

Innovation mapping can ensure good practice is shared so that projects learn from each other

# Learning from experience

**A**ll over the country, people working in mental health are constantly inventing new ways of doing things. The trouble is, all this innovation doesn't get shared. What we need is a way of finding out quickly and easily who is doing what, and where; then we could share our ideas and all move ahead more quickly. This is what innovation mapping is about.

Innovation mapping is a way of producing a kind of Which? guide to who is doing what in particular fields of mental health practice. The process is described in more detail in *Making Inclusion Work*.<sup>1</sup> Briefly, a group selects an 'area' of practice they want to map (in this case, socially inclusive practice in mental health day care projects). The group then agrees, based on experience, research and consensus, an initial list of what constitutes best practice in that area, and puts together an interview framework. They then interview (usually by telephone) projects that they know are working in the area, to discover the extent to which they offer what's on the list, and summarise their findings in a report that is then distributed to all the participating projects so they can see what each other is doing and get in touch. To take the process a stage further, projects that have been identified as using these good practices then come together to create a more detailed statement of what works, which is shared more widely and can be used to revise the questionnaire for the next round of mapping.

For the piece of innovation mapping reported here we collected information about socially inclusive innovations from a total of 380 day care projects in the East Midlands, North West and South West regions (plus a few from elsewhere). Each of the projects said they were supporting people with mental health issues to take up ordinary roles and relationships in the community, alongside other citizens. If the project was running a segregated service (such as a sheltered workshop), we

asked them what they were doing to help people move on into ordinary settings (such as mainstream employment).

We listed the projects under one of eight 'life domains', even though some could have been offering activities that addressed more than one. Each domain (see tables) corresponds to an identifiable segment of community life. Two of the domains need some further explanation. We expected the 'finance' domain to bear little fruit, as most projects seem to be focused on problem solving (such as debt management), rather than promoting the person as an active citizen with purchasing power (such as opening a bank account or taking out a mortgage, belonging to a credit union or food co-operative). In the 'housing' domain, we decided to focus on projects that offered floating support or worked with tenants and homeowners, rather than on registered homes.

This approach to innovation mapping has a number of areas of weakness, chief of which are:

- we decided to survey projects rather than practices. This is because we thought that socially inclusive practice is somewhat rare, so we felt we needed to seek out projects where resources were deliberately dedicated to the inclusion agenda. Spotlighting these projects would, we felt, lead us to the good practices we wanted to share more widely
- we decided to take a broad view of inclusion support, rather than restrict ourselves to projects that were solely committed to a brokerage model (ie. they ran no groups at all, and simply helped individuals join existing community organisations). We included any project that reported that they were doing things now to help people towards inclusion in mainstream life, and not passing the job on to others or anticipating they would provide this assistance at some future time →

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- ■ as people's support needs often cover more than one life domain, so do many projects. But because we were asking each project about its work in just one domain, we didn't learn about these interface issues. That isn't to say they weren't happening: some projects told us about close links with neighbouring projects that together provided an almost seamless service for individuals, enabling them to progress, for example, from education to volunteering through to paid employment
- including mainstream housing services (which deal with housing for all) and housing support agencies (which are focused on supporting individuals with special needs) under the general heading 'housing' gives a rather misleading sampling. This has since been addressed by further work, led by the NIMHE North East, Yorkshire and Humber regional development centre, looking at innovative housing practice that supports social inclusion. A separate report on this work will be published later in 2005
- some of our questions were a little vague, and we did not apply a rigidly consistent scoring method. This was deliberate. One of the principles of innovation mapping is that it allows projects to include themselves if they see fit to do so. The advantage of this is that projects get to learn who else is active in

their area, and to test their own approach against the resulting consensus statement of best practice, thereby learning from the process. Also, innovation mapping is essentially about shared ownership of the process of service improvement; it is not an inspection regime.

Having completed the data capture and reported the detailed findings, we pulled out six criteria from the complete dataset that we thought would provide an overall picture of best socially inclusive practice today. These were the six items we considered most crucial in the development of inclusive opportunities for people with mental health difficulties. For a variety of reasons, some questions were not answered by all 380 projects, and the percentages have been corrected for this.

### Self-referral

The first question asked: 'Does the project take self referrals?' This is perhaps the most contentious. Our view is that the strict application of selection criteria to individual referrals implies professionals know more about what the person needs than that person him or herself. It also increases the risk that project participants will be 'conscripts' rather than volunteers. It risks excluding people who meet the criteria for severe and enduring mental ill health but are not in touch with specialist mental health services, and those whose needs do not neatly fit selection criteria. We also ascertained that only those projects that accepted people entirely on their own application (ie. did not subsequently require back-up from a mental health worker) were included in the count.

