

The Connecting People Intervention

Enhancing Social Connections and Wellbeing of Adults with Mental Health Problems or a Learning Disability

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Background

Care Bill [HL]

[AS AMENDED IN PUBLIC BILL COMMITTEE]

CONTENTS

PART 1

CARE AND SUPPORT

General responsibilities of local authorities

- 1 Promoting individual well-being
- 2 Preventing needs for care and support
- 3 Promoting integration of care and support with health services etc.
- 4 Providing information and advice
- 5 Promoting diversity and quality in provision of services
- 6 Co-operating generally
- 7 Co-operating in specific cases

Meeting needs for care etc.

- 8 How to meet needs

Assessing needs

- 9 Assessment of an adult's needs for care and support
- 10 Assessment of a carer's needs for support
- 11 Refusal of assessment
- 12 Assessments under sections 9 and 10: further provision
- 13 The eligibility criteria

Charging and assessing financial resources

- 14 Power of local authority to charge
- 15 Cap on care costs
- 16 Cap on care costs: annual adjustment
- 17 Assessment of financial resources

Duties and powers to meet needs

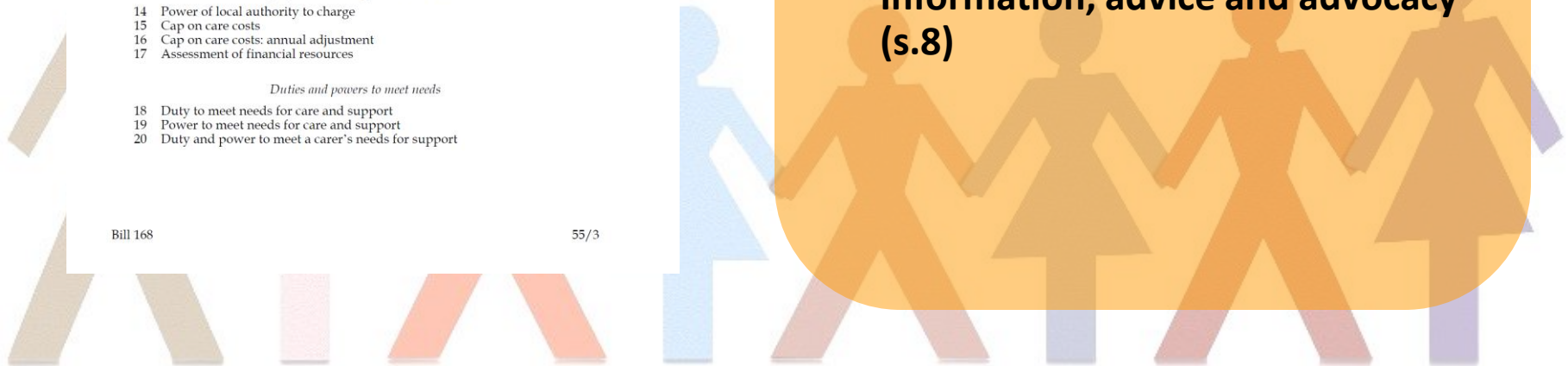
- 18 Duty to meet needs for care and support
- 19 Power to meet needs for care and support
- 20 Duty and power to meet a carer's needs for support

Care Bill (2014)

Duty for local authorities to promote individuals' well-being, which includes an individual's contribution to society (s.1)

Examples of what may be provided to meet needs:

- **Care and support at home or in the community**
- **Information, advice and advocacy (s.8)**



Background

Roles and Functions of Social Workers in England

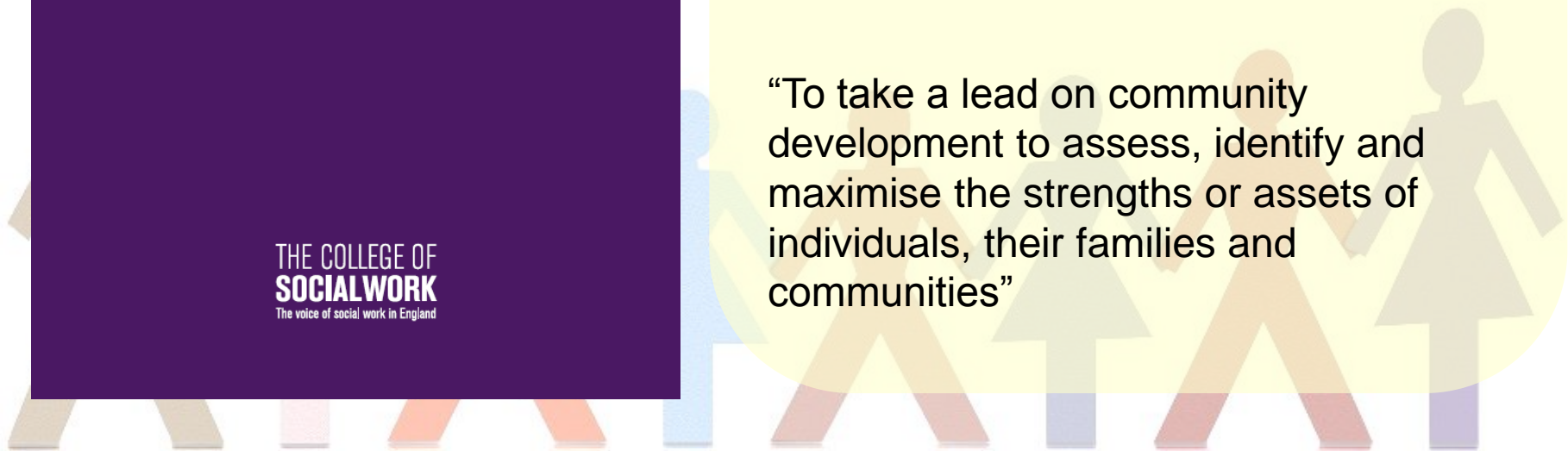
Advice Note

THE COLLEGE OF
SOCIALWORK
The voice of social work in England

Reserved roles and functions of social workers in England (adults)

“When making social, professional and community networks, systems and resources work for individuals and families who might otherwise be socially excluded, not reach their potential, or be at risk in their absence”

“To take a lead on community development to assess, identify and maximise the strengths or assets of individuals, their families and communities”



Background



CONNECTED COMMUNITIES

How social networks power and sustain the Big Society

Jonathan Rowson, Steve Broome and Alasdair Jones
September 2010

RSA Projects

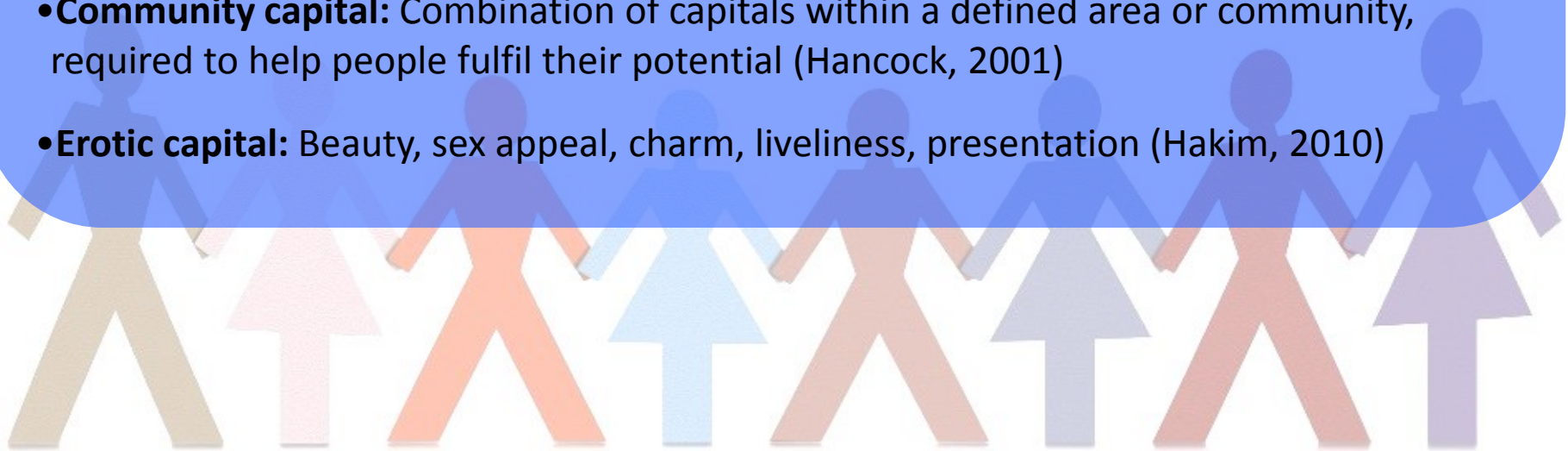


RSA Connected Communities

- An example of an initiative which links policy agendas
- Investigates how services can mobilise networks to support people
- Explores how solutions can be co-produced external to services
- Connecting People Intervention is complementary– facilitating services to be more outward-facing

