

Evaluation of the Connecting People Intervention: A Pilot Study

KEY POINTS FROM THE RESEARCH

- Social networks can be enhanced by social and health care workers to improve outcomes for service users.
- When the Connecting People Intervention model is fully implemented it improves social outcomes for service users at no greater cost than when it is only partially implemented.
- Implementation of new models and working practices need to be fully supported by employers to maximise their effectiveness, such as by integrating them into team meeting discussions or clinical supervision sessions.
- Performance targets, service reconfigurations, public sector cuts and the wider austerity environment hamper innovation for service improvements.

BACKGROUND

Social networks can help people to feel included within society and can support their recovery from mental distress. As a means of enhancing social networks, social participation in wider community activities and networks is increasingly being recognised as important for health and mental well-being (e.g. Iwasaki *et al.* 2010).

Developing social networks that promote health and well-being has been endorsed as a key priority for adult social care in England, as in many other countries which have enacted legislation promoting more socially

A key Government policy is to increase the involvement of communities in the provision of adult social care. This reflects a shift away from public service provision in the context of austerity, but also recognises the importance of people living with, for example, mental health problems or a learning disability developing social relationships and engaging with their communities (either geographical, online or interest-based). However, there is limited research evidence of the effectiveness of practice models or frameworks to assist practitioners to help people to develop their social networks and engage with their communities.

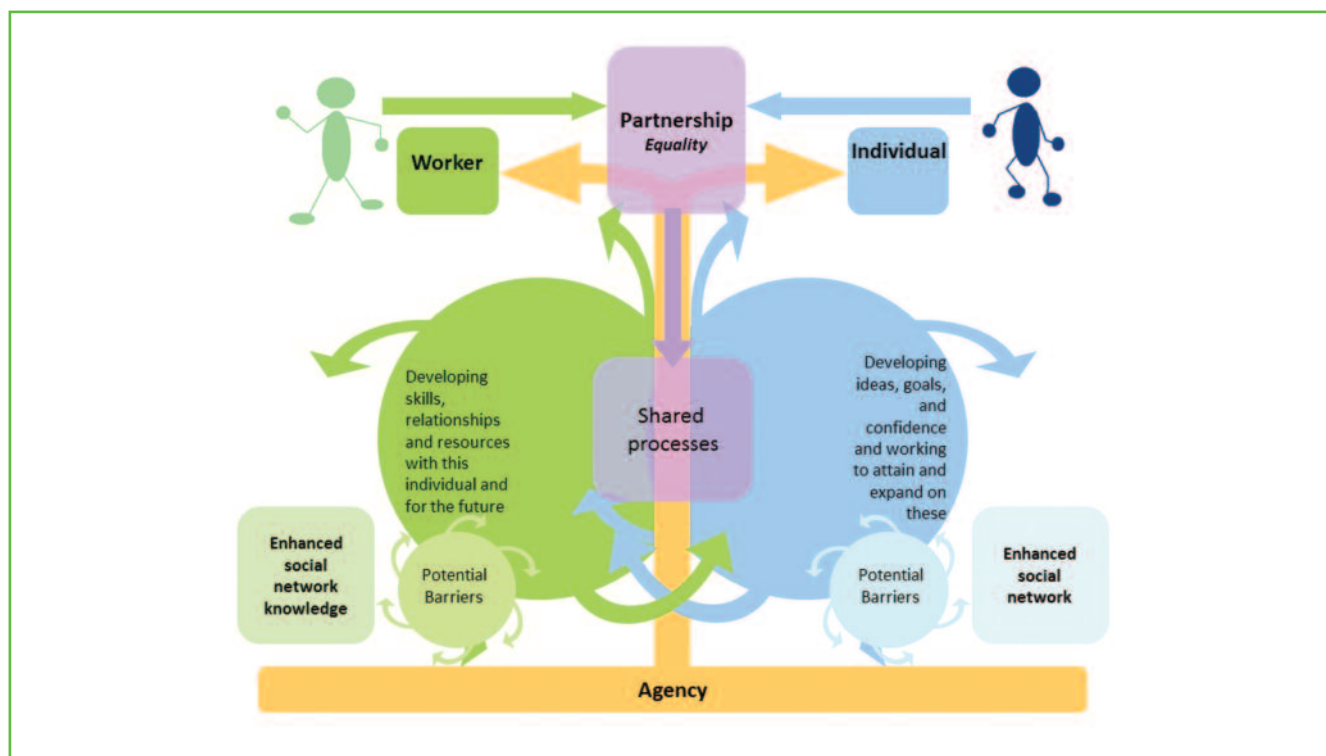
The Connecting People Intervention (CPI) was developed out of a SSCR-funded study of social care practice in England (see www.sscr.nihr.ac.uk/PDF/Findings/RF3.pdf). It provides a framework for practitioners to support isolated people to engage with their local communities and enhance their social networks. The CPI model was piloted to evaluate its effectiveness and cost-effectiveness with adults with mental health problems and adults with learning disabilities. This study used multiple methods to also evaluate how the intervention model was used in diverse health and social care agencies across England.

inclusive policy and practice (Fiorillo *et al.* 2013, Department of Health 2011). The Care Act 2014 emphasises the duty for local authorities to enhance service user participation as a means to improve care provision, including an individual's contribution to society. However, there is a lack of evidence about which approaches are the most effective to do this or are best value for money.

