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The role of the third sector in social capital enhancement and mobilisation: evidence from an ethnographic study

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Introduction

In the UK mental health social workers (MHSWs) are employed by either local authorities or the NHS to perform a combination of therapeutic, care management and statutory roles. Although highly regarded for their knowledge and application of mental health law in the UK (Gould, 2010), many MHSWs have additionally been trained in psychotherapies such as cognitive behavioural therapy, systemic therapy or psychodynamic psychotherapy (Webber and Nathan, 2010). Thus MHSWs are familiar with holding the tension between both 'care' and 'control' functions, and identifying with both the people they work with and the agency they work for (Nathan and Webber, 2010). However, as MHSWs have necessarily focused on working with individuals rather than the communities in which they live, their ability to connect people with other local people and resources which could help to sustain their recovery has been diminished.

Communities have been given a prominent role in social policy by the UK coalition Government. In its vision for a 'Big Society', the UK Government aims to increase the role of civil society in the provision of public services such as social care (Department of Health, 2010b; Her Majesty's Government, 2010). This is in part a reaction to the sustained growth in the need for social care services for adults in England (Care Quality Commission, 2009), caused by a number of factors including increasing life expectancy, increasing expectation about independence and decreasing institutional care. However, it is also a defining feature of the age of austerity in which state funding is limited to providing care for only those with the most severe needs. Communities are to be empowered to develop local arrangements for the care of vulnerable and marginalised people, based on the reciprocal principle of providing and receiving services, facilitated by personal budgets. Also, integral to its aim of developing strong communities, the Government is committed to enhancing individual and collective well-being (Department of Health, 2011).

Communities can be a source of social capital for people recovering from mental health problems. Defined as investment in social relations with expected returns in various life domains (Lin, 2001), the concept of social capital is emerging as a way of articulating the social work process of connecting people with other people and resources. It has already risen to prominence in disciplines as diverse as international development (Woolcock, 1998), public health (Kawachi *et al.*, 1997) and democracy and governance (Putnam, 1993), but is now appearing in the social work literature as well (Hawkins and Maurer, 2012; Loeffler *et al.*, 2004; Mukherjee, 2007; Overcamp-Martini, 2007). In particular, it is beginning to be used in mental health social work as a conceptual tool for research and practice (Huxley *et al.*, 2010; Webber, 2005).

Studies have found correlations between social capital and mental health. For example, 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 (Song and Lin, 2009; Webber and Huxley, 2007). Longitudinal studies have found that social capital is associated with improvements in quality of life, though insecure attachment styles pose a barrier to people with depression from accessing their social capital (Webber *et al.*, 2011). Additionally, high levels of trust lower the risk of depression (Fujiwara and Kawachi, 2008) and low workplace social capital increases the risk of depression over time (Kouvonen *et al.*, 2008). Social capital is also a potential explanation for the 'ethnic density' effect, where the incidence of psychosis in ethnic minority groups is inversely related to the proportion of ethnic minority groups in the local population (Boydell *et al.*, 2001; Schofield *et al.*, 2011). However, social capital is by no means a panacea and is a problematic notion when it neglects issues of power, which are arguably at the heart of social relations (Fine, 2001). For example, strongly bonded local communities can reinforce social distinctions rather than promote social cohesion, as evidenced by the 'Not in my back yard' campaigns during the closure of the long-stay institutions, for example (Byrne, 1999).

Vulnerable adults in need of care services are frequently marginalised in communities and have restricted social networks (Catty et al., 2005). Some social care workers help people to build relationships and strengthen their connections with their local community (Huxley et al., 2009), but this is afforded a low priority by many (McConkey and Collins, 2010) in spite of increasing evidence of the importance of social capital for health and well-being (Kawachi et al., 2007). To address this, we developed a social intervention for MHSWs and social care workers to use in supporting people with mental health problems to develop and enhance their social relationships. This provides training and a 'toolkit' of resources for workers in how to work alongside an individual to explore their current social network, identify their goals (such as increasing confidence or meeting new people, for example), and support them to achieve them.