We found a wide variation in practice on this issue (table 1). General reasons could include funding conditions, or the custom and practice of the managing agency. Housing and housing support providers operate quite different processes of selection and prioritisation, so the results here and elsewhere cannot be used to draw firm conclusions. The low score in physical activity projects may derive from the rationing of allocation of free or subsidised places at leisure centres. The diverse range of practice in this area suggests that further investigation would be worthwhile.

### Assessment

Each project in the survey was asked whether they had a specific or innovative approach to assessing the applicant's interests and aspirations in relation to that particular life domain. The best known example would be the vocational profiles used in many employment projects. We considered this kind of assessment necessary if a project was to offer clients a choice of opportunities appropriate to their particular, individual needs and aspirations. We also believe projects that use a deliberate approach are less likely to make assumptions about the ability or interests of applicants and more likely to unearth hidden abilities or interests, and to uncover the factors motivating people's aspirations. A checklist can be misused to close down opportunities; a well-written framework will ensure workers don't overlook aspects of the person, including their previous activities, present interests and future aspirations.

We were surprised to find (table 2) that only four out of five employment projects (82%) claimed to have a specific approach to vocational profiling, especially as

Table 1: Self-referral

Life domain	Number of projects surveyed	Projects reporting that they accept self referral	
		Number	Percentage
Finance	45	40	89
Employment	60	38	63
Volunteering	40	27	68
Education	48	37	77
Physical Activity	34	11	32
Faith	39	37	95
Housing	(73)	(39)	(53)
Arts	41	33	80

Table 2: Assessment

Life domain	Number of projects surveyed	Projects reporting that they use a domain-specific assessment	
		Number	Percentage
Finance	39	3	8
Employment	60	49	82
Volunteering	40	24	60
Education	48	28	58
Physical Activity	34	9	26
Faith	39	11	28
Housing	70	9	13
Arts	41	16	39

this area has a long history of research and practice. Employment, education and volunteering were the only areas where over half of the projects we surveyed used a specific approach. Indeed, many respondents found it difficult to state exactly how they obtained a profile of the person – arts projects told us they invited newcomers to bring in a portfolio of their work, but were unable to say what they gleaned about the person from this evidence. Similarly, respondents working in multi-faith chaplaincies and other faith-based projects talked generally about ‘careful listening’ to the person, but could rarely offer information as to how they organised and made use of what they heard.

### Involving users

We asked if service users were involved in the day-to-day management of the project (the questionnaire also included other questions about use of satisfaction questionnaires and participation in the long-term strategic governance of the project). Over the past two decades, mental health services have increasingly recognised that empowering service users through the democratisation of decision making in services is key, both to keeping services responsive to need and to maximising the therapeutic impact of the service on its users. We felt these vital lessons could easily be lost in the demands of the modernisation process, so it was important to make sure that services promoting inclusion were actively engaging with users.

The scores (table 3) suggest some cause for concern and reinforce the idea that new ideas can push out old ones, even when the old ideas are good. One possible explanation is that the current arrangements for achieving user involvement tend to rely on bringing a group together, while much inclusion-focused work is with individuals. We may need to devise new patterns of user involvement that are less dependent on groups. The success of arts projects may be a feature of the participative nature of many of these schemes, while housing schemes have been promoting the participation of tenants for some years, supported by their professional and funding bodies. Further progress might be achieved by actively seeking out the views of people who have difficulties with traditional methods of consultation.

### Training other agencies

To be truly socially inclusive projects need to be actively working to help mainstream community organisations respond more effectively to people with mental health difficulties. We asked projects whether they offered and delivered training to this end.

Since a key element of the social model of disability is the belief that the community needs to change in order to welcome people who need help, the fact that barely half the projects we surveyed (table 4) claimed to be doing any training of community audiences is a real cause for concern. The very low figure from finance agencies is probably because their focus still tends mainly to be on welfare rights, rather than on promoting socially inclusive economic participation: training for bank staff, shopkeepers or insurance agencies, for example, is rare. Perhaps staff in these agencies lack the skills and confidence to support training endeavours, or maybe their funding bodies ignore this feature of

inclusive practice in their performance monitoring. Yet while few organisations are recognising that they need to get out there and do training with other community organisations, those that do report that their offers of training are welcomed with enthusiasm.

### Marketing activities

We asked several questions about marketing work. We felt this was an important area to explore because so many socially inclusive projects receive only short-term funding and must beg to survive, advertise their services to potential referrers and applicants, and seek placement opportunities in mainstream organisations. The decision to include or exclude service users from delivering these marketing activities casts, we felt, additional light on the extent to which they are able to participate in the day-to-day management of the project. Finally, the general message emerging from work on combating discrimination indicates that the message is most likely to be received when it is given by service users themselves, rather than on their behalf.