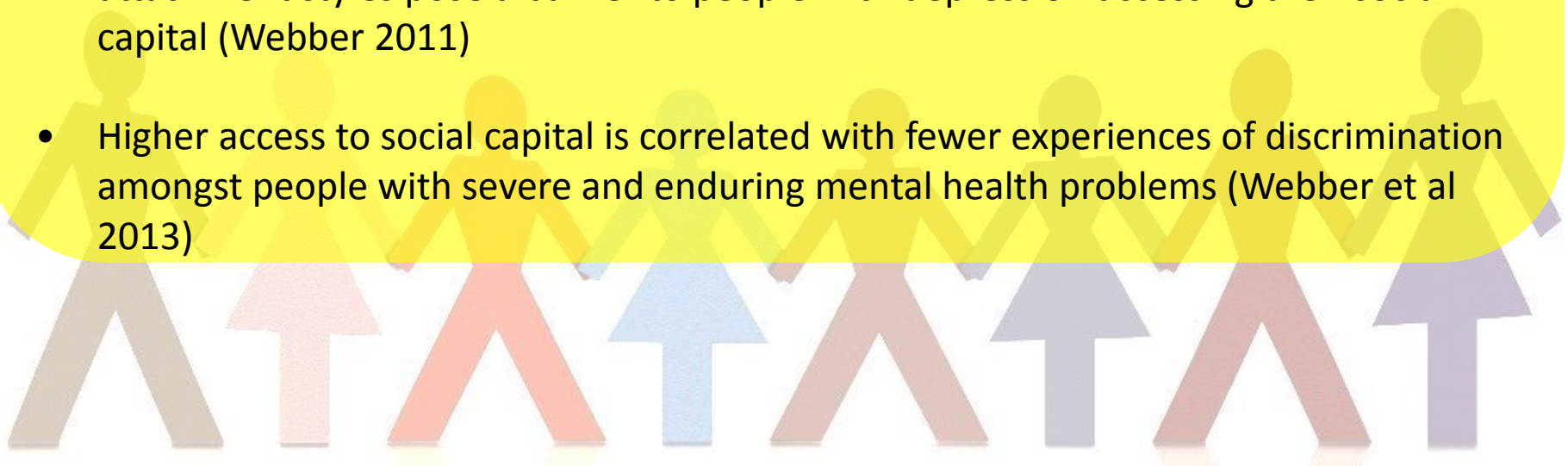
Background

- **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)



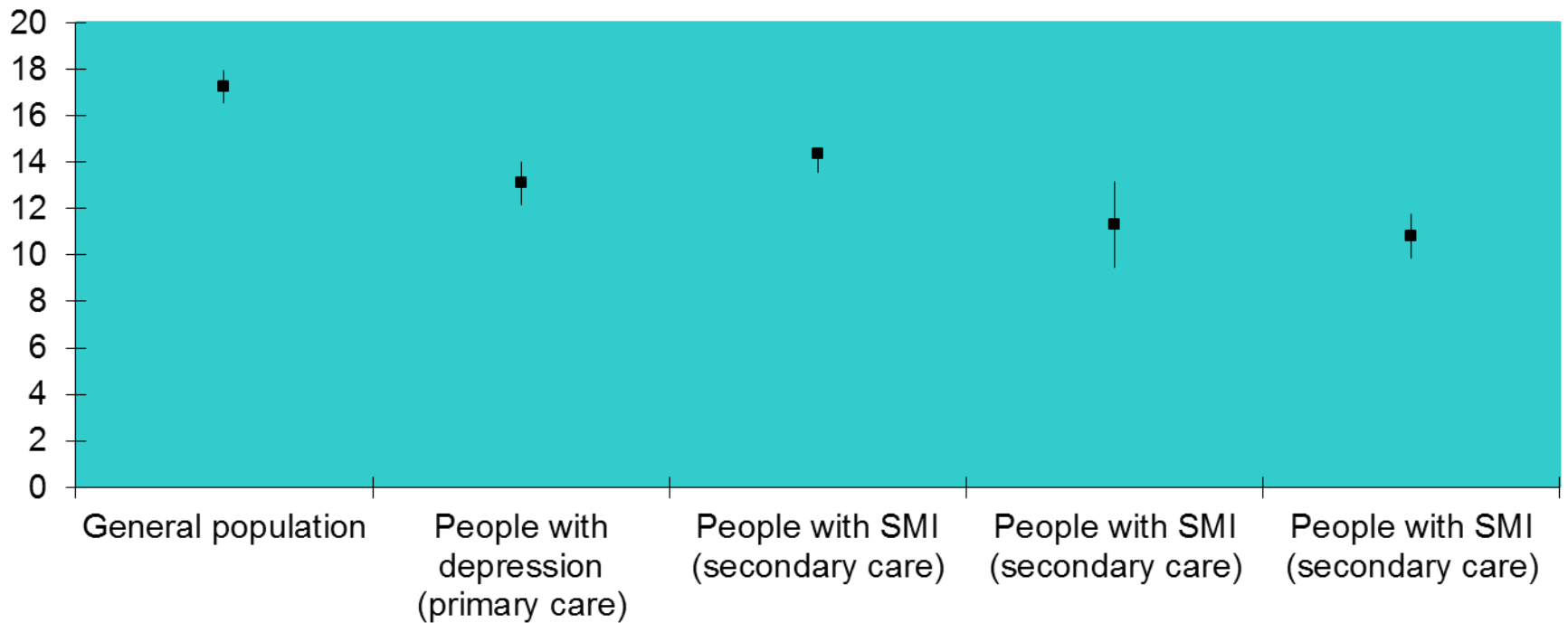
Background

- 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 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 2013)



