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Adaptation of *Connecting People* to address loneliness and social isolation in university students: a feasibility study

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ABSTRACT

University student mental health and wellbeing is a concern, exacerbated by the COVID-19 pandemic. Loneliness and social isolation are drivers of student mental health problems, amenable to intervention. *Connecting People* was developed and piloted in health and social care services to support people to enhance their social connections. This paper reports results of a pre-post, single-group evaluation of training provided to 105 people supporting students in a UK university, and the feasibility of using a *Connecting People* adaptation to reduce student social isolation. Trainee confidence in supporting socially isolated students increased after training and remained high six months post-training. Positive feedback included students making new friends, and helping trainees to break down tackling loneliness and social isolation into manageable steps. Further evaluation is required to test effectiveness, but the model appears feasible to use at minimal cost, and may offer a suitable model to alleviate student social isolation.

Background

The mental health and wellbeing of university students has become a significant concern. International studies estimate the prevalence of mental health problems among students to be in the region of 20–25% (Auerbach et al., 2016; Sheldon et al., 2021). However, as young people were particularly at risk of mental health problems, especially depression and anxiety, during the COVID-19 pandemic (McGinty et al., 2020), this is likely to underestimate the current prevalence.

Depression and anxiety are particularly common during the transition to university (Levine et al., 2021) and have been observed to increase in the first year of student life (De Coninck et al., 2021). When they go to university, many students move away from previous social connections such as school friends (Oswald & Clark, 2003) or family (Whyte, 2019), increasing the risk of social isolation and loneliness. Loneliness and social isolation are becoming increasingly common among students (Hysing et al., 2020), exacerbated by periods of lockdown during the COVID-19 pandemic (Dingle et al.,

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2022). As increases in loneliness have contributed towards the increase in depression (Lee et al., 2020), tackling this will also improve mental health.

Psychological therapies such as mindfulness and cognitive behavioural interventions appear effective in reducing common mental health problems among students (Worsley et al., 2022). These are commonly provided within student counselling services, though demand frequently outstrips the supply (Lipson et al., 2019; Thorley, 2017). Long waiting lists and increasingly high thresholds for student counselling services highlight the importance of developing alternative approaches to supporting students with their mental health. Addressing 'upstream' factors such as loneliness and social isolation can both alleviate mental health problems such as depression and anxiety and support students' engagement in university life (McIntyre et al., 2018). A sense of belonging to university and membership of groups, are both related to positive mental health outcomes (Dingle et al., 2022; McIntyre et al., 2018).

Connections with classmates, flatmates and new friends are important for first-year university students (Farrell et al., 2018; Worsley et al., 2021a). Having good friends has been found to alleviate loneliness in first-year students (Calderon Leon et al., 2022) and good relationships with fellow residents are associated with lower levels of depression and loneliness (Worsley et al., 2021a). However, some experience difficulties in making friends or connecting with other students. In particular, students with insecure attachment styles, who are more likely to experience loneliness in their first year at university (So & Fiori, 2022; Wiseman et al., 2006), will require some additional support from staff to connect with others. Some students welcome support to foster friendships with fellow students (Worsley et al., 2021b), and university staff can play an important role in fostering social connections (Farrell et al., 2018).

A systematic review by Campbell et al. (2022) indicated that marginalised groups, including LGBT students and students with autism, may be at particular risk of developing poor mental health. Lack of social engagement is associated with poor mental health and improving involvement can improve wellbeing.

Bringing students together alleviates loneliness, such as in team sports and physical activity (Lippke et al., 2021). In particular, high levels of activity are associated with benefits for loneliness, belongingness and social anxiety (Knifsend, 2020). There is some evidence that group interventions to bring students together are able to improve social support (Lamothe et al., 1995) or reduce loneliness and depression (Costello et al., 2022). However, group interventions are not appropriate for all students, and their cost-effectiveness has not been evaluated. In addition, those who can attend a group intervention are perhaps not those most in need of help to connect with other students, for whom individual approaches may be more appropriate.

