Connecting PEOPLE

Implementation manual

FOREWORD

Connecting People helps to enhance mental health service users' social networks and connections to improve their quality of life. It was developed over several years by combining good practice from organisations in the UK into a single model, trying it out, and evaluating whether it worked. Research showed that Connecting People worked better in some organisations than others. This Connecting People Implementation Manual is part of a series of guides (Connecting People Practice Guidance, Connecting People Training Manual) to help practitioners, service users and mental health organisations adopt Connecting People, and give it the best chance of success.

All guides were produced in consultation with a working group consisting of mental health service users, experts by experience, practitioners, and researchers.

CONTENTS

Page

1. HOW TO USE THE IMPLEMENTATION MANUAL

The Connecting People Implementation Manual aims to support organisations in making the changes that would help Connecting People to flourish. It is organised into chapters. Chapter one explains how to use the Connecting People Implementation Manual. Chapter two provides a brief introduction to social capital, connectedness and the Connecting People model. Chapter three focuses on strategic and operational considerations for mental health Trusts, organisations and other teams in supporting Connecting People; it identifies a number of areas that could be perceived by the organisation, practitioners or service users as barriers to implementation and suggests ways of working around these challenges. Chapter four presents a number of frequently asked questions (FAQs) to help address some of the common queries. The manual also includes two appendices which give more detailed background information on social capital and connectedness (Appendix A) and on Connecting People (Appendix B), and a reference list.

To improve understanding of the Connecting People model, this Implementation Manual should be read alongside the Connecting People Practice Guidance and Connecting People Training Manual. All manuals and additional resources (e.g. leaflets, posters) are available within the Connecting People pack and online at *www.connectingpeople.net*

2. WHAT IS CONNECTING PEOPLE AND WHY SHOULD ORGANISATIONS SUPPORT IT?

Social capital and connectedness

People experiencing mental health problems describe social interactions and positive relationships as crucial for their mental health. Perceived social support and diverse networks are protective of mental health[1]; the Care Act (2014) guidance highlights the importance of supporting people to develop and maintain relationships to improve their wellbeing and help meet their care and support needs[2]. Connectedness has been identified as key to recovery from mental health problems[3]. It reduces isolation, increases access to resources, helps to shape identity and supports people to 'move on' in their recovery journey[4]. Many people experiencing mental health problems require support to connect with others, and this work is often undertaken by social care or health practitioners (including peer workers).

The social environment, in particular close relationships (where a person feels close to another), plays a key role in physical and mental health, including depression[5,6] and psychoses[7]. Being socially connected is not only important for psychological and emotional well-being, but it also has a positive impact on physical well-being[2] and overall longevity[8]. Loneliness, social isolation, and living alone are all risk factors for coronary heart disease and stroke[9], and a leading cause of mortality[10]. Social capital is important for health and mental well-being[11] and is increasingly recognised as a useful concept for social work[12,13]. It has been the focus of the development of new social interventions, which may support an individual's recovery from a mental health problem (see Appendix A for an overview of the evidence base relating to social capital and connectedness).

Connecting People

Connecting People is cited in the Department of Health's strategic statement for mental health social work[14] as an evidence-informed social intervention that should be utilised. Connecting People aims to help practitioners support service users to connect with people beyond health or social care agencies, to enhance the diversity of their social networks; in short, it aims to improve people's access to social capital[15]. The Connecting People model was developed from a study of existing good practice. Many of its elements will, therefore, be familiar to many people. Its distinctive approach, though, comes in drawing together different components of practice into one place to create a unique and dynamic model that is grounded in lived experience (see Appendix B for an overview of the evidence base for Connecting People).

The practitioner and service user both need to be prepared to work together, to engage in new situations, and to meet new people. These may be neighbours

Connecting PEOPLE

or people living locally. They may be people interested in the same hobby, sport or leisure pursuit. They may even be family or friends with whom the service user has lost contact. Based on ideas from social capital theory, Connecting People aims to encourage the service user to become independent of the practitioner by improving their social networks. The Connecting People model is not a traditional linear process of a practitioner doing something for or with the service user and an outcome occurring as a result of this. It is not prescriptive about the size or quality of networks. It is up to service users to decide how many people they want or need to be in contact with. However, it aims to ensure that people know others outside of health and social care services in addition to those within them.