There is perhaps something paradoxical in asking people in an inclusion project to become very involved with the project itself: some may prefer to slip as smoothly as possible through the project in order →

**Table 3: Involving users in management**

Life domain	Number of projects surveyed	Projects reporting that they involve service users in day-to-day management	
		Number	Percentage
Finance	45	7	16
Employment	60	24	40
Volunteering	40	15	38
Education	48	16	33
Physical Activity	34	10	29
Faith	39	13	33
Housing	73	46	63
Arts	41	30	73

**Table 4: Training community organisations**

Life domain	Number of projects surveyed	Projects reporting that they offer training to community organisations	
		Number	Percentage
Finance	39	3	8
Employment	60	28	47
Volunteering	40	20	50
Education	49	27	55
Physical Activity	34	8	24
Faith	39	18	46
Housing	73	29	40
Arts	41	15	37

→ to get into ordinary community organisations. Alternatively, many advocacy and user involvement projects have spent many years encouraging participants to tell their own stories in front of audiences, and so there is a ready field of experts who are willing and able to move on from presenting to mental health audiences to presenting to mainstream community agencies. Despite this, less than half of the projects we surveyed (table 5) had involved service users in marketing presentations.

### Placement support

Each of the projects that we surveyed aimed to help people access ordinary community settings, alongside members of the general public. While a few respondents indicated a view that anyone who needed extra help in community settings was somehow not 'ready', most recognised that many people could manage in a mainstream environment with a little extra support. In some cases this was provided by the project (ie. a job coach in the workplace); at other times the additional support came from health or social services personnel. This presents a risk that the host community organisation remains largely unaffected by their presence, merely providing houseroom to the person and their visiting supporter.

So we asked projects if they looked to the community organisation for additional support. In this situation the inclusive project performs an enabling role, working in the background to assist the employer, college tutor, fitness instructor, volunteer manager or whoever is supporting the person with mental health problems.

Two thirds of projects in employment, volunteering and education reported that they actively looked to the community organisation to provide support (table 6). This answer was one of several options; many projects said they would sometimes look to the manager or tutor, and to other people at other times. Perhaps the common factor here is that there is always a clearly identified person who is present and in charge of everyone and everything in the workplace or classroom. In contrast, art groups, sports facilities or faith-based gatherings might have someone broadly in charge of the venue and activity, but people could make their own support arrangements.

For housing management services (where the term 'support' has a technical meaning beyond the scope of this overview), which are able to contract for additional support for tenants that may need it, the challenge is more to do with the degree of sensitivity with which such issues might be raised and addressed.

**Table 5: Marketing activities**

Life domain	Number of projects surveyed	Projects reporting that they involve service users in marketing presentations	
		Number	Percentage
Finance	45	6	13
Employment	60	29	48
Volunteering	40	13	33
Education	48	22	46
Physical Activity	34	12	35
Faith	39	13	33
Housing	73	21	29
Arts	41	18	44

**Table 6: Placement support**

Life domain	Number of projects surveyed	Projects reporting that they looked to the host community to support the person	
		Number	Percentage
Finance	45	2	4
Employment	60	41	68
Volunteering	40	27	68
Education	48	32	67
Physical Activity	34	11	32
Faith	39	17	44
Housing	73	33	45
Arts	41	4	10

### Next steps

These few findings confirm what might be expected – that employment projects, which have the strongest academic and philosophical base, are achieving the best overall score on these six inclusion indicators. Education is achieving a close second, possibly because learning providers tend to be large, few in number, and well networked, and to have a strong infrastructure. That volunteering is third most likely to be using these six practices is, perhaps, down to the promotion of supported volunteering by Volunteering England and the National Development Team.

Despite these areas of relative strength, much remains to be done. Most of the life domains contain at least a third of projects that report activity in respect of each indicator, and so there is the potential for neighbouring projects to share successful approaches. Further innovation mapping could build on this by bringing together representatives from the projects that have already made progress in each area. For example, a seminar on involving line managers in the workplace could help us to understand the research better, learn from experience and find out exactly how to enable line managers to engage with their employees who have mental health difficulties. There is clearly room for a great deal more learning and improvement in practice before each person with mental health difficulties is enabled to access the roles and relationships of their choice.

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1 Morris D, Bates P. Making inclusion work: social inclusion resource pack on service mapping and outcome measurement. Leeds: NIMHE, 2003. [www.nimhe.org.uk/whatsapp/item\\_display\\_publications.asp?id=729](http://www.nimhe.org.uk/whatsapp/item_display_publications.asp?id=729)