The University Mental Health Charter, introduced in 2019 by Student Minds (Hughes & Spanner, 2019) provides principles of good practice that universities are encouraged to adopt. Drawing on a wide range of literature, the Charter stresses the importance of early and ongoing intervention to provide students with essential information as well as additional support to help with social integration; engaging students with positive social activities to promote mental and physical health; responding to the needs of students who face additional barriers to social inclusion; recognising that social integration can benefit academic engagement; and the benefits of investing in peer support for students. The Charter also highlights a lack of evaluation of university initiatives designed to tackle

social isolation. University staff may require some guidance in how best to work with the most isolated students, for whom *Connecting People* may offer an appropriate solution.

Connecting People was selected for use in this study as it clearly articulated the processes for practitioners to adopt with individuals experiencing loneliness and social isolation. Its theoretical origins are in social capital theory, though related work points to similar solutions to loneliness. For example, *The Social Cure* (Jetten et al., 2012) highlighted how group membership and social identities are important for wellbeing, and the *Groups 4 Health* intervention based upon it has been found to be effective in tackling loneliness among adults experiencing psychological distress (Haslam et al., 2019). Similarly, a feasibility trial of *Community Navigators*, who support people with anxiety or depression and experiencing loneliness to meet other people, found promising findings (Lloyd-Evans et al., 2020). However, *Connecting People* was selected for adaptation in this study as it could be integrated into the work of existing staff, did not require any additional resources and did not require people to join groups.

Connecting people

Connecting People is a social intervention that was developed from a qualitative study of practice in six health and social care agencies in the voluntary and statutory sectors in England (Webber et al., 2015). It follows an eight-step process, which involves a worker:

(1) building a relationship with an individual and exploring with them if they wish to develop their social network;
(2) exploring and mapping an individual's existing connections with them;
(3) developing a plan with the individual to connect with activities, groups, networks, clubs, societies or resources in the individual's local community;
(4) identifying their support needs to enable them to step out and try something new;
(5) reviewing how the new activity went and amending plans and support as appropriate;
(6) addressing barriers to social and community engagement;
(7) reviewing the support provided by their organisation for Connecting People and influencing organisational culture as required;
(8) reviewing the effectiveness of the Connecting People processes within their organisation in supporting people to achieve their social goals (Webber et al., 2016).

The development of *Connecting People* was influenced by social capital theory. Defined as the resources that are embedded within social networks (Lin, 2001; Lin & Erickson, 2008), social capital can lead to better jobs, higher income and greater political influence when accessed (Lin, 2001). As an extension of social network theory, this conceptualisation emphasises the multiple benefits that social connections can bring to people – in addition to helping to address problems such as loneliness or social isolation. This is particularly relevant for marginal groups in different contexts who may lack access to those in power or lack influence.

Connecting People was piloted in 14 health and social care agencies in the voluntary and statutory sectors in England. An evaluation of its outcomes for 155

people with a learning disability or a mental health problem found that their access to social capital and perceived social inclusion increased when the model was fully implemented (Webber et al., 2019). The model has subsequently been adapted for use in different contexts, such as Sierra Leone, Nepal and the US (Fendt-Newlin et al., 2020), indicating its potential utility in a range of diverse contexts.

There are differences between mental health practitioners and university staff, tutors, and mentors, relating to their training and expertise in working with people who have mental health conditions; the structure, length, and frequency of interactions with service users; and ready access to resources such as practice manuals and relevant literature. The university adaptation necessitated a reduced and simplified version of the Connecting People approach that would be feasible to deliver within the constraints of staff, tutor, and mentor roles.

This study aimed to establish the feasibility of using *Connecting People* as a way of tackling loneliness and social isolation among students. In particular, it aimed to investigate whether the provision of training on an adapted form of *Connecting People* would increase confidence among staff and student mentors to work effectively with socially isolated students.

