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Social care interventions that promote social participation and well-being: A mixed methods study

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This presentation presents independent research funded by the Department of Health's NIHR School for Social Care Research. The views expressed in this presentation are those of the author and not necessarily those of the NIHR School for Social Care Research.

Systematic review - MH

- 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

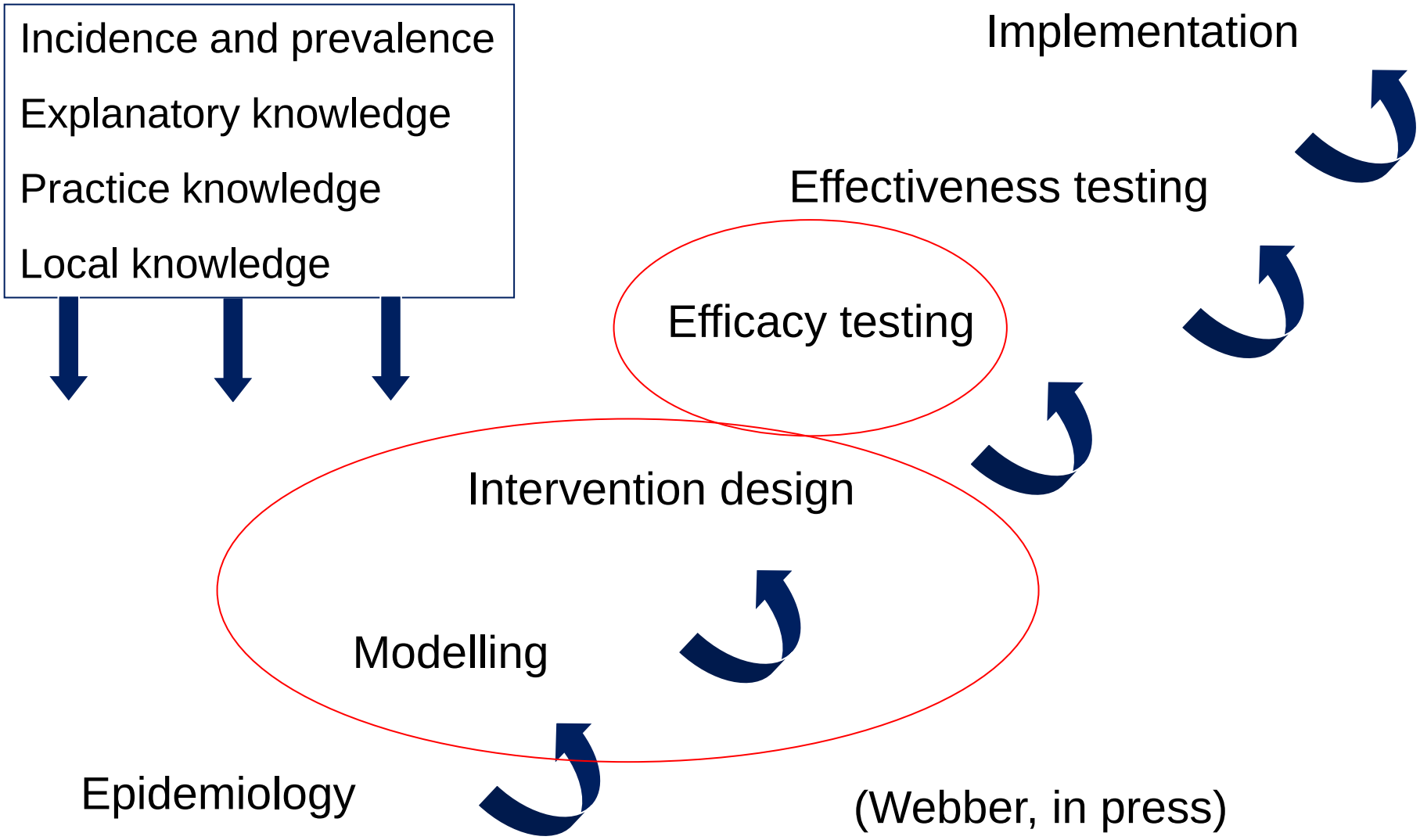
Systematic review - OPMH

- Interventions to enhance social networks and social participation of people with mental health problems (over 65)
- Used EPPI-Centre methodology
- 6 studies met inclusion criteria:
  - 2 RCTs, 2 quasi-experimental, 2 mixed methods
- Quality of studies was not great:
  - Risk of bias: high (2), moderate (2), low (2)
- Intervention components:
  - Peer-mentoring; social skill development; person-centred planning & goal-setting; asset-based approaches; discussion groups
- 5/6 studies reported positive improvement of social participation and wellbeing

Systematic review - LD

- Interventions to enhance social networks and social participation of people with learning disabilities (18-64)
- Used EPPI-Centre methodology
- 8 studies met inclusion criteria (all quasi-experimental)
- Quality of studies was not great:
  - Risk of bias: high (1), moderate (5), low (2)
- Intervention components:
  - Person-centred planning; befriending; activity scheduling; skills-based group sessions with parents; network mapping; housing
- 5/8 studies reported positive findings on social participation

Social intervention development



(Webber, in press)

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 an RCT

Method

- 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 (10 NHS mental health trusts;1 local authority;5 NGOs)
- 2-day intervention training provided to each agency
- 155 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)

