance community understanding and rally support.
- Encourage the development of peer-produced resources that share and celebrate achievements of people with lived experience; help make these widely available using a variety of means such as film, booklet, art exhibitors, newspaper and social media and publicize these on your program or organization's website and calendar of events.
- Initiate conversations with your staff, governing board and regulatory bodies about how to build hopeful and optimistic organizations with positive statements of expectations for clients, staff, volunteers and visitors.
- Standardize common processes across agencies, including protocols, referral processes, service standards, data collection and reporting.
- Incorporate ongoing evaluation of satisfaction levels and planning process to improve the inclusion of, and support for, families and friends.
- Link with existing advocacy groups and activities from non-health areas (e.g. sports, arts, media) to help increase everyone's learning and understanding, open your space and environment to these groups for shared initiatives.
- Participate and encourage staff to become involved in a broad range of initiatives (e.g. local food drives, community fairs, microbusiness and ride-share programs).

Improve your **Process scores** by putting the following recovery competencies into action:

Process

Write your score in the circle

a **9.1**
b **6.3**
c **3.1**
d **0.0**

Credibility of the benefits

- Incorporate tools that measure hope and optimism – including amongst staff – as part of your evaluation process.
- Collaborate with national, provincial, and regional initiatives to promote fairness and equity and the creation of healthy communities; regularly share news and updates with staff about these initiatives.
- Strengthen opportunities for intersectoral collaboration, philanthropy and volunteerism, and for providing field experience for trainees and policy makers.
- Demonstrate to accrediting and regulatory bodies the importance of a recovery vision, commitment and culture and advocate for their inclusion in standards and competencies.
- Promote research and evaluation activities that involves peers and people in recovery; incorporate findings in service improvements and standards of practice.
- Establish ways to facilitate the use of Advanced Care Directives and common approaches to promoting a recovery orientation across jurisdictions and sectors.
- Establish multisectoral local communities of practice with shared goals of advancing recovery approaches, equity and inclusion.
- Initiate learning circles and communities of practice for applying recovery in life and at work; include a broad diversity of perspectives, i.e., IRER, LGBTQ, families, older adults and youth.
- Ensure that staff understand and appreciate relevant legislation and have access to mental health law resources so they are equipped to promote people's autonomy, protect their rights, and support decision-making.
- Use research and evidence to help improve practice, service delivery, and outcomes for LGBTQ people and their families.
- Seek opportunities to enable people with lived experience to lead in defining research priorities and become co-creators of research knowledge.

Improve your **Process scores** by putting the following recovery competencies into action:

Process — Write your score in the circle

a **7.0**
b **3.4**
c **2.4**
d **0.0**

Adaptability of improved process

- Work with funders, labour and professional groups, academic institutions, policymakers, and regulatory bodies to enable the alignment of workforce strategies (including the recruitment, training, and hiring of people with lived experience and peer specialists) so that whole jurisdictions are able to advance recovery.
- Create a local workforce/human resources strategy and action plan that integrates experiential knowledge and includes explicit expectations consistent with supporting recovery.
- Initiate new peer-run service models and programming, creating partnerships of people with lived experience, families, caregivers and service providers.
- Reconsider allocation of resources and decision-making criteria to foster the development of collaborative relationships and peer-led initiatives.

Process — Write your score in the circle

a **6.5**
b **3.3**
c **2.4**
d **0.0**

Effectiveness of the system to monitor progress

- Incorporate ongoing evaluation of satisfaction levels and planning processes to improve the inclusion of, and support for, families and friends.
- Incorporate tools that measure hope and optimism – including amongst staff – as part of your evaluation process.
- Promote research and evaluation activity that involves peers and people in recovery; incorporate findings in service improvements and standards of practice.
- Become directly involved in efforts to eliminate coercive practices, and sponsor celebration to highlight milestone reductions in seclusion and restraint.
- Join employment networks that can audit existing processes for discrimination or inequitable practices.
- Conduct an audit of service delivery against the identified criteria; share action plans to act on any areas needing change.
- Undertake an environmental scan to map the diversity of your community and build knowledge of existing resources.

Improve your **Staff scores** by putting the following recovery competencies into action:

- Implement techniques for group facilitation, networking and partnership building.
- Help establish a community of practice, and participate in learning that builds expertise in recovery-oriented collaborative care.
- Introduce strengths-based discovery and learning tools in continuing education and performance development initiatives.
- Facilitate training opportunities for staff in reflective practice, and provide staff with time to engage in this activity.
- Establish training and service delivery networks to increase exchange opportunities that can help build cultural competence.
- Subscribe to multicultural communications and training offerings, and make these available to staff.
- Develop programming and initiatives to enhance safety that acknowledge gender-specific experiences.

