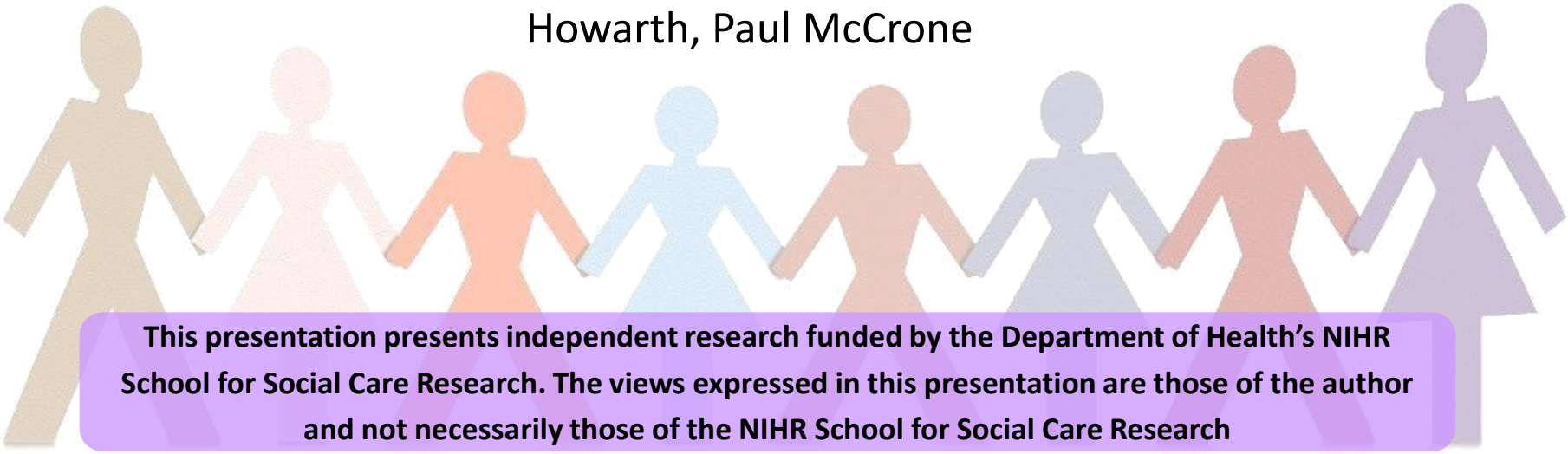
Introducing the Connecting People Intervention

Supporting isolated people to enhance the resourcefulness of their networks

Martin Webber

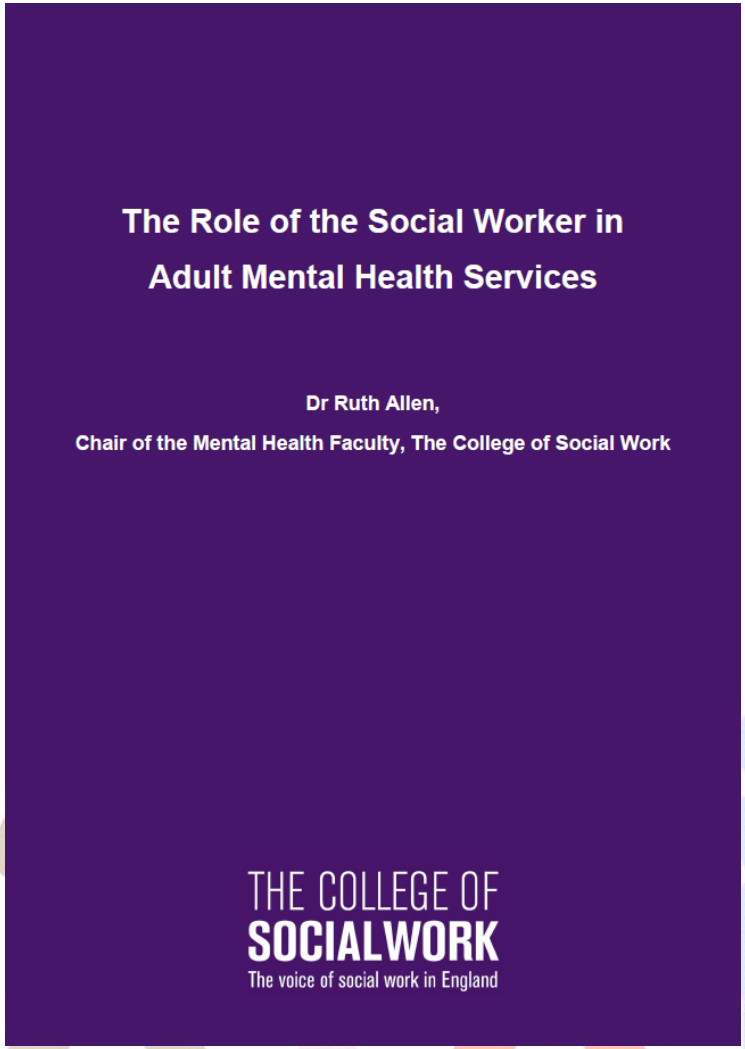
International Centre for Mental Health Social Research, University of York

Research team: Meredith Newlin, Samantha Treacy, David Morris, Sharon Howarth, Paul McCrone



This presentation presents independent research funded by the Department of Health's NIHR School for Social Care Research. The views expressed in this presentation are those of the author and not necessarily those of the NIHR School for Social Care Research

Background

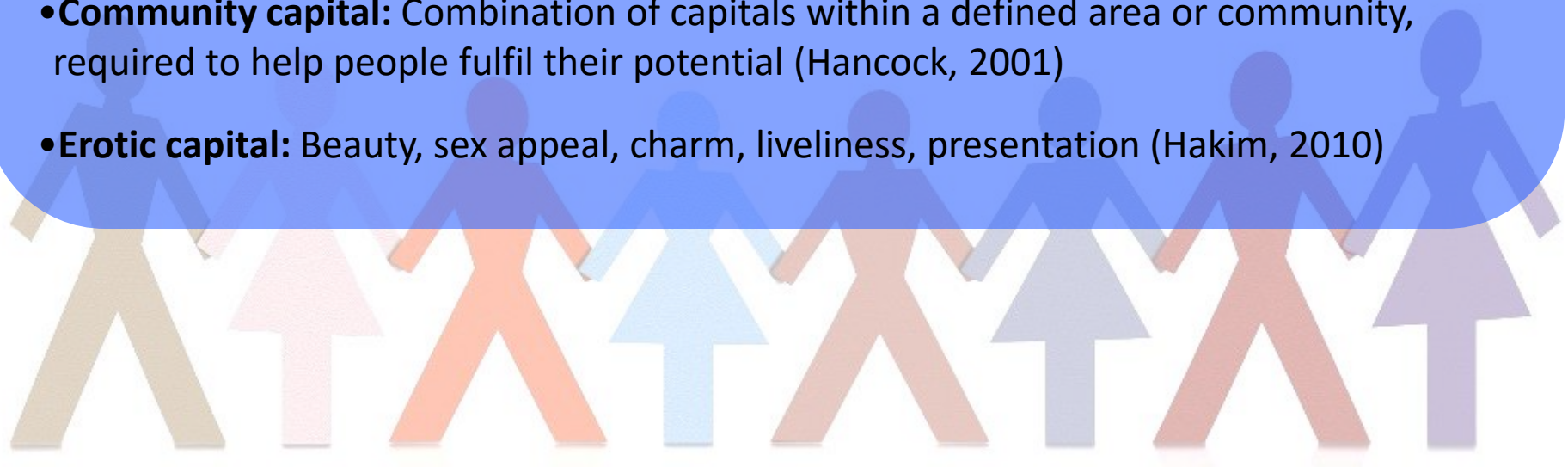


Key roles of mental health social workers

- Promoting recovery and social inclusion with individuals and families.
- Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.