Once a relationship between a service user and practitioner has been formed and new ideas discussed, the practitioner and service user set goals together. Successful goals tend to be tangible and realistic, articulated in clear steps which do not overwhelm the individual. The creation of new networks and relationships in the course of attaining these goals provides the context for the creation of social capital. Practitioners assist by introducing service users to new people with similar interests either within the agency or to resourceful people outside the agency; this necessitates practitioners themselves developing new contacts, perhaps through word of mouth or networking both within and outside their organisation. Engagement with local communities (geographical or interest) is at the heart of this process. This active process corresponds with the less tangible, attitudinal element of finding out about new ideas through daily work with colleagues and their networks.

Engaging in activities can be an effective approach to connecting people. Activities can be provided by the agency or can be one the practitioner and the service user decide upon together. However, the motivation to attend an activity, group or scheme is important, as is the self-awareness and existing knowledge of a service user, which appear to increase self-confidence. Building a service user's skills and providing them with the opportunity to use or share them are effective tools in connecting people. Additionally, practical support from the practitioner – such as help with a CV or job a pplications, or with managing personal finances – can be important in helping service users to achieve their goals.

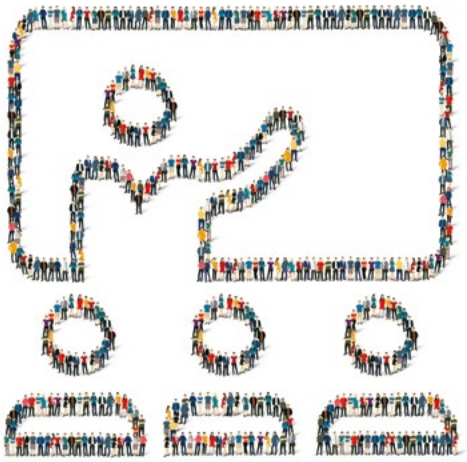
Attending activities or interviews together and introducing a service user to a new environment can also be potentially useful in giving service users the confidence to try new things. By gaining new skills and confidence facilitated by practitioners and the agency, and taking responsibility for working towards their goals, service users who try new activities are likely to form new social ties in their local community or community of interest. Graded exposure techniques[16] may be used quite frequently. Service users who are provided with flexible ongoing support feel more secure than if they were left to attend new activities alone, particularly those who lack in confidence or are fearful of discrimination because of their mental health problem. Connecting People will be useful to people with mental health problems by increasing feelings of belonging and reducing psychological distress; instilling feelings of trust and reciprocity; increasing engagement with mental health services; enhancing community participation and improving quality of life.

Connecting People can be used with individuals with a variety of mental health conditions. Previous research has included people with different diagnoses and has found that an individual's readiness to engage in the process is more important than different diagnoses. The focus of the intervention is on stabilisation and thus the intervention should be developed with individuals on the recovery pathway. Connecting People is based on the social model of recovery. It is a solution-focused approach, and it also adds value to health outcomes.

Connecting People processes could occur quickly, if an individual utilises a new social opportunity with minimal support and engages with new social networks. However, they may take longer if opportunities are not available or an individual requires additional support to access them. The model emphasises, though, that the service user needs to have ownership over the processes so that they retain the choice about the social opportunities they engage with.

3. THE ROLE OF THE ORGANISATION IN SUPPORTING CONNECTING PEOPLE

The practitioner-service user partnership described above takes place in the context of a supportive organisation, which is referred to at the bottom of the Connecting People model as the 'agency' (see pages 10-11) to illustrate its crucial, underpinning nature. The organisation needs to encourage practitioners to form new ways of doing things and share the principles of Connecting People. Good methods of sharing knowledge that prevent reliance on a particular staff member for information are particularly important.



There are a number of ways in which organisations can create the best possible environment to support Connecting People to flourish. This section provides a general overview of some of the issues that service users, practitioners and organisations may face and suggests ideas for each to consider. However, it is imperative to identify local barriers and, more importantly, local solutions to working around those barriers.