Method

- 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

Method

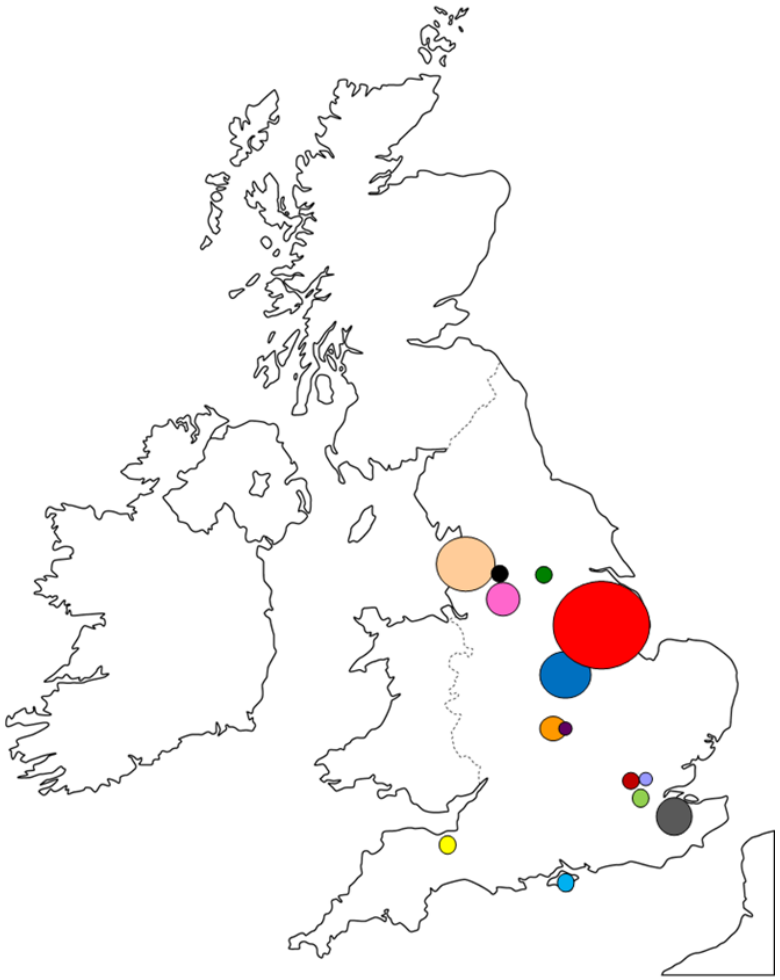
- Fidelity measurement is required to answer question: how do you know that the intervention made a difference and not something else?
- The Connecting People Intervention Fidelity Scale (CPIFS) measures variation in fidelity to the intervention model at an individual level (to capture expected variation in practice at the individual worker level)
- Inherently complex due to personalised nature of interventions; main focus will be on fidelity to intervention model
- Items refined in Delphi Consultation; psychometric properties evaluated in pilot study

Method

- Parallel versions of fidelity scale for workers (CPIFS-W) and service users (CPIFS-SU)
- Five domains:
  - Engagement with service users' community
  - Assessment
  - Planning
  - Equal partnership
  - Relationships
- 3-4 questions per domain scored on a scale 1-9 (e.g. 'to what extent do you know people within your service users' community?)
- One example of practice per domain to be consensus rated

Study sites

What do practitioners think about the Connecting People Intervention?



Intervention training feedback

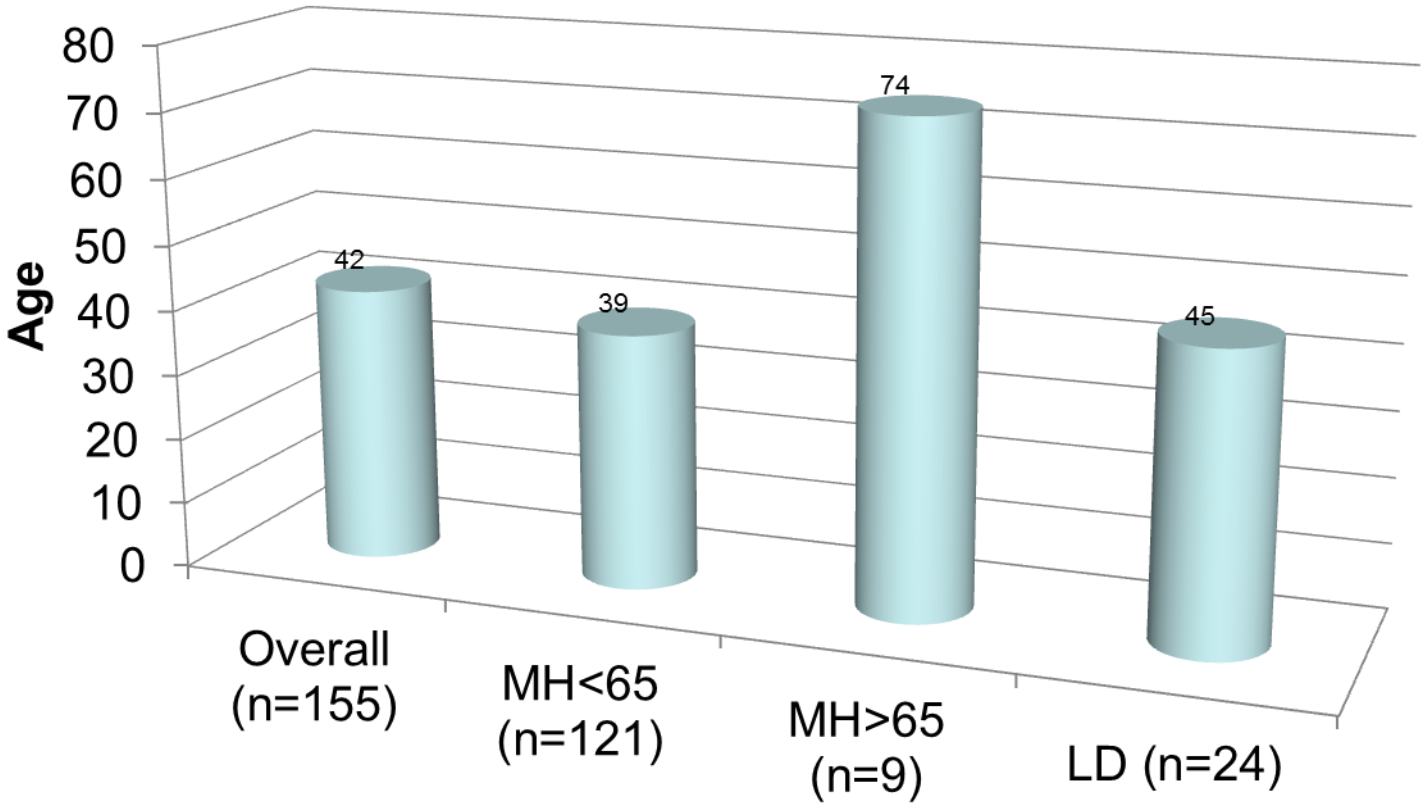
- **“We are doing this already” – model articulates practice**
  - “It’s nice to see that we’re doing a good job!”
  - “You’re not telling me anything new”
- **“There is no way we can implement this” – barriers are predominant**
  - “We cannot move away from a medical model”
  - “Our service users are 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”