Methods

Design

A pre-post single group design was used to evaluate the feasibility and outcomes of training staff in using *Connecting People* with isolated students. This design was appropriate for a feasibility study which aimed to test the delivery of an adapted version of *Connecting People* in a University setting. The study focused on collecting data from those who were trained and the authors plan further research on recipient experiences.

Setting

The evaluation was conducted in a collegiate university. At the time of this study, all students were members of one of nine colleges, centred on halls of residence rather than academic affiliation. Colleges were staffed by a college team, comprising College Manager, College Administrator, up to six resident post-graduate College Tutors, and a team of student Mentors up to year 3 of this study, with College Tutors being replaced by paid staff in the final year of this project due to a College restructure. Colleges aim to enable students to be part of, and contribute to, their student communities, and to take part in social activities and explore their interests.

Adapting the model

Although the majority of students get involved in their communities with little or no support, some students find this difficult for various reasons, including low motivation, social anxiety, depression, lack of information, lack of friends, or because they don't know anyone else who shares their interests. Historically,

socially isolated students had predominantly been encouraged to take part in social activities through the provision of information on available activities, and trying out new activities to stimulate interest, without a standardised or common approach to providing additional support for students where they faced barriers to involvement.

In 2018, *Connecting People* was simplified and adapted for use with students at the university by reducing the model from its original eight steps (which were supported by training, practice, and implementation manuals), to three steps (planning, doing, and reviewing). The adapted model was supported by one trifold leaflet to consolidate learning and to serve as a reference resource should anyone need to remind themselves about any element of the approach. Many aspects of the additional steps from the original version were retained within the three steps, but not articulated as separate steps in their own right. It was anticipated that three steps would be easier to remember without reference to the leaflet, which may not be readily available in spontaneous and unplanned interactions with students.

Covid restrictions necessitated the adaptation of the approach for online delivery during the 2020/21 academic year. The online adaptation consisted of two Google forms, one for the initial 'planning' stage, and one for the 'reviewing' stage, with students completing the 'doing' stage in between. Each form broke the process down into the same steps that would have been delivered in person. The form was designed to be completed by the practitioner (tutor, mentor or staff) with the student, during a Zoom meeting, where the practitioners would work through the steps with the student, recording information on the form about social networks, aspirations and goals, barriers, and action planning. Explanatory notes accompanied each step within the form, serving as a reminder of the content of the training session and the trifold leaflet content.

Recruitment

Recruitment was undertaken by inviting all college staff, tutors, and mentors to a training session, via email explaining the Connecting People model and the research. Attendance was voluntary, and there was no compulsion to take part in the research in order to receive training.

Delivering the training

A 90-minute training session was delivered by the project lead for each of the four cohorts. Training was in-person in the academic years 2018/19 and 2019/2020, and 2020/21, and a mixture of online and in person during 2021/22 (Table 1).

Drawing on participants' experiences and observations, training included group exploration of how people typically make friends and the benefits of having social contacts, and common barriers some students may face in making friends, such as social anxiety, depression, lack of motivation, low confidence, disability, or lack of access to funds. Training then introduced the Connecting People model by working through the three-step programme, and exploring techniques to develop conversations with socially isolated students, encourage goal setting, and support goal attainment.

Table 1. Training delivery.

Date	Delivery method	Participant type	Number of attendees	Covid impact
January 2019 (academic year 2018/19)	In person	Mentors, tutors, staff	23	N/A
September 2019 (academic year 2019/20)	In person	Staff, tutors	18	Little or no impact. Most interventions had been delivered by the time Covid restrictions came into force in March 2020.
September 2020 (academic year 2020/21)	In person	Tutors	15	Covid restrictions in place throughout the academic year. Training took place in person during a brief lifting of restrictions. The model was adapted to use with students online due to Covid restrictions.
September 2021 (academic year 2021/22)	In person ($n = 1$) and online ($n = 2$)	Mentors and tutors	49	Restrictions had been lifted by July 2021. Training took place in person and online. Model could be delivered in person or online.
			Total = 105	

How to identify socially isolated students was explored in some depth. Based on experience, college staff were often approached by socially isolated students themselves citing loneliness and isolation, or by academic and support staff, parents, peers, or flatmates concerned about a student finding it difficult to make friends and get involved in social activities.

