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Article:

Implementing Connecting People in Adult Mental Health Social Work Practice: A Thematic Analysis of Postgraduate Student Assessed Placement Reports

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Abstract

Many mental health social workers employed in NHS mental health trusts in England undertake generic care co-ordination roles. Their identity as social workers is often overlooked, diminishing their potential to lead the implementation of social interventions to improve social outcomes for people with mental health problems. This study explores the extent to which mental health social work students were able to implement an evidence-informed social intervention—Connecting People—during a mental health practice learning placement. A thematic analysis of sixteen placement reports was conducted and evidence was found of high fidelity to the practice model alongside areas for improvement. Additionally, barriers and facilitators to the implementation of Connecting People in practice were noted. The findings demonstrated that it was possible to implement the model in mental health services, though the support of supervisors, teams and employers was required. The use of social approaches in mental health services may provide a leadership opportunity for mental health social workers which is distinct from their statutory functions, potentially assisting their retention in the profession.

Introduction

Workforce shortages have led to a significant focus on the recruitment and retention of social workers in England (Edwards *et al.*, 2022). Although the reasons for the current crisis are multiple and complex, policy responses have predominantly focused on developing more entry routes into the profession. Postgraduate employer-based condensed programmes (such as Step Up to Social Work, Frontline or Think Ahead), and Degree Apprenticeships, have been created to provide alternative routes into the profession in addition to University-based undergraduate and postgraduate programmes. These newer work-based routes provide learners with more time in practice settings and place less emphasis on academic learning. However, effective 'on the job' training relies on the existence of clear roles for social workers, as this supports the development of a social work identity and the socialisation of students into the profession. This may also assist in their retention in social work (Webb, 2016).

The development of a social work identity in mental health settings can be challenging (Smith *et al.*, 2021). Adopting a socially oriented approach is particularly problematic for social workers employed in generic care co-ordinator roles alongside other professionals such as community mental health nurses and occupational therapists in NHS mental health trusts in England. Unlike in Local Authorities where mental health social workers undertake distinct roles such as Approved Mental Health Professional functions under the Mental Health Act 1983; assessments for care and support needs under the Care Act 2014; or safeguarding adults; social workers in NHS mental health trusts are more likely to undertake generic tasks, usually under the overall leadership of a psychiatrist (Nathan and Webber, 2010; Tucker and Webber, 2021). Following the demise of integrated working arrangements with Local Authorities, an increasing number of mental health social workers are employed in NHS mental health trusts (Tucker *et al.*, 2022; Health Education England, 2023), in part to help address shortages in other mental health professions. Providing these practitioners with clear social work roles and tasks is important to support the development of their professional identity and retention in social work.

The cultivation of a clear identity for social workers in mental health services was a key aim of the Think Ahead programme. This is a Government-funded initiative to increase the number of practice learning opportunities for graduates interested in a career in mental health social

work. As Frontline and Step up to Social Work have done for social work with children and families, Think Ahead was devised to attract graduates or career-switchers to mental health social work. One feature of this programme was to provide training in social interventions for the practitioners to use in mental health services. Its curriculum was designed primarily to help mental health social workers define their distinctive contribution to multi-disciplinary teams, along the lines of sector-agreed professional roles (Allen, 2014). The interventions taught in the programme provided practitioners with skills in working with individuals, families and communities.

The interventions which were chosen to be taught had evidence that they would improve outcomes for mental health service users when implemented with high fidelity. They were also deemed feasible for learners to implement during their final practice learning placement as they approached qualification. In order to pass this placement, they needed to demonstrate competence in using motivational interviewing or solution-focused brief therapy; family group conferencing; *and* Connecting People. Assessments were conducted via observations of their direct practice; a written report including critical accounts and critical reflections of their practice; and an oral viva examination focusing on their work with two people.

Social work education in England is not known for its training in evidence-based interventions. In contrast, in the USA and Canada, most Master of Social Work curricula include at least one evidence-based practice (Bertram *et al.*, 2015). However, even in the USA where evidence-based practices are widely taught, studies have found that practitioners only felt moderately prepared through their education to use the interventions in their practice (Teater and Chonody, 2018; Wike *et al.*, 2019). Studies in Europe have similarly found limited engagement with evidence-based practices or use of research in social work practice (e.g. van der Zwet *et al.*, 2016; Ekeland *et al.*, 2019; James *et al.*, 2019). Even in Australia, where there was positive support for evidence-based practice, practitioners reported an unsophisticated understanding of evidence and evidence-based practice (Gray *et al.*, 2015).