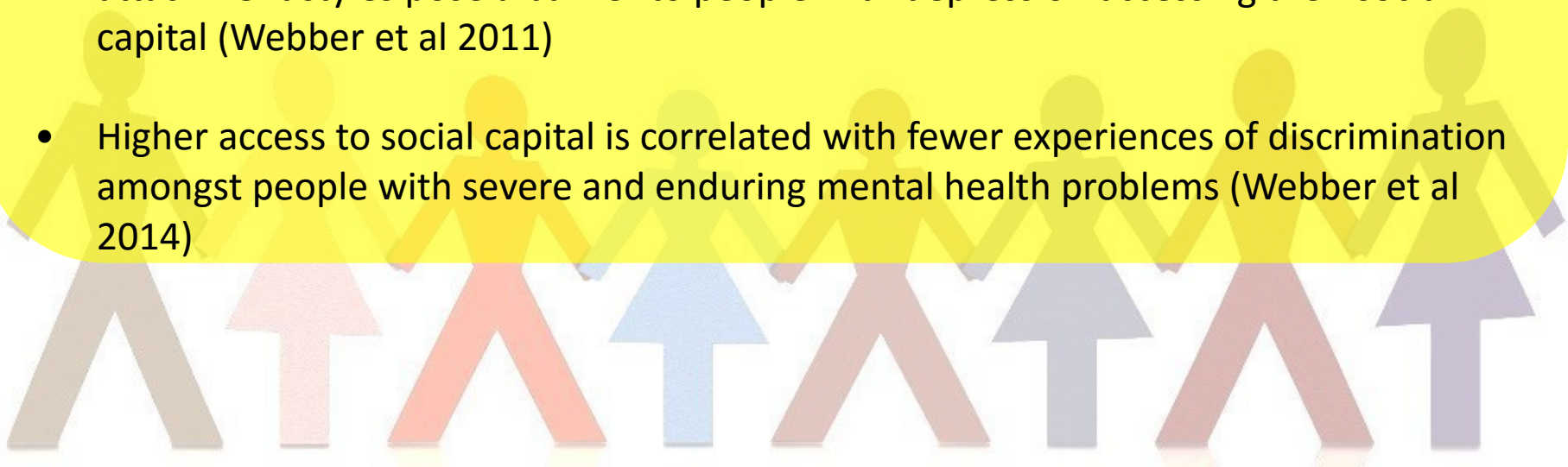
Background

- **Economic capital**: Resources that can be used to produce financial gains (Marx, 1867)
- **Cultural capital**: Information resources and socially valued assets, e.g. knowledge of the arts, music or literature (Bourdieu, 1997)
- **Human capital:** Qualifications, training and work experience (Becker 1964)
- **Social capital:** Sum of resources (actual or potential) that accrue to a person or group from access to a network of relationships or membership in a group (Bourdieu, 1997)
- **Community capital:** Combination of capitals within a defined area or community, required to help people fulfil their potential (Hancock, 2001)
- **Erotic capital:** Beauty, sex appeal, charm, liveliness, presentation (Hakim, 2010)

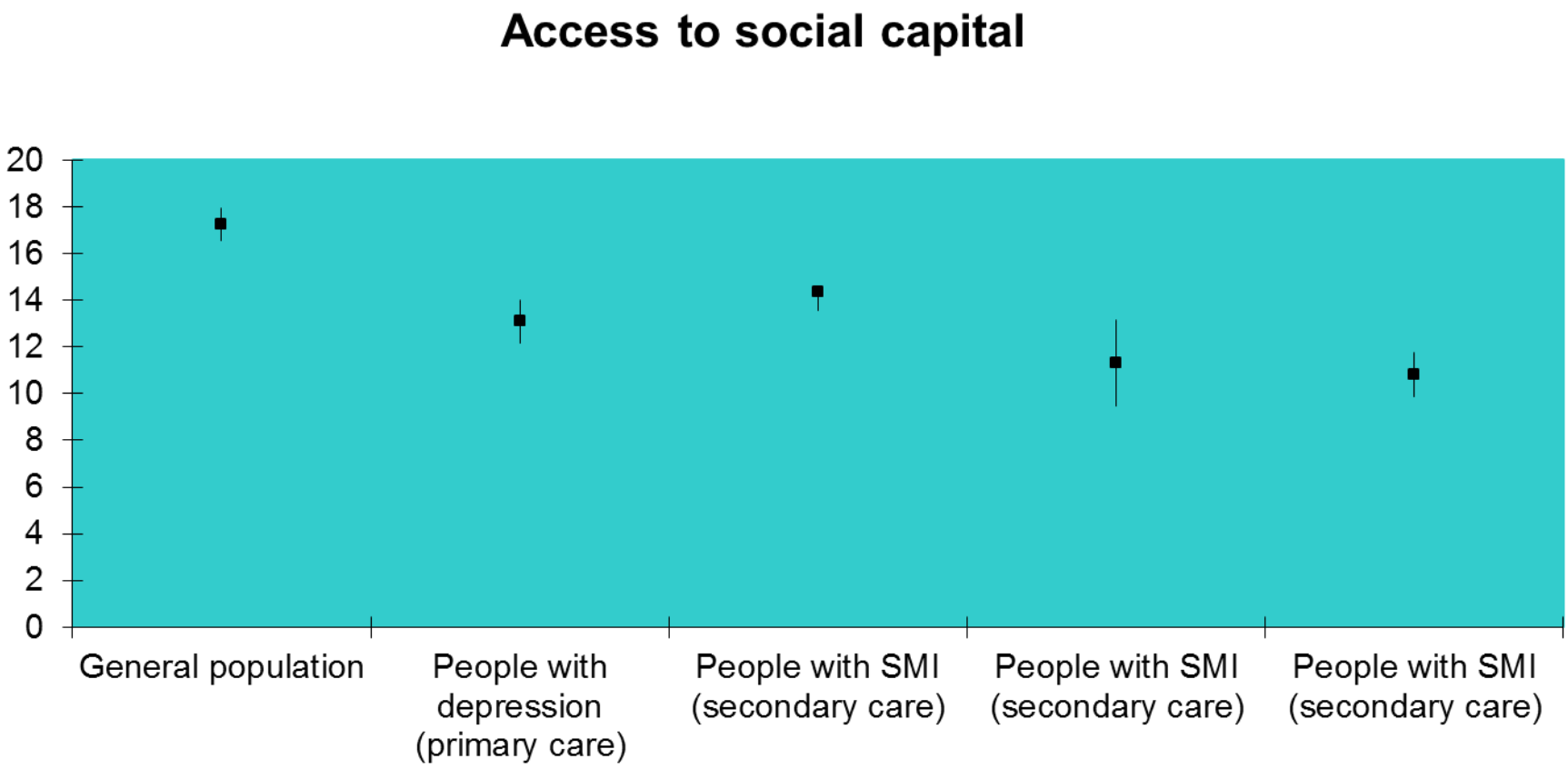


Background

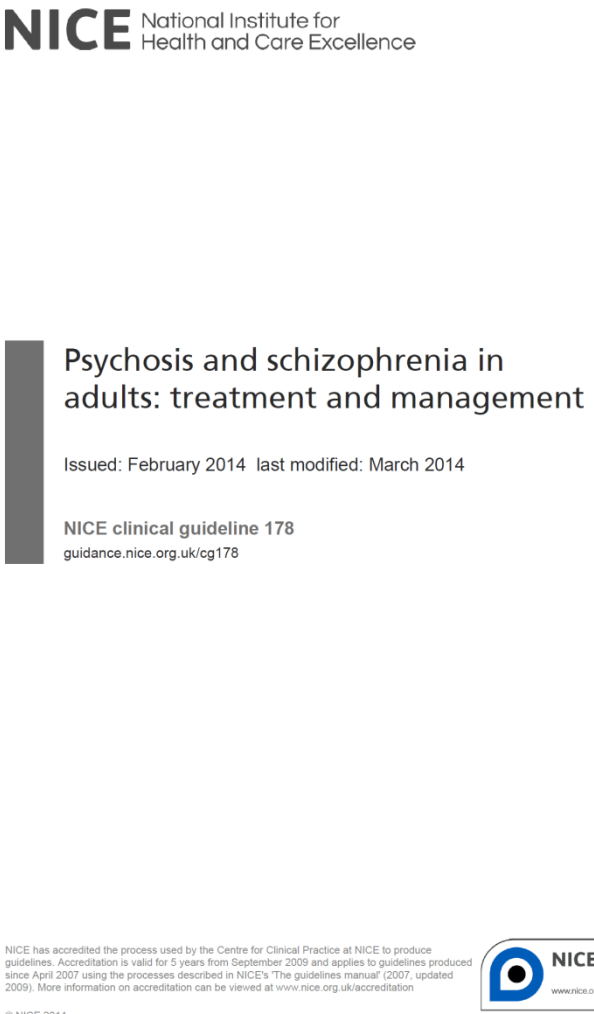
- Wealth, power and status of network members can benefit other individuals in that network (Lin 2001)
- There is a cross-sectional inverse association between trust and common mental disorders (de Silva et al 2005); and between access to social capital and depression (Webber & Huxley 2007; Song & Lin 2009)
- Social capital is associated with improvements in quality of life, though insecure attachment styles pose a barrier to people with depression accessing their social capital (Webber et al 2011)
- Higher access to social capital is correlated with fewer experiences of discrimination amongst people with severe and enduring mental health problems (Webber et al 2014)