Potential benefits of Connecting People for the organisation:

Reduced demand on mental health services as people are supported to move on from services

Following the initial time investment of attending a one-day training course on Connecting People, use of the model in routine practice is expected to become time-effective for practitioners, to relieve the pressure on teams, and to reduce the duration of interventions, thus enabling practitioners to begin to work with new service users as others begin to move away from services.

If/where service users have similar interests there may be possibilities to bring them together in the context of groupwork to enable them to potentially make new connections. Of course, due consideration is required to potential risks in connecting people in this way, but it has the potential of being more cost-effective in terms of practitioner time supporting these people. In the pilot study, teamwork, social networking and undertaking shared activities based on shared experiences aided the formation of relationships amongst service users. Some people found that these 'safe' interactions within the agency helped their confidence in forming other relationships externally.

Further, Connecting People gives service users explicit responsibility in their care, a vision of their journey, progress, and where the exit point is. It helps people to look at their own strengths and weaknesses, evaluate who they are, their access and belonging to communities, and gives hope. Ultimately it can give people ownership of their own journey and moving that journey forward. This has the potential to support people to move on from services.

Reduced demand on other services

A potential outcome of Connecting People is a reduced demand for NHS resources. Connectedness has been identified as key to recovery from mental health problems[3]. It reduces isolation, increases access to community resources, helps to shape identity and supports people to 'move on' in their recovery

journey[4]. Obtaining support from social networks can help reduce demand on NHS or other public services in both crisis and routine situations. Although networks cannot provide all the resources people require, they can help to reduce reliance on services.

Meeting organisational targets

Implementing Connecting People will help organisations to meet some of their targets and priorities for the forthcoming period. For example, the guidance accompanying the Care Act (2014) has highlighted the importance of supporting people to develop and maintain relationships to improve their wellbeing and help meet their care and support needs[2]. This is the central tenet of Connecting People. The strategic statement on 'Social Work for Better Mental Health', published by the Department of Health in 2016[14], states:

'In the future social workers should be better supported to deliver their current responsibilities and commitments, but also encouraged to lead on new social models of support, particularly where these are co-produced and co-evaluated with people using services and other stakeholders. This includes developing existing promising social approaches [reference to Connecting People], and finding new directions. Clarifying and giving clear value to the roles of social workers now is about a future where social workers can flourish and play their full part in our societal challenge of achieving better mental health.'[14, p10]

Connecting People has at its centre co-production between service users and practitioners and the implementation of a refined social model of support.

Considerations when implementing Connecting People: identifying challenges and facilitators

The Connecting People pilot study identified some areas for consideration when implementing Connecting People[17]. Service users and practitioners in the co-production working group advising on the implementation of Connecting People explored these and suggested ways to overcome some of the potential challenges. These considerations cannot be neatly categorised as service user or practitioner issues, as what affects one affects the partnership and work of the pair.

Resourcing and logistical issues

This includes both service users who may lack the money to travel to or take part in certain activities or groups, and also areas which may be resource-poor and lacking in activities in which to get involved. Through the Connecting People process the practitioner and service user would identify what was available in the local area, the extent of any resources that the service user would have available to pay for transport and the activity, and seek ways to address difficulties together. The practitioner may at first support the service user to engage with a new activity or group and hence provide the transport, in the hope that new connections would be established which would lead to other people potentially providing transport in the future. The partnership of practitioner and service user could search together for options that were cost free, for example any groups run at local libraries or that were free or discounted to individuals on welfare benefits, if appropriate.

It may also be possible via a Care Act assessment, or by applying to a charitable organisation, to obtain funding for activities.

Attitudes

Negative attitudes toward implementing Connecting People and/or a lack of confidence in trying new activities, learning new skills or connecting with new people can all hamper the process. Service users need to be supported and enthused to have a go at trying something new or revisiting something they used to enjoy, and this is most likely when the service user and practitioner have identified a plan that is realistic, achievable, not over-ambitious and ties in with the interests, or existing or desired skills of the individual. These can be teased out during the early stages of Connecting People (see the Connecting People Practice Guidance manual). A positive 'can-do' mentality amongst practitioners is crucial in order to encourage service users to try new things and make new connections, for example the capacity to do things quickly, flexibly, confidently, enthusiastically and to enjoy the job[18]. An absence of such 'soft skills' may reflect a staff training need, but this can in part be addressed through the Connecting People training (see the Connecting People Training Manual).