Peer mentors and tutors were encouraged to take proactive steps to identify socially isolated students during their scheduled visits to student flats, by listening out for indications from flatmates, and observing whether any students were continually absent during flat visits. Such students could then be contacted by email to enquire about wellbeing and offer to meet up, or concerns could be reported to college staff for follow-up.

All participants were encouraged to include messages about social isolation in college newsletters, on posters and leaflets, and on social media posts. These messages encouraged students who felt socially isolated to contact mentors or staff; encouraged anyone who had concerns about others to contact mentors or staff; offered help with making friends and getting involved in social activities; and offered a buddying scheme for students who wanted to attend an activity and wanted someone to go with them, such as a gym buddy.

Measures

Standardised self-complete evaluation questionnaires were administered pre-training, immediately after training, and post-practice (five to six months after training).

Our primary outcome, trainee confidence, was measured using nine core questions, which asked participants to rate on a 1–10 scale their confidence and ability to (1) assess social isolation, (2) map social networks, (3) explore interests, (4) set goals, (5) identify barriers, (6) overcome barriers, (7) make plans for involvement, (8) implement plans, and (9) review progress, plus an optional free-text box to make any additional comments. These questions were devised for this evaluation, though we tested their internal

consistency and reliability as a scale (Cronbach's Alpha = 0.945). An inspection of the item-total statistics revealed positive inter-item correlations with no redundant items. These findings indicate that the questions formed a coherent scale, which we termed the *Connecting People* Confidence Scale.

Additional questions were added to the post-training questionnaire about whether participants felt equipped to work with socially isolated students (yes/no), and whether they intended to use the approach (with yes/no options, and a free text box to explain reasons for their answer).

On the post-practice questionnaire, additional questions included whether participants had worked with any socially isolated students (yes/no); whether they had had a chance to use the *Connecting People* approach (yes/no, and if 'yes' with how many students); whether students made friends or got involved in social activities as a result of the approach (yes/no and free-text options to explain why and how), and whether they intended to use the approach in future (yes/no and free-text option to explain their reasons).

Analysis

Quantitative analysis was undertaken using SPSS, using repeated measures ANOVA at three timepoints to measure trainee confidence before receiving training, after receiving training, and at five to six months after training when they had had the opportunity to use the approach in practice.

Qualitative free-text responses were analysed using content analysis (Krippendorff, 2018; Richards, 2009), wherein individual codes were quantified and grouped into overarching themes, using NVivo. As a first step, responses were read through, to become familiar with the data, and initial codes were formed. After this stage, all of the data was coded, resulting in a series of individual codes. These were then analysed again, with codes being merged with other similar codes and/or organised under parent headings, or themes. Content analysis enabled codes to be quantified, to identify issues and considerations that occurred most frequently for participants.

Ethical approval

Ethical approval for the evaluation was obtained from the Department of Social Policy and Social Work Ethics Committee at the University of York.

Results

105 trainees participated in the evaluation over four cohorts (including 45 mentors, 7 staff, 53 tutors/College Life Advisors). 89% ($n = 93$) completed evaluations post-training and 60% ($n = 63$) provided data post-practice. Attrition was restricted to mentors and tutors, and there was no attrition among staff.