Background


Access to social capital
20
18
16
14
12
10
8
6
4
2
0
General population
People with depression (primary care)
People with SMI (secondary care)
People with SMI (secondary care)
People with SMI (secondary care)

Background



***NICE Clinical Guidelines for Psychosis and Schizophrenia* (2014) social interventions:**

- family interventions
- vocational rehabilitation
- NOT social skills training

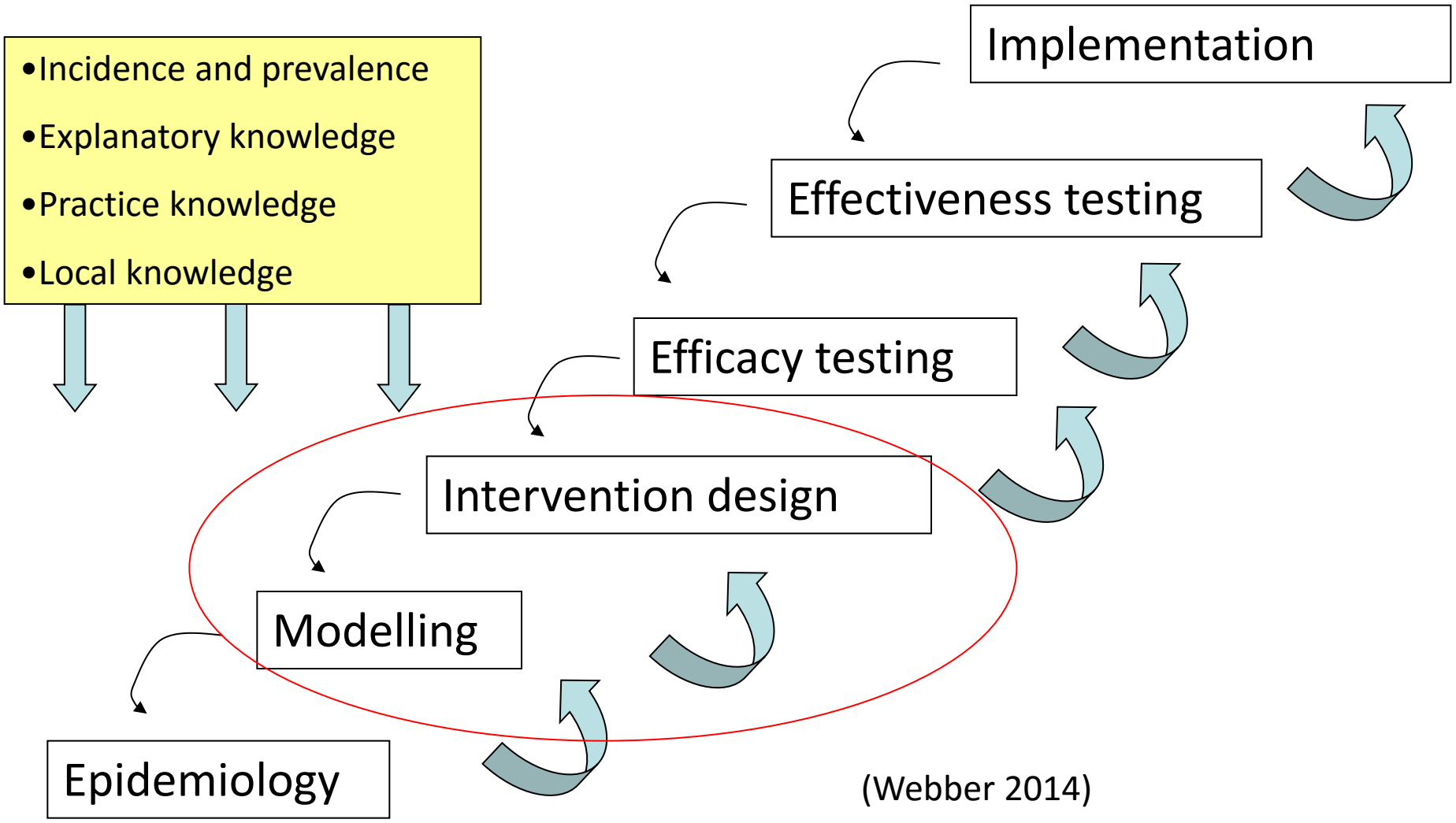
(nothing about connecting people or engaging with local communities)

Systematic review – MH 18-65

- Interventions to enhance social participation of people with mental health problems (18-65)
- Used EPPI-Centre methodology
- 16 studies met inclusion criteria:
  - 2 RCTs, 8 quasi-experimental, 3 mixed methods, 3 qualitative
- Quality of studies was not great:
  - Risk of bias: high (2), moderate (10), low (4)
- Intervention components:
  - Asset-based approaches; building trusting relationships; goal setting; social skill development; resource finding; peer support
- Most quantitative studies reported positive findings on social participation

(Newlin et al, 2015)

Social intervention development



(Webber 2014)

Findings

Reducing power differentials works

“They’re trying new things as well so you’re on an even field” (service user)
“…it creates a level playing field for them because it takes the pressure off them to deliver and they can just, really, buddy up with the guys and take part in the activities” (worker)

Findings

Non-stigmatised locations bring people together

“I remember working with a young lad in Dartford who did not want to come onto the Charlton project because he didn’t want to be around people with mental health problems” (worker)

Findings

Local knowledge is essential

"But I, you know, we'll sort of ask each other on the team, '*Oh does anyone know of a place where so-and-so can volunteer'* or whatever" (worker)

Findings

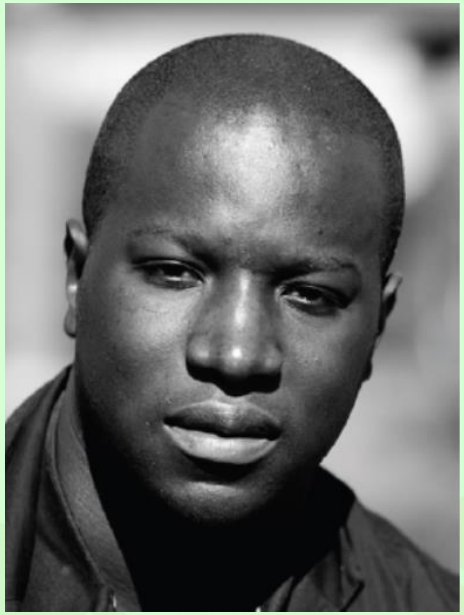
Connections occur through shared activities

“They’ve suggested it on their…sheet and we’ve matched it up with five others who have said that they want to do that [activity]” (worker)

“But I think that they sort of felt that I, I play guitar, I was a singer in a band, sort of have got a lot of sport interests, sort of like a lot of different things and I think that they felt that perhaps some of the people there are harder to engage. And because I might have more in common with them…” (worker)

Findings

Focus on an individuals



"…the way they've helped me connect with things… like going to college, that will stay with me forever. Because I'll get an education…" (service user)

