KING'S College LONDON

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**Research findings**

# Connecting people: an exploratory study of how health and social care workers help people to develop and maintain relationships

Supportive relationships are important for people experiencing mental health problems. They can both enhance mental well-being and provide access to social resources which, in turn, can support recovery. As mental health problems often impact on an individual's social relationships – because of stigma or the effect of the mental health problem on the individual, for example – it is important for health and social care workers to support people to maintain and develop their social connections. However, there are no practice guidelines to assist workers with this.

## KEY POINTS FROM THE RESEARCH

- The process of developing and maintaining relationships is not linear and cannot be 'engineered' by workers.

- A co-productive approach whereby workers and individuals develop goals and interventions together is more likely to be effective.

- Agencies need to be outward-facing and engage with both local communities and communities of interest to enhance their service users' connections and social relationships.

## BACKGROUND

Supportive social relationships are associated with recovery from mental health problems (1) and help to

This study explored good practice in six health and social care agencies. Conducted between September 2010 and November 2012, it focused on workers who were skilled at assisting people to develop and maintain relationships, and had a particular interest in the experience of people with a diagnosis of psychosis. A researcher used observations, interviews and focus groups to explore practice in NHS mental health teams, a housing support agency and third sector agencies. The findings were summarised in a model – the Connecting People Intervention – which articulated all the components and processes which are likely to be involved in supporting people to develop and maintain new social relationships.

Guidance was developed from the study's findings to explain to workers how the model works in practice. The model and practice guidance were refined by study participants and the study's advisory group through focus groups and a consultation.

The effectiveness of the Connecting People Intervention is now being evaluated in a large pilot study in sites across England funded by SSCR.

reduce the risk of compulsory admission to hospital for treatment (2–4). Even support provided by people who are not emotionally close to an individual with a mental health problem can help to reduce loneliness (5) and promote recovery (6, 7). Some social care workers help people to build relationships and strengthen connections with their community (8), but this work is often not a high priority and there are no practice guidelines to assist them.

**NHS**
National Institute for Health Research

## AIMS AND OBJECTIVES

Understanding practice contexts and harnessing the expertise of workers and service users is essential to the development of complex social interventions (9, 10). Therefore, it was important in this study to understand how health and social care workers helped people to develop and maintain social relationships to provide the basis for practice guidance. In particular, this study aimed to investigate how workers:

- developed effective working relationships with service users;

- created new opportunities for social engagement;

- discussed service users' concerns about creating and maintaining social relationships;

- discussed with service users about developing social relationships with resourceful people, (and their understanding of 'resourcefulness' in this context);

- supported service users to develop and maintain their social connections.

## FINDINGS

The main themes which emerged from the data as important in supporting people to develop and maintain their social connections were as follows:

### The attitude of the worker

Workers had very different styles of practice depending on the agency they worked for and their own personality. However, a 'can-do' attitude – being flexible, positive and enthusiastic – appeared to be important for supporting people to develop new social connections. Additionally, 'soft' skills such as use of body language, communication skills and patience facilitated positive relationships. The development of these skills and attitudes was fostered by agencies that helped their workers to feel valued and trusted.

### A person-centred approach

Embracing the uniqueness of each individual was central to successfully developing social connections. It was important for workers to listen and respond appropriately to

individuals, and to design life goals according to what the person wanted rather than conforming to agency or sector standard approaches. These goals needed to be clear and set out in achievable stages, which allowed workers to note the progress of an individual, and an individual to not feel overwhelmed. Service users spoke more positively of their workers if they were perceived to be doing this.

### Agency support

Health and social care agencies can provide a point for individuals to meet new people with similar interests, as well as the resources to link individuals with organisations and opportunities to allow them to create connections with local communities, communities of interest and individuals. Clear guidelines about the role of the agency in this process appear to be helpful, particularly around role boundaries and the extent to which workers can respond flexibly or creatively to an individual's goals.

### Equality of the worker-individual relationship

Although this can be difficult to achieve in practice, it appeared to be important for there to be greater equality between the worker and the individual they are working with. This could be manifested by empathy and shared experiences on the worker's side, and a mutual respect and trust. A 'secure' attachment between workers and individuals was not necessarily required as it may foster dependency, whereas inter-dependency was seen to be a more productive strategy for the worker-individual relationship.

### Exposing an individual to new ideas

Workers can do this by learning about an individual's existing or previous interests and by suggesting new ones to them. Effective workers were constantly exploring potential new ideas and noting how they could use new facilities or activities within the community with the individuals that they worked with. Some workers used their own personal ideas, interests and contacts to help inspire and connect service users with people beyond health and social care services.

### Building new networks and relationships

Workers assisted individuals by introducing them to new people and groups with similar

interests. This occurred within agencies or within the community of the individual, with groups or individuals who shared hobbies or interests. Workers identified resources and people through actively engaging with the local community or communities of interest and then sharing contacts and resources within teams. Workers needed to continually refresh their knowledge in order to provide up to date contacts and suggestions to individuals.

Relationships with people could be divided into internal or external to the service/agency. Although the external relationships mentioned most frequently were normally pre-existing and often with family and friends, workers could help by listening to an individual about any problems and sometimes by facilitating conversation between the two parties. Agencies were often seen as providing a safe space for making new social contacts and developing confidence. Shared experiences and inter-group empathy appeared to make these relationships rewarding for some people. However, it seemed important for workers to be able to confidently manage conflicts should they occur and appreciate that individuals may not wish to engage with other service users within the agency.