The intervention was developed from data obtained in an ethnographic study of practice in health and social care agencies in the third and statutory sectors, and informed by literature and scoping reviews. The third sector agencies played an important role in defining the shape and content of the intervention model. Although MHSWs have traditionally been located in statutory services, the advent of adult social care practices (Department of Health, 2010a) may see some located in social enterprises in the future. It is therefore timely to assess the third sector contribution to the Connecting People Intervention model as it is beginning to be piloted in England.

This paper presents summaries of the practice of four third sector agencies participating in the Connecting People study, funded by the UK National Institute for Health Research School for Social Care Research. This practice is presented in the context of the Connecting People Intervention model, which dynamically relates the practice of workers to a cycle of change for service users, in the context of outward-facing agencies which are embedded in their local communities. The aim of this paper is to highlight the potential learning opportunities for statutory MHSW practice about connecting people, which is largely hidden within third sector agencies.

Method

The Connecting People study comprised a two-stage combinative ethnography (Baszanger and Dodier, 1997) of health and social care practice in contexts where workers have the opportunity to enhance service users' access to social capital. This required simultaneous field work in a number of different settings, including a specialist community mental health team and early intervention in psychosis teams in the NHS; a housing association; two small social enterprises; and a growing social and cultural inclusion project in the third sector. This method allowed us to explore existing practice more comprehensively, and with less potential for bias, than using only semi-structured interviews, for example. Workers' interview responses were triangulated with the perspectives of service users and the researcher's observations of their practice to minimise bias caused by socially desirable responses. The full methodology of the Connecting People study has been reported elsewhere (Webber, in press).

This paper draws on data from 86 participants of the study who were associated with four third sector agencies. The sample comprised 28 people who used the services of these agencies; 14 volunteers (some of whom were also, or had recently been, users of the services); 35 workers; 7 commissioners or other professionals who were connected to these agencies some way; and 2 social work students

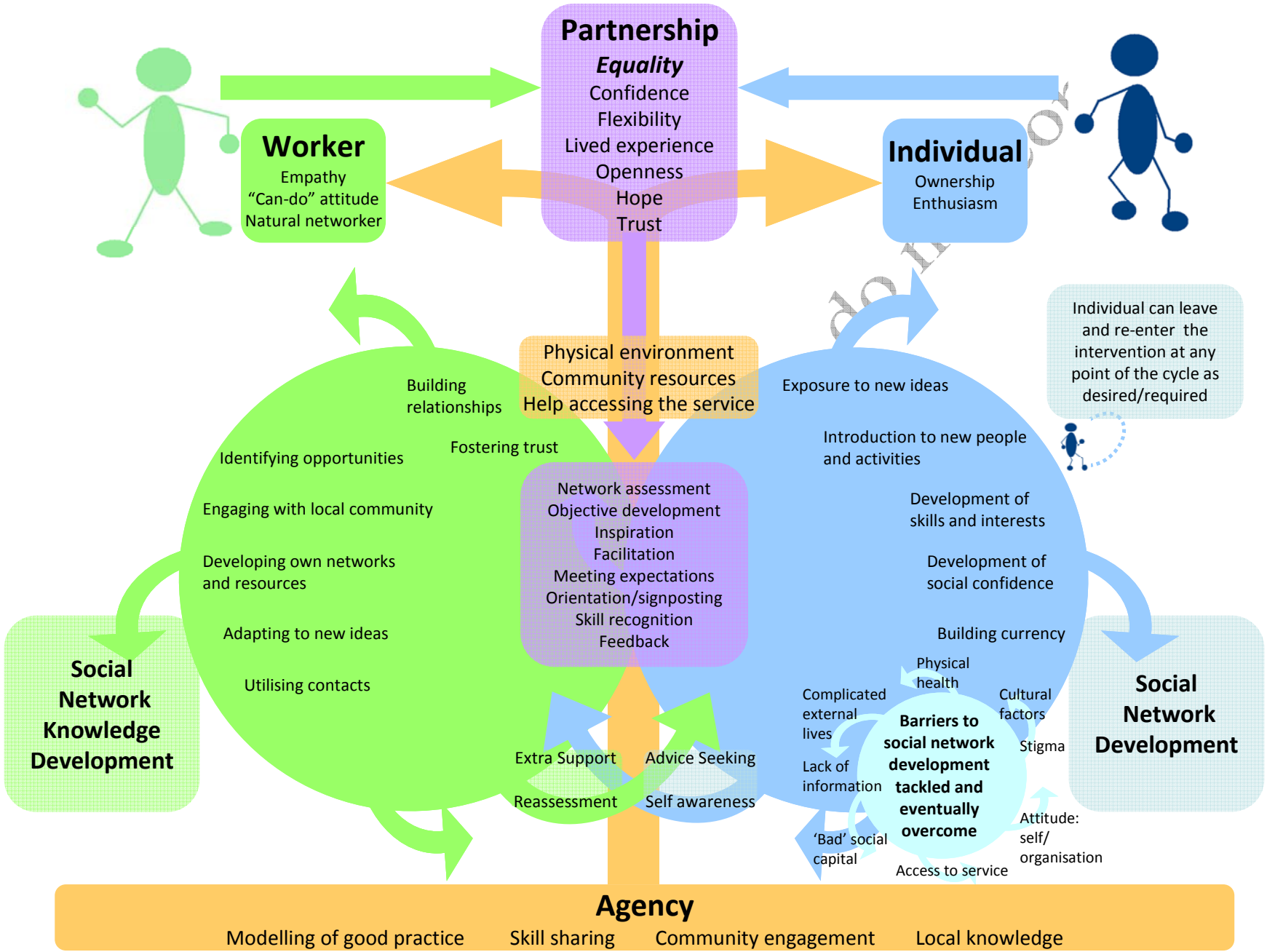
Participants were interviewed by the researcher using a semi-structured interview schedule. These interviews explored the role of workers within each agency in supporting people to make connections and mobilise social capital. Interviews were audio-recorded with participants' consent and transcribed verbatim. Additionally, the researcher made detailed contemporaneous notes about each agency based on formal and informal observations of practice, interactions and the context of each agency. Notes and interview transcripts were imported into QSR International's NVivo 9 qualitative data analysis software to assist the tasks of coding, retrieving and comparing data.