Intervention training reflections

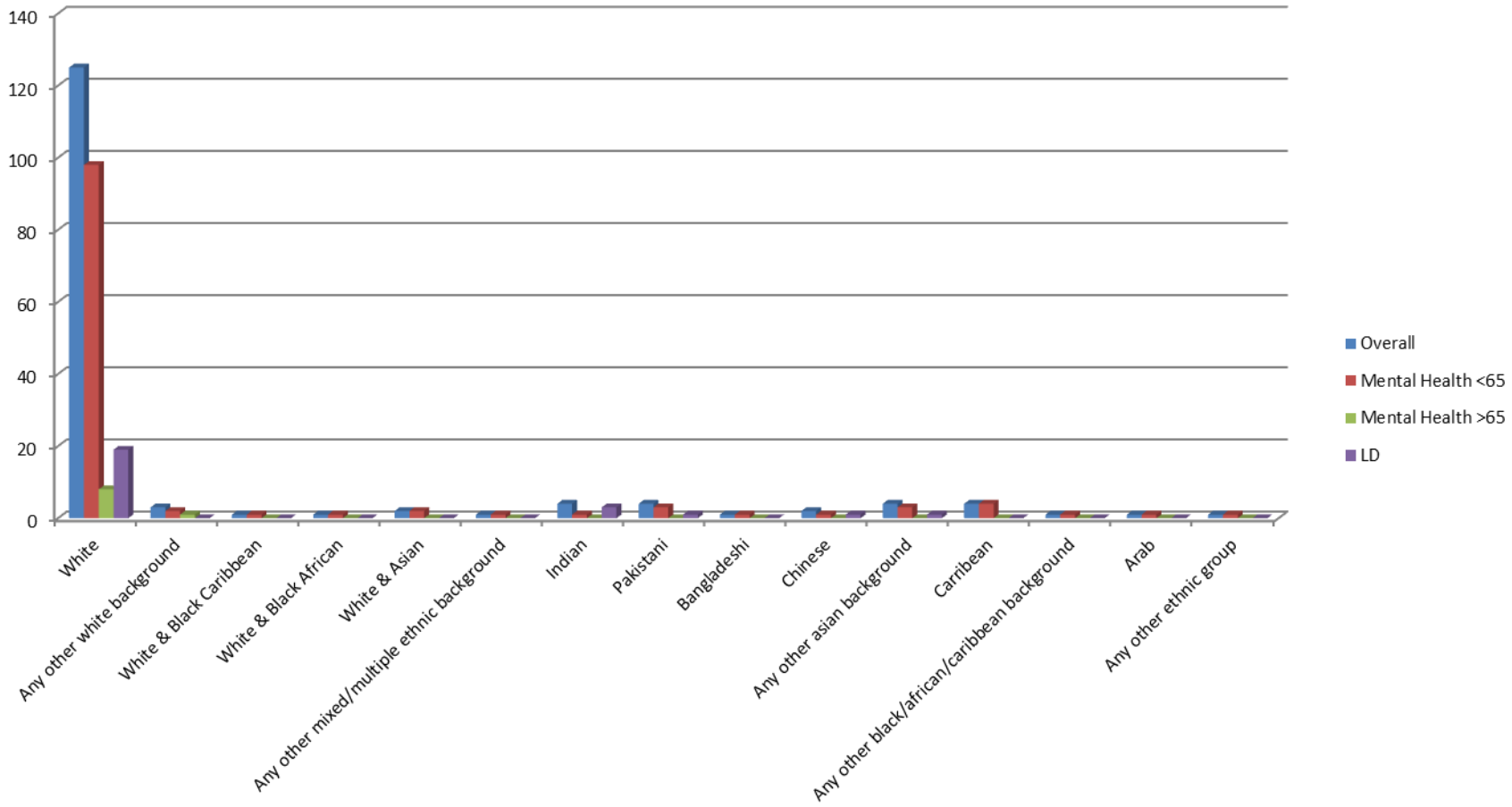
- Training was provided to a large variety of different groups:
  - Social care workers (professionally unqualified)
  - Social workers
  - Occupational therapists
  - Mental health nurses

- Experienced workers can be trained in new approaches, but:
  - Must integrate workers' expertise into the process
  - Must provide the 'big picture' and show where the training fits in
- Training needs to be engaging and fun, but relevant to practice
- Sceptical workers can be convinced of its value, unless they decide it's not for them

