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

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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”

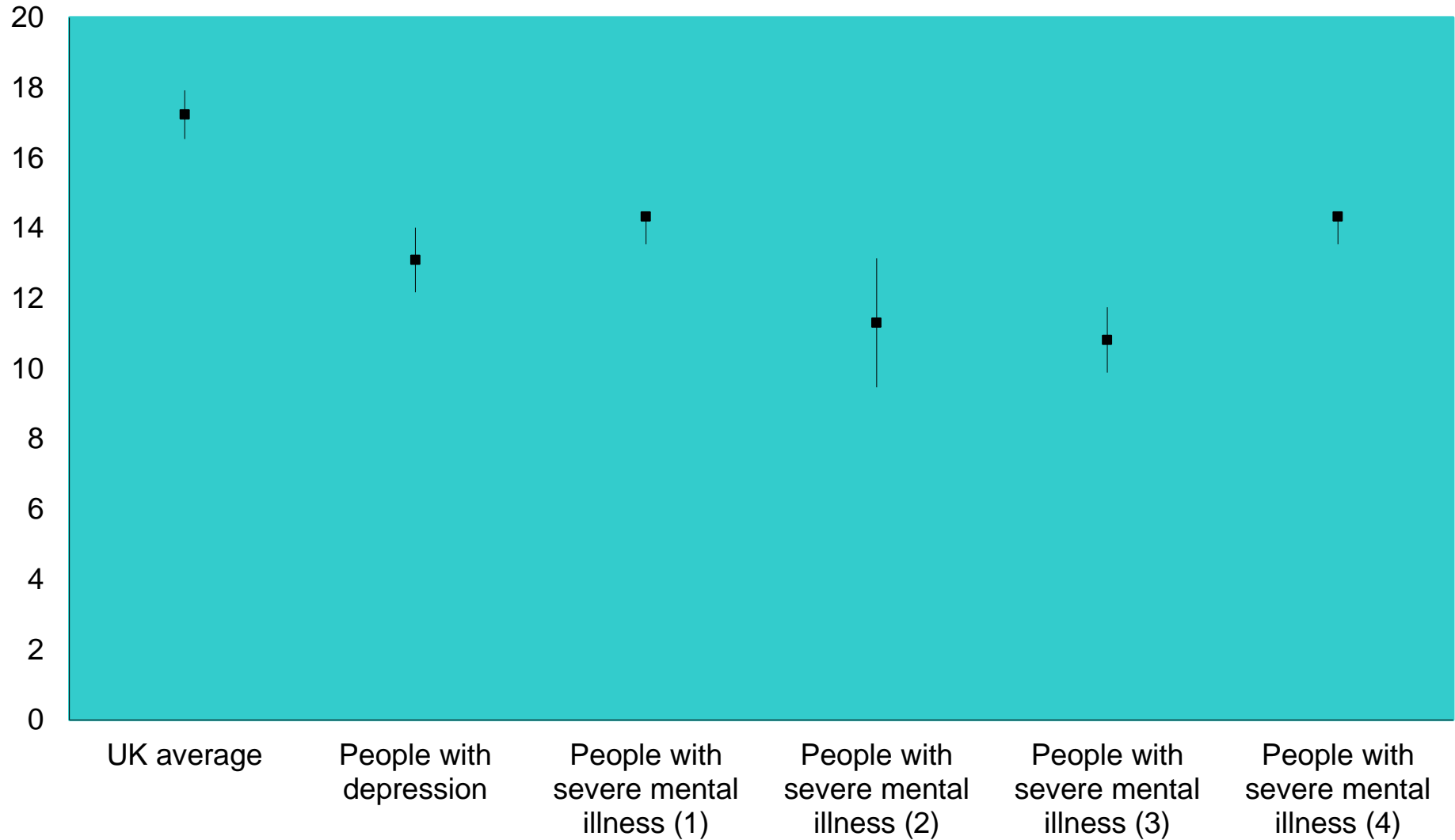
(Lin, 1999: 39)