Data was analysed using thematic analysis (Braun and Clarke, 2006), conducted as both an inductive and deductive process. One researcher independently conducted a detailed reading and re-reading of an initial sample of six transcripts and one set of observation notes to identify initial themes within the broad domains of interest. He developed an initial coding framework by collating the initial themes which were identified. A second researcher repeated this process with data from the second phase of the ethnography and compared it with the initial coding framework. This was refined in consultation with the principal investigator prior to further analysis. Further questioning of the data and comparison of the categories by the researchers enabled them to develop more abstract thematic categories. Themes arising from the data were modelled to create the Connecting People Intervention model (figure 1).

Finally, we summarised data obtained from each agency to facilitate a comparison between agencies about their potential to help people connect. The agency summaries from the third sector agencies are presented here.

Ethical approval for the study was provided by the North West London NHS Research Ethics Committee 2 (ref. 10/H0720/48).

Figure 1 The Connecting People Intervention model



Results

Agency 1: BlueSCI

BlueSCI is a social and cultural inclusion project based in Manchester which aims to promote eudemonic well-being. In doing so, the project supports individuals to develop and share their skills whilst forming relationships with others. In addition, the project aims to assist individuals and groups to realise their potential to develop small social enterprises. BlueSCI promotes solution-focused interventions by which individuals may address challenges and achieve goals through an individually-tailored well-being recovery programme. This approach draws on the principles established in the New Economics Foundation report *Five Ways to Well Being* (Aked *et al.*, 2008): connecting, being active, taking notice, learning, and giving.

BlueSCI was established in a former local authority day centre by individuals with both artistic and statutory mental health backgrounds. It now employs wellbeing workers, centre managers, a volunteer coordinator, and managers of arts and media projects. The centre also thrives on the efforts of volunteers and social work students, who organise and take part in various activities, both within and outside of the centre. Additionally, BlueSCI operates in a library and well-being centre and from GP surgeries.