Background

Access to social capital



Background

NICE National Institute for
Health and Care Excellence

Psychosis and schizophrenia in
adults: treatment and management

Issued: February 2014 last modified: March 2014

NICE clinical guideline 178
guidance.nice.org.uk/cg178

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

- family interventions
- vocational rehabilitation
- NOT social skills training

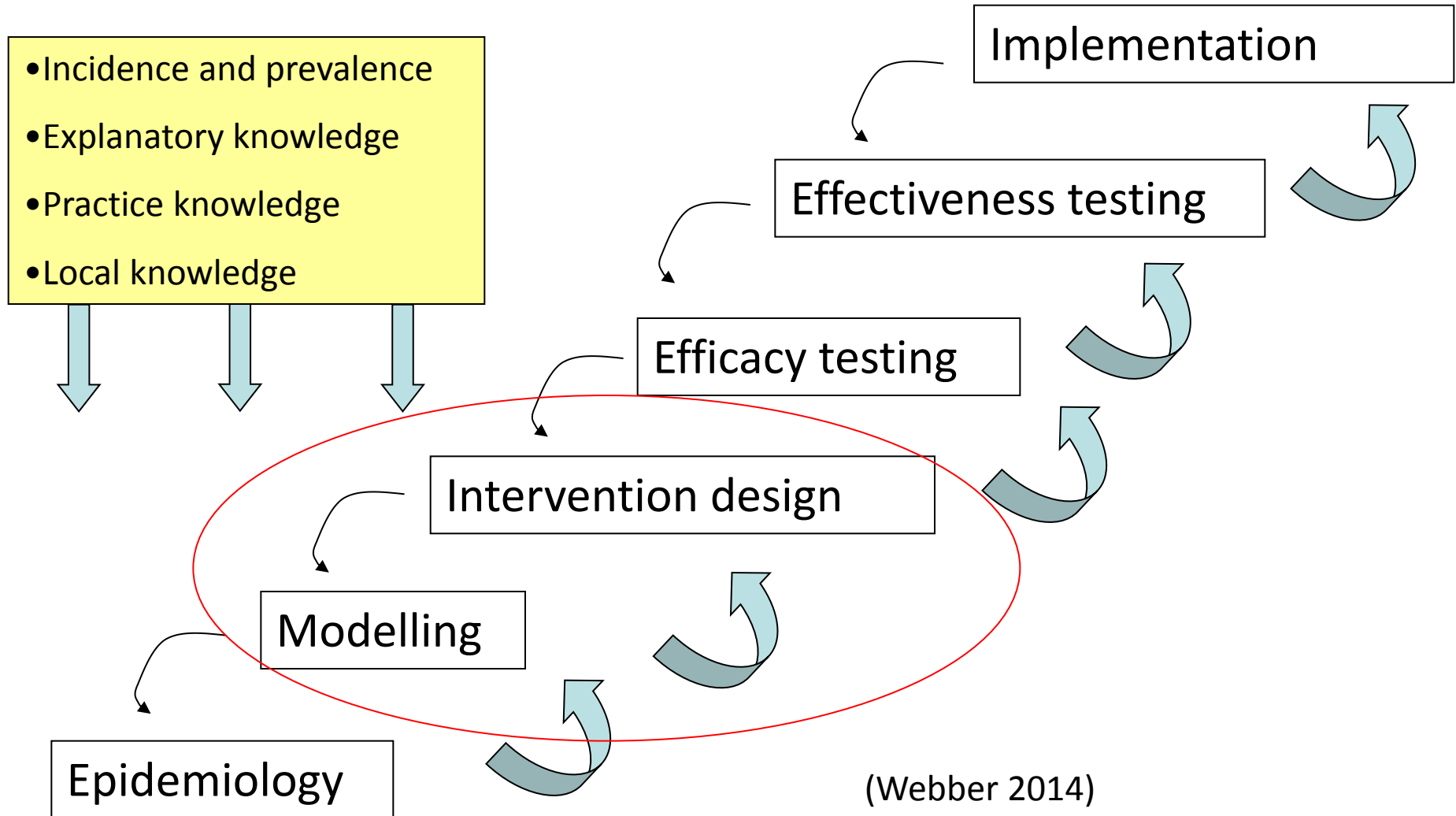
(nothing about connecting people or
engaging with local communities)

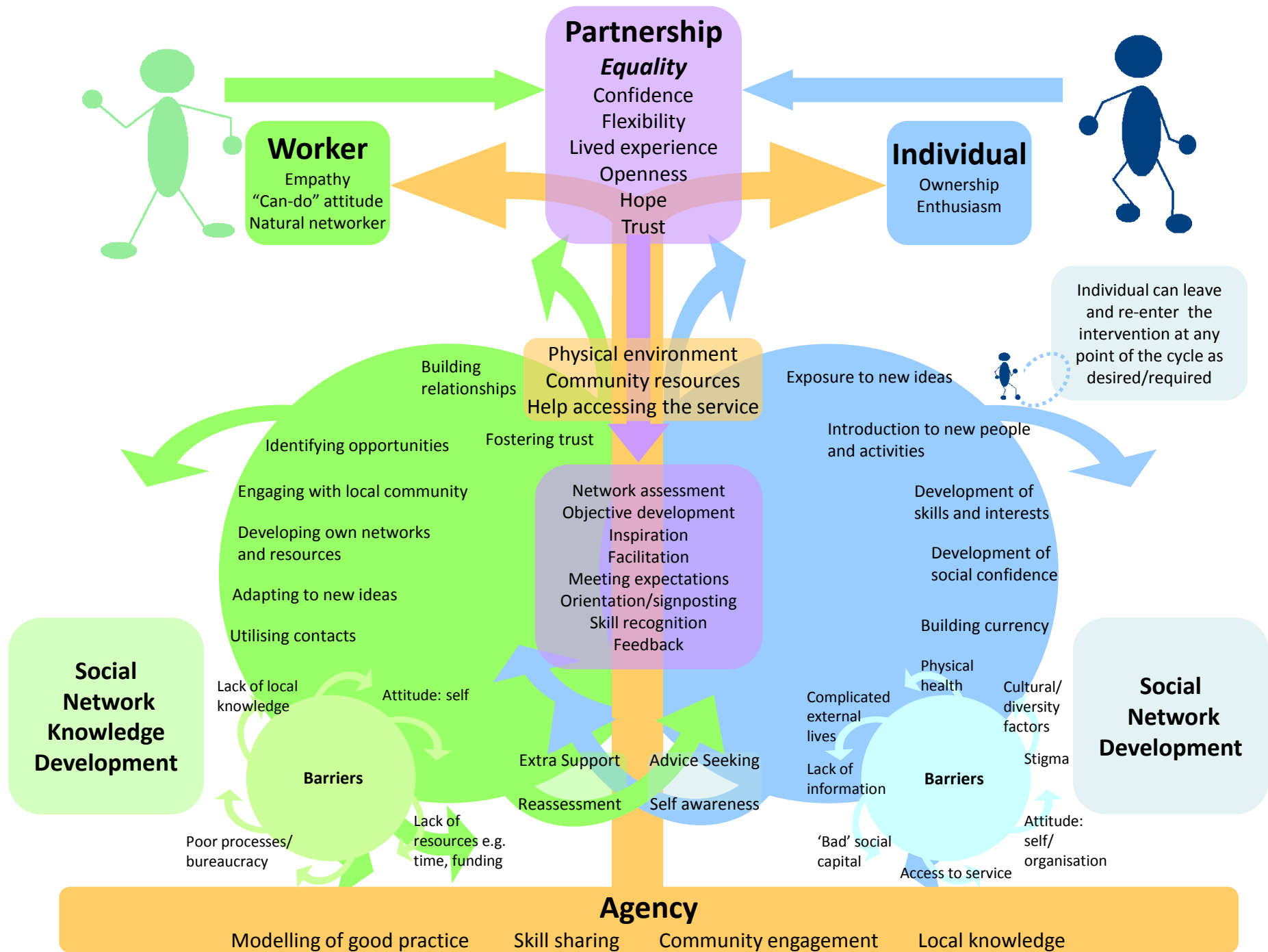
NICE has accredited the process used by the Centre for Clinical Practice at NICE to produce guidelines. Accreditation is valid for 5 years from September 2009 and applies to guidelines produced since April 2007 using the processes described in NICE's 'The guidelines manual' (2007, updated 2009). More information on accreditation can be viewed at www.nice.org.uk/accreditation