Findings

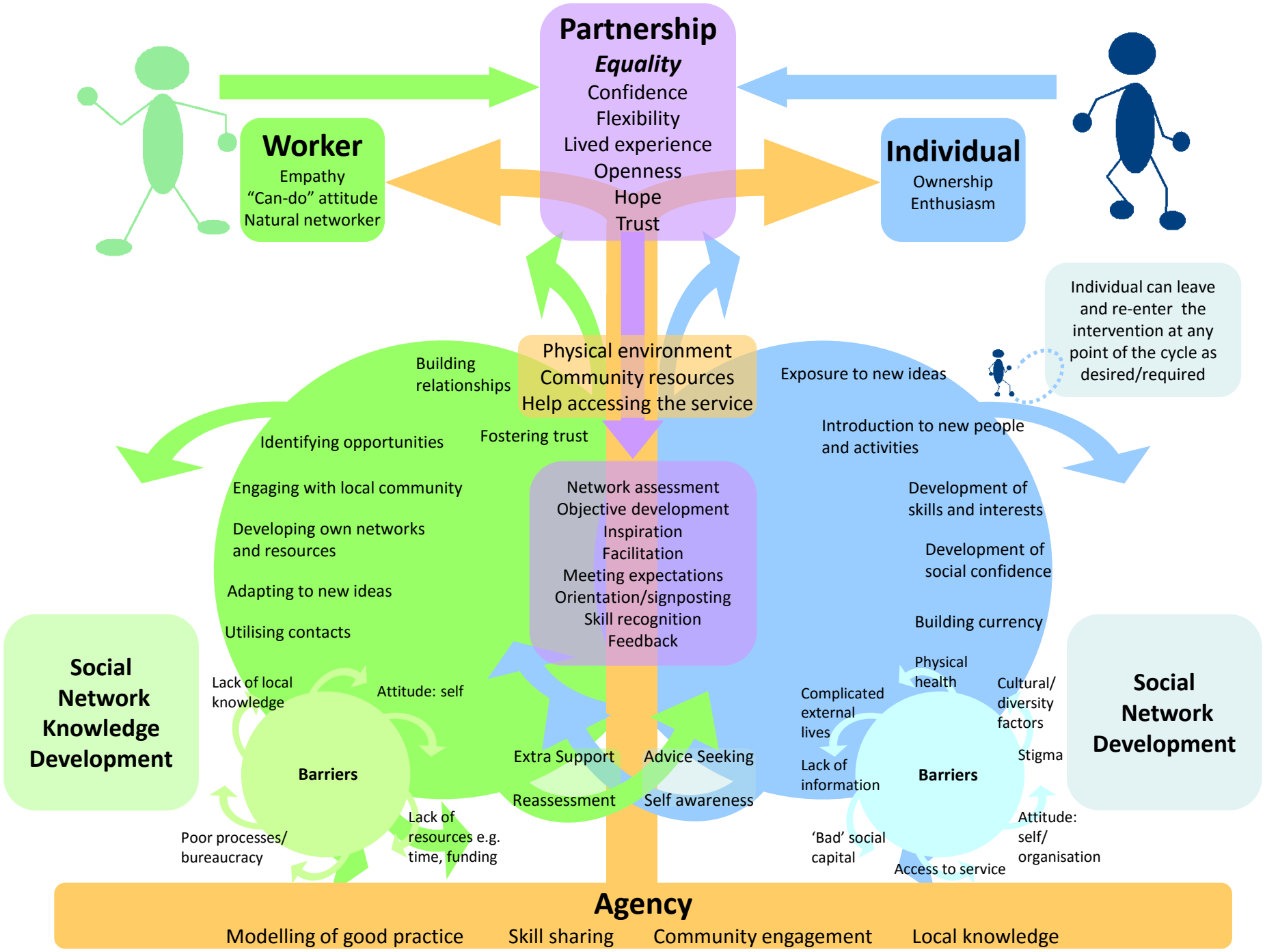
Informal contacts provide access to resources

“Well my mate goes there and she rung me up and told me about it because she knew I needed maths and English. So I rung the key skills and got an interview and then they said that I could go through.” (service user)

