

THE UNIVERSITY of York





Tackling inequalities in access to social capital: Introducing the Connecting People Intervention

Dr Martin Webber, Reader in Social Work
International Centre for Mental Health Social Research



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Communitarian conception

"Whereas physical capital refers to physical objects and human capital refers to the properties of individuals, social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called 'civic virtue.'

(Putnam, 2000: 19)

Neo-capital conception

Social capital is "investment in social relations by individuals through which they gain access to embedded resources to enhance expected returns of instrumental or expressive actions"

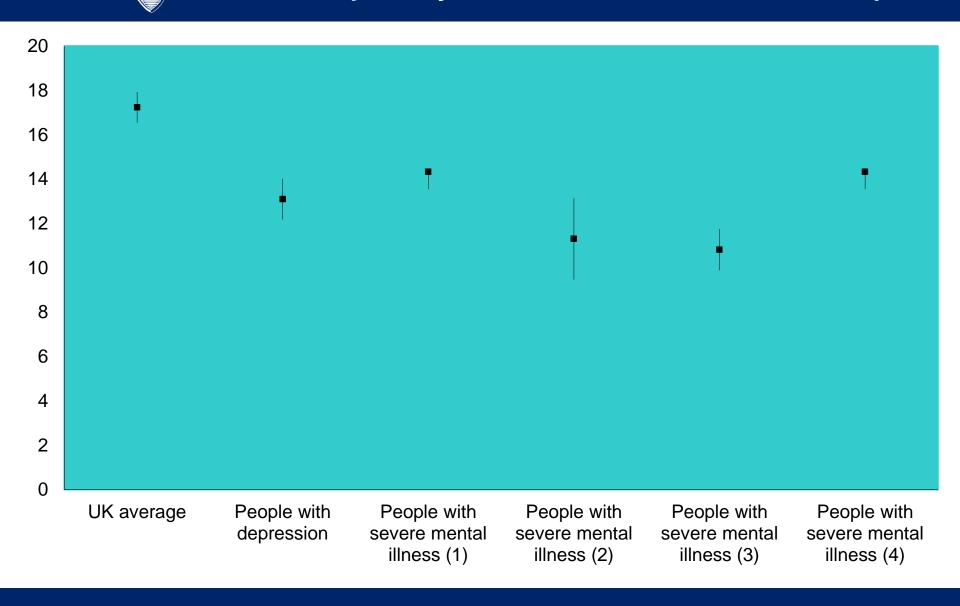
(Lin, 1999: 39)



- 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)
- Wealth, power and status of network members can benefit other individuals in that network (Lin, 2001):
 - Helps unemployed people find work (Perri 6, 1997)
 - Helps reemployment (Sprengers et al, 1988)
 - Improves income (Boxman et al, 1991)
 - Improves occupational status (Flap & Volker, 2001)
 - Brings political influence (Lin & Erickson, 2008)



Inequality in access to social capital





- People who are less trusting of others are more likely to have a common mental disorder (de Silva et al, 2005)
- People with more severe depression have access to less social capital (Webber & Huxley, 2007; Song & Lin, 2009)
- Experienced discrimination is associated with access to less social capital for people with severe MH probs (Webber et al, 2013)
- Social capital is associated with improvements in quality of life for people with depression, though insecure attachment styles pose a barrier to accessing it (Webber et al, 2011)
- High levels of trust lower the risk of depression (Fujiwara & Kawachi, 2008) & low workplace social capital increases the risk of depression (Kouvonen et al, 2008)



- There are strong imperatives for practitioners to help people to engage with their communities and enhance their social networks (Yeung et al, in press)
- Tackling health inequalities is an important social care task (Bywaters et al, 2009)
- Social care workers help people to build relationships and strengthen their relationships with their local community (Huxley et al, 2009) ...
- ... but this is afforded a low priority by many (McConkey & Collins, 2010)
 - Care tasks were ranked higher priority
 - Staff frequently did not see it as their role, particularly day centre staff