Knowledge

Practitioners and service users may lack knowledge of what is available in their local areas or communities and thus struggle to implement Connecting People. Where practitioners work with colleagues in their team to jointly map out and log the various activities and so on that will inevitably exist locally this lack of knowledge and thus potential barrier to Connecting People can be overcome (see the Connecting People Practice Guidance and Training Manual for further information). The pilot study found that organisations with stronger and more numerous connections with other community projects and networks appeared better able to connect service users with local opportunities. The extent to which the team engaged with its local community appeared to influence its ability to develop service users' personal networks. Health and social care services facilitated bonding social capital by linking homogeneous individuals in shared activities, particularly when they provided a nurturing, friendly environment, which did not feel too 'clinical'. Arguably, more importantly, however, they supported the formation of bridging social capital by introducing individuals to training, employment or other opportunities, which connected them to heterogeneous others. The exposure of a service user to new ideas appeared to be a key element in the process of identifying opportunities for connecting people and developing social networks. To do this effectively, a worker needed to be continuously thinking about potential opportunities as a component of everyday practice, and actively identifying opportunities when they arose.

Problematic connections

If service users are connected with people who are not conducive to their recovery this can affect their engagement with Connecting People and their recovery journey. It is therefore hoped that by mapping existing connections and making plans, Connecting People can support service users to identify individuals or places that are not supportive of their recovery and help them to identify and make new connections that can help steer them toward more positive people and activities.

Wider health issues

Some service users will have physical health problems and/or complicated external lives that may restrict the activities in which they can partake. Again, this is not a barrier to implementing Connecting People. The model is built around the service user and practitioner working together to identify realistic plans for the service user and then taking the necessary small steps to try out new activities or connections and to revise plans until they find an activity or group or new connection that they enjoy which is achievable with their physical health condition and also accommodating of other elements of their lives.

Bureaucracy

Inefficient or bureaucratic procedures can compromise practitioners' abilities to develop relationships with service users and their wider communities. Where such procedures can be streamlined to safely support implementation of Connecting People this will increase the potential for the benefits to service users, practitioners, and the organisation outlined above. From an organisational perspective, it is important to ensure that policies and procedures clearly support the implementation of Connecting People, as any contradictions could deter practitioners from using the model in their practice. It is important to also ensure that Connecting People is covered by the organisation's insurance policies.