BlueSCI provides personalised support to allow individuals to help themselves to move forward with their lives. Individuals are responsible for their own recovery, but the 'can-do' attitude of the agency opens up options for them. They are encouraged to use and develop their assets and strengths, rather than be perceived as people with needs.

BlueSCI's holistic ethos permits people who access the service to define their own path towards recovery and increase their social capital. BlueSCI draws on the capabilities of its members to provide a wide range of activities and to support people to access others in the wider community. We saw several new initiatives develop within the agency over the course of the fieldwork, which reflected its dynamism and growth. This included opening a new site, extending the range of services it provided and extending its outreach into other local communities. We observed increased involvement of the local community in its work over time, particularly in its new site where a lack of space necessitated the formation of partnerships with other local organisations to facilitate group work. As people were perceived to be more 'hard to engage' in this community a more flexible approach to connecting people was required.

A common theme which emerged from the fieldwork at BlueSCI was that people developed friendships and new social contacts by simply getting involved in groups and activities. This was facilitated by the friendliness and open nature of the organisation: one individual said *"When I come here I don't have to pretend to be OK if I am not"*. People often developed friendship groups which met outside the context of the agency, using social media such as Facebook or contact via mobile phones to plan trips and meals. This may have been facilitated by the staff's relaxed attitude to information sharing. We observed this 'out-of-centre' contact to occur more frequently at BlueSCI than at most other organisations involved in the study.

Engaging with BlueSCI enabled people to develop transferable skills and expertise in fields as diverse as IT, music and bicycle maintenance. We observed people gaining in confidence, becoming volunteers and engaging more readily with activities in the local community. Connecting people to voluntary opportunities within and beyond BlueSCI appeared to occur in a very fluid and natural manner. Although having an inexpensive and large building to use was a considerable asset to the agency, its geographical location in one corner of the borough appears to limit its inclusivity. However, its outreach to other locations and the opening of a new centre elsewhere in the borough helped to alleviate this.

A lack of confidence to participate in activities appeared to prevent some people from engaging with BlueSCI. People told us that they would initially come in and use the café or computers before finding an activity that they were interested in or finding the courage to engage in something. Staff interacted more with people who appeared anxious, though the normal way of gaining extra support was to ask for it when first attending the centre which appeared quite difficult for some people to do.

BlueSCI staff aimed to support people to move through and on from their agency. However, we observed increasing numbers attending BlueSCI; the same people attending during both fieldwork phases; and a strong connection to BlueSCI of individuals who no longer physically attended the service as if they had never really left. Whether or not this is evidence of 'dependency' is a moot point, but it could arguably be in contradiction to the self-sufficient attitude that it tried to promote.

Working alongside library staff at the new site highlighted differences between statutory and third sector ways of working. BlueSCI staff were characterised by a 'can-do' ethos, a willingness to change and a willingness to listen to the individuals accessing the service. The atmosphere they created was engaging, relaxed and distinctly non-clinical. They encouraged members to take ownership of the service, form their own groups and start up social enterprises where possible. Finally, the staff group had a diverse skill mix and was composed of paid staff, volunteers and placement students. The assets of each staff member were fully utilised to provide tailored support to members as much as was possible.

Agency 2: Start Again Project CIC

Start Again is a small social enterprise based in Birmingham which aims to support individuals aged 13-30 in their development through goal setting, confidence building and by connecting people. Through a variety of activities ranging from football to yoga, Start Again promotes healthy living and physical activity while encouraging participants to develop lasting friendships and connect with vital resources in the community. The organisation also runs sessions on music and media for individuals with an interest in the arts.

With a background in professional football and community development, the director of the organisation oversees a large number of the sessions. In addition, Start Again draws on the skills of five coaches, two health advisors, a business development manager and numerous volunteers from all walks of life. The young people who take part in the sports sessions with Start Again come from early intervention in psychosis services, youth hostels and pupil referral units. Start Again also works with young people living in a secure housing unit, and has collaborated with other organisations such as Connexions and the Birmingham Youth Service. Start Again has created a training programme called *Winning Ways* which uses

football to provide a structured programme of life lessons to young people. This is being sold to other organisations as a training package to provide additional income for Start Again.