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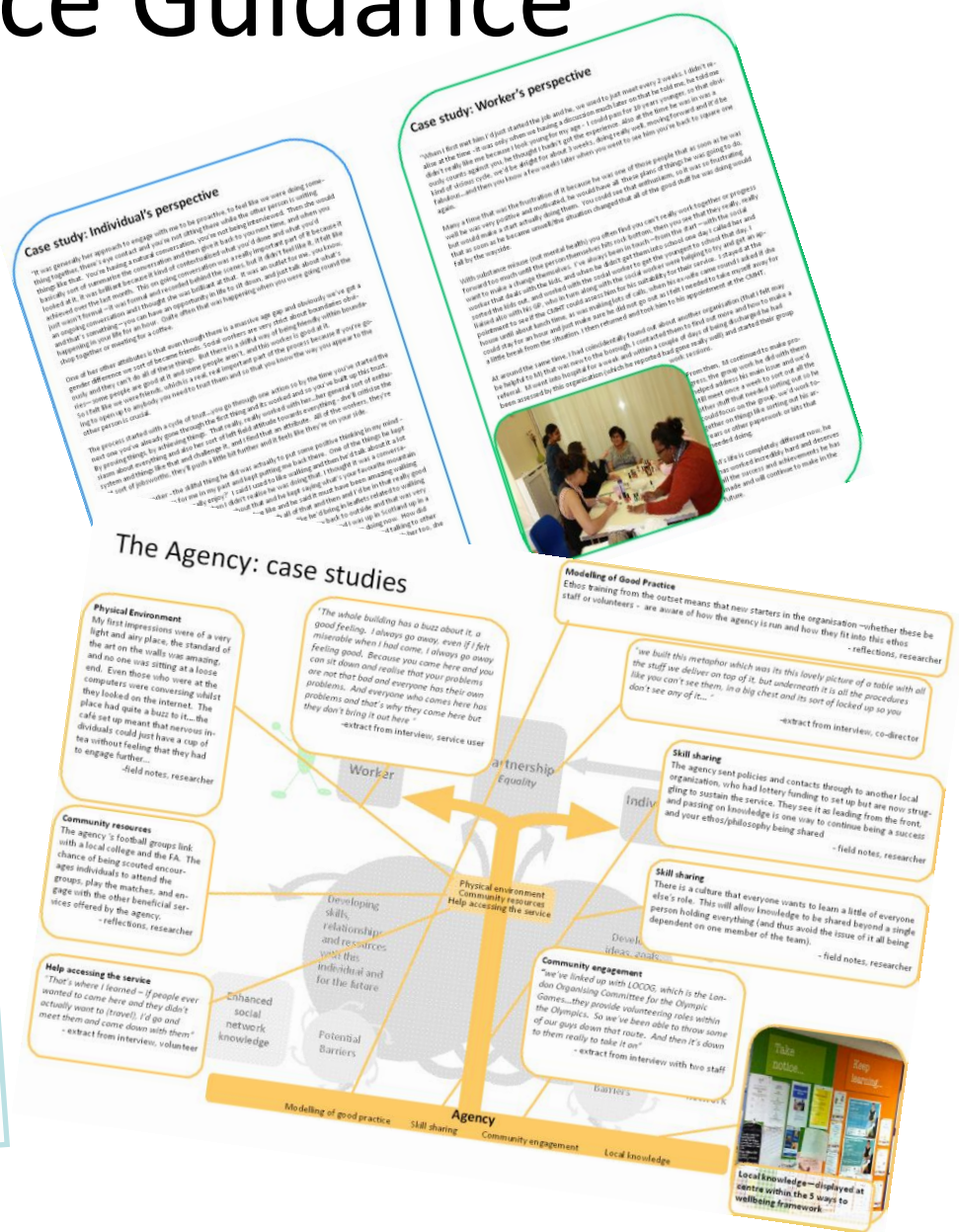
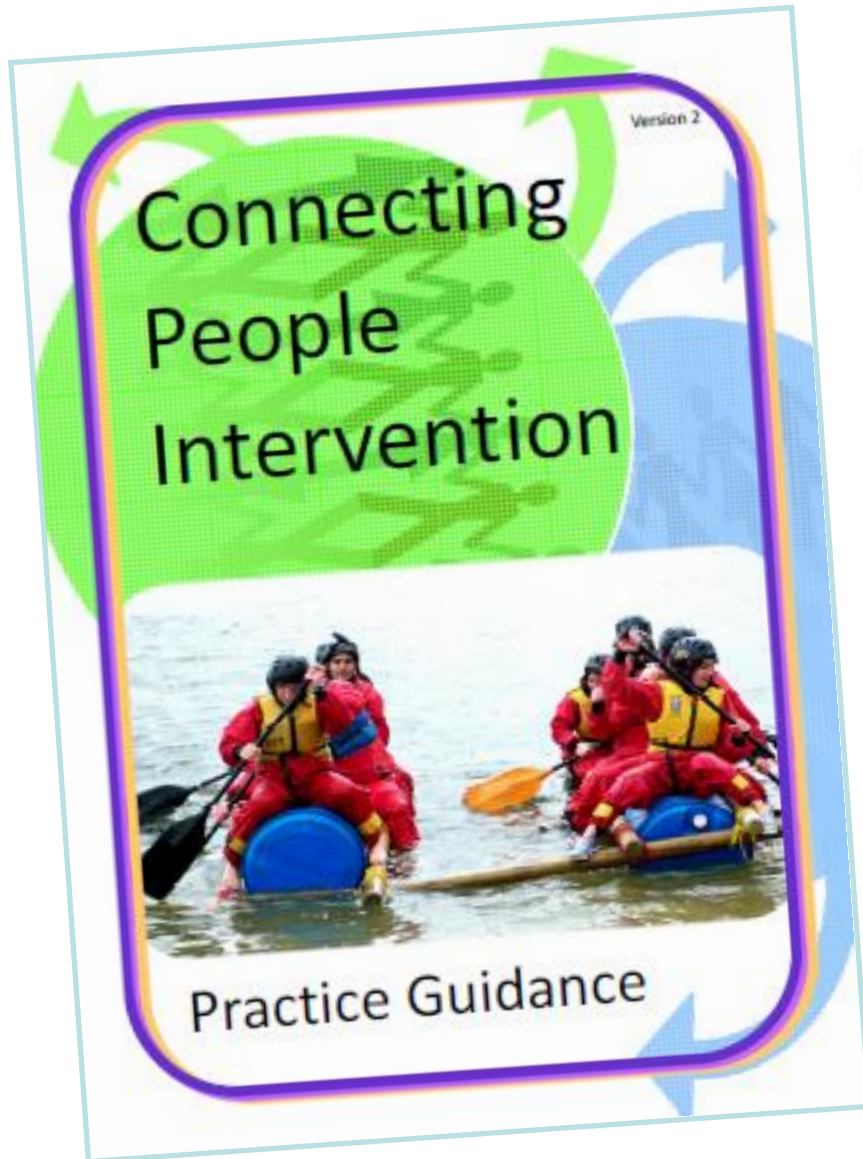