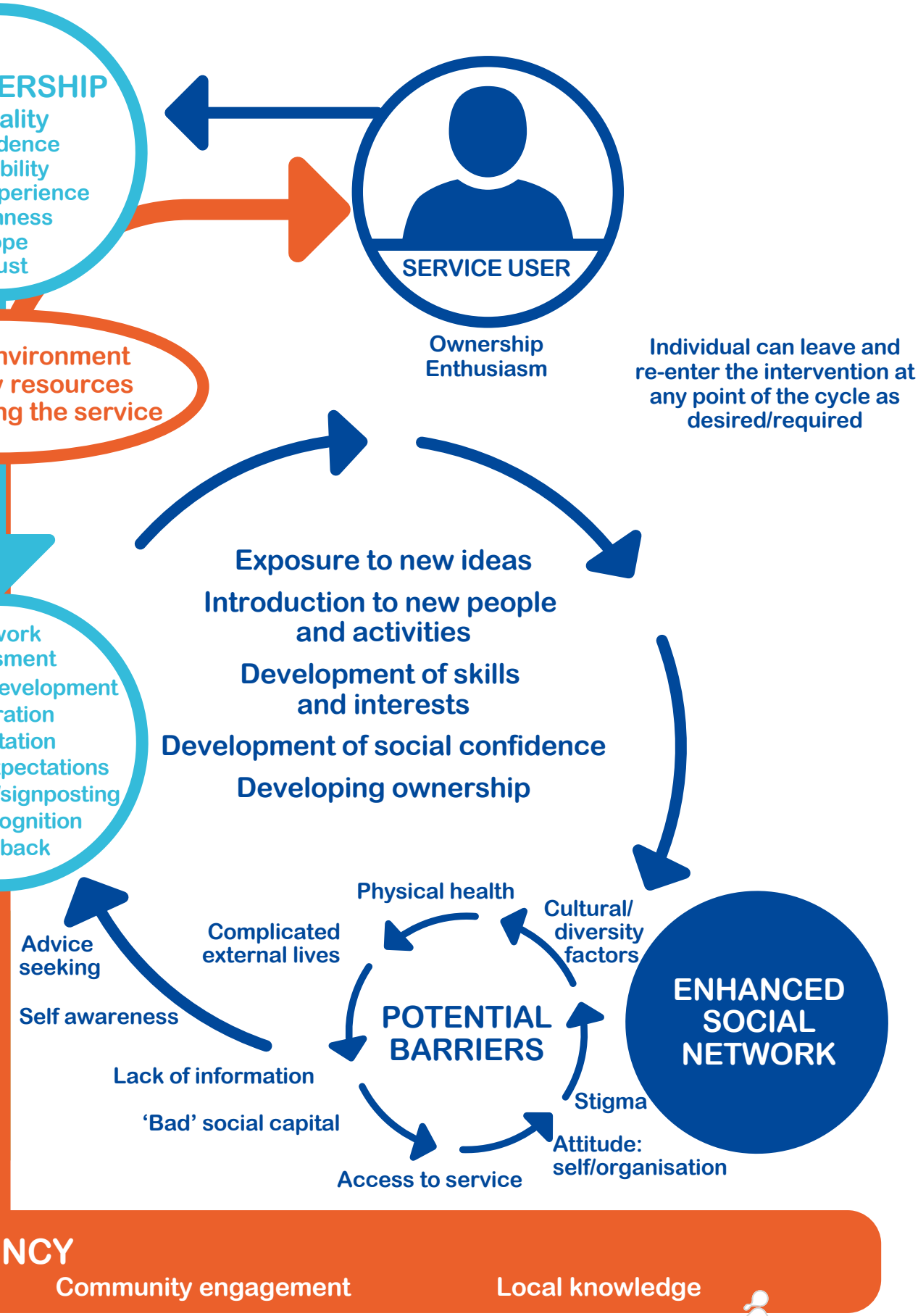
Working with other agencies

Practitioners should also draw upon other agencies to help further broaden ideas, opportunities and networks. This may include, for example, schools and leisure centres (who may notice individuals who appear to be lonely). Joined-up working and a move beyond silo-working can help facilitate more opportunities and access to social capital for more people. Indeed, some other agencies may also be (in)directly working to combat social exclusion or isolation and thus reciprocal learning may be possible. Organisational barriers can make it difficult for agencies to work together but there is potential for locally identified barriers to be raised and addressed at local forums, multi-agency meetings, and/or at local strategy board meetings, for example.

Understanding the model

The model can initially appear complex, which can lead some practitioners to misunderstand how it works. Connecting People is not prescriptive about what the practitioner should do at each stage of the process as it relies upon their professional judgement. Many


PRACTITIONER
Empathy
"Can-do" attitude
Natural networker
Building Relationships
Identifying opportunities
Fostering trust
Engaging with local community
Developing own networks and resources
Adapting to new ideas
Utilising contacts
ENHANCED SOCIAL NETWORK KNOWLEDGE
POTENTIAL BARRIERS
Lack of local knowledge
Attitude: self
Poor processes/ bureaucracy
Lack of resources eg time, funding
Extra support
Reassessment
Modelling of good practice
Skill sharing


ERSHIP
ality
dence
bility
perience
ness
pe
ust
SERVICE USER
Ownership
Enthusiasm
Individual can leave and re-enter the intervention at any point of the cycle as desired/required
nvironment
resources
ng the service
Exposure to new ideas
Introduction to new people and activities
Development of skills and interests
Development of social confidence
Developing ownership
vork
sment
evelopment
ration
tation
pectations
signposting
ognition
back
Physical health
Cultural/ diversity factors
Complicated external lives
Advice seeking
Self awareness
POTENTIAL BARRIERS
ENHANCED SOCIAL NETWORK
Lack of information
'Bad' social capital
Stigma
Attitude: self/organisation
Access to service
NCY
Community engagement
Local knowledge

standardised interventions clearly state what has to be undertaken on a session by session basis, but Connecting People starts and builds upon a service user's strengths to help to enhance their social connections. The co-production and shared decision-making in this model may initially be difficult for some practitioners to work with. However, the Practice Guidance and the training accompanying the model enables practitioners to understand their existing practice within the context of the model, therefore acting as a professional development tool.