Young people often first heard about Start Again through their support workers or their friends. New players were introduced to the group when they first arrived at a session and were buddied with a strong player who has attended the service for some time in order to support the development of friendships. Coaches supported newer players to engage with the session, which typically involved warming up and skills sessions, followed by a match.

Playing football or netball provided an opportunity for players to develop non-verbal communication techniques. Coaches encouraged players to maintain eye contact with other players; promoted the development of positive attitudes on the pitch; and encouraged players to learn their fellow players' names. Players developed trust in the coaches which, for some players with insecure attachment styles, represented a significant achievement. The development of secure attachments with coaches provided players with the relationship security to develop new social relationships.

The fun, informal and encouraging atmosphere during sessions appeared to engage young people who found it difficult to engage with support provided by statutory services and to develop their social confidence. Positive and encouraging staff attitudes appeared to encourage players to return to the project and become more involved if they wanted to. Mutual respect appeared to govern the conduct of sessions rather than a multitude of rules and regulations. However, staff reported that they found it harder to work with the females attending the service than the males. The health advisor started art groups to engage the young women who were less interested in sport, which appeared to work well.

Connecting players with people and resources beyond Start Again largely took place in one-to-one sessions with the health advisor or the director during or after the activity sessions. Staff use shared interests to promote engagement in individual sessions and used this time to understand what an individual's interests and aspirations were. They supported young people to access training, apprenticeships and other voluntary opportunities as appropriate. They also encouraged the young people to research opportunities for themselves to help them take ownership of their plans. However, if someone using Start Again engaged with training, education or voluntary work, staff maintained contact with them to provide encouragement and support as required.
The successful engagement of young people in sport had the unintended consequence of players not wanting to move on and engage with other opportunities. However, when people did move on from Start Again there did not appear to be any barriers to them re-engaging in the future. Returning players were observed to provide informal advice on employment or other issues to other players, which enhanced the group's social capital. Some of the young people who moved on completed coaching qualifications and worked as apprentices or qualified coaches in Start Again or other organisations.

Some young people found it difficult to get to the Power League pitches which Start Again used as they were not close to the centre of town. Others were anxious about engaging in a competitive sporting activity or denied that they needed it, other than a method of obtaining free sports coaching. However, diversification into arts, media and music workshops helped to provide alternative ways to engage young people and encourage them to try something new and make some new friends.

Agency 3: Hestia Housing and Support

Hestia is a registered charity that works with vulnerable people in seventeen London boroughs. Although the organisation's initial aim in the 1970s was to address homelessness, it now provides specialist support services for people with complex mental health needs and ex-offenders. Hestia currently supports individuals by providing housing, hostels, domestic violence refuges and supported accommodation. In addition, floating support teams assist people to move into and remain in independent living arrangements.

Hestia provides housing and support services to over 600 individuals with complex mental health needs in seven boroughs of London. The aim of Hestia's mental health services is to encourage individuals to build confidence and develop skills to live more independent and fulfilling lives. Support workers assist individuals with day-to-day activities such as shopping, accessing opportunities such as community care grants, and encouraging involvement in service user-run activities. People who use the services become involved as volunteers and service user champions, who represent the needs of other service users. Service users also take part in group events such as the Better Lives Forum (BLF), in which they can share their views and voice concerns about the services.

Workers appeared to work collaboratively with service users in Hestia, viewing the service as an opportunity and themselves as resourceful people to assist service users to articulate and set their own goals. Workers stated that they drew on their own life experience to demonstrate the results of successful goal setting. Service users described how they felt more confident in attempting activities independently because of the steps they had first taken with their support workers. For example, by supporting service users to engage in daily activities, such as shopping, support workers developed positive relationships with service users and enabled them to eventually engage in these activities on their own.