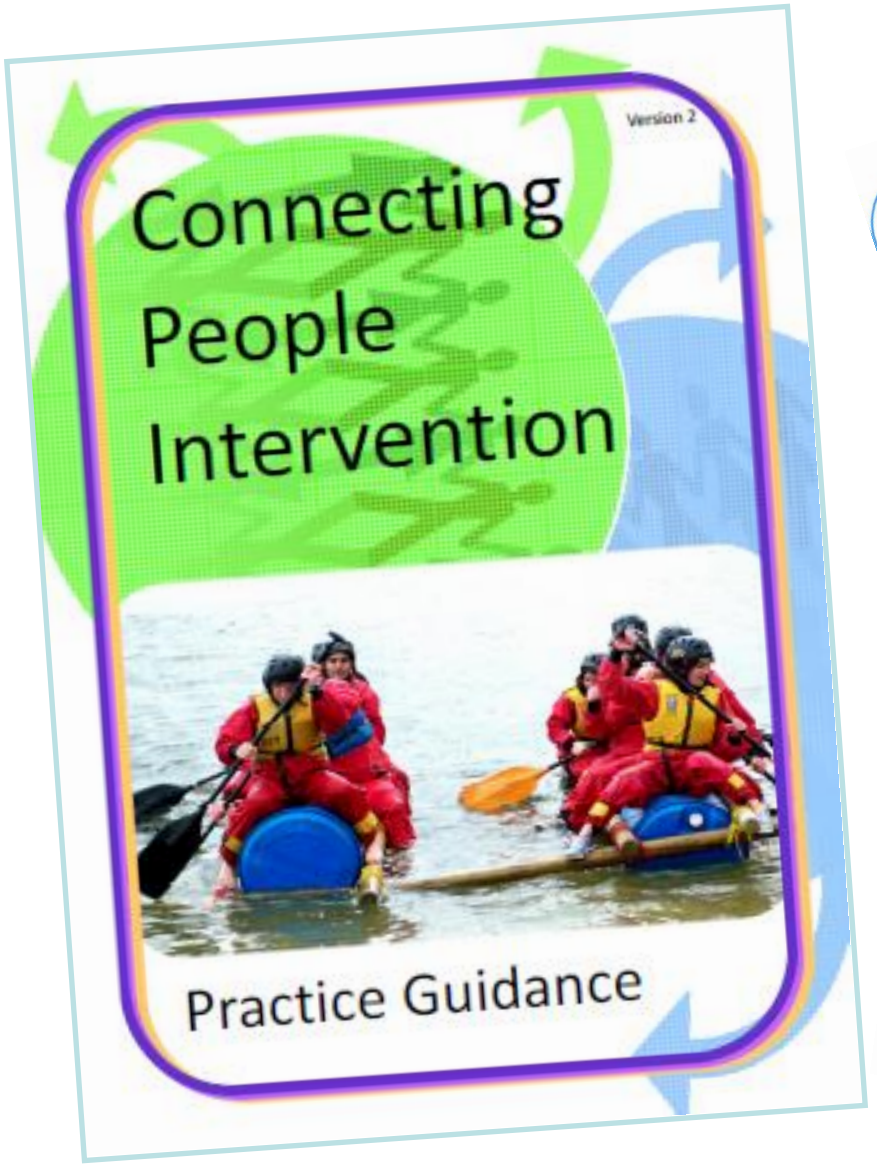
Findings

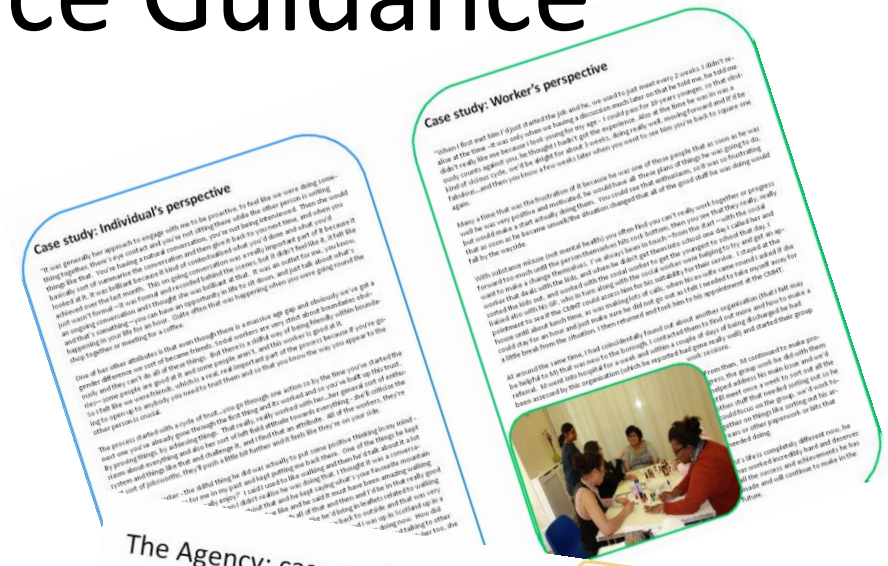
Social capital is not a panacea

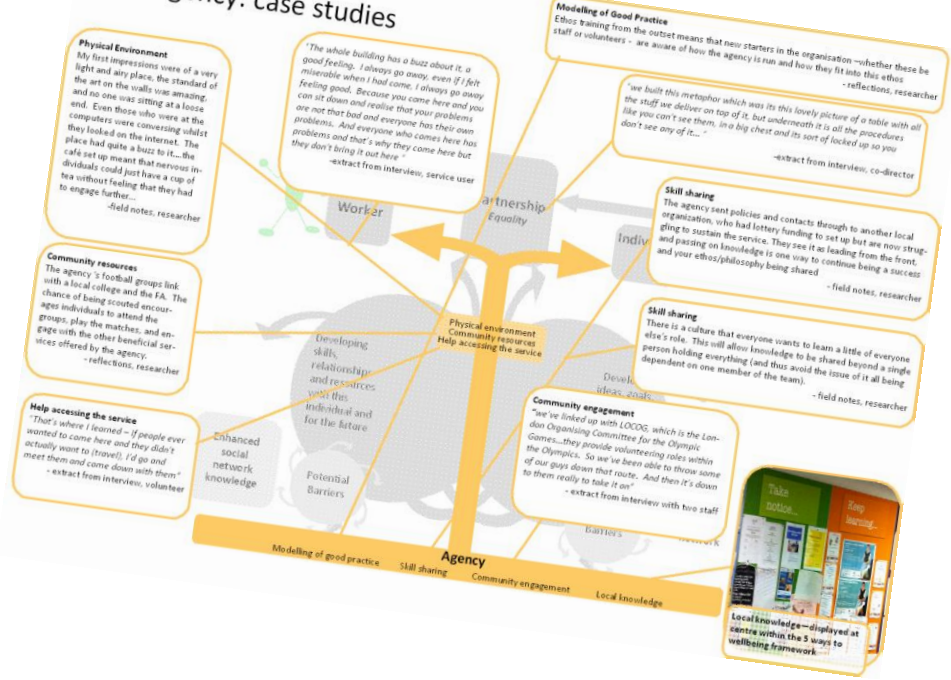
“Because even though I’ve got friends to hang around with, some of them are not very good friends. Some of them drink, drugs, and even though I drink the odd time, but, they do drugs and you know, it’s just sort of like, they’re wrong ones, do you know what I mean? And I want to hang around with decent people who want to get their life on track and not destroy their life”. (service user)


Partnership
Equality
Confidence
Flexibility
Lived experience
Openness
Hope
Trust
Worker
Empathy
"Can-do" attitude
Natural networker
Individual
Ownership
Enthusiasm
Individual can leave and re-enter the intervention at any point of the cycle as desired/required
Physical environment
Community resources
Help accessing the service
Building relationships
Fostering trust
Identifying opportunities
Engaging with local community
Developing own networks and resources
Adapting to new ideas
Utilising contacts
Network assessment
Objective development
Inspiration
Facilitation
Meeting expectations
Orientation/signposting
Skill recognition
Feedback
Exposure to new ideas
Introduction to new people and activities
Development of skills and interests
Development of social confidence
Building currency
Social Network Knowledge Development
Lack of local knowledge
Attitude: self
Barriers
Poor processes/ bureaucracy
Lack of resources e.g. time, funding
Extra Support
Advice Seeking
Reassessment
Self awareness
Physical health
Complicated external lives
Cultural/ diversity factors
Lack of information
Stigma
Barriers
'Bad' social capital
Access to service
Attitude: self/ organisation
Social Network Development
Agency
Modelling of good practice
Skill sharing
Community engagement
Local knowledge

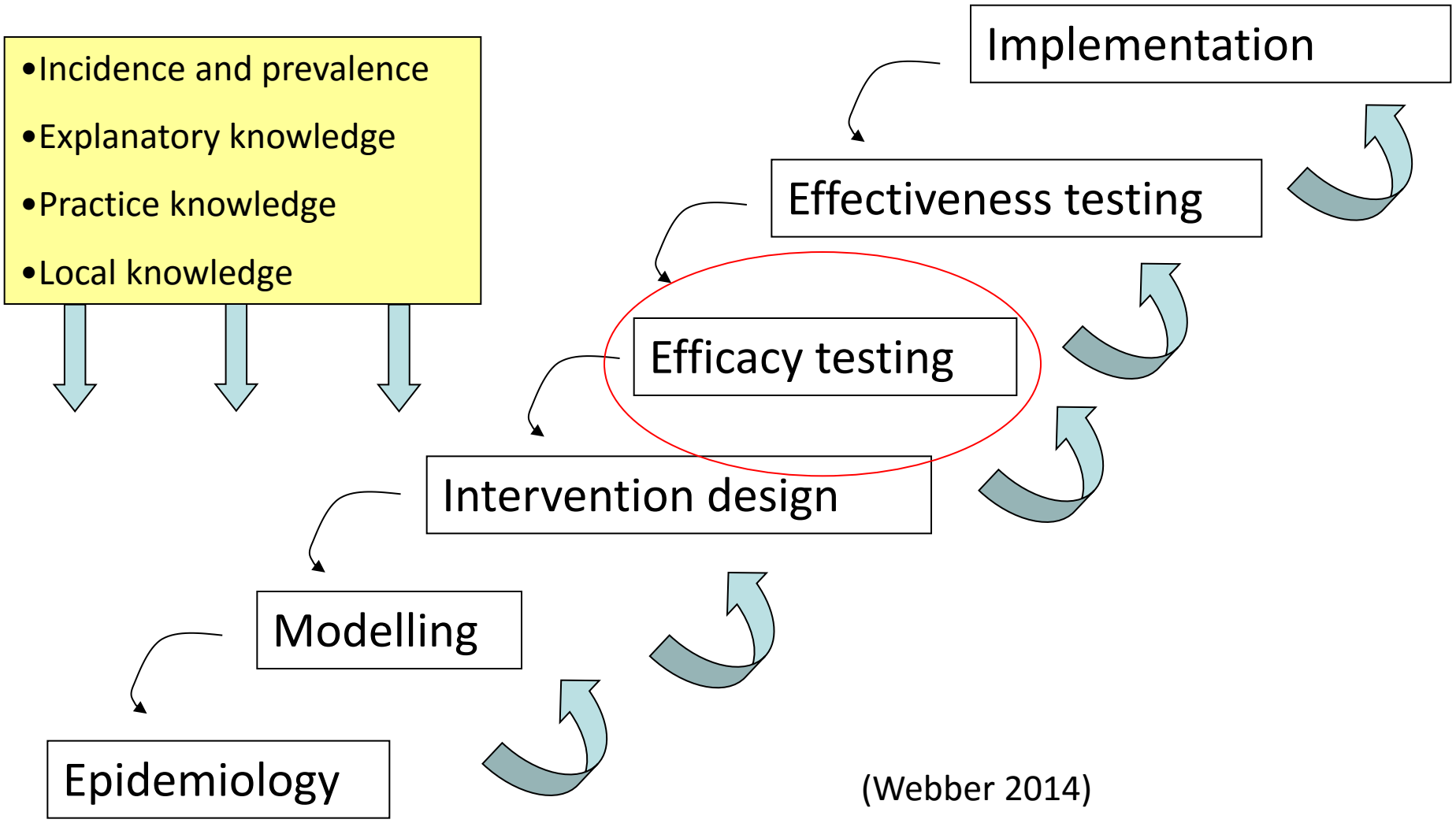
The Practice Guidance







Social intervention development



(Webber 2014)

Aims

- **To evaluate effectiveness and cost-effectiveness of the Connecting People intervention model with adults with mental health problems (below and above 65 years of age) and adults with learning disabilities**
- **To evaluate the implementation of the intervention model in health and social care agencies**
- **To gather data in preparation for a larger trial**

Method

Quasi-experimental study to pilot intervention

- Intervention model adapted for use with adults with learning disabilities and older adults with mental health problems
- Scoping study identified about 16 agencies who are willing and able to implement intervention in the three social care user groups
- 2-day intervention training provided to each agency
- 155 new referrals interviewed at baseline and 9-month follow-up

Main Outcomes:

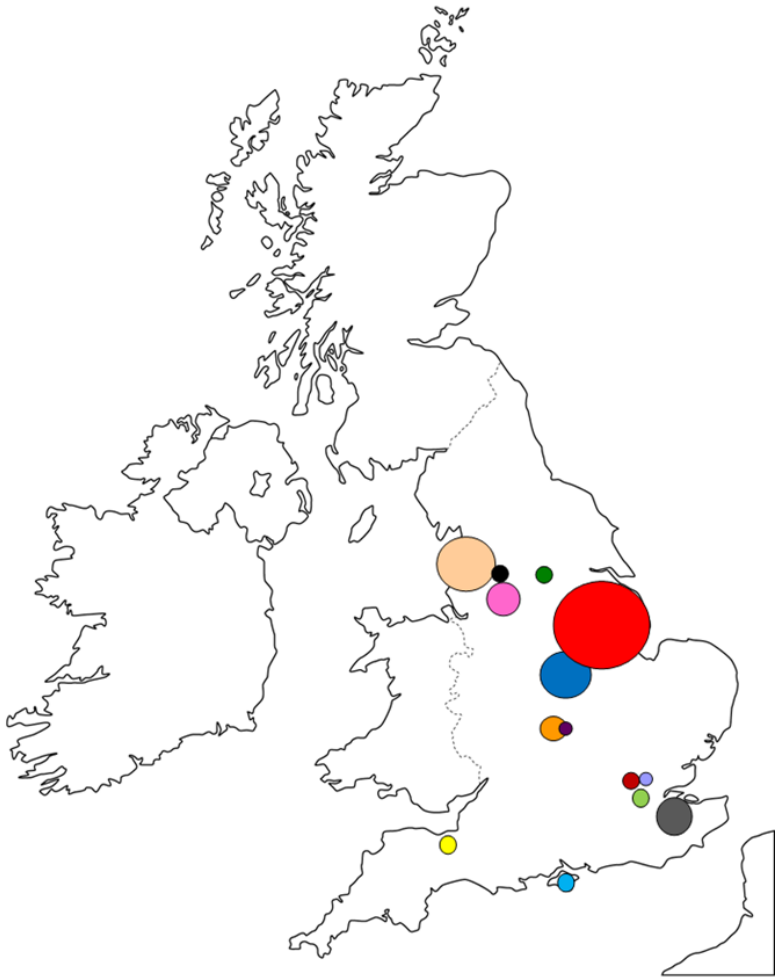
- Access to social capital (RG-UK, Webber & Huxley 2007)
- Social inclusion (SCOPE, Huxley et al 2012)
- Mental well-being (WEMWBS, Tennant et al 2007)

Method

Quasi-experimental study to pilot intervention

- **Hypothesis:** ***Higher fidelity to CPI will be associated with improved outcomes***
- **Economic evaluation:**
  1. Service use (CSRI, Beecham et al 2001)
  2. EQ-5D (EuroQOL 1990)
  3. ICECAP-A (Al-Janabi & Coast 2009)
- **Process evaluation involves qualitative interviews with service users, workers and managers**

Study sites

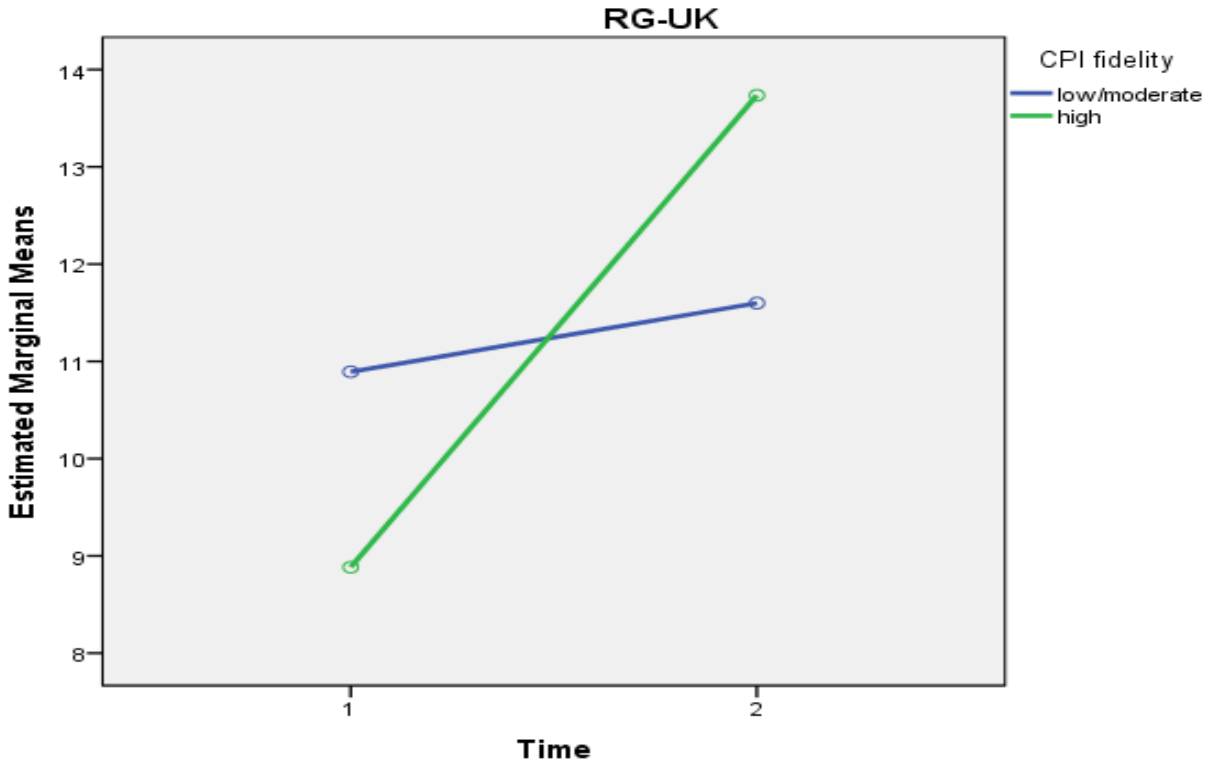


Sample (n=155)

- Mental health <65 (n=121) >65 (n=9)
- Learning disability (n=25)
- 55% male
- Mean age = 42 years
- 19% black or ethnic minority
- 69% from NHS/local authority site
- 9% employed or self-employed
- 48% no car in household
- 10% had income > £13,500 per annum

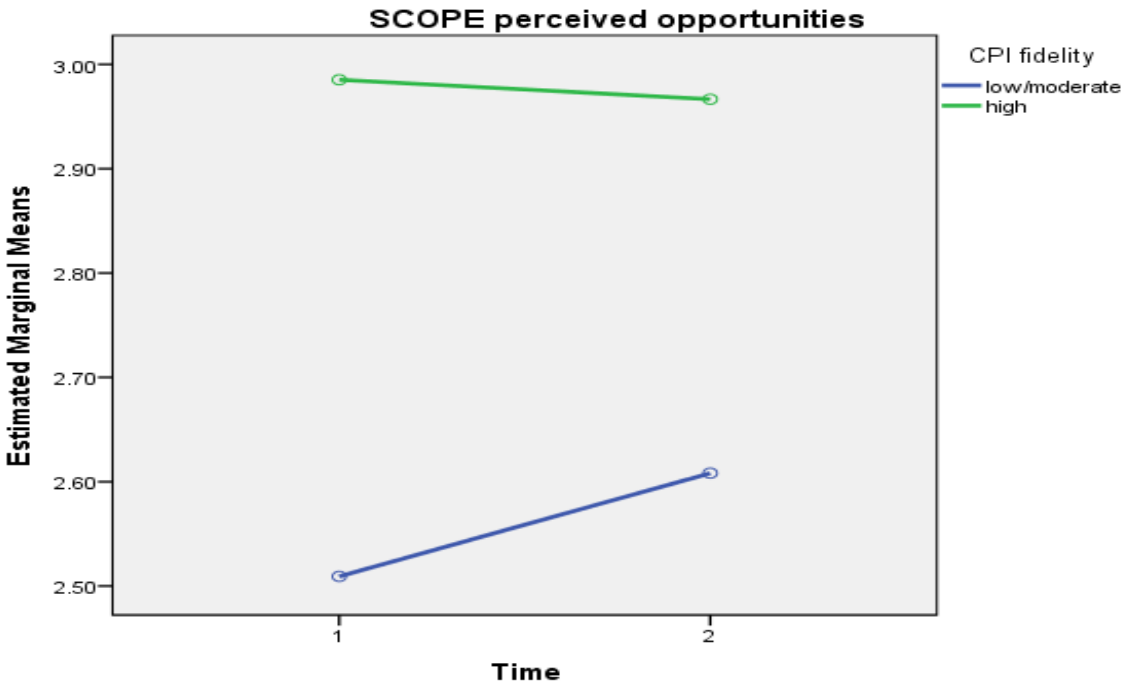
- 116/155 (75%) followed up at 9 months
- High fidelity group: n=30