Social intervention development

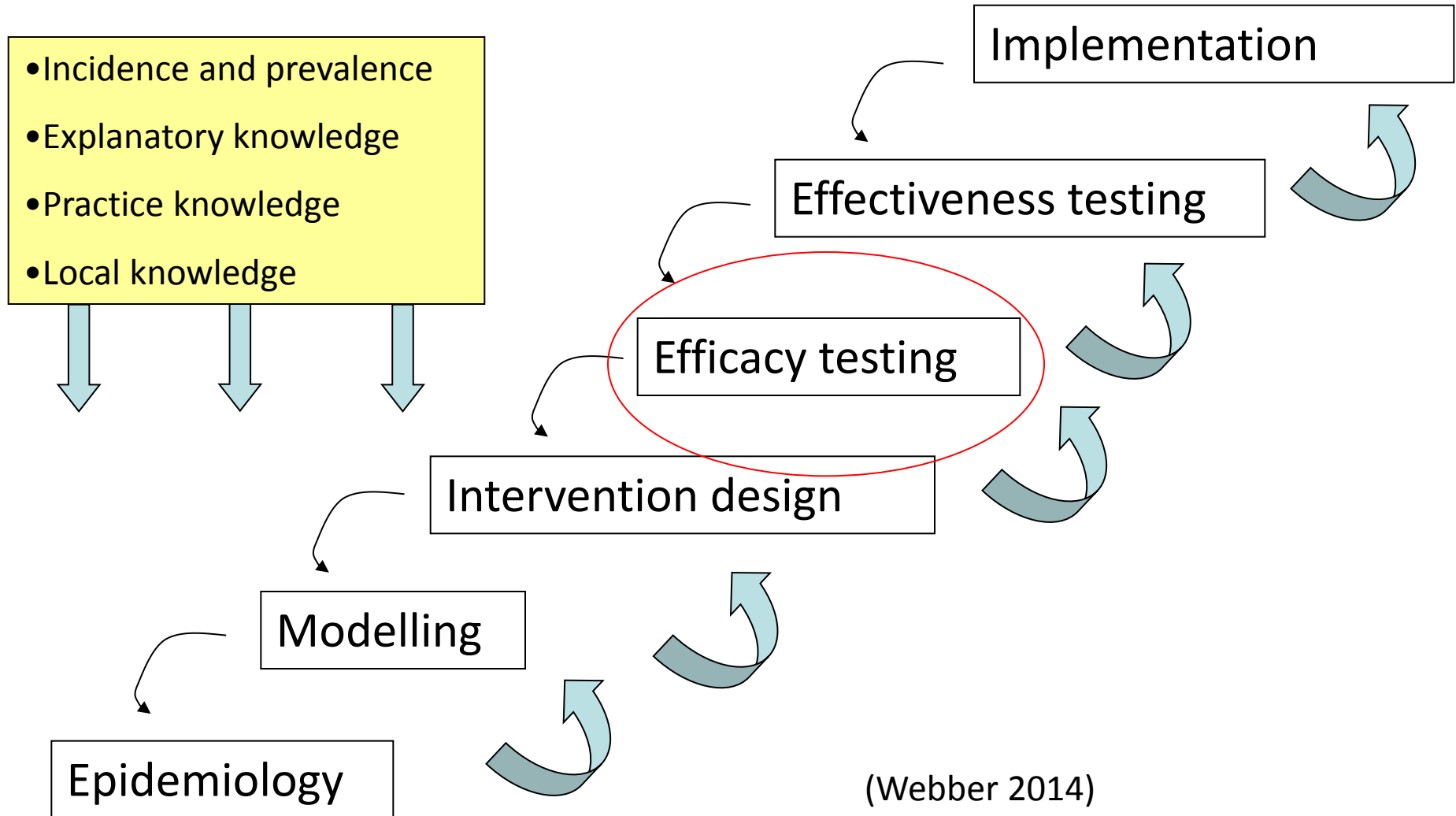




The Practice Guidance



Social intervention development



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

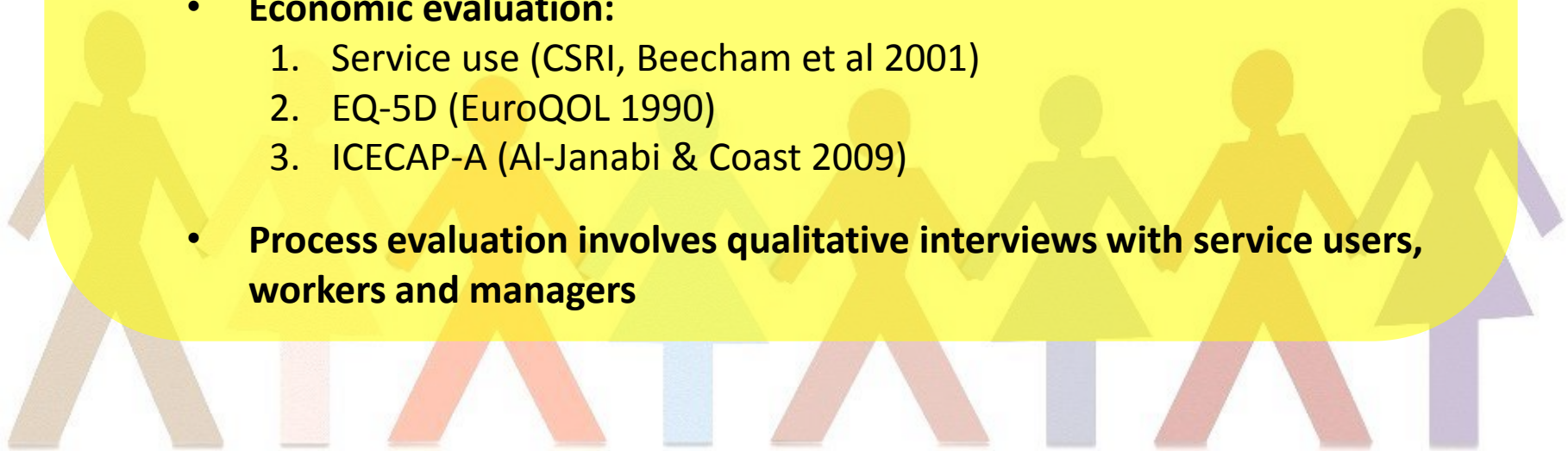
Main Outcomes:

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

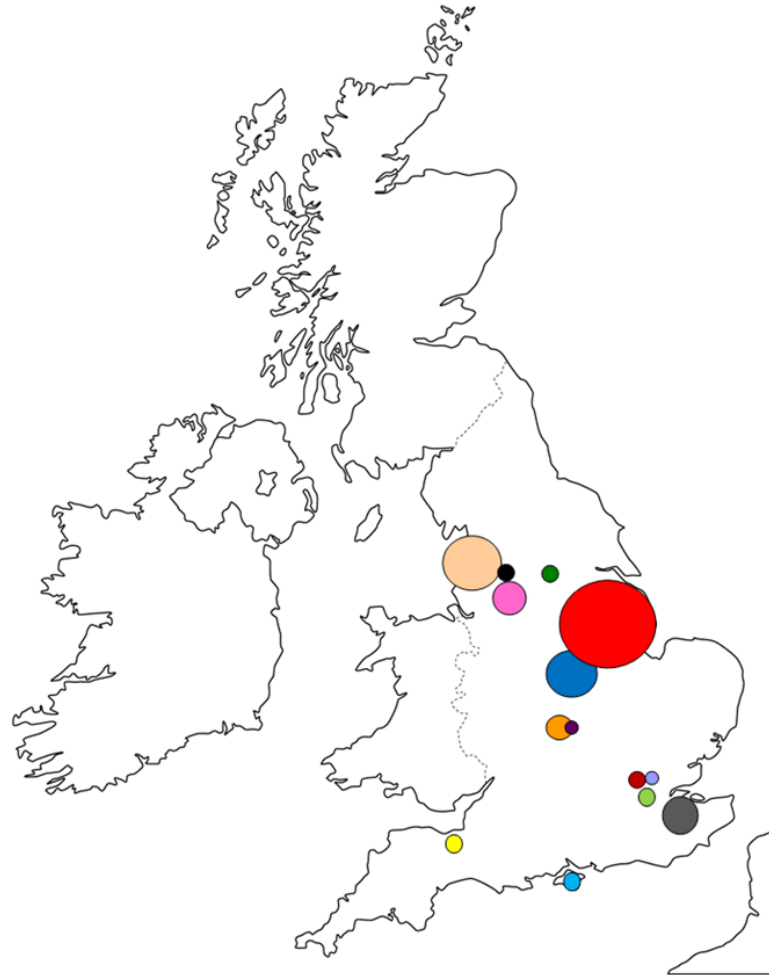
Method

Quasi-experimental study to pilot intervention

- **Potential confounding factors:**
 1. Socio-demographics
 2. Attachment style (RQ, Bartholomew & Horowitz 1991)
 3. Life events (RLEQ, Norbeck 1984)
- **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**