- Interventions to enhance social networks and social participation of people with mental health problems (18-65)
- Used EPPI-Centre methodology
- 12 studies met inclusion criteria:
 - 2 RCTs, 6 quasi-experimental, 1 mixed methods, 3 qualitative
- Quality of studies was not great:
 - Risk of bias: high (2), moderate (7), low (3)
- Intervention components:
 - Asset-based approaches; peer-assisted; goal setting; social skill development; resource finding
- 8/9 quantitative studies reported positive findings on social participation; 6/9 studies reported improved well-being



- 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 work and social care practice



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

150 workers, service users, managers, commissioners



Ethnography phase 1

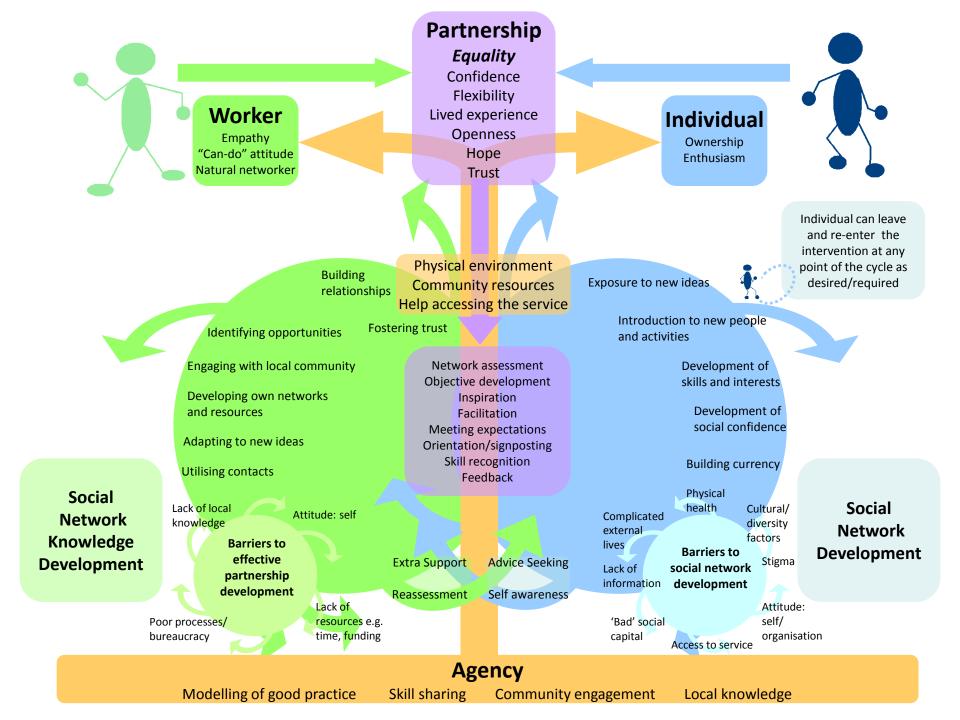
 Researcher interviewed, observed, and held focus groups with agency workers, service users and carers to discuss the practice of enhancing service user social participation

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

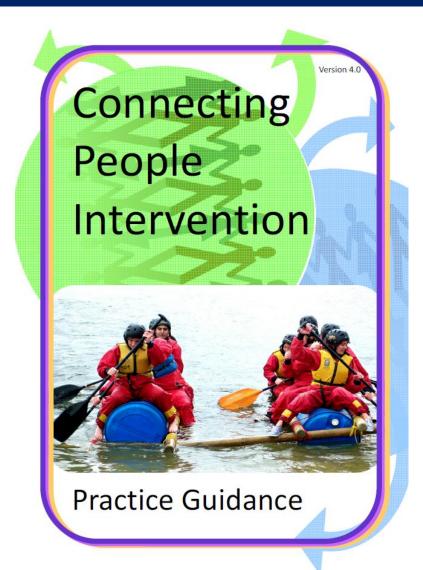
Delphi Consultation

 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)





Practice Guidance







Practice Guidance

16

The Agency: case studies

Physical Environment

My first impressions were of a very light and airy place, the standard of the art 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 set up 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 groups link with a local college and the FA. The chance of being scouted encourages individuals to attend the groups, play the matches, and engage with the other beneficial services offered by the agency.

