The Connecting People Study

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Background
Non-socially oriented guidance

**NICE Guidelines for Schizophrenia (2009)** social interventions:

- family interventions
- social skills training
- vocational rehabilitation
Social intervention development

- Incidence and prevalence
- Explanatory knowledge
- Practice knowledge
- Local knowledge

(Adapted from Fraser 2003)
Social interventions

• Greater impact on policy and practice if:
  – High inner quality (robust, defensible, scientific validity)
  – High outer quality (incorporate practice wisdom and values, currency with practitioners) (Shaw & Norton 2008)

• Ethnography could improve outer quality of social interventions and prepare them for RCT evaluation to improve their inner quality

• Connecting People Study (1) 2010-12: developing an intervention to support people to increase their access to social capital

• Connecting People Study (2) 2012-14: piloting the intervention in three social care user groups
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

Access to social capital

- General population
- People with depression (primary care)
- People with SMI (secondary care)
- Punjabi women with SMI
- Volunteers with SMI
Background

- Wealth, power and status of network members can benefit other individuals in that network (Lin 2001)
- Informal social networks are influential in helping unemployed people find work (Perri 6 1997)
- Social capital helps reemployment (Sprengers et al 1988) and has an effect on income (Boxman et al 1991)
- Social capital is positively associated with current occupational status (Flap & Volker 2001)
- Social capital can lead to greater occupational prestige, income and political influence when mobilised (Lin & Erickson 2008)
Aims

• To understand the ways in which workers are currently helping young people recovering from psychosis to generate and mobilise social capital
• To develop a social capital intervention model that can be used to frame social care practice
• To evaluate effectiveness and cost-effectiveness of the 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 an RCT
Method

• **Combinative ethnography of social care practice**
  – Semi-structured interviews, observations of practice and focus groups
  – Exploratory, not evaluative

• **Setting**
  – NHS mental health services (mental health professionals and support time & recovery workers in early intervention in psychosis teams, social inclusion and recovery services)
  – Housing support (supported housing & floating support workers)
  – Third sector (social enterprises, voluntary organisations)

• **Sample**
  – 145 workers, service users, managers, commissioners (so far)
Method

• **Ethnography phase 1**
  – Researcher interviews, observes, and holds focus groups with agency workers, service users and carers to discuss the practice of enhancing service user social participation

• **Ethnography phase 2:**
  – New questions emerging from phase 1 was the focus of phase 2 through further discussion and conceptualisation of practice
  – Changes in service users from phrase 1 were reflected

• **Delphi Consultation**
  – Intervention model was developed and revised in liaison with project’s advisory group and a wider group of stakeholders (incorporating service users, carers, practitioners and researchers) – currently underway
Method

• **Systematic Reviews (x3)**
  – **Aims:** to systematically identify, and evaluate the quality, of the research literature on health and social care interventions that promote the social participation and well-being of adults with a learning disability or mental health problem
    • adults with a learning disability
    • adults with a mental health problem
    • older adults (+65) with a functional mental health problem
  – EPPI Centre Methodology
  – Data synthesis and quality appraisal grouped by study design to capture quantitative and qualitative results
  – Inter-rater reliability at each stage
Method

• **Fidelity measure development**
  – Fidelity measurement is required to answer question: how do you know that the intervention made a difference and not something else?
  – The Connecting People Intervention Fidelity Scale (CPIFS) will measure variation in fidelity to the intervention model at an individual level (to capture expected variation in practice at the individual worker level)
  – Inherently complex due to personalised nature of interventions; main focus will be on fidelity to intervention model
  – Items refined in Delphi Consultation; psychometric properties evaluated in pilot study
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 identifies about 12 agencies who are willing and able to implement intervention in the three social care user groups
  - 3-day intervention training provided to each agency
  - 240 new referrals are interviewed at baseline and 12-month follow-up
  - Outcomes being measured:
    - Social participation (SCOPE, Huxley et al 2012)
    - Well-being (WEMWBS, Tennant et al 2007)
    - Access to social capital (RG-UK, Webber & Huxley 2007)
Method

- **Quasi-experimental study to pilot intervention**
  - Potential confounding factors:
    - Socio-demographics
    - Attachment style (RQ, Bartholomew & Horowitz 1991)
    - Life events (RLEQ, Norbeck 1984)
  - Hypothesis: Higher fidelity to CPI will be associated with improved outcomes
  - Economic evaluation:
    - Service use (CSRI, Beecham et al 2001)
    - EQ-5D (EuroQOL 1990)
    - ICECAP-A (Al-Janabi & Coast 2009)
  - Process evaluation will involve qualitative interviews with service users, workers and managers
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 individual’s goals

“...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)
Developing skills, relationships and resources with this individual and for the future

Worker

Partnership
Equality

Individual

Shared processes

Developing ideas, goals, and confidence and working to attain and expand on these

Potential Barriers

Agency

Social Network Knowledge Development

Social Network Development
Practice guidance

Connecting People Intervention

Practice Guidance
Practice guidance

The Agency: case studies

Physical Environment
My first impression was of a very light and airy place, the standard of the action on the walls was amazing, and no one was sitting at a loose end. Even those who were at the computers were conversing whilst they looked on the internet. The place had quite a buzz to it... the café setup meant that nervous individuals could just have a cup of tea without feeling that they had to engage further... - field notes, researcher

Community resources
The agency’s football group link with local college and the FA. The chance of being involved encourages individuals to attend the groups, play the matches, and engage with the other beneficial services offered by the agency. - field notes, researcher

Help accessing the service
That’s where I learned – if people ever wanted to come here and they didn’t actually want to (travel), I’d go and meet them and come down with them.” - extract from interview, volunteer

Modelling of good practice
Ethos training from the outset means that new starters in the organization – whether these be staff or volunteers – have an awareness of how the agency is run and how they fit into the ethos. - reflections, researcher

“we built this metaphor which was this lovely picture of a table with all the stuff we deliver on top of it, but underneath it’s all the procedures like you can’t see them, in a big chest and in a sort of locked up so you don’t see any of it...” - extract from interview, co-director

Skill sharing
The agency uses policies and contacts through another local organization, who had lottery funding to set up but are now struggling to sustain the service. They see it as leading from the front, and passing on knowledge is one way to continue being a success and your ethos/philosophy being shared. - field notes, researcher

Skill sharing
There is a culture that everyone wants to learn a little of everyone else’s role. This allows knowledge to be shared beyond a single person holding everything (and thus avoid the issue of all being dependent on one member of the team). - field notes, researcher

Community engagement
“We’ve linked up with LOCOG, which is the London Organizing Committee for the Olympic Games... they provide volunteering roles within the Olympics. So we’ve been able to throw some of our guys down that route. And then it’s down to them really to take it on.” - extract from interview with two staff

Local knowledge - displayed at centre within the 5 ways to wellbeing framework
Systematic review

- **Scope of the review**
  - Breadth of literature on social participation in mental health required consideration of related concepts (e.g. social value)
  - Sensitivity and specificity of search strategy
- **Search and screen of studies**
  - Search of databases, handsearching key journals/citations
  - Two-step screening process
- **Data extraction and synthesis**
  - Preliminary findings of the review indicate few studies meet selection criteria, pointing to a gap in the literature for health and social care interventions aiming to increase social participation for people with mental health problems
Next steps (2012-14)

- Ethnography Ph2
- Intervention Manual
- Delphi Consultation
- Scoping study
- ID and recruit sites
- 3 systematic reviews
- Train agencies in CPI
- Collect baseline data
- Collect follow-up data
- Pilot CPIFS
- Analyse data
Further information

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