The *Connecting People* confidence scale mean was 5.89 (sd = 1.93) at baseline rising to 8.09 (sd = 1.20) post-training, and 8.00 (sd = 1.36) post-practice. There was a significant difference in the Confidence Scale over the three time points (F = 136.82, $p < .001$). The pairwise comparisons indicated an increase in confidence from pre-training to post-

training (mean difference = 2.21, 95% CI = 1.88–2.53, df = 100, $p < 0.001$), with a large effect size (d = 1.65); and from pre-training to 5 to 6 months after training (mean difference = 2.12, 95% CI = 1.72–2.51, df = 100, $p < 0.001$) and the effect size remained large (d = 1.29). There was no significant difference in confidence from post-training to 5 to 6 months after training. Mauchly's test of sphericity indicated that the assumption of sphericity has been violated ($\chi^2(2) = 21.35$, $p < 0.001$) so we applied the Greenhouse-Geisser correction to the repeated measures ANOVA and the difference in mean scores on the Confidence Scale remained statistically significantly different (F(1.675, 167.505) = 164.519, $p < 0.001$).

In the post-practice survey, 67% ($n = 42$) of respondents indicated they had worked with socially isolated students. Just under half (48%; $n = 30$) said they had had the chance to use the Connecting People approach in their role. The median number of students that they had used the approach with was 2, with a range from 1 to 20.

Although 63 participants completed the post-practice survey, some respondents did not answer every question. 37 of 58 respondents (64%) who answered the question said that the approach had helped them to work with socially isolated students. 31 of 54 respondents (57%) who answered the question said students had made friends as a result of Connecting People. When asked if they would use the approach in future, 40 of 44 respondents (91%) who answered the question indicated that they would.

Six overarching themes emerged from the free-text responses, each of which contained more specific codes. The overarching themes are summarised in Table 2.

Respondents frequently referred to the usefulness of various elements and steps within the model, most commonly that it helped to develop effective conversations ($n = 37$); the usefulness of the planning stage ($n = 31$); and that it helped them and the student to visualise the student's network ($n = 28$). For example:

> I feel more confident in how to break down the conversation and progress it to become a plan - using step by step stages to engage the student and help them visualise their network. (Tutor, 2018)

Respondents also spoke about feeling enabled to effectively identify and approach isolated students ($n = 20$); increased understanding of the barriers and reasons for social isolation in the individual ($n = 19$); the importance of the reviewing stage ($n = 14$); and the helpfulness of setting outcomes and goals ($n = 8$). A couple of positive comments were also made in relation to the model increasing knowledge around finding suitable

Table 2. Summary of themes.

Theme	Description	Frequency of coding
Model elements	What participants said about the different stages within the approach, for example, the planning stage and finding activities.	160
Outcome and effects	What happened as a result of using the approach, and who that related to, for example, students made friends, and useful for autistic students.	135
Feelings about the model	How participants described the approach, for example, clarity and simplicity.	115
Limitations and criticisms	Why the approach was not used, who it was not suitable for, and suggestions for improvement.	76
Skills and knowledge	What skills and knowledge they had gained by using the model, for example, being better prepared and feeling more skilled.	55

activities ($n = 3$), and the usefulness of using the online form-based version of the approach during Covid ($n = 2$).

Outcomes and effects were universally positive, with no negative effects of using the approach being cited. They included the success of the model in enabling students to make friends and get involved in various social activities, including sport such as gym, netball, or other sports and physical activities ($n = 29$); that the approach was effective ($n = 23$); and that it helped students to overcome barriers and make progress ($n = 19$). For example:

> The students I used this approach with felt overwhelmed. It was helpful to break down each area and help the student consider their different options. Each student followed the advice and made some connections, whether that be bettering their connection with their flatmates, course mates or trying new clubs. They reported back that they felt more motivated to attend as we set weekly goals to achieve too. (Tutor, 2019)

Respondents said *Connecting People* increased self-awareness and understanding of recipients' own situations ($n = 14$); was empowering for recipients and allowed them to take control ($n = 9$); enhanced the university experience ($n = 6$); and that participants benefited from using the approach on themselves ($n = 5$) and with friends ($n = 4$). For example:

> Helped me to identify signs of isolation with people in my house as well as course. As well as finding ways of helping them and myself to feel less isolated at particular times such as exam periods. (Mentor, 2018)

