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Background

In late 2005, Outside the Box began working with the Scottish Recovery Network (SRN) to support the development of local recovery networks.

The project has 2 purposes. The first is to work alongside and assist the pilot networks. We worked with networks in various locations across Scotland.

In every place where there has been a network, people have undertaken activities to promote recovery. Also in every area, there are aspects which have been difficult or have been slower than the people involved had hoped.

The second purpose of Outside the Box's work is to learn from the experience of the pilots and produce resource materials which can be used by people in any area when they want to start or develop a network to support recovery.

The other resources are:
● Putting a network together
● Starting from people's lived experience
● Sharing experiences of recovery
● A set of posters from a workshop which brought together people from the recovery networks across Scotland.

This resource booklet covers the stage when a network has started and it is beginning to find its feet. It draws on what we have learned over the past year about the circumstances that help and hinder the establishment and impact of recovery networks. Like the other resources, it also draws on the research and established practice from networks that have helped sustain change in organisations and from the experience of many social change movements.

The illustrations are by Albi Taylor and come from a workshop with the Black and Ethnic Minority recovery Group in Glasgow. A report from that project will be available shortly.

More information

All the resources developed by Outside the Box are available on the website - **www.otbds.org** – or by contacting the office (see details at the end).

Other useful resources and sources of further information are available from SRN: **www.scottishrecovery.net**

What a network is

"We've achieved more working as a network than we could have done all working on our own."

A network is a connected group of people. These are the main features of successful networks.

- The network brings together people who wouldn't otherwise be connected – for example, because they work in different settings or live far apart.

- It is easy to join in – often people just ask to join a mailing list rather than have to meet strict criteria for membership.

- There is a shared purpose or interest.

- The main practical advantage of being part of a network is access to the ideas, experience and contacts of the other members.

- People contribute what they can. Different skills are valued and the work gets shared out.

- Individual members – people or organisations – do activities that they would want to do anyway.

- The network itself takes on or encourages activities that are at the edges of what the individual members do – for example, crossing geographic boundaries or looking at how this approach or issue affects other groups of people.

- The work of organising the network is usually done by a few people, with minimal resources.

Each of the pilot recovery networks was concerned with sharing information and ideas around recovery among people living and working in a particular local area. Most of the examples in this book are based on recovery networks with a geographic focus. But a recovery network could have a different focus. These are some examples.

- Spreading word among people who have lived experience of mental health problems.

- Sharing experience among all the staff and people who use a particular service.

- Reaching people from an ethnic minority community – people who have lived experience of their recovery, people who are friends and relatives of people who have been ill, people from that community group who are involved in lots of formal services and information community groups.

● Spreading word and sharing experiences with people across the country about a particular aspect of recovery: the ideas in the booklet Sharing experiences of recovery show how this could work.

These are features that help.

● Being clear about what the aim of this recovery network is.

● Having someone who has experience of starting a new informal activity or being part of a network in another part of their life – such as a work-related network or a hobby group or a women's group.

● Asking 'what would make me feel welcome?' and 'how do people usually get in touch with people with whom they share an interest but they don't already know?'

● Having links with other networks or projects that are based on a community development approach.

... a network can get into more places than any one person could ...

disseminate INFORMATION

These are features to watch out for.

- Expecting that all the activities around recovery will be led by the people who co-ordinate the network.

- People starting to turn the network into a small voluntary organisation or a care service, because those are the models that they know best.

- Using language that is from service provision, such as 'how do we get more referrals?' rather than 'how do we reach more people?'

- Looking for a set of rules or a remit provided by someone else.

"As soon as I heard about Scottish Recovery Network I thought, recovery – that's what I've been trying to do in my work. So I wanted to be part of making it happen here. But I wasn't sure what a network did. Then I realised, I've been a member of my professional association for years. I used to be on the local committee. So I do know something about organising that sort of network."

Who takes part in the network

An aim of a network is that there should be a number and range of people exchanging ideas and doing things together.

A strong network

- brings together people from different situations

- is beginning to reach out to people who had not been involved in recovery activities or mental health issues before, or only to a limited extent.