- 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



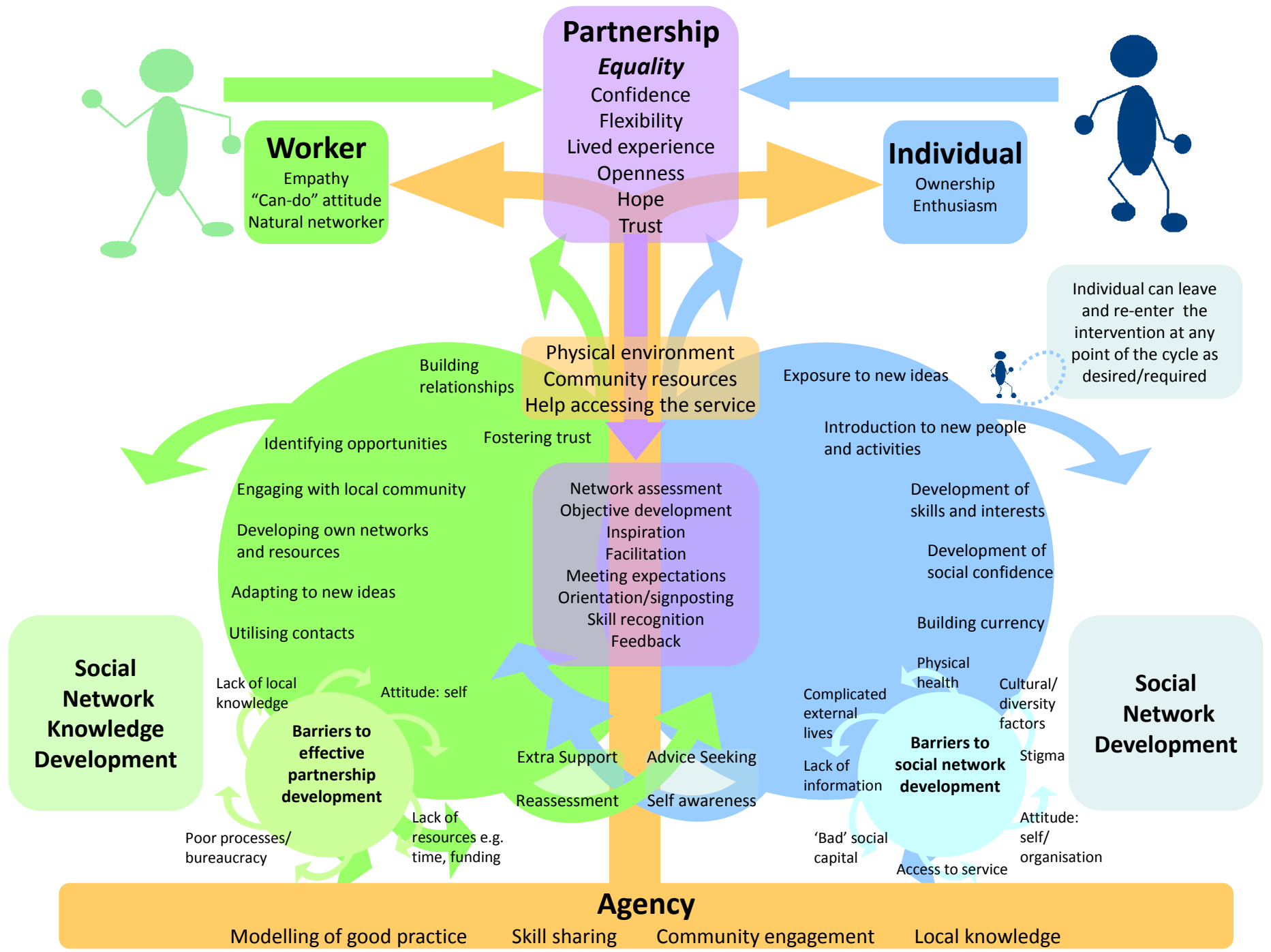
- To understand the ways in which workers are currently helping young people recovering from psychosis to generate and mobilise social capital
- To develop a social capital intervention model that can be used to frame social work and social care practice



- **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)