Under the theme *feelings about the model*, responses most commonly referred to the model having a useful structure ($n = 54$); followed by it being simple to use and remember ($n = 20$). Respondents also said the model offered a good starting point for conversations and action ($n = 13$); and provided clarity of purpose ($n = 11$). Less frequently coded attributes included the approach being adaptable for use with different people and situations ($n = 7$); efficient in terms of time and effectiveness ($n = 7$); and that it was intuitive ($n = 2$) and holistic ($n = 1$). For example:

> To help initiate conversation with student it's good to have a structure to follow; it will help keep conversation going and support asking questions to identify areas of support needed by student. Shows student they're being taken seriously. (Staff, 2018)

Limitations and criticisms mainly suggested why the approach had not been used ($n = 40$); that it was not suitable for all students ($n = 4$); that the training should have been delivered earlier in the year ($n = 4$, year 1 only); and how it might be improved ($n = 1$). The main reasons for not using the approach were that they had not worked with socially isolated students, for example:

> The students I have worked with did not approach me with social isolation issues, however the training I received through *Connecting People* did help me in wording emails and structuring meetings in an inclusive, reassuring and encouraging manner. (Mentor, 2021)

Several respondents indicated they would use it in the future ($n = 8$) and felt it would have helped had they had a chance to use it ($n = 7$). Four respondents felt the approach was not suitable for students who preferred to spend time alone ($n = 1$); chose not to

engage ($n = 1$); required active listening rather than an intervention ($n = 1$); and students for whom it may have a negative impact by highlighting their isolation ($n = 1$). The single suggestion for improvement was to include more ideas in the training about how to identify possible activities.

Skills and knowledge included feeling better prepared with new skills and techniques ($n = 38$); an increased understanding of social isolation generally rather than regarding an individual's situation ($n = 11$); and the importance of not pushing students to do things they are uncomfortable with ($n = 3$), for example:

> It gives a structure for the mentors to follow and allows for a deeper understanding of students who are isolating [due to COVID-19 restrictions] and what solutions there are to mitigate this. (Mentor, 2021)

Discussion

This study found that trainees' confidence in using the *Connecting People* approach improved following the training and was maintained five to six months later. This suggests that the training improved trainees' knowledge and skills in taking a more structured approach to supporting students to connect with others, and it became embedded so that their confidence did not wane over time. When it was used in practice, levels of confidence did not significantly change and were maintained at a mean of 8 out of 10 on the *Connecting People* Confidence Scale.

These findings are supported by free text responses which also indicated increased confidence, with trainees reporting that the training had helped them to feel better prepared for this type of work. They frequently mentioned the different elements of the model, suggesting that they had understood and internalised the processes involved in *Connecting People*. They mentioned how it provided them with some clarity and structure for these conversations with isolated students, and that it was easy to remember. Trainees also reported positive effects on students, with reports of new friendships among students; increased self-awareness; and students being able to overcome barriers which were preventing them from connecting with others, with increases in students' optimism and confidence frequently cited. This enabled students to become involved in a wide range of activities, including sports and physical activities which are associated with reduced loneliness (Knifsend, 2020; Lippke et al., 2021) and social anxiety (Knifsend, 2020). No negative impacts on students were reported.

This study agrees with Farrell et al. (2018) assertion that university staff are important in helping students to make social connections, but also extends this to include student mentors. Positive effects were also reported outside of the staff-student and mentor-student relationship, where some trainees were able to apply learning to help people in their own social networks and sometimes for themselves.

Connecting People was considered not to be appropriate for universal provision; it was best targeted at students who were socially isolated and needed some assistance with connecting with others. One-third of the trainees had not used it as they had not encountered isolated students, but as confidence in the approach was maintained over time, they felt that they could use it when it was required. Some students preferred to have limited contact with other students, indicating that *Connecting People* is not

appropriate for everyone, but respecting this was specifically addressed in the training to ensure that staff were sensitive to the needs and wishes of individual students.