The section on bringing people together in Putting a network together and the ideas in Starting from people's lived experience are useful here.

The experience of the local recovery networks was that a wider range and larger number of activities happening when that network brought together a mix of people. These networks were also able to draw in more people to the planning and organising.

Example

In one area there is a series of groups within the network, each taking the lead for an aspect such as collecting local recovery stories, doing a newsletter or organising training. In each case, there is a mix of people with lived experience of mental health problems and staff from a range of organisations. People have chosen to get involved in the aspect that most interests them.

These are features that help.

- Strong networks that last a long time have a large and diverse membership. New people are coming in all the time and it is easy for people who have dropped out for a bit to stay in touch and get involved again later when they want to.

- Recovery networks developed more quickly when there was already an established and robust group of people who use mental health services in that area.

- How the network presents itself reinforces the basic values and aims. For local recovery networks, all the information about the network uses language and examples that are welcoming of people who have lived with mental health problems, families and friends – whether or not they think of themselves as carers, of people who work in a wider range of mental health and related settings, and of people in ordinary community roles.

- It helps when the network makes contact with groups of people who are likely to have experienced mental distress, but might not have active links with the

mental health services or user movement. Examples include Women's Aid, asylum-seeker and refugee networks, minority ethnic community groups, older people's groups and groups of Lesbian, Gay, Bisexual and Transgendered people.

● The network also welcomes and reaches out to people who are not yet sure about all this recovery stuff. The booklet Sharing experiences of recovery has useful ideas.

These are features to watch out for.

● Most of the people who are involved come from only some organisations or settings: in these circumstances the span of people taking part in the network's activities was also limited.

● There are few people with lived experience of recovery taking part.

● The network and the activities around recovery only involve people who are already very committed to recover - the network forgets to have space for people who are not yet certain about it, or who want to explore the ideas, to have conversations and to think about it.

● The network is concentrating on people who are aged between 18 and 60, because that is the span covered by formal mental health services.

Example

In one network, each time there is a meeting or activity, everyone on the contacts list is invited and encouraged to bring along a pal who hasn't been before.

Example

In one area, people who used and worked in a particular service were very enthusiastic about getting a recovery network going. They held events in their premises and invited all the people they knew – who were mostly people who used that service. After a few meetings, they realised that fewer people from other places were taking part.

It was a successful recovery group for that service and people were gaining in many ways, such as a more hopeful outlook and feeling confident from having learned new skills. But it was not a recovery group for that geographic area.

Some people from the first group are now talking to people in other organisations about what sort of network will bring together people who use and who work in all the local services. Other people who were involved in the first group are continuing to focus on what recovery means for people who use that service.

What the activities are

In a successful network:

- activities happen

- the planning stage for activities is itself open and has a recovery-focus

- there are several activities that a range of people could take part in

- people enjoy the activities.

There are several patterns to how the activities of the local networks built up.

- In some places, people got together to talk about what a network in that area might do. They then came up with a plan for several activities.

- In other places, people started doing something and then added other activities.

- Some areas started with a particular activity and then found it hard to expand the range.

Examples

The range of activities that people have started is wide. These are the ones that come up in several areas.

- Collecting local stories, based on the SRN narrative research project

- Organising events to raise awareness about recovery – some have been conferences with over 100 people.

- Training or awareness raising sessions for small groups of people, including people who use a particular service – these now include more people with lived experience as speakers or facilitators.

- Training for staff in the NHS and other service settings.

- Getting the recovery posters into mental health service locations, including those where carers and people who had recently come into contact with services would see them.

- Making smaller posters and getting these into local shops, community centres, and health services – places where they would be seen by people who were not in touch with services but might be interested for themselves or for a friend or relative.

- Newsletters about recovery: these were mostly for people who are already in touch with mental health services, but some also went to places like Health Centre waiting rooms, libraries and community centres.

● Raising awareness with the public – writing and distributing leaflets about recovery.

● Some fun things – Christmas parties, summer barbeques, going for a walk together.

The booklet *Sharing experiences of recovery* has a chart which shows how various activities can take forward the ideas around recovery.

These are the features that help.

● Having more people involved in the network – the more people there are, the more ideas and activities they come up with.