Version 4.0

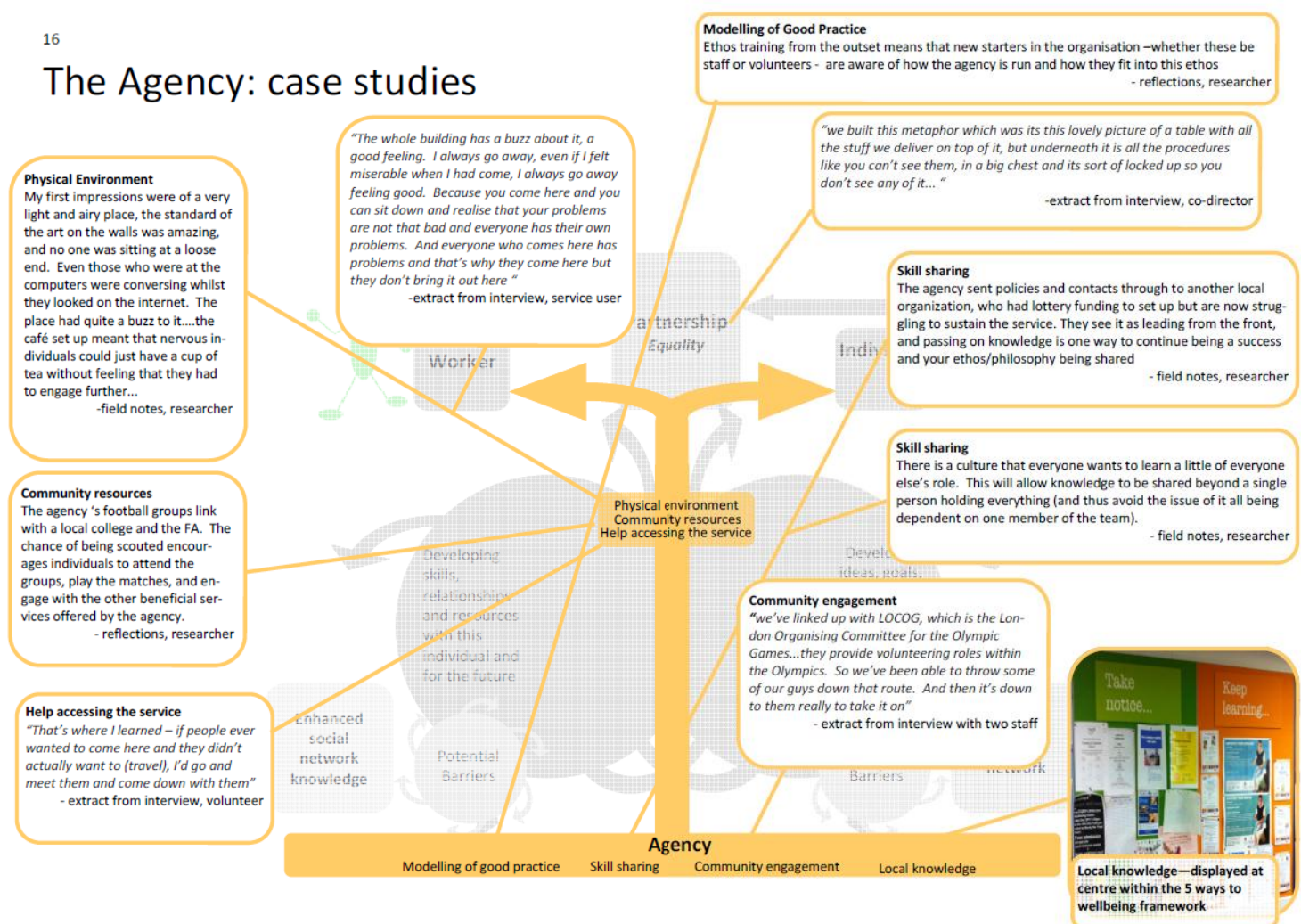
Connecting People Intervention



Practice Guidance



The Agency: case studies





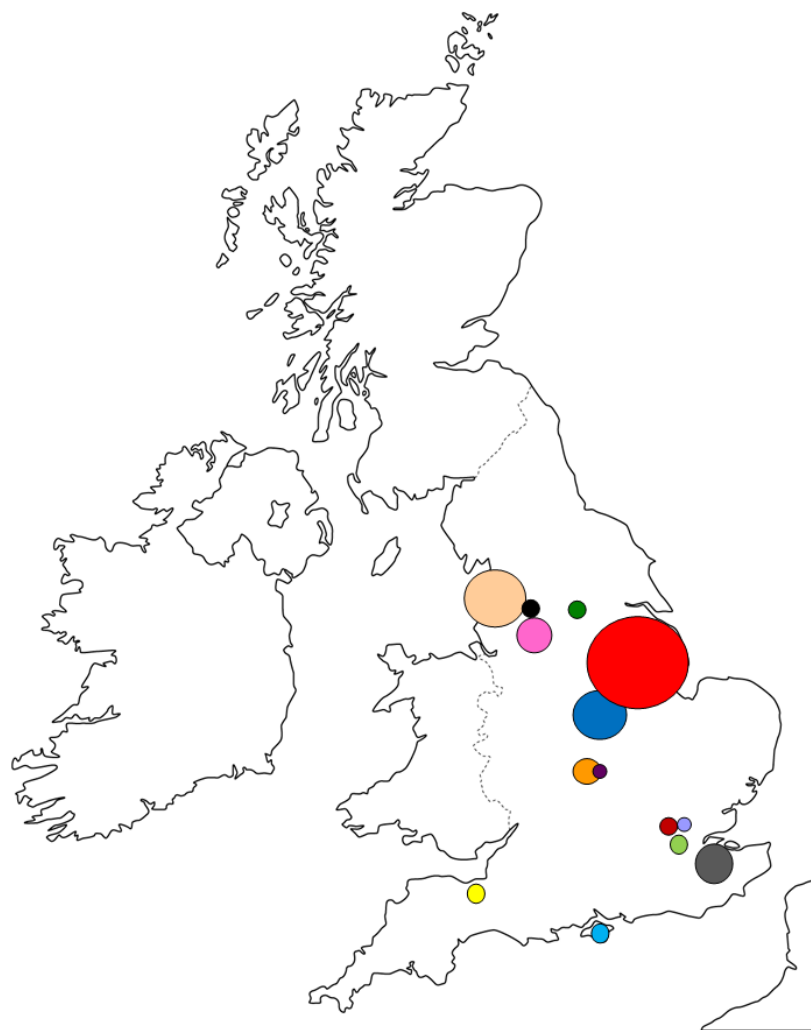
- To evaluate effectiveness and cost-effectiveness of the Connecting People intervention model with adults with mental health problems (below and above 65 years of age) and adults with learning disabilities
- To evaluate the implementation of the intervention model in health and social care agencies
- To gather data in preparation for an RCT