Contrary to these studies, there is evidence that it is possible to teach evidence-based interventions within a qualifying social work programme which learners can apply in their practice (e.g. Interpersonal Psychotherapy (Corcoran *et al.*, 2019); motivational interviewing (Almond *et al.*, 2023)). Supporting this, implementation science provides insights into the complexity involved for students in translating research evidence into social work practice. For example, they are required to navigate the agency's systems and priorities as well as develop the personal skills and behaviours required to implement the intervention (Cabassa, 2016). The analysis conducted in this article illuminates these processes from the perspective of social work students implementing Connecting People in their practice learning placements. It provides an analysis of students' reflections of their practice,

exploring the extent to which they were able to implement it and the barriers and facilitators of doing so.

Connecting people

Many studies have found an association between loneliness and social isolation with mental health problems (e.g. Mushtaq *et al.*, 2014; Beutel *et al.*, 2017; Smith and Victor, 2019), though the relationship is bidirectional and complex. Loneliness and social isolation are both significant risk factors for mental health problems (Leigh-Hunt *et al.*, 2017), and hinder recovery from them (Wang *et al.*, 2018). Irrespective of their impact on mental health, a lack of social connections leads to early mortality (Holt-Lunstad *et al.*, 2015; Beller and Wagner, 2018). Therefore, tackling loneliness and building social connections has become a concern of the UK Government (Her Majesty's Government, 2018), particularly in the wake of the Coronavirus disease 2019 pandemic.

Connectedness has been identified as key to recovery from mental health problems (Leamy *et al.*, 2011). It reduces isolation, increases access to resources, helps to shape identity and supports people to 'move on' in their recovery journey (Sweet *et al.*, 2018). Reviews of social interventions to enhance social networks of people with mental health problems show some promise, though evidence of their effectiveness is limited (Anderson *et al.*, 2015; Webber and Fendt-Newlin, 2017). However, the Department of Health's strategic statement for mental health social work (Allen *et al.*, 2016) and the Community Mental Health Framework for Adults and Older Adults (NHS England, NHS Improvement and National Collaborating Centre for Mental Health, 2019) both cite Connecting People as an evidence-informed social intervention that should be implemented.

Connecting People is an evidence-informed practice which practitioners can use to support people to connect with others beyond health or social care agencies, to enhance the diversity of their social networks and to improve their access to social capital (Webber *et al.*, 2016). Connecting People is not a traditional linear process of a practitioner doing something for or with the service user and an outcome occurring as a result of this, nor is it prescriptive about the size or quality of networks. It is up to service users to decide how many people they want or need to be in contact with. Once a relationship between a service user and practitioner has been formed and new ideas discussed, the practitioner and service user set goals together. Successful goals tend to be tangible and realistic, articulated in clear steps which do not overwhelm the individual. The creation of new networks and relationships in the

course of attaining these goals provides the context for the creation of social capital.

Connecting People was developed from the findings of a two-year study of practice in six health and social care agencies (Webber *et al.*, 2015). In a subsequent pilot study, Connecting People was tested over a nine-month period within NHS community mental health teams, housing support and third-sector organisations. This study found that in agencies where Connecting People was implemented more fully, people experienced better social outcomes over a nine-month period (Webber *et al*, 2019). Specifically, they had access to more social resources from within their networks, such as advice, information or practical support from the people they knew. Also, they felt more included in society than those in agencies where Connecting People was only partially implemented.

Partial implementation occurred when, for example, there was minimal engagement with the service users' local community; strengths and goals of service users were not fully assessed; or when practitioners were minimally involved in supporting service users to develop and maintain their social relationships. Service use and the costs associated with this decreased for all participants receiving some level of Connecting People during the nine-month study period. However, the implementation of Connecting People in the local authority and NHS sites was hampered by the lack of capacity among social work practitioners to engage with the model. Their work was affected by performance targets, reconfigurations, public sector funding cuts and a focus on statutory roles and functions (Webber *et al.*, 2019). A subsequent implementation study found that these barriers were particularly prominent in NHS community mental health teams (Webber *et al.*, 2021).

Connecting People was selected for inclusion in the Think Ahead curriculum as it was considered feasible to implement, and connected with both the Professional Capabilities Framework (British Association of Social Workers, 2018) and the Code of Ethics for the profession (British Association of Social Workers, 2021). Its focus on engaging people with communities complimented interventions for individuals and families and aligned with strengths-based approaches in working with adults (Department of Health and Social Care, 2019). One-day training was provided in the model by its creator and the students agreed on tasks to undertake in their placement agency to implement the model in practice.