Support from managers in the organisation

Whilst a lot of the hard work will be undertaken by frontline staff using their professional skills, existing local connections and in some cases based on personality, certain barriers can only be overcome by agreements and decisions made at the 'top' of the organisation. Practitioners cannot implement Connecting People by themselves, they require support from managers, the agency/organisation and the wider structure in which they are working. This may mean carving out additional time to work with service users on Connecting People; smoothing out or overcoming bureaucratic obstacles; providing a supportive environment in which practitioners can implement the model; and strategic working with other services to share information and resources where possible. Connecting People has been written in such a way that the whole organisation needs to own and take responsibility for it.

Connecting People can help NHS Trusts fulfil their obligations under Payment by Results. In particular, as Connecting People is focused on supporting individuals' recovery, it can help people to 'step down' from one care cluster to another. Although there is an investment of time in working with people to achieve network growth, it has long-term benefits for service users as to maintain their mental health and require less involvement of mental health services.

Any and all such considerations do involve a time element. However, they need to be tackled and overcome in order for the intervention cycle to progress and the individual, practitioner and organisation to reap the benefits of Connecting People. Whilst challenges may prevent individuals from moving continuously forward in a linear journey, plans can be put into practice by other means as suggested above.

Practicalities

The organisation should strive to support people to move on rather than be an overly nurturing, protective place. There are a number of practical steps that the organisation can take to support the implementation of Connecting People.

Training in Connecting People

Social care leads within each site will decide how best to implement Connecting People and train practitioners in the model. We suggest that whole teams are trained as far as is practicable, including social care workers, occupational therapists, community psychiatric nurses, support workers and any other practitioners in the team who are directly involved in the recovery process of service users. Practitioners will be trained in implementing Connecting People in their routine practice. The training could be delivered by external professional trainers or by practitioners within the team who are able to lead on implementing Connecting People within their organisation. Someone who is new to the Connecting People model can train others, but those who have previously used the model in their work are more likely to be comfortable in delivering the training. The training could be jointly delivered by service users, carers and practitioners as all are stakeholders in the model and need to feel equally valued. A Connecting People Training Manual accompanies this Implementation Manual and is also available online at ***www.connectingpeople.net***.

An important component of the training is the construction of a detailed implementation plan for the team, which accounts for its strengths and future priorities. Social care leads will be encouraged to work through these plans with their teams to ensure fidelity to the Connecting People model.

Introducing a Connecting People Champion

Organisations may wish to appoint/seek a volunteer to become the Connecting People Champion. This may be the social care lead, an occupational therapist or another practitioner

familiar with the model. The Connecting People Champion would become the 'go to' person for any queries relating to Connecting People and would develop greater expertise in this area. In recognition of this additional role and expertise, organisations may wish to consider offering a CPD certification to their Champion and/or accounting for the role in the individual's workload.

Establishing a Connecting People Implementation Group

To oversee and support the implementation of Connecting People in your organisation, we recommend the creation of a Connecting People Implementation Group. The purpose of the group will be to create an environment in which Connecting People can flourish. It will involve working to identify local challenges and working with the team and partners (as required) to deliver local solutions.

Membership of the group will vary between sites, depending, for example, on whether or not the teams are integrated health and social care teams. We suggest that the Implementation Group could include individuals with the following roles or experience:

- Consultant social worker / lead social worker
- Team managers
- Social care workers
- Two mental health service users
- Support workers
- Occupational Therapists
- Psychiatrist
- Psychologist
- Nurses
- Commissioning
- Learning and development officers

The Implementation Group should meet regularly, perhaps monthly in the initial phase. In addition to full meetings of the implementation group, sub-groups could be created, each responsible for different elements of the implementation, for example a training sub-group to oversee the staff training, a monitoring sub-group to ensure that staff are using Connecting People with high fidelity, a sub-group responsible for overseeing liaison with external agencies, and so on.