● Having a wider range of people in the core group/s – as they can share the work.

● Encouraging people who are not part of a core or organising group to plan and lead particular activities.

NETWORK

whatever folk want it to be!

● Linking up with activities that are being lead by people in other parts of the local authority or other organisations which support the values and ideas around recovery

● Giving support and encouragement to people to learn new skills.

● Not expecting that everything will be a huge success: it might be, but even if it isn't people can have a good time and get ideas for next time – which is a different type of success.

● Remembering to have fun.

● Reflecting the values and experience of recovery in everything the network does and in how it is done.

These are features to watch out for.

● If any one aspect begins to be the main activity – peer support among members, being a training team – it is better to recognise that, do that activity well, and ask some other people to take the lead on other recovery activities.

● The recognition of recovery in formal documents such as the Mental Health Delivery Plan is a positive recognition of the impact of recovery-related activities and the recovery approach. But make sure that all the other aspects of recovery which are not mentioned in the Delivery Plan are still happening too. The chart in Sharing experiences of recovery shows how the various aspect of recovery and linked.

● Plans for one aspect of recovery only involve people from a particular organisation or group. For example, remember that there are people in the wider recovery network who have experience, skills and ideas that can be useful when NHS staff are planning how to take forward the priorities in the Delivery Plan.

● Recovery networks focus on what people in that area want to do. But they can also learn from the experience of people with similar interests in other places. Watch that you don't forget about all the potential contributions that you could draw on through the other networks and through SRN.

Who co-ordinates the network

In practice, each area has one person or a few people who lead the network: do the practical organising, get other people enthused and be a link for people in that area who are interested in recovery.

A network is working fine when:

● there is one or more people doing the co-ordination tasks

● the tasks are done well enough

● the co-ordination does not take up too much time

● the co-ordinators are not getting distressed or anxious about their role or tasks.

The experience of the local recovery networks is that there is more progress when a network is led by a mix of people – people with lived experience of mental health problems, staff who work in mental health services, and staff from a range of statutory and voluntary sector settings. Research into the workings of networks in other situations has also identified that a mix of people is a strong starting point.

These are features that help.

● There needs to be a mix of people involved in organising the network – a range of skills, experiences and contacts

● It also helps when some of the people come from a community development background or from mainstream services, rather than only from traditional mental health service delivery settings in voluntary or statutory organisations.

● The organiser/s need the capacity do the organising tasks. It helps when other people in the person's user group or work colleagues are supportive of the person taking on the work to promote recovery or co-ordinate the network.

● The organiser/s keep the amount of work they are doing for the network under review – and ask other people to take on a share if it is more than they had expected. People share the tasks, and/or have a handover every so often.

● The organising happens in a recovery-focussed way.

● Networks that last give people opportunities to learn and to make mistakes in all sorts of roles, including the organising roles. So members don't put people under too much pressure when they are new to a task, there is someone around who will catch things that are really important, and people don't worry much about the things that are not that important.

- People are aware that recovery is an approach that has a lot of support and credibility – from within the international service user movement, as part of the Scottish Executive's National Programme for Improving Mental Health and Well-being, and more recently in other policy and good practice documents.

- The people who co-ordinate the network have links with other groups or people with different types of experience, and bring in other advice, information or practical help when it is useful.

These are features to watch out for.

- The people who organise the activities and disseminate information about recovery-related activities can all be from a similar background. Sometimes this is because this group of people are really enthusiastic, like the people in the example in the section about who takes part in the network. But they are likely to reach a narrower range of people and have fewer friends and resources to call on if they run into difficulties.

- The lead person/people can feel they need to have the authority to co-ordinate a network. Some pilot networks got stuck looking for more explicit permission or a policy that would require the NHS and local authority – and sometimes other people – to support a recovery network.

- The person or group doing the co-ordinating can feel that other people's expectations are too high, or not realistic. Here, it helps when there is a plan that is not too ambitious, and which people keep under review. It also helps when people feel confident enough to say 'no', or 'not just now'. The ideas on planning the activities in Putting a network together can be helpful here.