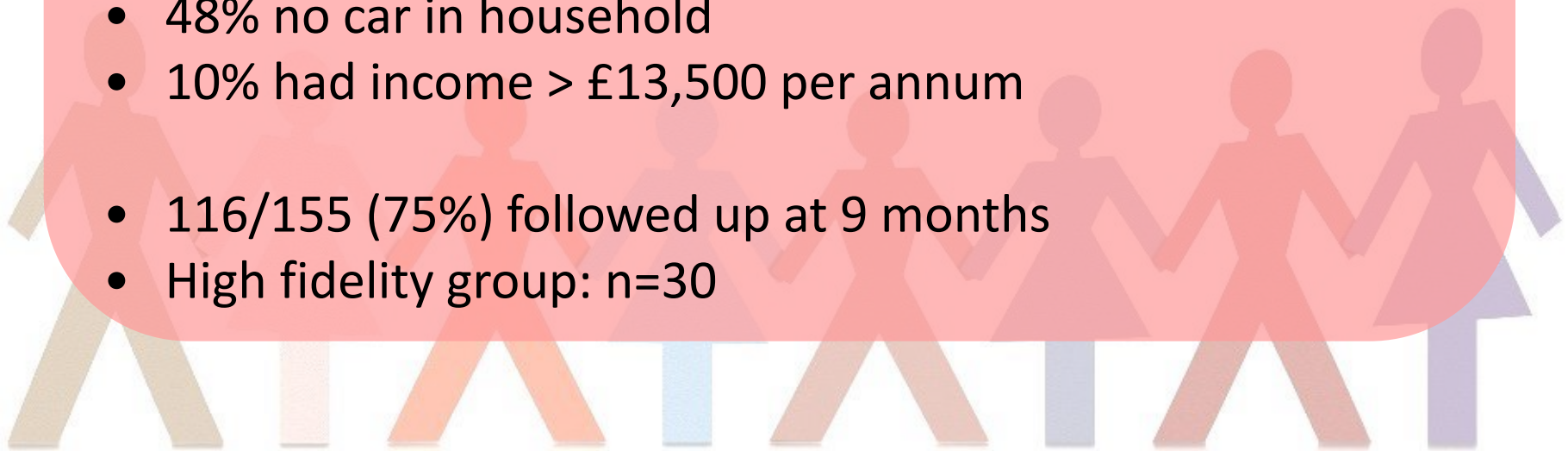


Study sites

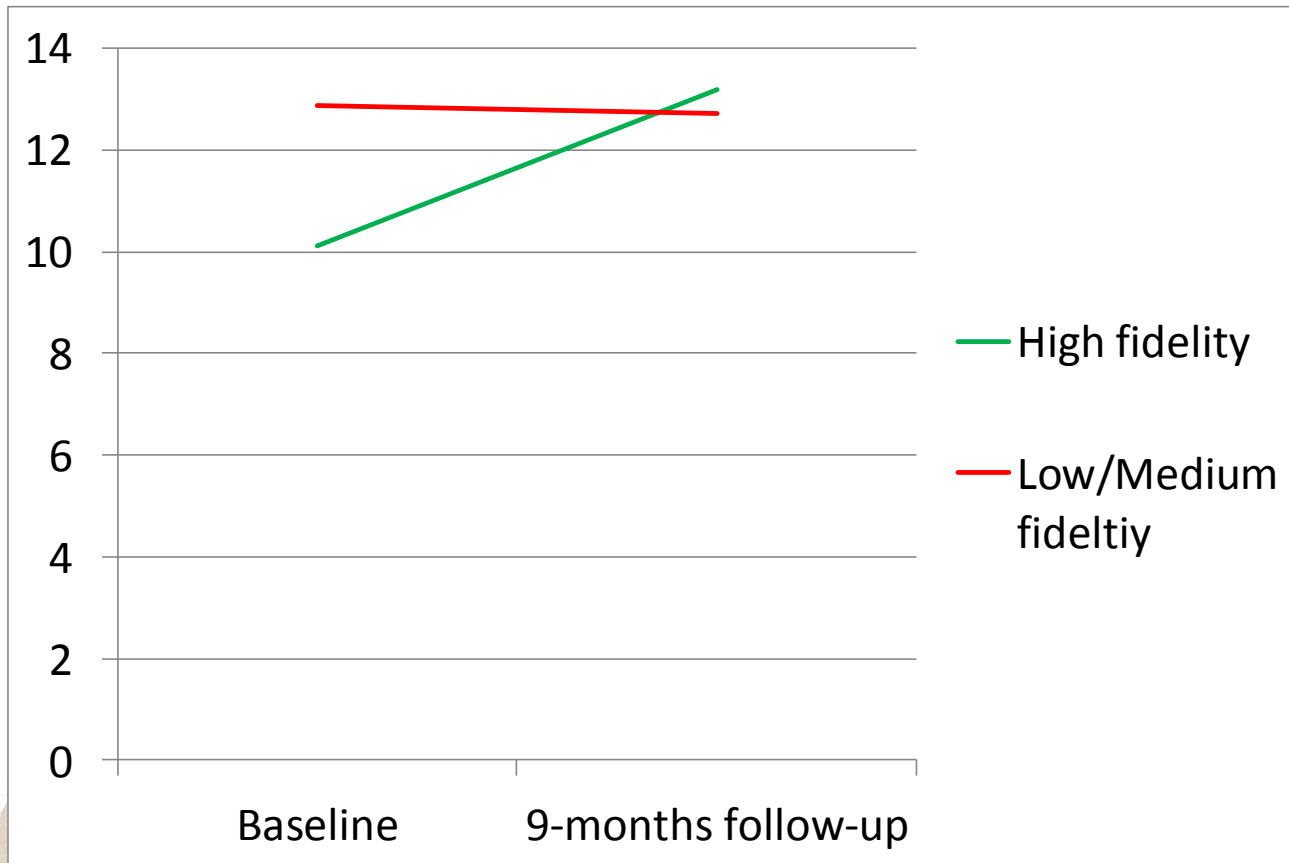


Sample (n=155)