One of the reasons trainees did not encounter socially isolated students in the first year of the study was because *Connecting People* training was not delivered early enough in that year. This confirms other studies that suggest tackling social isolation among students is particularly important in early transitional stages from home life to university life (Calderon Leon et al., 2022; Hysing et al., 2020), when students are at particular risk of depression and anxiety (De Coninck et al., 2021; Farrell et al., 2018; Hysing et al., 2020; Levine et al., 2021; Oswald & Clark, 2003; Whyte, 2019; Worsley et al., 2021a).

These findings will need to be verified in future studies with students to evaluate their outcomes, but they indicate that the amended version of *Connecting People* could be used effectively by people who do not do this as their full-time job. It requires minimal resources – the cost of a trainer for a 90-minute session and some printed materials – and a variety of people in different student-facing roles can use it. *Connecting People* therefore offers an efficient and cost-effective alternative or addition to psychological therapies which, although effective (Worsley et al., 2022), are often unable to keep pace with demand (Lipson et al., 2019; Thorley, 2017).

While mental health problems are indicated to be prevalent among 20–25% of students, with students being at increased risk during the Covid pandemic (McGinty et al., 2020), this study suggested *Connecting People* is versatile and adaptable, being effective when delivered both online, during lockdown, and in person outside of lockdown. *Connecting People* may therefore be of particular value when demand for services is high.

While universal social interventions for all students, such as providing information on groups, societies and activities, form part of mainstream university provision, providing information plus support requires additional resources. However, since the group requiring additional support is substantially smaller than the wider student population, and only the additional-support element is required (since information provision forms part of the universal offer), costs of implementing *Connecting People* alongside universal provision are minimal. Indeed, since some form of remedial action to address social isolation may become necessary for some individuals anyway, using the *Connecting People* approach may be a more effective and efficient use of resources (see Figure 1).

Connecting People also appears to be resilient and adaptable, as the changes in provision during the COVID-19 pandemic appears to have had minimal impact on trainees' confidence or experiences. These findings therefore support evaluations of similar initiatives such as group interventions (e.g., Costello et al., 2022; Lamothe et al., 1995). They suggest that *Connecting People* may offer a promising intervention to address upstream factors that may influence mental health and wellbeing (Dingle et al., 2022) and tackle the sorts of social isolation identified by Worsley et al. (2021b) and others, thereby alleviating student mental health problems (Dingle et al., 2022; Lee et al., 2020; McIntyre et al., 2018).

This evaluation includes initial, tentative suggestions that the model may support the social inclusion of students with additional needs, including autism, who are identified by Campbell et al. (2022) as being particularly at risk of developing poor mental health. More widely, the approach may be helpful for students who face other types of barriers to
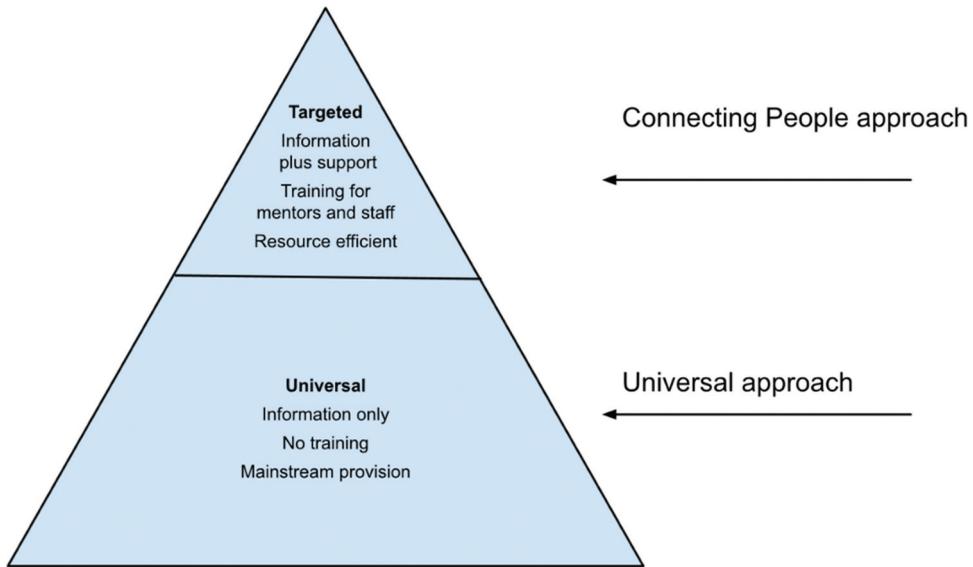
Figure 1. Targeted vs. universal provision.