### Engagement through activity

Engaging in activities appeared an effective way to increase confidence and motivation in individuals who seemed more anxious or less enthusiastic about meeting new people. In particular, learning a new skill or having the opportunity to teach a skill with appropriate support appeared to be a good way to connect people. Agencies that offered a friendly, nurturing and 'non-clinical' environment appeared to provide a more conducive context for these engagements.

### The responsibility of the individual

It appeared important that individuals took responsibility for developing their social connections. A worker could help to foster hope and motivation but it was the individual's responsibility to make it happen. Self-awareness was important, as well as the positive feedback gained from taking responsibility and trying new things.

### Barriers

One of the most prominent themes arising from the study was barriers to connecting people, which could be either contextual or attitudinal. Attitudinal barriers included those from individuals themselves such as a lack of confidence, not wanting to try new things, and self-stigma, as well as external barriers such as stigma from other people. Contextual barriers applied to both workers and individuals and included a lack of resources (e.g. time or money) as well as geographical factors, external relationships and physical health complications. It was important that these barriers were identified and addressed.

### Moving on

The moving on of an individual from their time with a worker could be a result of moving on to a lower support arrangement, or engaging in an activity beyond care services, or leaving the service altogether. Ideally, this will be facilitated by new social connections which provide support and access to other social resources. Study participants emphasised the importance of having the opportunity to return to the agency should this be required, but this was not always supported by agency policies.

### Intervention model

These themes were put together into a model to illustrate the processes involved in connecting people. Researchers noted that within agencies that seemed to successfully support people to develop and maintain their social relationships there was a 'buzzy' ethos. Workers communicated well with one another and with service users, and there was a 'sense of possibility in the air'. It also seemed important to provide a 'safe', but not 'stagnant' atmosphere to maximise the opportunity for new connections to be made.

It appeared important for the model to be dynamic; hence the circles in the diagram should be seen as revolving. The model attempts to capture its underpinning features – the equality of relationship, the person-centred approach, the support of an agency – as well as specific factors within the process – exposure to new ideas, goal setting, building of networks and relationships and engagement through activities. Barriers are

**The Connecting People Intervention model**
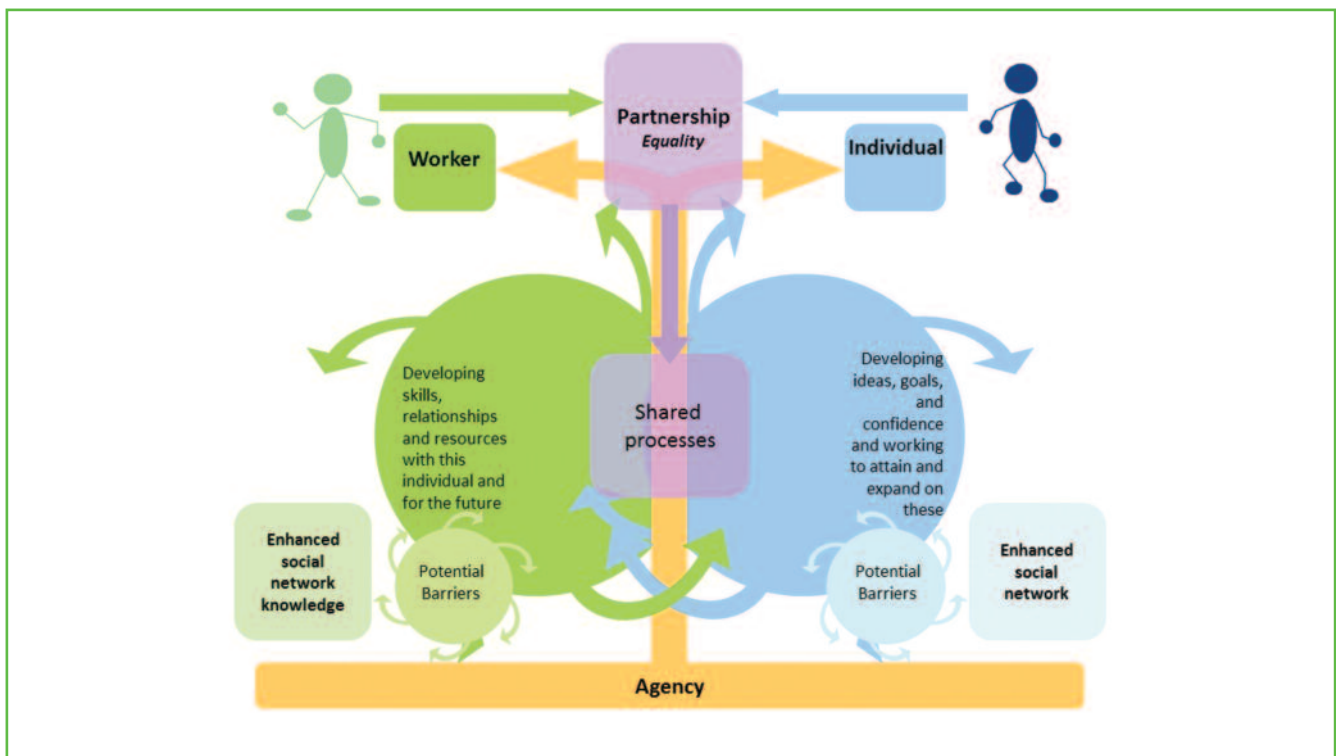


depicted as flowing against the motion of the model. Social network development could occur at any point in this process.

## FURTHER INFORMATION

Further information can be obtained from www.connectingpeoplestudy.net where you can also download the latest version of the practice guidance, an interactive version of the CPI model and training videos to support the implementation of the CPI in health and social care teams.

## PUBLICATIONS

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