- 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

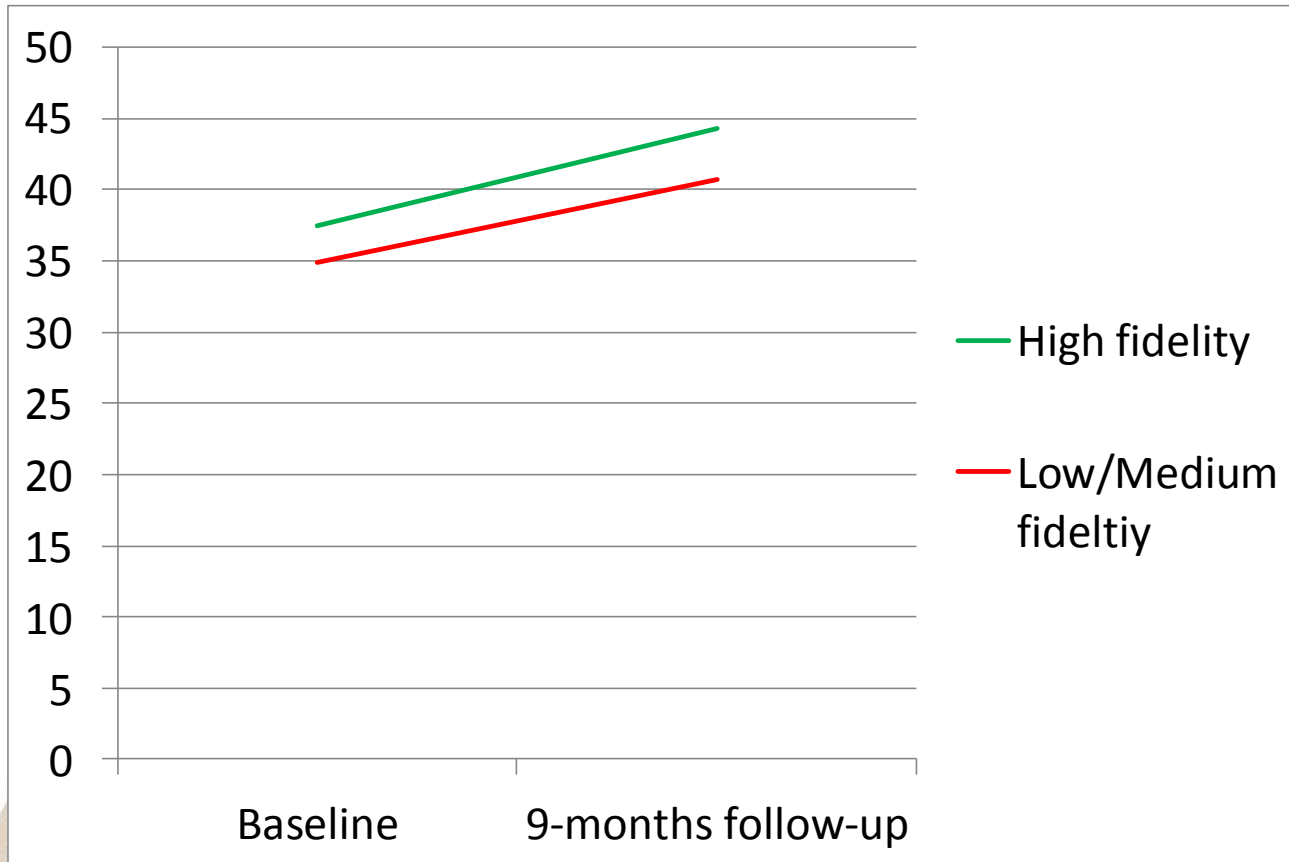


Significant difference for high fidelity group ($p=0.009$)

Fidelity is correlated with increased positive life events in regression model

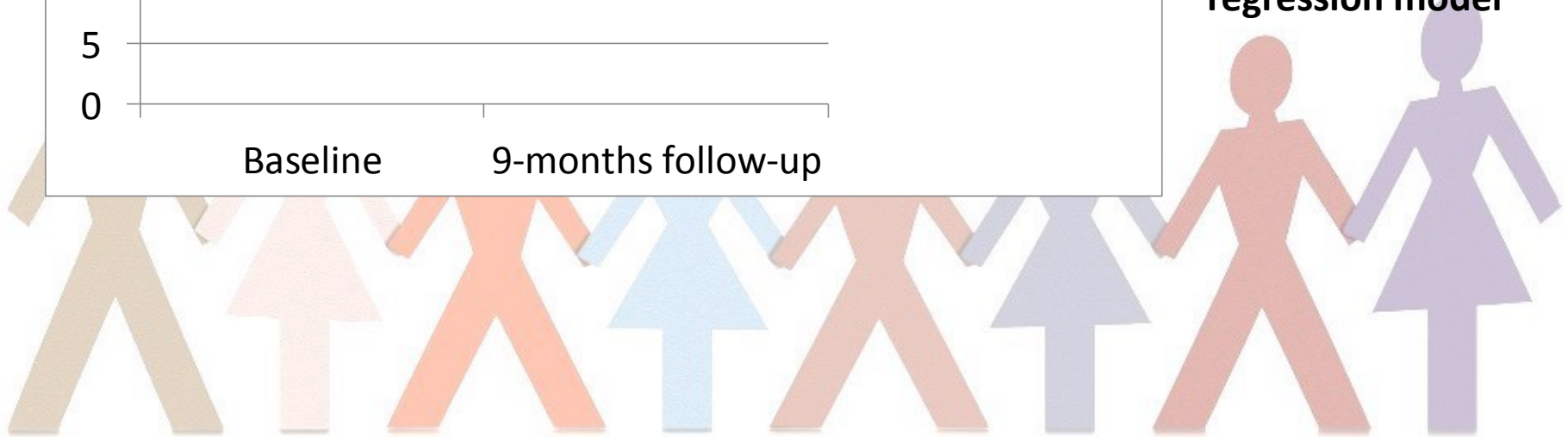


Mental well-being

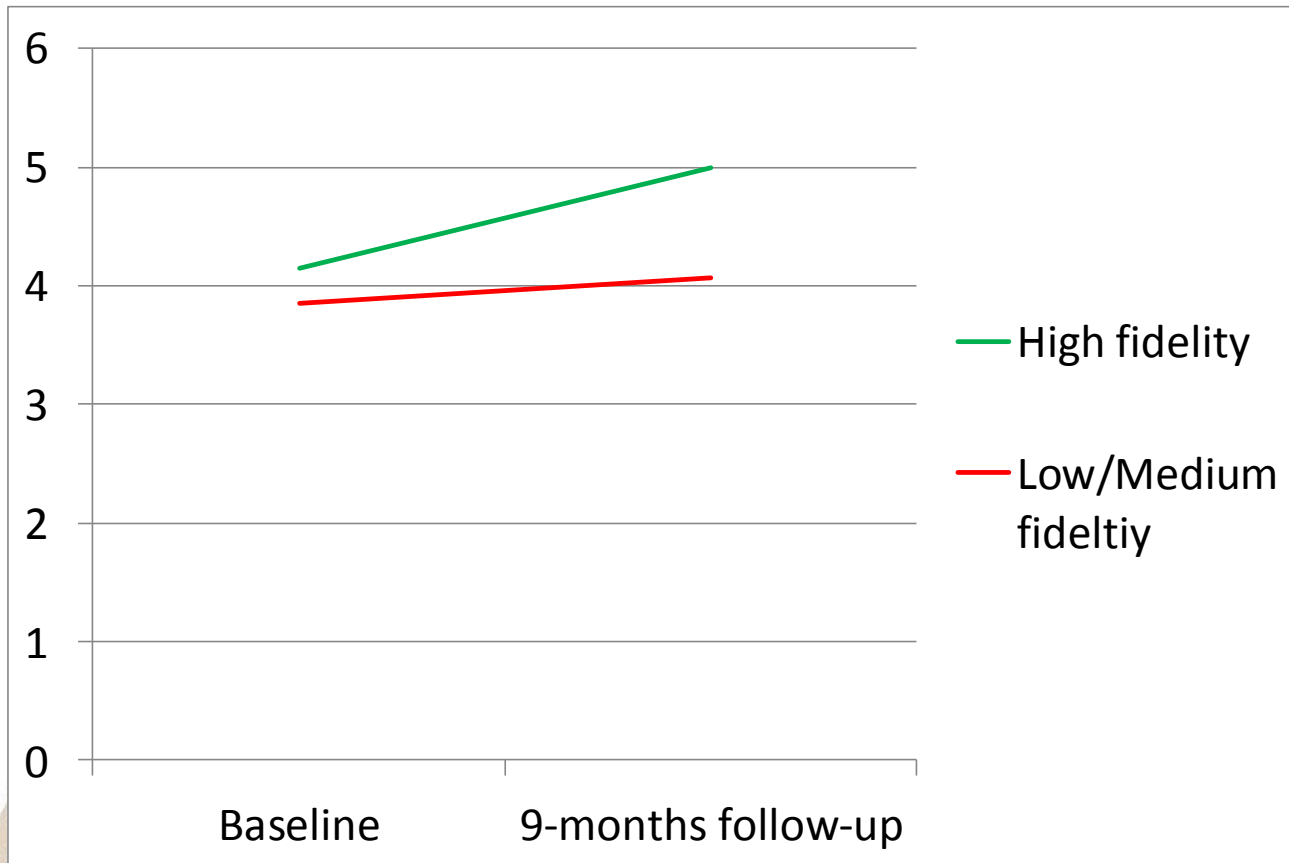


Significant difference for both fidelity groups ($p=0.009$)