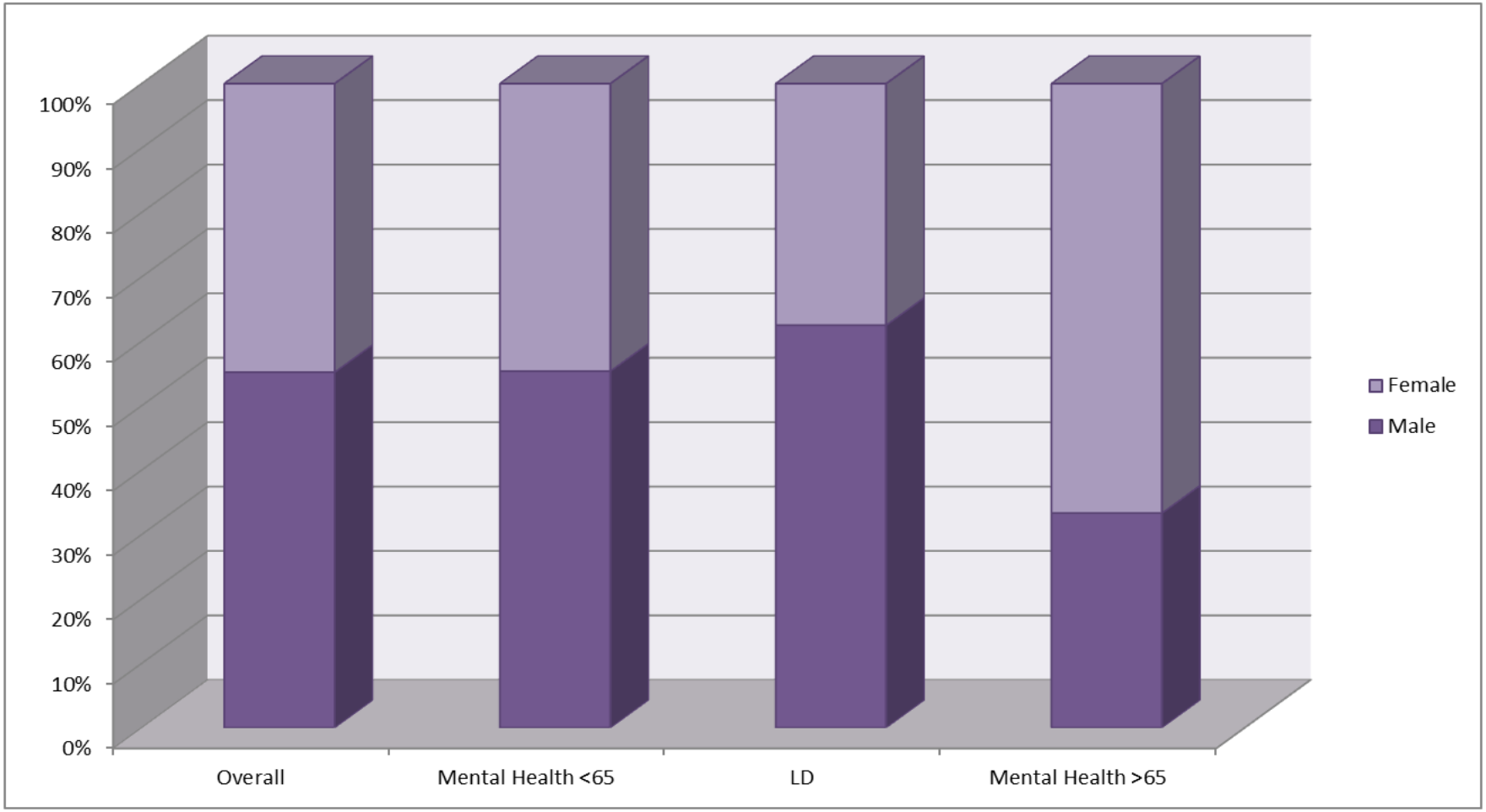
Mean age


Age
80
70
60
50
40
30
20
10
0
42
39
74
45
Overall (n=155)
MH<65 (n=121)
MH>65 (n=9)
LD (n=24)