- A network can find that there are no people with lived experience involved in co-ordinating or planning for what the network does. In these circumstances, the risk is that the network loses the focus on the lived experience of people who are recovering for mental ill-health. The ideas around making meetings interesting and checking that the places and time of the sessions where people talk about the activities are convenient are useful here.

Example

In one network, the core group of people meet every few months for lunch instead of meeting at their usual time in the late afternoon. It gives them a better opportunity to get to know each other. They reckon that's when they come up with some of their best ideas – and all on mineral water!

Example

One organiser told the rest of the group in the autumn that she was giving up being the main co-ordinator after the Christmas holidays. So the rest of the group had then to sort who would take over the co-ordination role.

Example

One network reckoned that it made sense if a particular project was the central point and co-ordinated the network. The people in that project were pleased that other people were so confident in them.

Once things got moving, there was more work involved than excepted. The people in the small project found that their own circumstances had changed and it was hard to keep on top of everything. When they tried to raise it, other people just said what a good job they were doing. Then they had to ask the others to either share the tasks, or take over for a while.

Practical resources

Doing these activities requires access to some practical resources. A strong network

- has access to enough resources to do the things it wants to

- can draw on some extra help if a new opportunity crops up

- can cope with foreseeable setbacks.

These are the resources that people in the pilot recovery networks needed.

- The time of a person to do the co-ordination activities like sending round information etc.

- Access to email and the internet.

- Access to post and photocopying etc: in some places, one of the difficulties in reaching and keeping people who have used services engaged has been that some people are not on email or are reliant on a staff member or group to pass on information that comes by email.

- Space to have meetings – for the wider network's activities as well as for the core group.

- A small pot of money for things that need paid for, such as publications or conferences, or help in kind to cover these items.

Examples of how networks funded their activities

The members of one network regularly use the community rooms of local libraries across the area. These have been used for core group meetings, people just talking about recovery, co-ordinating who is going to put which recovery posters up in libraries and in mental health services, and starting plans for a small art exhibition.

One network has got access to the local authority's printing service. This service does a lot of bulk printing, so the unit cost is low. The cost is covered as help in kind from the Council. The only disadvantage is that sometimes the group has to wait for a few days when another part of the Council has an urgent job.

A few networks got small amounts of money from NHS endowment funds.

Someone who had experience of using mental health services was successful in an application to a local charitable trust for a few hundred pounds to get a particular activity started.

Some of the pilot networks struggled to get access to the practical resources they need, and have spent a relatively large effort getting it sorted. Once they got linked into a voluntary organisation which could access small grants, or knew how to get access to help-in-kind, things moved on. In a few places, these practical resources were all in place at the outset and these networks have moved faster.

In several areas, people have worried a lot about access to funding, and this has prevented them doing or planning things. Once they identified the level and type of funding that was needed, it was always much less than people had expected.

These are features that help.

● Contact with people who have experience of applying for and of managing small amounts of money.

● A voluntary organisation which can manage a grant on behalf of the network and is comfortable with this.

● Checking out the practical resources that are available to all community groups, rather than only thinking about mental health budgets and resources.

These are features to watch out for.

● A core organising group where no-one knows about the money side: this happened mostly when the people most active in the core group were NHS staff and/or people who used services but who were not active in running a user-led group. If this happens, ask someone who is good at the money side to join the core group or give advice.

● Describing the recovery activities as if they are a care services or a traditional managed change project when applying for money – it will give a lot of problems later when you try to describe the achievements and could distort what the network does.

● Sometimes a voluntary organisation may not be comfortable holding funds on behalf of the network. So be prepared to change the arrangements.

Example

In one network, a voluntary organisation agreed to hold a small grant on behalf of the network. After a bit, that organisation got worried about it: they had a new worker who was not so experienced at money matters and some of the committee were anxious about the recovery network's grant getting muddled with the group's own funds.

Another voluntary organisation offered to take over holding the grant and seeing to matters such as reimbursing people's travel expenses.

Geography

The first booklet – *Putting a network together* – explained how the pilot networks covered different types and sizes of areas.

Overall, the networks got on better when they are based in places that are

● big enough to have a range and volume of people, **and**

● where people can travel easily.