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The Connecting People Intervention model



In a linked scoping study, three systematic reviews of the literature were undertaken to identify studies which evaluated interventions to enhance the social participation of adults and older adults with mental health problems (Newlin *et al.* 2015; in prep.) and learning disabilities (Howarth *et al.* 2014). The reviews concluded there is a gap in knowledge about effective social interventions for enhancing social participation, and that the strength of current evidence is inadequate to inform adult social care practice.

This study sought to pilot and evaluate the effectiveness and cost-effectiveness of the Connecting People Intervention (CPI) in improving social participation and well-being, developed out of a SSCR-funded study of social care practice in England.

FINDINGS

The Connecting People Intervention (CPI) was piloted in fourteen social and health care agencies in England from both the third and statutory sectors to evaluate its effectiveness and cost-effectiveness in enhancing the social participation of people with mental health problems or a learning disability.

The study team assessed the extent to which agencies were able to implement the CPI model and found that people in agencies where it was implemented more fully had better social outcomes over a nine-month period. Specifically, they had access to more social resources from within their networks, such as advice (e.g. about money problems or employment), information (e.g. about local council services or health and fitness), or practical support (e.g. lending money or help around the house) from the people they knew. Also, they felt more included in society than those in agencies where the CPI model 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 CPI during the nine-month study period. Additionally, those who were in agencies where the CPI model was

implemented more fully had lower costs throughout the study period. These participants also had higher 'quality-adjusted life-years', which indicates that the CPI improves outcomes at a lower cost when implemented more fully. However, it is important to note that all but one of the agencies which implemented the CPI more fully were in the third sector, where service costs are lower than in the statutory sector and individuals' needs are also likely to be different.

The research findings indicate that when the CPI model is integrated more fully into social care practice, service users are supported to develop and maintain social relationships with family, friends and members of the local community as appropriate to their needs and wishes. Members of staff who are well-trained, supported and supervised can develop their practice and an agency's services so that it becomes fully integrated with the CPI model. In the agencies observed to be implementing the model more fully, there was a greater focus on the partnership between workers and service users. This enabled people to form new relationships and support existing relationships with friends and families. Discussions about individual strengths and interests, goal setting, and making plans toward achieving these – all important elements of the CPI model – were more apparent in the agencies which more fully implemented the model.

Most of the staff interviewed for the study responded positively to the CPI model, and in many ways felt that it espoused and validated the work they were already doing. Although they felt they were doing this work, only by implementing the model could better outcomes be achieved, and it was clear that the ethos of the agency influenced the adoption of the model by workers. For the CPI model to be more fully implemented, new ways of working need to be fully embraced by agencies. This requires on-going training, supervision and leadership within agencies, which appeared easier to achieve in the third sector. The implementation of the CPI model in the local authority and NHS sites was hampered by the lack of work capacity among

staff to engage with the model. Their work was affected by performance targets, reconfigurations, public sector funding cuts and the wider austerity environment. If the CPI is to be effective in statutory agencies, workers need to be 'given permission' to undertake community-oriented or community development work, and for their job roles to be amended accordingly.

Personalisation can facilitate the process of connecting people, but eligibility thresholds for personal budgets are high, which restricts access to them for many people recovering from mental health problems. It also requires workers to be creative in care planning to consider how needs could be met within communities rather than services. Many participants in the study lacked money to undertake even inexpensive activities in the community, which presented a significant barrier to their social participation. It is possible that creative use of personal budgets could facilitate this. Also, fundamental needs such as housing were more important for some people than enhancing their social connections. It appears likely that the CPI model works best where people have their fundamental needs met and are financially stable as social participation is not always cost neutral.

The findings of this study suggest that policy makers, commissioners and senior managers in provider services need to re-orientate social and health care services to be more focused on the communities in which they are located. While this appears to be the intention of many agencies, this study found that statutory services are some way from achieving this goal. Recent position papers (e.g. Allen 2014) have stated that mental health social workers have an important role to play in working with communities as well as individuals, but statutory services need to re-orient their practice to facilitate this.

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Additional publications about the Connecting People Intervention

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Webber M, Reidy H, Ansari D, Stevens M, Morris D (under review). Developing and modelling complex social interventions: introducing the Connecting People Intervention, *Research on Social Work Practice*.

Webber M (2014) From ethnography to randomised controlled trial: An innovative approach to developing complex social interventions, *Journal of Evidence-Based Social Work*, 11, 1–2, 173–182.

ABOUT THE STUDY

A scoping review identified agencies that were willing and able to implement the intervention with adults with a learning disability and adults with a mental health problem. People with any diagnosed mental health problem were eligible for inclusion in the study, although people with dementia were excluded as the CPI needs additional testing with this group.

The CPI was piloted in 14 agencies from local authorities, the NHS and the third sector across England. The research team worked closely with participating agencies to support the implementation of the CPI model in their practice. This involved providing comprehensive two-day CPI training and ongoing support throughout the duration of the study.

New referrals to the services were interviewed at baseline (n=155) and nine-month follow-up (n=116), capturing quantitative and qualitative data to evaluate the extent to which the CPI is effective and represents good value for money in helping people to improve their social participation and well-being. The study team selected and interviewed key workers (including supervisors, managers and frontline workers) from each agency (n=39) who provided an informed perspective on the implementation of the CPI in their team or agency.

Interviews were transcribed and triangulated, and data were analysed as an iterative process throughout data collection using the constant comparative method in grounded theory. Fidelity to the intervention was evaluated by triangulating responses to a structured interview administered to service users and practitioners with researcher observations of practice within different health and social care agencies.

Full information about the Connecting People study, including an animated model, the practice guidance and training materials, and information on additional publications can be found at www.connectingpeoplestudy.net.

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