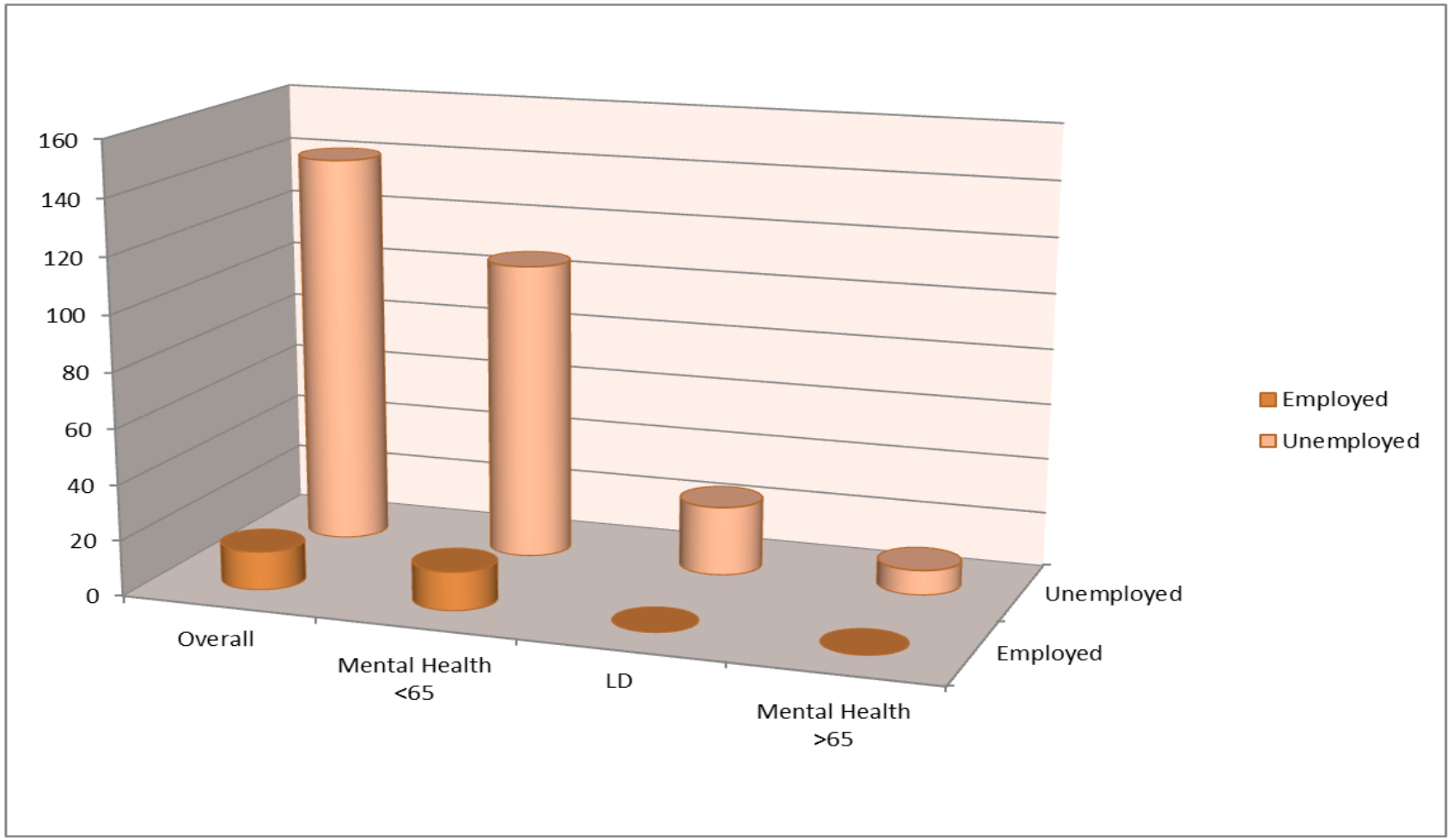
Ethnicity


140
120
100
80
60
40
20
0
White
Any other white background
White & Black Caribbean
White & Black African
White & Asian
Any other mixed/multiple ethnic background
Indian
Pakistani
Bangladeshi
Chinese
Any other asian background
Carribean
Any other black/african/caribbean background
Arab
Any other ethnic group
Overall
Mental Health <65
Mental Health >65
LD

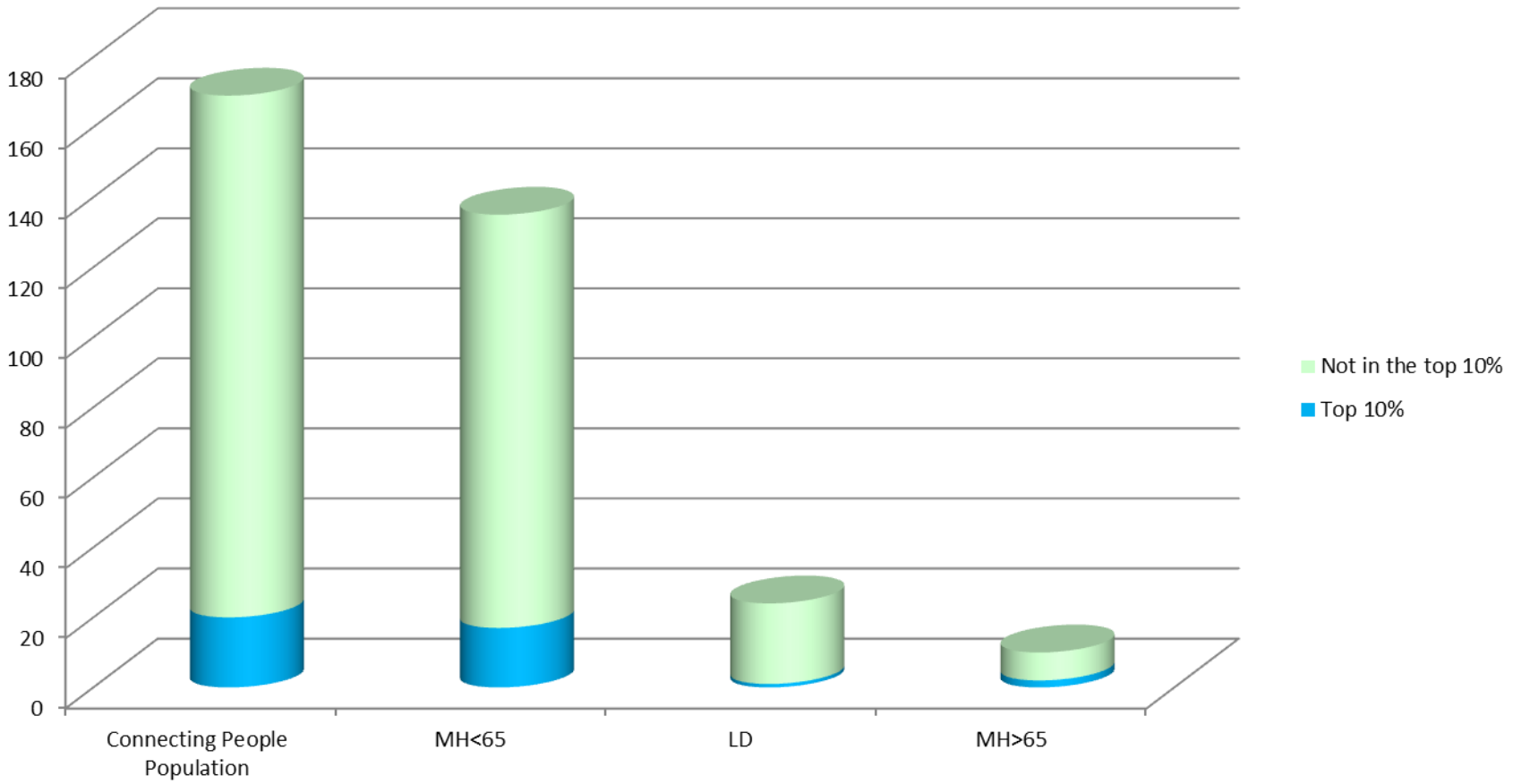
Gender


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Overall
Mental Health <65
LD
Mental Health >65
Female
Male