- reflections, 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

"The whole building has a buzz about it, a good feeling. I always go away, even if I felt miserable when I had come, I always go away feeling good. Because you come here and you can sit down and realise that your problems are not that bad and everyone has their own problems. And everyone who comes here has problems and that's why they come here but they don't bring it out here "

with this

social

network

knowledge

-extract from interview, service user

Worker

Modelling of Good Practice

Ethos training from the outset means that new starters in the organisation -whether these be staff or volunteers - are aware of how the agency is run and how they fit into this ethos - reflections, researcher

> "we built this metaphor which was its this lovely picture of a table with all the stuff we deliver on top of it, but underneath it is all the procedures like you can't see them, in a big chest and its sort of locked up so you don't see any of it ... "

> > -extract from interview, co-director

Skill sharing

The agency sent policies and contacts through to 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 will allow knowledge to be shared beyond a single person holding everything (and thus avoid the issue of it all being dependent on one member of the team).

- field notes, researcher

Community engagement

India

"we've linked up with LOCOG, which is the London Organising 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

nervork

Agency

artnership

Equality

Physical environment

Community resources

Help accessing the service

Modelling of good practice Skill sharing Community engagement Local knowledge

Local knowledge—displayed at centre within the 5 ways to wellbeing framework



- 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 an RCT

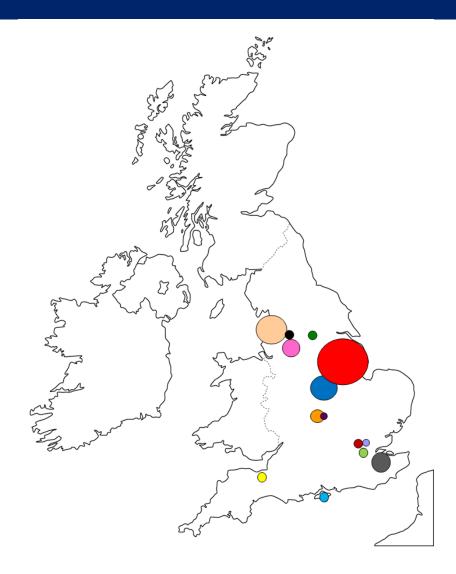


- Quasi-experimental study to pilot intervention in England
- Intervention model adapted for use with adults with learning disabilities and older adults with mental health problems
- 16 sites (9 NHS mental health trusts;1 local authority;5 NGOs)
- 2-day intervention training provided to each agency
- 140 new referrals being interviewed at baseline and 9-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)



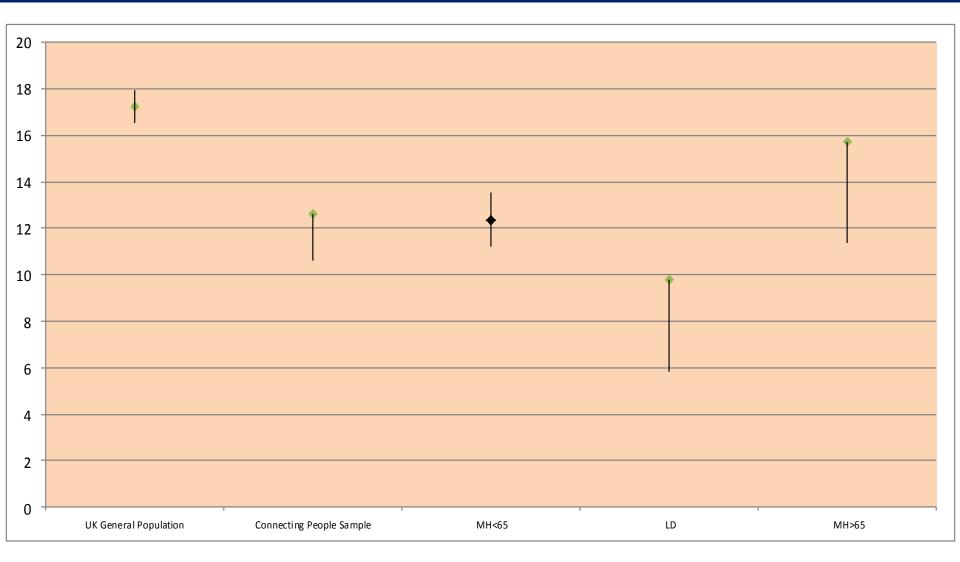
- Potential confounding factors:
 - Socio-demographics
 - Attachment style (RQ, Bartholomew & Horowitz 1991)
 - Life events (RLEQ, Norbeck 1984)
- Hypothesis: Higher fidelity to CPI will be associated with improved outcomes (fidelity scale developed as part of study)
- Economic evaluation:
 - Service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