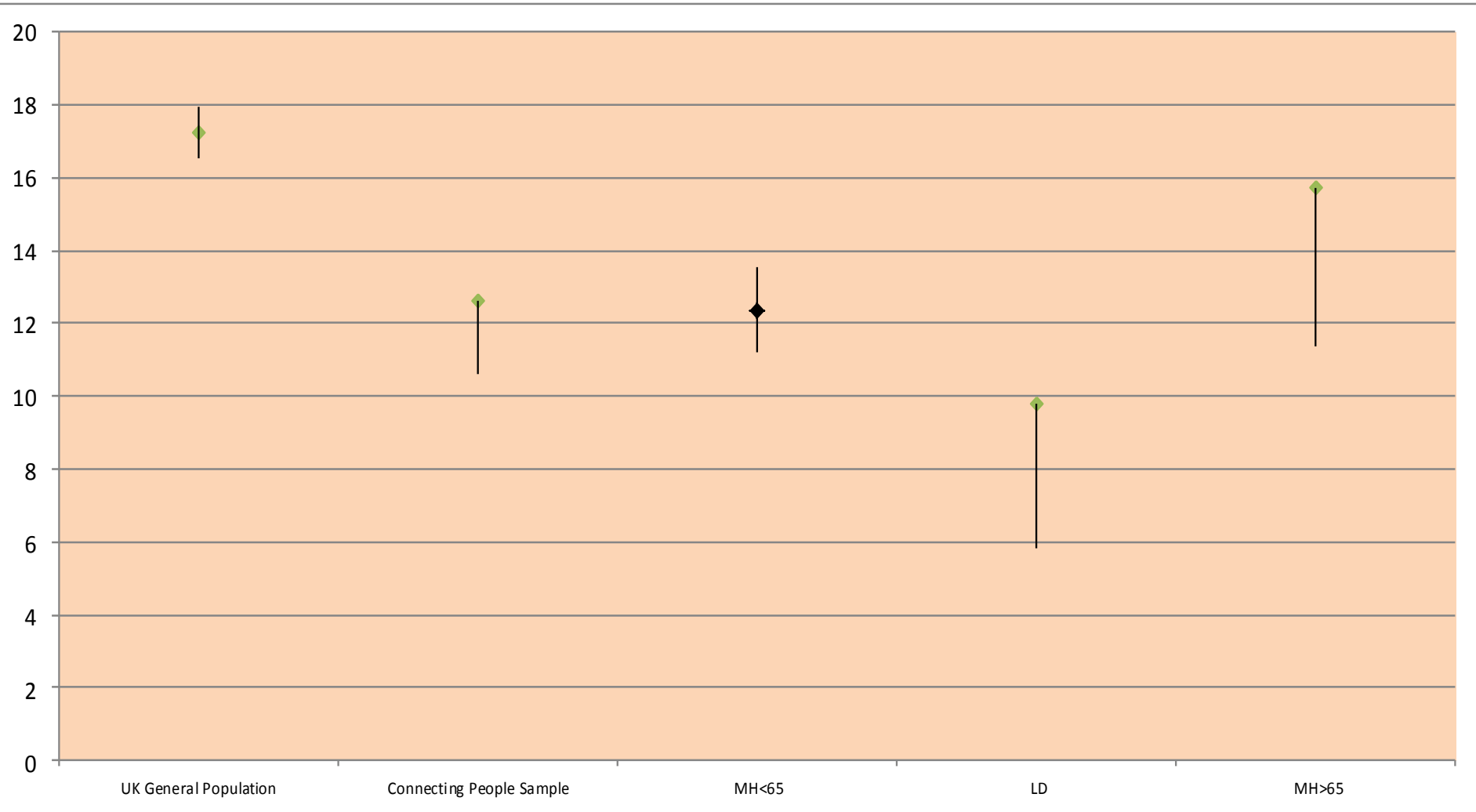


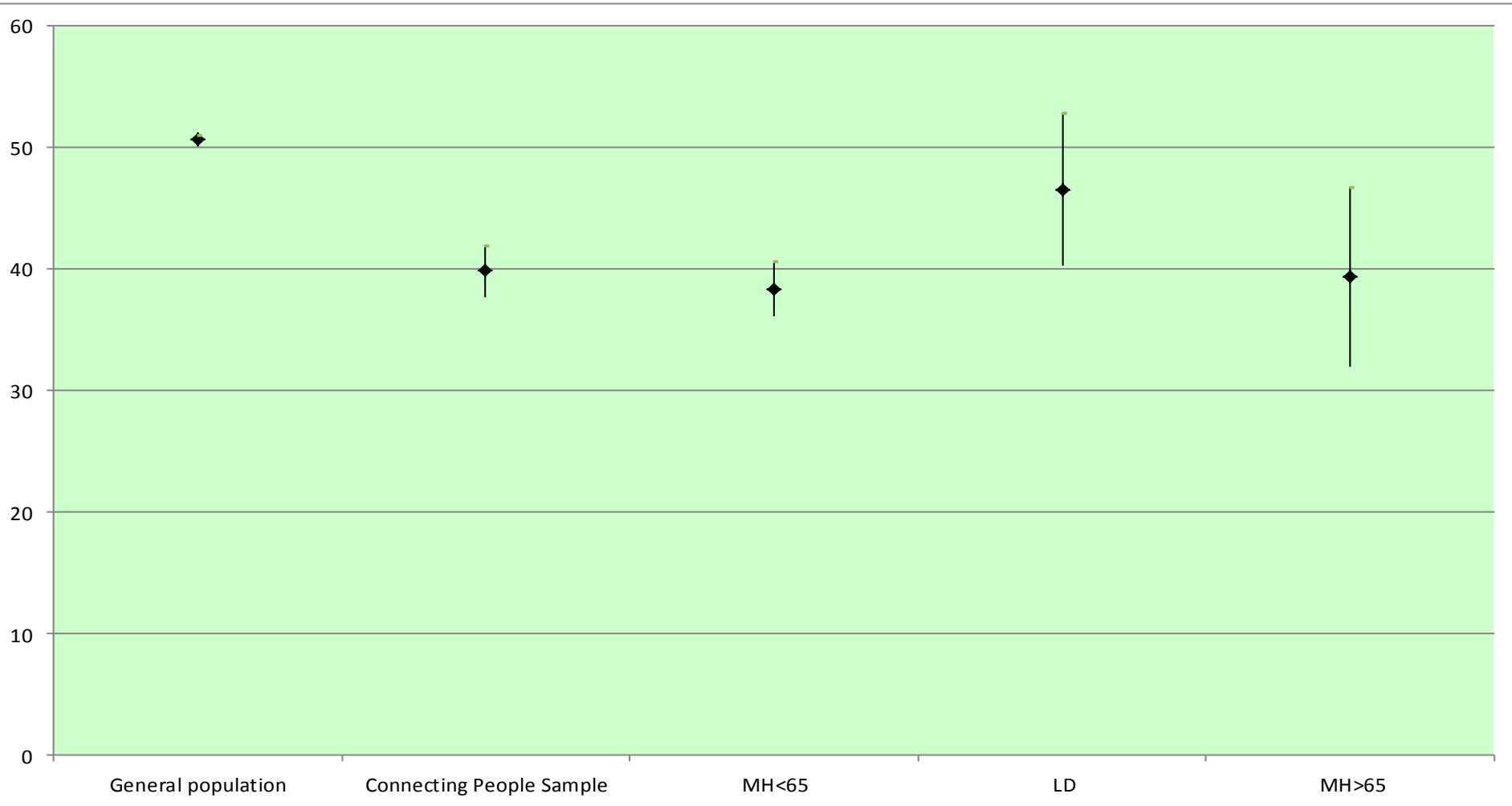
- Quasi-experimental study to pilot intervention in England
- Intervention model adapted for use with adults with learning disabilities and older adults with mental health problems
- 16 sites (9 NHS mental health trusts; 1 local authority; 5 NGOs)
- 2-day intervention training provided to each agency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









- **“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”



- 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?



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