Positive life events is associated with improved well-being in regression model



Overall social inclusion



**Significant
difference for
high fidelity group
($p=0.009$)**

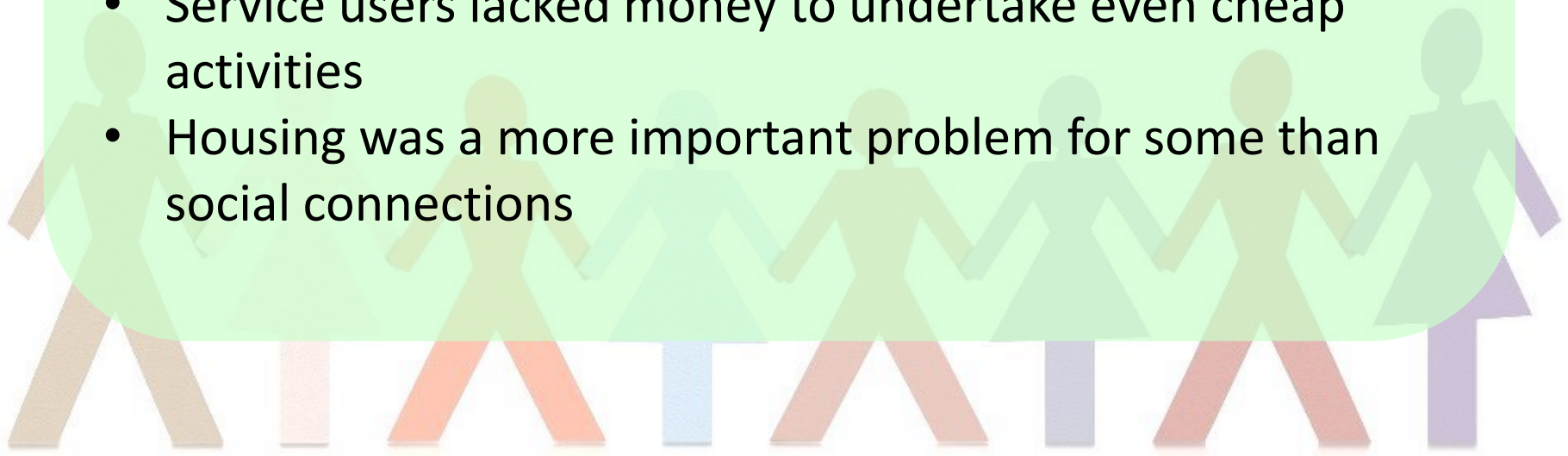
**Better health,
positive life
events and fidelity
group is
associated with
improvement in
social inclusion in
regression model**



Findings

Broader context

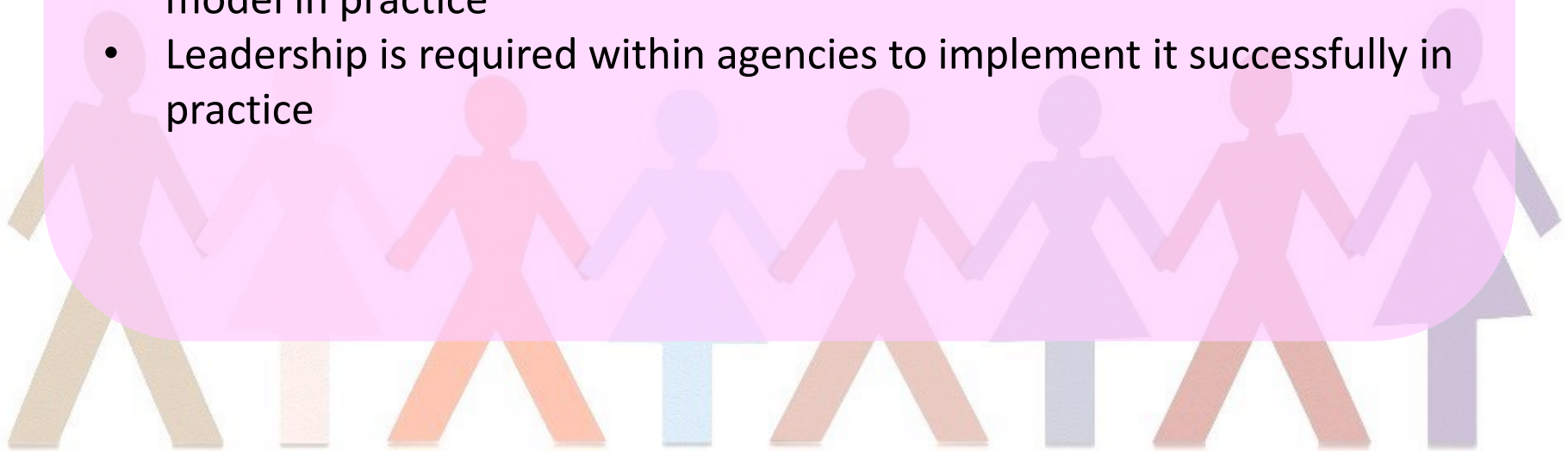
- Barriers to engagement exist within local communities
- Personalisation can enable connecting, but eligibility thresholds for direct payments are high
- Service changes, cuts and reconfigurations impacted negatively on service users and on CPI implementation
- Service users lacked money to undertake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



Findings

Agencies / teams

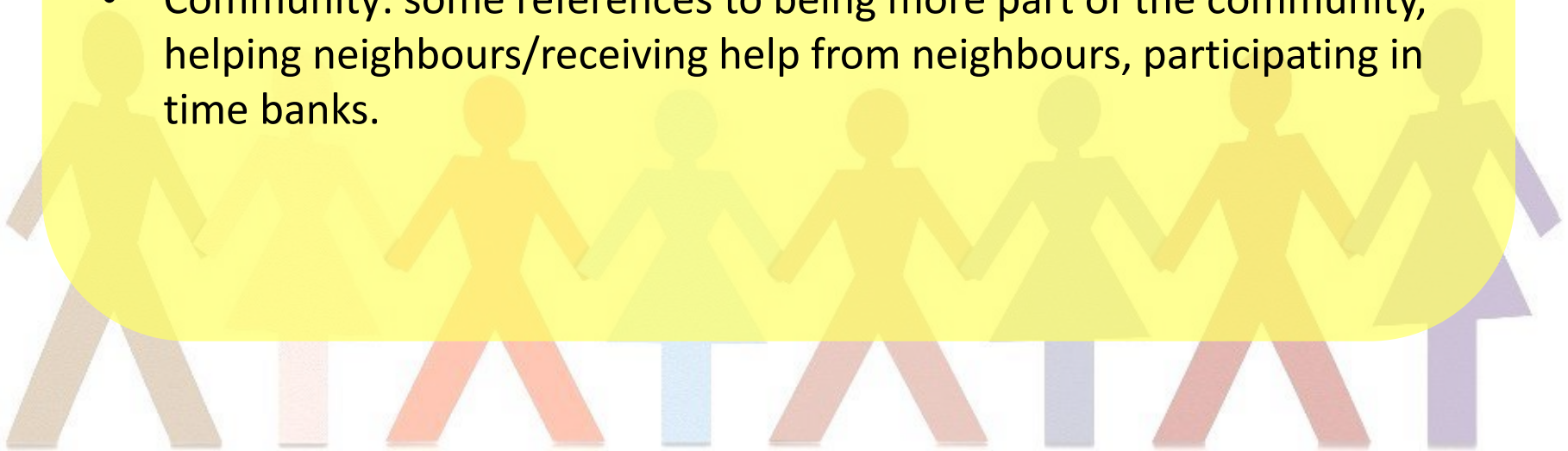
- All the high fidelity agencies were in the third sector
- Ethos of the agency influences adoption of model by workers
- Workload / capacity of workers to take on different / new work
- Supervision rarely focuses on models – more about management objectives
- On-going training, support and supervision 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.



Findings

Impact on well-being

- Positive: more independence; improved sleep; not want to self-harm; able to be self; expectations of life higher; having opinions, making choices; less fear and anxiety; quality of life improved
- Negative: life events; no routine; poor physical health; disturbed sleep
- Role of worker: positives include good relationship, helped in various aspects of life including taking medication, funding, and increased independence. Negatives include: time too brief, lack of understanding, wanted more direction.
- Deterioration of mental health with no contact with worker.
- Application of intervention – techniques/mechanisms for coping, relaxation, confidence, assertiveness, controlling emotions. Utilising resources.

Concluding thoughts

- Complex social interventions can be modelled, articulated and evaluated
- Social networks can be enhanced by health and care workers
- 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





Thank you

Please do not hesitate to contact us for further information.

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<https://www.facebook.com/pages/Connecting-People-Study/224658480937124>