social inclusion because of its focus on personal self-direction, and the specific goals and barriers of individual students.

This evaluation provides an intervention approach that can be used in other higher education institutions alongside their universal provision, including targeting resources effectively at students who face additional barriers to involvement, and addresses the lack of evaluation of such interventions highlighted in the University Mental Health Charter (Hughes & Spanner, 2019). In addition, this study extends the original *Connecting People* model beyond traditional mental health settings (Webber et al., 2015, 2016, 2019) indicating it may be useful in the general student population to support social inclusion and wellbeing.

There are similar approaches to addressing loneliness which are in current use. For example, *Connecting People* is similar to social prescribing: both feature someone providing information about local groups, resources and activities to someone else, and then supporting them to engage with something new. Indeed, *Connecting People* has been integrated into a model of Community-Enhanced Social Prescribing (Morris et al., 2022) as it aligns well with the work of a social prescribing linkworker. In addition, there are similarities between *Connecting People* and *Social Identity Mapping* (Cruwys et al., 2016). The former includes a mapping phase, in which an individual is supported to draw a map of their social connections, to identify strengths and areas for potential growth or change; and the latter creates a visual map of an individual's group memberships and social identities. Other approaches may have produced similar results, but *Connecting People* was selected for use in this study because it could easily be integrated into the work of staff, tutors and mentors who are otherwise busy with multiple other tasks.

This evaluation has some limitations. Firstly, we have not collected data from students so we are inferring their outcomes and experiences from trainees. This should be the focus of future research. There was no control group, so it is possible that the observed improvements in confidence would have happened in the absence of training. However,

the volume and nature of personal testimonies regarding the effectiveness of the model and its use in practice, suggest that the training contained 'active ingredients' and was not purely a placebo. In addition, the alignment of the changes occurring with the training being provided, and being maintained over time, suggests that the changes in confidence were associated with the receipt of the training. Further, follow-up of the trainees post-practice was incomplete, and it is possible that those who had used *Connecting People* in their work were more likely to complete this evaluation, potentially leading to an over-estimation of the training effect. Tutors and mentors comprised 93% ($n = 98$) of the 105 participants, and attrition from their role may account for some of the attrition from the research. Mentors leave or engage less with their role due to a range of factors such as competing academic demands, leaving the university, changes in their own circumstances, and changes in their own mental health and wellbeing. Role attrition for similar reasons also occurs among tutors. This pattern of role attrition may have influenced research attrition, and it may be the case that mentors who generally engaged less with students, or ceased their mentoring or tutoring role, were less likely to engage with the research. Further research is required to establish this with more accuracy.

In conclusion, this evaluation has found that providing training in *Connecting People* appears to increase the confidence of staff in working effectively with socially isolated students. The feedback from trainees was almost exclusively positive, across all four cohorts. This was supported by vicarious accounts of positive student feedback, including an example of a mentor who had received *Connecting People* as a student in a - previous year. Further research is required to evaluate students' experiences and outcomes, using a control group where possible and a validated measure of social isolation or mental wellbeing, for example. In the meantime, this evaluation indicates that universities can provide training in *Connecting People* to improve staff confidence in working with socially isolated students with no apparent adverse effects.

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