Employment Status



Multiple deprivation



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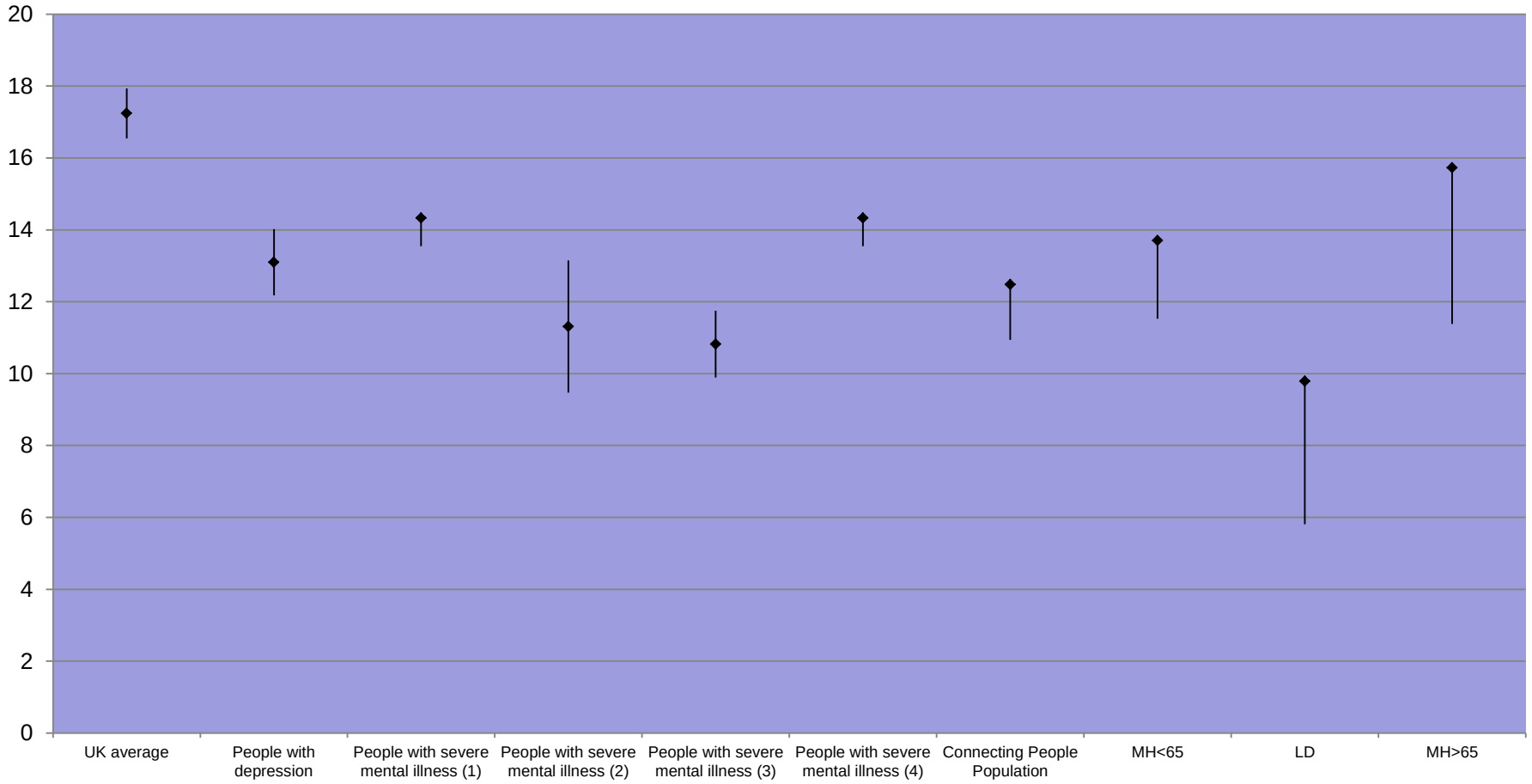