Supervision

Connecting People is based upon the social model and the core values of social work and social care. As such, the concepts involved in Connecting People should not be new to the staff team. However, in order to build upon the evidence base for the model it is imperative that practitioners are faithful to the model and follow the Practice Guidance with high fidelity. It may therefore be necessary to provide additional supervision to staff during the early phase of the implementation, when Connecting People is becoming embedded in practice. Those who provide supervision will benefit from having attended the Connecting People training (see above).

Utilising existing staff and resources

Pressures and limitations upon time and resources further perpetuates the need for organisations to utilise their existing staff and resources. Support workers who perhaps spend more time with a service user may have a good insight into the individual's interests, existing networks and what is available in the local community. There may be local directories (print or online) that list local events, activities and resources; these could provide a useful starting point if the organisation does not already produce one. Other local services may have a directory that could be accessed. Local commissioners may also be able to provide details of locally commissioned services.

Impact on the team

The impact of Connecting People on the resources and workload of the team will depend upon numerous factors, including caseloads; staff vacancies and capacity; the extent to which existing staff and resources (including any local directories) can be accessed and utilised; the identification of local barriers and local facilitators to implementing Connecting People (see above); and a 'can-do' attitude amongst both staff and the organisation.

4. FREQUENTLY ASKED QUESTIONS

Staff don't have the time or resources to implement Connecting People, so can we opt out?

It is critically important to further develop the evidence base for approaches that support mental health service users to access and develop their social capital as this can improve both physical and mental health[5-7]. Social care workers' frustrations at a lack of time or resource to implement Connecting People are issues to be addressed by the organisation rather than individual social care workers. Staff need to be supported in this way of working by their managers, the agency and the wider structure in which they are working. This is why an implementation manual has been produced – to support senior managers to provide 'organisational readiness' for the challenge ahead, thereby ultimately supporting the fidelity of the intervention and strengthening the evidence base. The intervention model, and hence this implementation manual, has been written in such a way that the whole organisation needs to own and take responsibility for it. For these reasons, for sites that have signed up to Connecting People opting out is not an option. The organisation needs to work together to make this work.

Which service users should be the focus of Connecting People?

There are no barriers to which service users can take part in Connecting People. The approach is suitable for individuals with a variety of mental health conditions. However, the focus should be on those aiming for recovery, during the stabilisation phase, not those experiencing an acute mental health crisis/episode.

Staff already support service users to increase their social activities and social capital, so why does the organisation need to use Connecting People?

To many social care workers, Connecting People will be common sense. Many social care workers will be working with service users to increase their access to, participation in, or maintenance of, social activities in the knowledge that this can lead to improvements in the service user's mental health. However, Connecting People is the only approach that provides practice guidance and reliable sources of information around how to help people develop their own resources and their social capital. Prior to the original Connecting People study there was nothing in research literature about the effectiveness of any such approach, even though there was a history of such approaches in practice. The previous study demonstrated the positive impact that the Connecting People approach can have on individuals with mental health problems; however, the majority of the benefit was identified within third sector agencies. There is thus a need to further develop the evidence base in relation to statutory health and social care services; to develop and test better guidance and support for those services, to ultimately provide the best opportunities to increase the social networks and thus the social capital of mental health service users. It is therefore imperative that staff use the evidence-based Connecting People approach to support service users and to further develop the evidence base for use of such approaches in statutory mental health services.

(FAQS)

What is meant by 'social capital'?

The term 'social capital' refers to access to the resources of other people in our social networks. These are resources that an individual can use/ share to support them in their own lives. Examples are many, but include access to people who can share useful information, for example around health-related behaviours or interventions; people who can provide support around job vacancies or opportunities; and people perhaps of a higher socioeconomic status who can help or intervene with various issues on the individual's behalf. Individuals may lose some of their social capital through, for example, long periods of illness which may be linked to unemployment, stigma, discrimination, loss of social contact. Research has shown that social capital is good for your physical and mental health. The purpose of Connecting People is to improve people's access to social capital.