Access to social capital



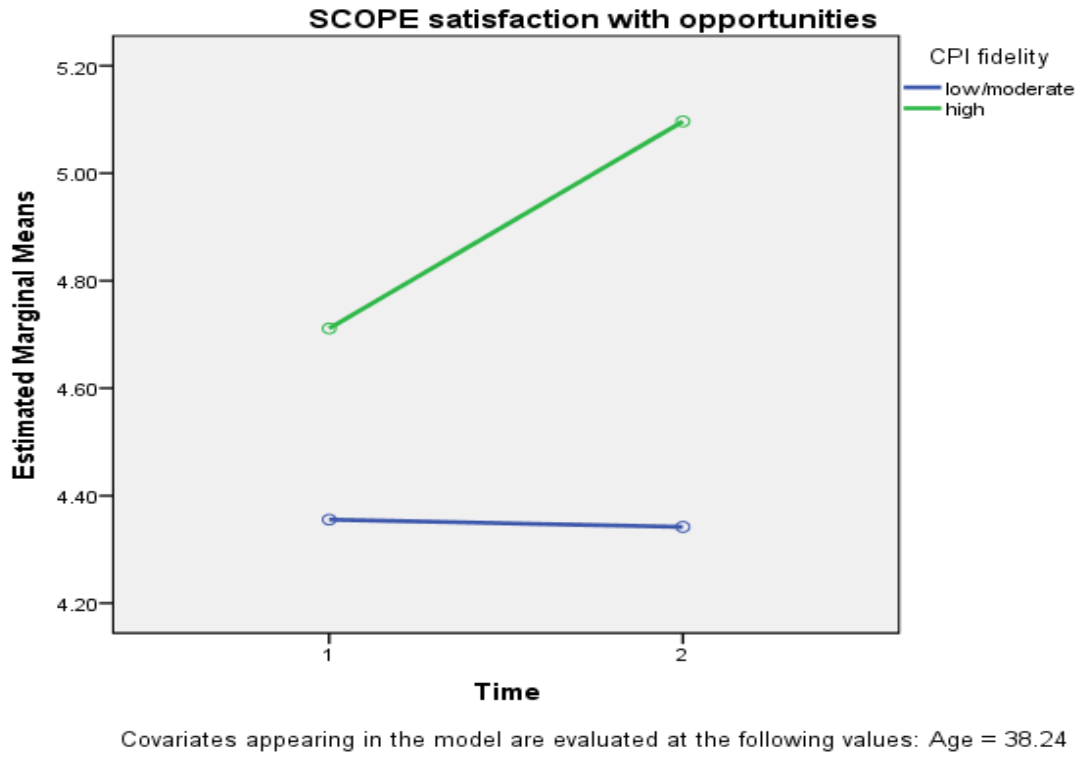
Covariates appearing in the model are evaluated at the following values: Age = 43.88

Social inclusion

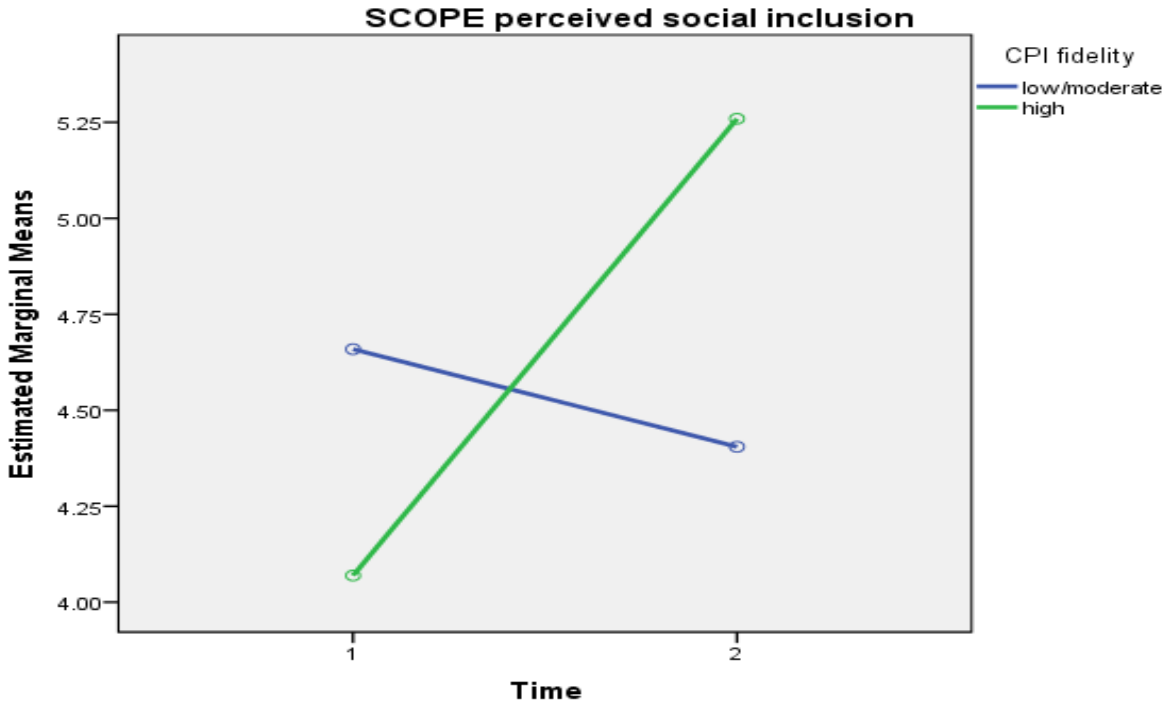


Covariates appearing in the model are evaluated at the following values: Age = 38.22