Most of Hestia's support workers who participated in the study stated that they encouraged service users to get involved in the Better Lives Forum (BLF), which afforded the opportunity to meet people from different boroughs and learn about new opportunities in the community. Service users participated in activities organised as part of the BLF, such as music lessons, dance classes or trips; others took on administrative roles in planning meetings and activities. Workers also described how they supported the people they worked with to connect with others beyond Hestia such as assisting someone to create a profile for an online dating website or connecting with a befriender. However, some service users felt excluded from engagement opportunities through a lack of information or because they did not want to connect with other people with mental health problems.

Support workers told us that while several of their service users appeared isolated and wanted to develop new friendships, they lacked the confidence and social skills to engage with others. Basic hygiene and presentation presented barriers for some people to effective engagement. To address these issues, workers promoted reflexive thinking with service users and challenged negative thoughts. They also used examples from their own lives and previous experiences of working with people at Hestia to illustrate successful relationship building.

Resourcefulness was generally conceptualised by support workers in the context of organisations rather than individuals or opportunities available within local communities. Service users typically echoed workers in believing that resourceful people were in positions of authority to assist them with practical needs, such as arranging to pay for a TV license, or contacting companies to resolve unpaid bills. However, there was some evidence that other service users, particularly those who had more experience with Hestia, were resourceful and could provide practical and emotional support as well as peer mentorship. Taking on roles within the BLF or as a Service User Champion appeared to enhance individuals' confidence and social skills, potentially enabling them to be more effective communicators in the future. However, there appeared to be limited opportunities for service users to meet others from their local communities.

Agency 4: Kingston Recovery Initiative Social Enterprise

Kingston Recovery Initiative Social Enterprise (RISE) began in a café group formed by a service user and a support worker. It is a new service-user led organisation, funded by the Royal Borough of Kingston-upon-Thames in south-west London and supported by Hestia Housing and Support. It aims to develop a Recovery Community providing peer support and opportunities for engagement in the wider local community. It is run by seven volunteers who are recovering from substance misuse problems, many of whom describe themselves as also having mental health problems.

Kingston RISE has established the Kingston Recovery Alliance (KRA) which hopes to bring together individuals from the community, the council and local organisations to form a non-hierarchical steering group which determines how recovery services in Kingston develop. It aims to organise at least one activity on each day of the week in the local community to engage people who are in recovery.

Volunteers at Kingston RISE see it less as a commitment of a certain number of hours per week (such as a job), and more as fully-integrated aspect of their lives (such as a vocation). Consequently, the team run activities at the weekends and on evenings, rather than adhering to the 'activity schedule' model seen in other agencies where sessions are organised into the working week. This helps to address the difficulties that many people in recovery encounter during weekends as this is when there is limited support available.

Kingston RISE was the least formal of the agencies involved in this study and was proud of its inclusive open-door policy which stated that no-one will be turned away unless they are under the influence of a substance. Individuals accessing the service are treated as peers, rather than as 'service users'.

Kingston RISE is embedded within the local community, which volunteers readily engage with. They are able to draw on people and organisations ('assets') within the local community and have found – possibly due to their tenacity or due to them being a small user-led organisation – that people have been responsive to their requests for help. Its inclusivity and identity as a 'recovery community' helps people to engage with it. Its engagement with the local community enables it to effectively signpost people to other relevant resources as required, promoting further opportunities for connecting people.

Kingston RISE has no 'workers' and 'service users', but a genuine sense of partnership between volunteers and other participants. For example, training provided to volunteers will

be disseminated to other participants over time, creating a reciprocity not seen in other agencies in this study. Volunteers may help to engage an individual in the recovery community, but that individual is viewed as a person with assets which the community can benefit from. Support appears reciprocal which facilitates recovery of all those engaged in the process. Although it is too soon to conclude whether or not Kingston RISE is effective in connecting people and enhancing access to social capital, its similarity to the Connecting People Intervention model possibly indicates that it will be.

Discussion

The Connecting People Intervention model (figure 1) was strongly influenced by the third sector agencies in the study. They helped to define the shape of the model which embodies a higher degree of equality in the working relationship than is commonly found in the statutory sector. Both the worker and the person who they are working with inhabit the same horizontal plane. The two circles which symbolise the two individuals can move together so that they overlap. As we observed at BlueSCI and Kingston RISE, where people receiving the services could equally be providers, there are no barriers to an individual (the circle on the right) becoming a worker (the circle on the left). Peer supporters in these agencies can adopt roles as both a worker and an individual in the model.