APPENDIX A

An overview of the evidence base relating to social capital and connectedness

There is increasing evidence to suggest that rather than simply building social contacts and relationships within a network, it is important for interventions to emphasise the quality of relationships and having meaningful social roles outside the formal mental health system[19]. Individuals need to receive the benefits of social interaction and to believe that their contribution to the relationship is valued[20]. One of the underpinning rationales for social work and social care is to support people to enhance their access to others. Recovery is about the individual recovering their life, and social connections are a part of that. Although some social care workers help people build relationships and strengthen their connections with their local community[21], this is afforded a low priority by many[22]. There is good evidence that positive and supportive social relationships are associated with well-being[23-26]and that practitioners should aim to enhance individuals' networks to provide this[27-28]. However, there is limited evidence about social interventions, which assist people with mental health problems to enhance their social networks[29-30].

Despite the evidence linking social networks to improved mental and physical health, there remains a gap in mental health service provision between providing treatment and effectively addressing psychosocial well-being. Systematic reviews[29,31] have identified that one potential way of addressing this gap is by utilising social interventions which link people beyond mental health services to community-based sources of support. Social interventions aim to balance service users' needs, assets and the ability of mental health services to deliver appropriate, holistic support by engaging with the voluntary and community sector, where many services such as interest-based classes and support groups are provided. Accessing a broad range of community-based services is increasingly identified as having the potential to address the limited 'one-size-fits-all' approach to managing long-term conditions[32]. Diverse social connections enhance the resourcefulness of an individual's network, reduce isolation and support recovery from mental health problems[12,26].

APPENDIX B

An overview of the evidence base for Connecting People

Connecting People has been developed following a systematic search of social participation interventions in 14 countries which highlighted gaps in the evidence base[29], and then led to a two-year pilot study of practice in six health and social care agencies[17]. Connecting People has taken the best bits from several organisations and combined (or improved) them with the input from a co-production working group consisting of experts by experience, practitioners and researchers.

In the pilot study[17], the Connecting People programme was developed and then tested over a nine-month period. The research took place within a range of settings: NHS mental health services (with mental health professionals and support time and recovery workers in early intervention in psychosis teams, social inclusion and recovery services); Housing support (supported housing and floating support workers); and Third sector organisations (social enterprises, and voluntary organisations). The research consisted of semi-structured interviews and observations of practice and focus groups conducted with a sample of 150 practitioners, service users, managers and commissioners. The pilot study found that in agencies where Connecting People was implemented more fully, people experienced better social outcomes over a nine-month period. Specifically, they had access to more social resources from within their networks, such as advice, information, or practical support from the people they knew. Also, they felt more included in society than those in agencies where Connecting People was only partially implemented. Partial implementation occurred when there was minimal engagement with the services users' local community; strengths and goals of service users were not fully assessed; or when practitioners were minimally involved in supporting service users to develop and maintain their social relationships, for example.

Service use and the costs associated with this decreased for all participants receiving some level of Connecting People during the nine-month study period. Additionally, those who were in agencies where Connecting People was implemented more fully had lower costs throughout the study period. These participants also had higher 'quality-adjusted life-years' (QALYs), which indicates that Connecting People improves outcomes at a lower cost when implemented more fully. It is important to note that all but one of the agencies which implemented Connecting People more fully were in the third sector, where service costs tend to be lower than in the statutory sector and individuals' needs are also likely to be different. Implementation of Connecting People in the local authority and NHS sites was hampered by the lack of work capacity among social care practitioners to engage with the model. Their work was affected by performance targets, reconfigurations, public sector funding cuts and a focus on statutory roles and functions (prior to the implementation of the Care Act 2014). If Connecting People is to be effective in statutory agencies, social care practitioners need to be adequately supported to undertake community-oriented or community development work.

The findings suggest that when Connecting People is implemented fully, the outcomes will include an enhancement in the individual's social network, thereby increasing their access to social capital. In addition, the service user may experience an increased social confidence and participate in more social activities, which may also improve their wellbeing. These activities are ideally activities based on shared interests within the local community rather than being confined to health or social care services. The person may also deepen their existing relationships, more closely align their activities to their talents, and increase their own contribution to the lives of others. Additionally, the practitioner may develop their community knowledge and improve the ways that they network and interact with others. Connecting People is not a prescriptive and linear process. The nature of social network development means that it can be quite spontaneous and occur at any time during the intervention. Connecting People brings together the factors which our findings suggest are necessary to help make it happen. The pilot study helped us to identify practice components which appear effective. The modelling of these components has assisted the development of Connecting People, which can be used to support workers in improving outcomes for service users [17].

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