Social inclusion

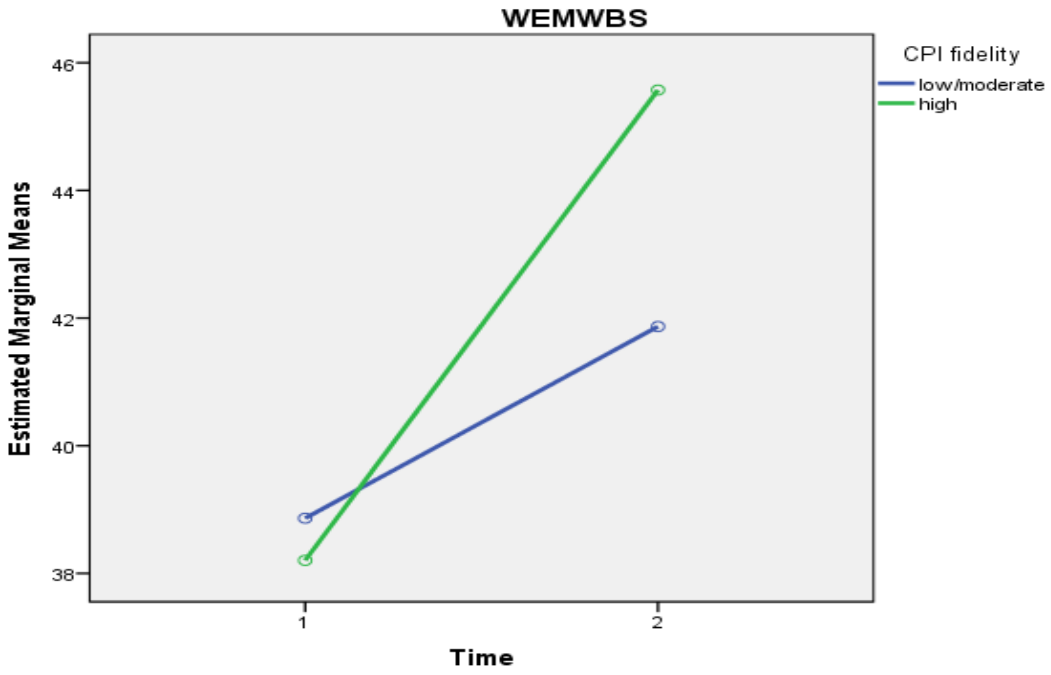


Social inclusion



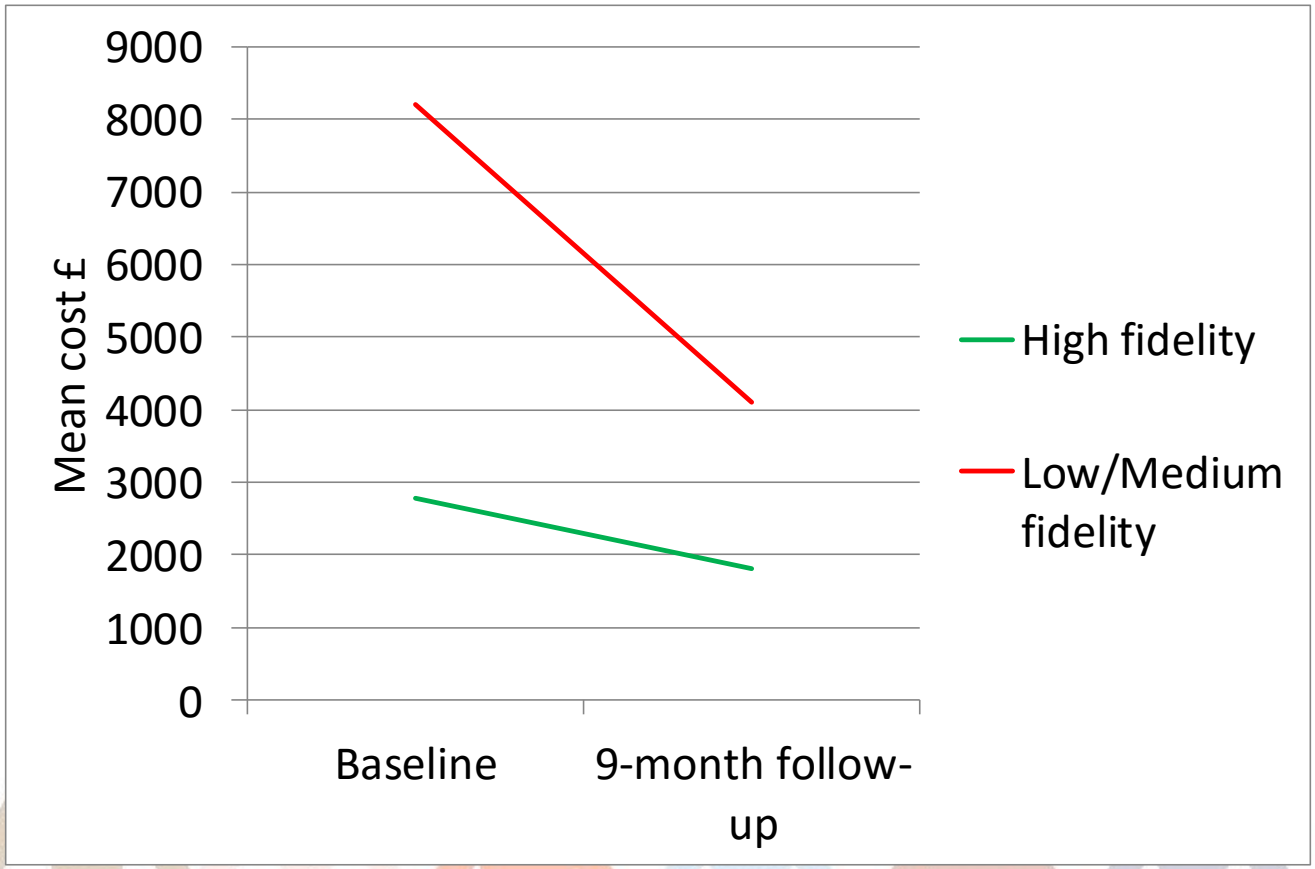
Covariates appearing in the model are evaluated at the following values: Age = 43.95

Mental well-being



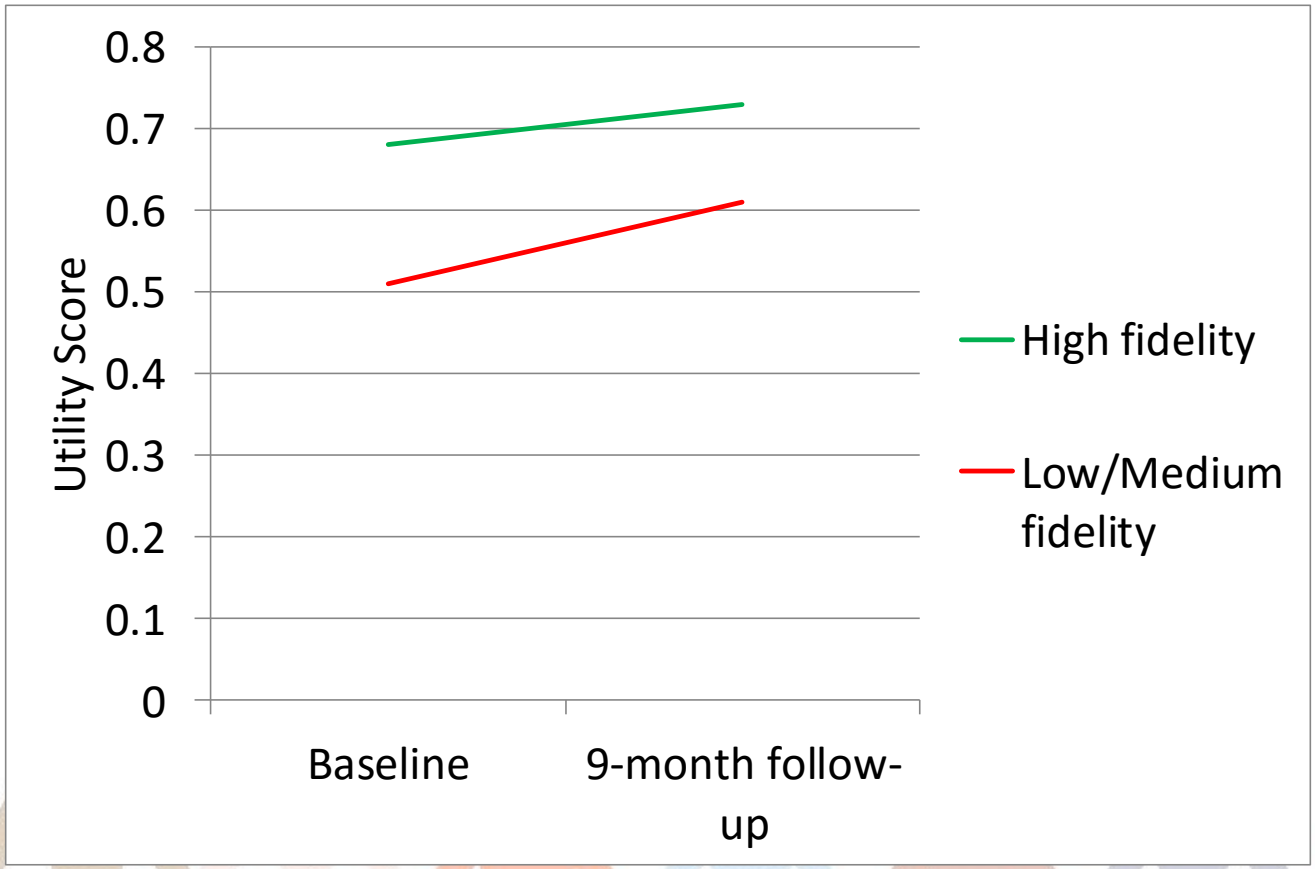
Covariates appearing in the model are evaluated at the following values: Age = 43.98

Change in total cost



Difference at follow-up = £1331 (95% CI, £69 to £2593)

Utility scores



Difference in change in QALY = 0.02 (95% CI, -0.03 to 0.06)

Findings

Broader context

- Barriers to engagement exist within local communities
- Personalisation can enable connecting, but eligibility thresholds for direct payments are high
- Service changes, cuts and reconfigurations impacted negatively on service users and on CPI implementation
- Service users lacked money to undertake even cheap activities
- Housing was a more important problem for some than social connections

Findings

Agencies / teams

- All but one of the high fidelity agencies were in the third sector
- Ethos of the agency influences adoption of model by workers
- Workload / capacity of workers to take on different / new work
- Supervision rarely focuses on models – more about management objectives
- On-going training, support and supervision is required to embed model in practice
- Leadership is required within agencies to implement it successfully in practice

Findings

Impact on social participation

- Activities: leisure, recreational activities, voluntary & paid work, attending courses, groups, not doing any activities
- Meeting new people: mixed picture of some new friends/contacts made, others haven't but would like to
- Existing relationships: some are socialising more and have good relationships, others report no changes
- Community: some references to being more part of the community, helping neighbours/receiving help from neighbours, participating in time banks.

Reflections

- Complex social interventions can be modelled, articulated and evaluated
- Social networks can be enhanced by health and care workers
- Improved social outcomes at no greater cost
- Implementation of new models and working practices need to be fully supported by agencies to maximise their effectiveness
- Workers need to be ‘given permission’ to undertake community-oriented or community development work
- Performance targets, service reconfigurations, public sector cuts and the wider austerity environment hampers innovation
- Is Connecting People possible in the statutory sector? (We’ll see…)

Thank you

www.connectingpeoplestudy.net
www.icmhsr.org

martin.webber@york.ac.uk

Twitter: @mgoat73