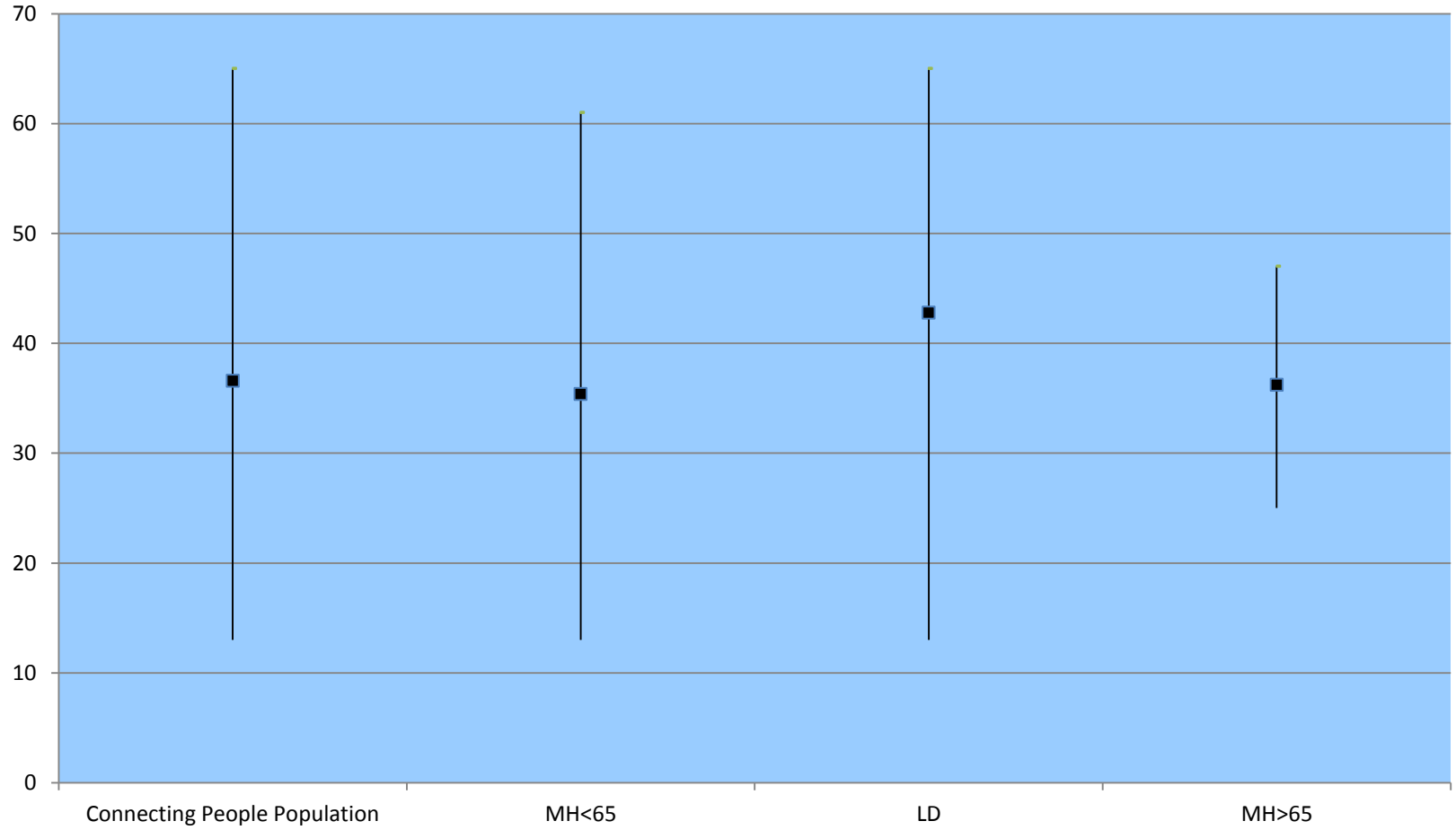
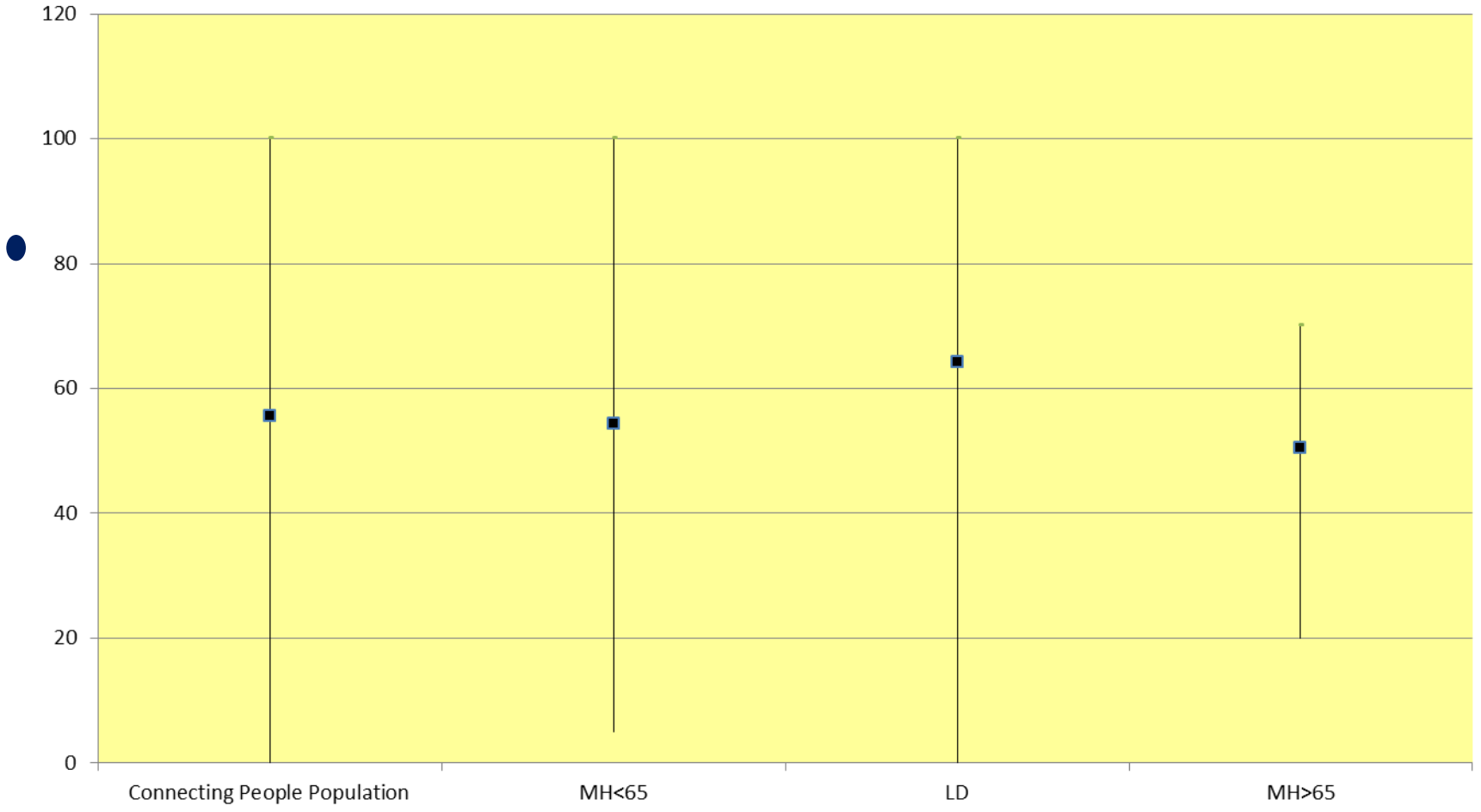
Access to social capital