Improve your **Staff scores** by putting the following recovery competencies into action:

Staff Write your score in the circle

a **11.0**
b **5.1**
c **5.1**
d **0.0**

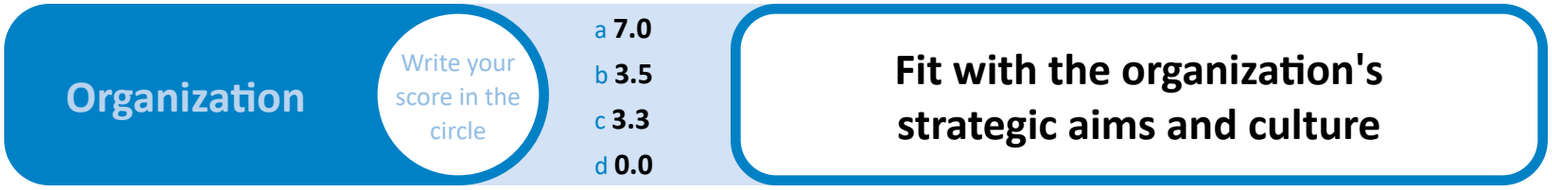
Staff behaviours toward sustaining the change

- Encourage the development of peer-produced resources that share and celebrate achievements of people with lived experience.
- Provide education and training programs conducted by peers and people in recovery for all staff, across all professions and at all levels; plan opportunities for staff and people with lived experience to learn together, and schedule time for training.
- Subscribe to and circulate newsletters produced by community organizations and people with lived experience.
- Establish connections with family and peer associations, and structure ways for staff and service providers to benefit from their expertise.
- Seek to understand staff beyond their employment identity, and model an approach that recognizes the impact of multiple intersecting factors on mental health and well-being.
- Highlight opportunities for staff to take account of individual variation and particularize recovery goals within standard clinical pathways; help them introduce co-design to replace traditional care plans.
- Expand availability of ethics consultation for clinical staff and organizational decision-makers through collaborative arrangements with groups of organizations or academic centres.
- Engage with others beyond your sector/service setting to foster opportunities for people to apply and build upon their identified strengths and develop transferable skills.
- Advocate for reflective practice and mindfulness as necessary components of collaborative relationships within your own discipline or peer group.
- Facilitate open discussion at staff forums to encourage awareness of, and attention, to, stigmatizing behavior.
- Create communication channels that allow all stakeholders to address structures or practices that perpetuate stigmatizing attitudes.
- Release staff to participate in mental health awareness and education campaigns; support people with lived experience to provide leadership in these activities.
- Establish links and share expertise with community-specific support groups, organizations and practitioners who welcome LGBTQ people.
- Establish connections with family and peer associations, and structure ways for staff and service providers to benefit from their expertise.

Improve your **Staff scores** by putting the following recovery competencies into action:

- Share ideas and options within a coaching approach, rather than giving advice in a critical or judgmental fashion.
- Participate in leadership forums and communities of practice that can expand the organization's opportunities to advance recovery.
- Collaborate with managers who have expertise in complementary sectors so that staff and clients can experience a broader range of supports.
- Reorient your performance development and coaching tools to incorporate the culture and language of hope and optimism, using specific and observable feedback and modelling mutual goal-setting.
- Use information resources and communication materials that promote positive message and emphasize strengths in all settings – with staff, visitors, the general public and the media.
- Provide input into relevant public inquiries, community meetings, and processes for social reform.
- Encourage strong working relationships with people who are working to create economic, social, recreational and employment opportunities at the local and regional level, including local elected representatives and business leaders.

Improve your **Organization scores** by putting the following recovery competencies into action:



- Reorient your performance development and coaching tools to incorporate the culture and language of hope and optimism, using specific observable feedback and modelling mutual goal-setting.
- Demonstrate to accrediting and regulatory bodies the importance of a recovery vision, commitment and culture and advocate for their inclusion in standards and competencies.
- Provide accurate information about mental health issues, emphasizing recovery and the efficacy of treatment, while using positive and hopeful messages and images.
- Conduct a public audit of mission, vision and values against recovery elements and best practices.

Improve your **Organization scores** by putting the following recovery competencies into action:

Organization Write your score in the circle

a **9.5**
b **4.4**
c **3.3**
d **0.0**

Infrastructure for sustainability

- Create a welcoming and accepting environment for growth through the use of non-judgmental listening, genuineness and warmth.
- Create safe environments where people can explore options, co-design their service plans, take positive risks and strive for growth.
- Address multiple needs collaboratively and simultaneously, and coordinate a range of relevant services, including: health services, peer support, alcohol and drug services, harm reduction, poverty alleviation, disability management, employment, education and training and housing supports.
- Offer education and tools (including technological and on-line self-management tools) to assist in maintaining physical health, employing trauma-informed care, chronic disease and medication management, and to help promote mental health and well-being.
- Use a variety of media and formats to provide program and service information for people with lived experience, families, and staff.
- Ensure that staff understand and appreciate relevant legislation and have access to mental health law resources so they are equipped to promote people's autonomy, protect their rights and support decision-making.
- Expand availability of ethics consultation for clinical staff and organizational decision-makers through collaborative arrangements with groups of organizations or academic centres.
- Seek out and incorporate views of family members and caregivers to inform recovery practice, research and delivery of services.
- Use knowledge of human and legal rights and of the way service systems operate to challenge social exclusion.
- Sponsor service-wide and regional exchange of research and information about recovery concepts; support staff to participate in such conferences and case rounds.
- Partner with ethnically specific community networks to undertake community development initiatives, advocacy campaigns and specialized programming.
- Support the establishment of Recovery Colleges that focus on enhancing skills, civic engagement and acquiring tools for self-management and career development.
- Establish ongoing connections with family associations and increase opportunities for the co-design of family peer support programs.
- Identify peer support resources for families within the community, and where these are not present, establish links with peer support specialist training groups.
- Use social media to publicize community resources and information, as well as to leverage open events that your program or organization offers.
- Increase the use of technology to facilitate responsiveness and access to service for rural and remote communities.
- Establish workforce positions or shared networks to build capacity to address the specific needs of the local IRER population (e.g., bilingual workers, cultural liaison workers, immigrant and refugee peer workers, cultural champions)