This seems to be the size of a local authority or of a Community Health Partnership within the cities. Within this, people can then do some activities on a smaller community basis. There are exceptions, however, and a large network can work well if the other features are in place.

There may also be examples of networks that cut across local authority or NHS Board boundaries – for example, when the transport links are between places that are now in different administrative areas or when people know each other and want to work together.

People may want to have a network which brings together people from a community of interest rather than a geographic community. In these circumstances, the geographic area covered will again be the one that feels right for the people involved.

These are features that help.

● Having a network in an area that feels right.

● Having some activities that are for the whole area and some that are for very local areas.

● Being willing to look at the geographic scope again after a year or so – and probably every few years.

● People being willing to try activities out in a small area or with a few people, and learning from what happens, and then extending the activities to other places.

● If there are several overlapping or adjoining networks, they treat each other as having equal status and importance.

● Networks work in partnership with networks that are active in other local areas – for example, to put on a conference or do awareness-raising that will benefit people from more than one area.

These are features to watch out for.

- Trying to work across a whole NHS Board area or local authority area for the network, even though the natural communities are smaller or the travel is difficult.

- The NHS Board or local authority wanting the network to do all or most of its activities across a big area, because that is how they organise things, or when they are anxious that some areas do not miss out.

- Feeling that the network cannot do anything until it can do it across the whole area.

- Planning activities that work well for people who have access to cars, but don't work for people who use public transport.

- Assuming that a small, local network will report to or defer to a network based on a bigger or more formal geographic area.

How the network handles differences of views

The experience of networks in any situation is that differences of views will come up from time to time. A network is often there to create or support something new, where there is no pre-set path. Inevitably, the people involved will have different ideas about which course to take, even when they agree on their overall destination.

Most of the pilot networks have struggled when a difference of view has come up – for example, around what activities the network should do first or whether the spread of work around organising the activities is fair.

There are several reasons why aspect this has been difficult for many of the people involved in the recovery networks.

● They mostly feel very strongly about the content – what recovery is, how it has made a difference in their lives or how it has changed the way they see their professional role.

● They are doing this work on a voluntary basis and/or under other pressures – so there is a bigger personal investment than usual for people doing it as part of a work role.

● They do not have an established, impersonal process or structure to fall back on which recognises a difference in views and supports discussion.

● People want to maintain loyalty within the group when the group or the idea of recovery is being challenged from outside. This makes it hard to have challenging conversations within the group.

● Some of the circumstances around people's other roles and relationships can be a barrier to having an open and equal discussion – for example, between NHS staff in different roles and grades, or between people who live with mental health problems and people who work in services.

These are features that help.

● Being clear about the overall aim of this network and about the values and principles of recovery.

● People in the network remind themselves, or have someone to remind them, that discussion about recovery is part of what a recovery network does.

● When the network includes people who have been involved in setting up new organisations or have been involved as activists in their personal lives and know this sort of discussion is part of the task.

- When there is someone in a leading role who reminds people about the partnership ways of working that they already know and use.

- The people who are active in co-ordinating the network find a process to talk about what the network does and how they organise things. The good practice around partnerships can be useful here.

- Having time for people to get to know each other as people, so they respect each other and understand why other people have such strong feelings and views.

- People remember that doing something new is usually not straightforward.

- Individual people find ways to cope with or ideally tackle some of the stresses they are under – for example, when people who are organising the network are being challenged by colleagues in their work setting draw on their own professional mentoring contacts of get peer support from workers in other areas.