The role of the agency is of fundamental importance in the model. It provides the context for practice and a supportive environment for connections to be made. The leaders of the smaller third sector agencies involved in the study were largely able to define how the agency operated. Dynamic innovators and social entrepreneurs in these agencies imbue them with a 'can-do' attitude which helps to initiate the intervention processes. Adapting flexibly and innovating according to needs, these agencies modelled on a macro level what they expected their workers to achieve on a micro level.

The flexibility of the three smaller third sector agencies to innovate was not as evident in the statutory services involved in this study. However, innovation was essential for them to attract their funding. We witnessed growth and development in these three agencies during the course of the study as a result of securing additional funding to provide new services or extend existing ones. As grants or service commissions rarely lasted longer than one financial year at a time, and as it is becoming increasingly difficult to secure funding from statutory sources during the age of austerity, there is a tangible sense that these agencies were working hard just to generate the same level of funding each year. Arguably, though, if their income was stable it is possible that they may be less likely to innovate.

Insecure funding in third sector agencies can create perverse incentives to keep people 'on their books' in order to demonstrate to commissioners that they are sufficiently busy to be funded. The ethos of the Connecting People Intervention is to move people through and on from services and to enable them to access 'mainstream' services if they were required. We found that all the third sector agencies encountered difficulties with this to some extent, although they told us they aimed to achieve this. While the success of the Connecting People Intervention model will mean that fewer people will access services, this will reduce the demand and funding for third sector agencies. However, these agencies successfully engaged with some people who found it difficult to engage with statutory services and provided them with a place to belong to. Feeling connected to a supportive agency provided some people with the strength to move on with their lives, demonstrating that dependence and independence are not mutually exclusive.

The close relationship which these agencies have with the local communities in which they are situated is essential to the success of the Connecting People Intervention model. Without close ties with local people, these agencies would not be able to link people to local resources, assets and community facilities. While some teams in the statutory sector are firmly embedded within their local communities, most are separated from the people they work with. Professional distance in statutory teams militates against fostering connections between people, though we did observe some good practice where social distances were reduced in these teams. This was generally not such a problem in the third sector.

Third sector agencies also benefited from having less stigma attached to them. Accessing services provided by an NHS community mental health team, or attending a segregated mental health centre, carried more stigma than playing football in the Power League or meeting up with other people in a café, for example. Third sector agencies appeared more successful at creating a community atmosphere in which people were defined more by their strengths or interests than by their diagnosis.

This study is limited to descriptive accounts of four third sector agencies. These agencies are not necessarily representative, and are perhaps untypical, as they agreed to participate in an ethnographic study. Arguably, most agencies would be unwilling to open their doors to a researcher to observe their practice, but these agencies placed no barriers in the way of the researcher and encouraged both workers and users of the service to take part in the study. It is possible that the presence of the researcher changed the nature of the interaction they observed – a problem of all observational studies. However, we reduced the likelihood of observer bias by undertaking repeat observations in multiple contexts. It is also possible, though, that the characteristics of the third sector agencies participating in the study could be found elsewhere in statutory settings, although we did not in this study.

This study is limited to making observations and not evaluating practice. The pilot of the Connecting People Intervention currently underway in England will evaluate whether practice observed in the third sector can be brought into the statutory sector and mainstreamed throughout mental health services, in addition to evaluating whether or not it helps to improve people's well-being and social participation. It will also evaluate the extent to which MHSWs are able to provide professional leadership over this field of practice to support its integration within multidisciplinary teams lead by health colleagues.

In times of fiscal retrenchment and resource scarcity, the third sector will need to be more innovative than ever to maintain its success, which cannot rely indefinitely on voluntarism. Similarly, MHSWs in statutory services in the UK cannot rely indefinitely on roles prescribed for them by policy, as evidenced in the widening of the Approved Social Worker role to other mental health professionals in England and Wales. Workers in both statutory and third sectors face uncertain times ahead and perhaps may benefit from learning from one another.

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