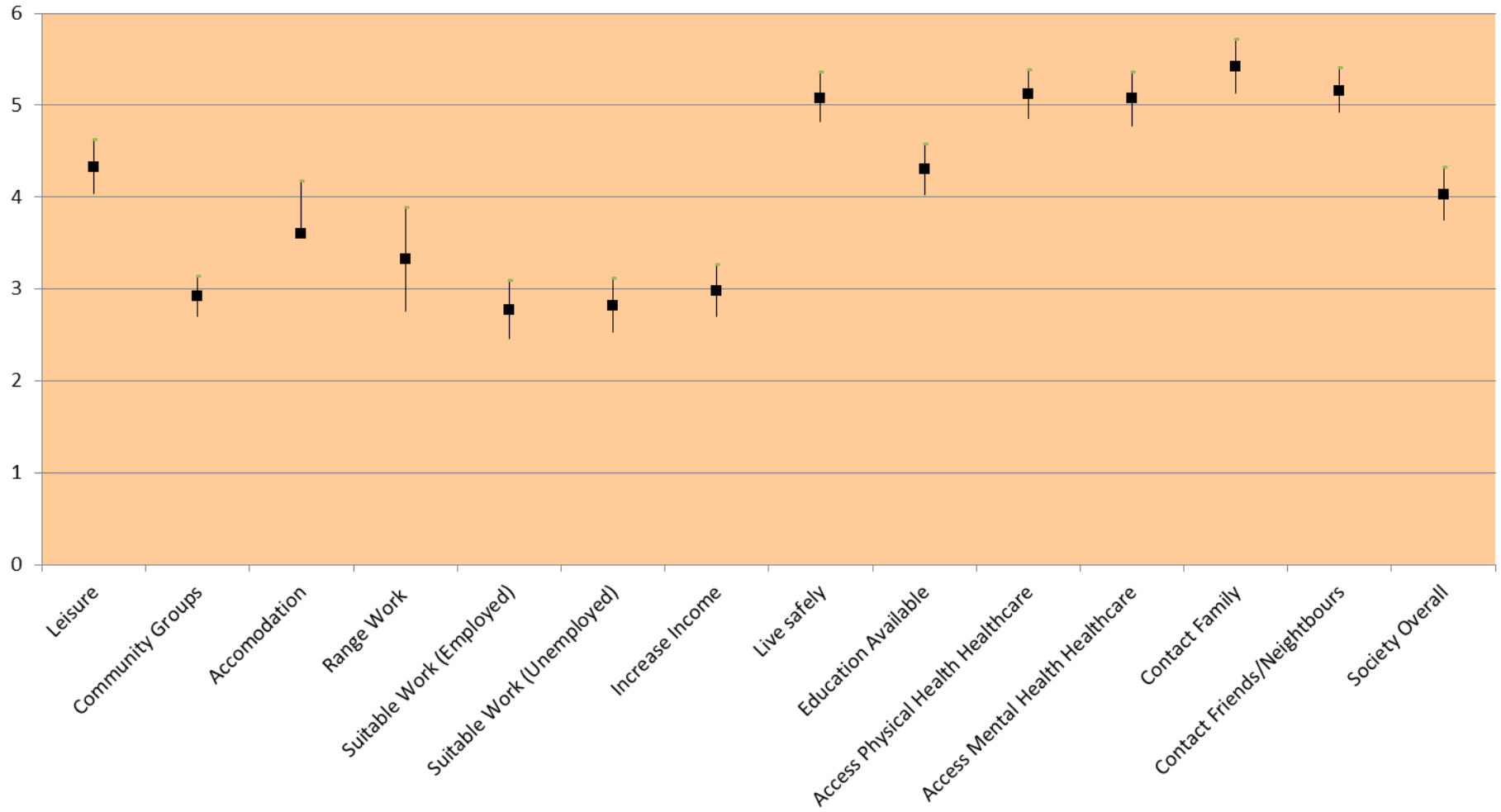
Well-being


70
60
50
40
30
20
10
0
Connecting People Population
MH<65
LD
MH>65

Self-rated Health Score



Opportunities



Concluding thoughts

- In the UK Mental health social work is largely defined by statutory functions – MHA Act, personalisation, safeguarding
- We have not fully exploited our therapeutic potential
- Evidence base for mental health services is defined by psychiatry and psychology through the dominant paradigm of the randomised controlled trial
- We need to provide better evidence about what we do well to influence NICE guidelines, local authorities and mental health services
- Complex social interventions can be modelled, articulated and evaluated
- Mental health social work and social care has the potential to shape its own destiny

Thank you

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Acknowledgements:

NIHR School for Social Care Research

Meredith Newlin, Sharon Howarth, Samantha Treacy (Researchers)

Ian Norris, Tracey Hawkes (Research Administrators)

David Morris & Polly Kaiser (University of Central Lancashire)

Paul McCrone & Martin Stevens (King's College London)

Peter Bates (National Development Team for Inclusion)