- People remember that one of the consequences of people's own recovery may be finding the confidence to ask questions or to challenge.
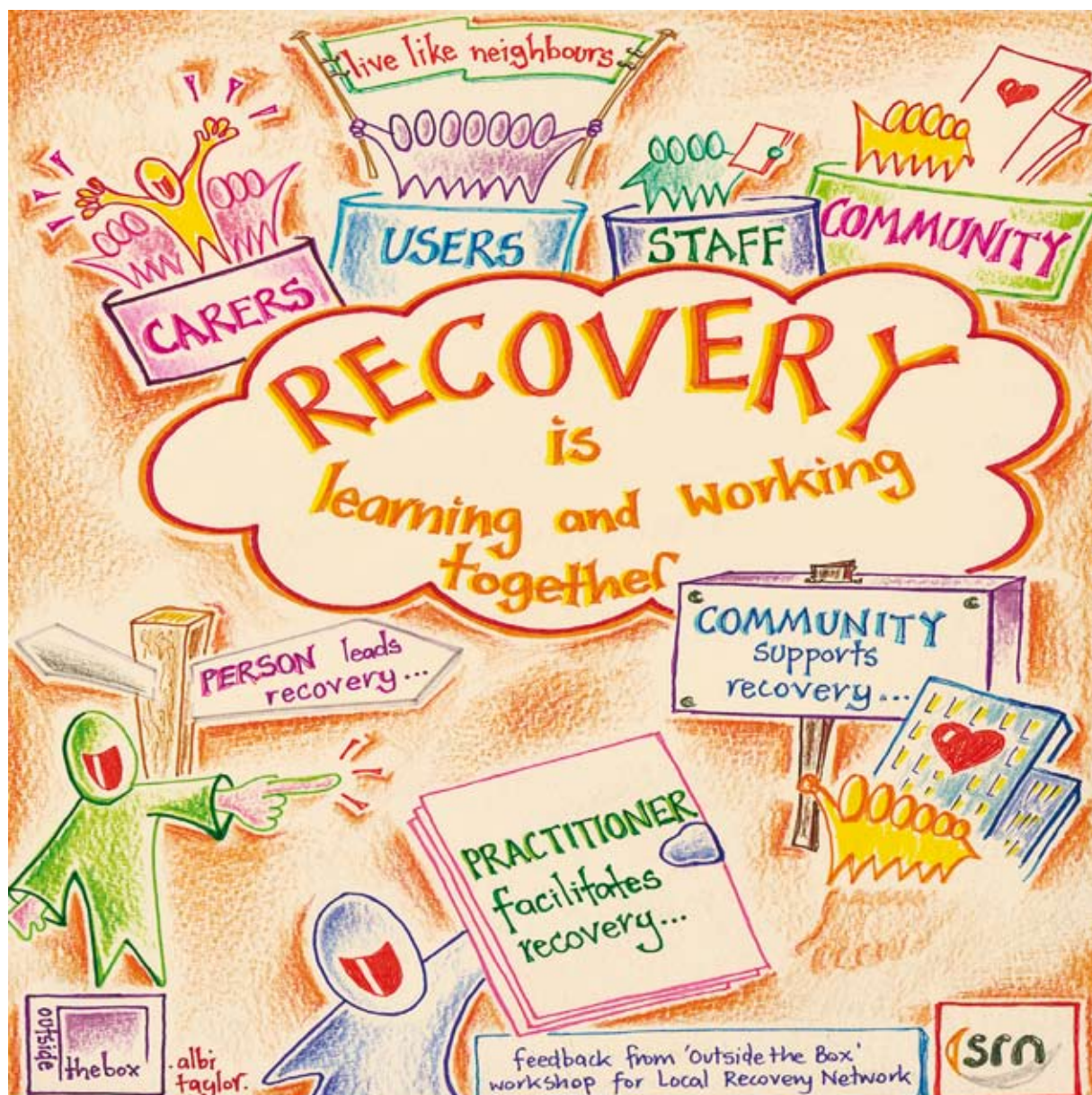
"We had a meeting where it felt that everyone was arguing, and I thought 'it's all falling apart'. But afterwards several people said how good it was to have an opportunity to talk about how recovery means different things to different people, and to be able to have a disagreement and still respect each other as people. And then I realised, that's what a recovery network is."

Essentials for whatever you do

- Encourage people to take part.

- Everybody needs time to reflect.

- Recovery sometimes isn't easy for people and people need support.

- Remember that there is a person at the centre, and they dictate the pace.

- Remember to check that people feel included.

- Celebrate diversity.

- It's ok to take time out, go at people's pace.

- Recovery isn't a straight line. Developing a recovery network will have its ups and downs and loops, too.

- Look back to see where you have come from and how far you're travelling.

- Enjoy your achievements and each other's company.

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