Study sites

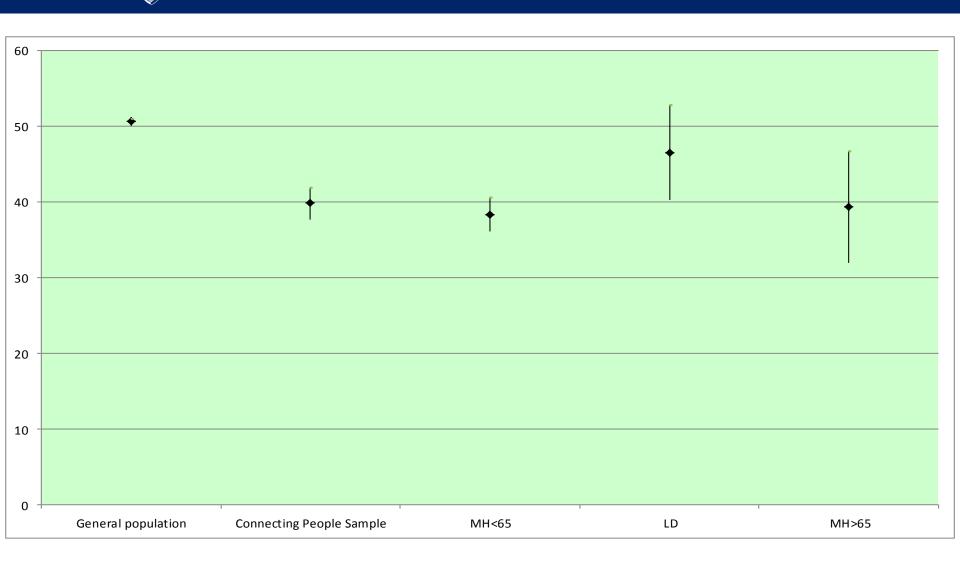




Access to social capital



Well-being





Intervention training feedback

- "We are doing this already" model articulates practice
 - "It's nice to see that we're doing a good job!"
 - "You're not telling me anything new"
- "There is no way we can implement this" barriers are predominant
 - "We cannot move away from a medical model"
 - "Our service users are too unwell, do not want to connect or do not want to change"
 - "There are no resources to implement this way of working"
- "Let's try something new" open to new ideas
 - "We'll ask our manager to consider setting up a new drop-in"
 - "I'm going to see if x and y want to meet up"



Implications

- Complex social interventions can be modelled, articulated and evaluated
- Engage with recovery discourses in mental health services to enhance social and community perspectives
- Explore creative opportunities with user-led social enterprise and co-produced services in the voluntary sector
- Consider using asset-based approaches and community development models to develop recovery communities
- Challenge service models based on medical paradigms
- Return to community social work?



martin.webber@york.ac.uk

www.martinwebber.net www.connectingpeoplestudy.net

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