This study aimed to evaluate the extent to which social work students could implement Connecting People in their final practice learning placement and to better understand the barriers they encountered in doing so. A study reporting the findings of a similar analysis of these students' use of motivational interviewing has been published (Almond *et al.*, 2023); similar papers regarding their use of family group conferencing and solution-focused brief therapy are in preparation.

Methods

Design

We undertook a thematic analysis (Braun and Clarke, 2006) of student placement learning reports from the postgraduate qualifying programme in social work at the university where the Think Ahead programme was developed and piloted. The students were required to critically evaluate their use of social interventions in their placement learning reports in order to meet the learning outcomes for the placements. They were expected to use each intervention with at least one person during their placement. The placement reports were written during the placements and were a contemporaneous account of practice learning. Students were encouraged to keep a daily journal of reflections and learning points to incorporate into their reports to ensure that problems of recall did not occur. They submitted a draft report halfway through the placement and a final one at the end of the placement. Students' achievement of placement learning outcomes was assessed by Practice Educators within the placement agencies, who were independent of teaching staff who provided the intervention training and developed Connecting People. Practice Educators submitted a report alongside the students' report, both of which were reviewed by university staff for quality control purposes.

Sample

The sample was social work students on a postgraduate qualifying programme who had completed their practice learning placements of 200 days. As students worked in units of four on placement, we randomly selected one student from each unit to participate in order to avoid clustering in the data: students working within the same placement agency may have a more similar learning experience than those from different placements. If a student declined to participate, we invited another from the same unit at random.

Recruitment

The random selection of students was conducted by an administrator who contacted potential participants via email to invite them to participate in this study. They were provided with information about the study and asked to give consent for their placement reports to be provided to the research team for analysis. Recruitment continued until a minimum of 10 per cent of students from two cohorts agreed to participate ($n = 16$). From the first cohort, twenty-two students were contacted of

which seven agreed to take part (31 per cent response rate). From the second cohort, seventy-seven students were contacted of which nine agreed to take part (8.5 per cent response rate).

Data extraction

Placement reports were anonymous when submitted, with all personally identifiable details of students or service users already removed. One of the researchers extracted anonymous data pertaining to the students' use of Connecting People using a standard data extraction template. This included the students' critical analysis of their use of Connecting People in their practice; the potential barriers and facilitators of their use of Connecting People in their practice; and descriptions of the context in which they are working as relevant for their use of Connecting People. Data extraction was independently checked by a second researcher for accuracy and consistency across the students' placement reports.

Data analysis

A researcher undertook a thematic analysis (Braun and Clarke, 2006) of each extract to assess the fidelity of the described social work practice to Connecting People. This analysis identified practices which conformed with 'high fidelity' Connecting People and 'poor fidelity' Connecting People. Assessment of fidelity was informed by the fidelity measure used in previous Connecting People research (Webber *et al.*, 2019, 2021). This measure was a standardised self-rating of practice ability in ten domains, triangulated with parallel service user ratings. Completion of this measure was not required of students when they were training, though they were asked to provide critical written accounts of the use of the intervention in their practice. These qualitative accounts provided the data for this study. Fidelity was operationalised in terms of practice descriptions which aligned with the intervention model and processes, and the domains assessed in the fidelity measure used in previous research. 'High fidelity' Connecting People included students engaging with the communities in which service users lived; supporting people to access local community resources; and focusing on service users' networks and social connections. In contrast, poor fidelity was identified where there was misunderstanding of Connecting People or poor use of the model in practice. Potential barriers and facilitators to the implementation of Connecting People were also observed to explore how student social workers could be better supported to use Connecting People in their practice. A second researcher undertook the same process independently and any disagreements in ratings were resolved through discussion.

Ethical approval

Ethical approval was obtained from the University of York Department of Social Work and Social Policy Ethics Committee (ref. SPSW/S/18/14).

Results

Sixteen practice learning reports were included in the analysis. Evidence was found of high fidelity to the practice model and areas for improvement were observed. Finally, barriers and facilitators to the implementation of Connecting People in practice were noted. Pseudonyms are used in the examples below to preserve anonymity.

High fidelity

Full implementation of Connecting People requires several key elements, including the different stages of the intervention as well as ensuring all the steps are co-produced. We found evidence of students working alongside service users to develop their social connections external to mental health services. They did this with fidelity to the model by increasing local knowledge; identifying goals with the service user; social network mapping; and encouraging service user autonomy throughout the different stages.

The language used by students in their reports was very much partnership-based and demonstrated the students' fidelity to the model in terms of co-production and increasing social capital. Six students in the sample described a partnership-based approach to the intervention. For example:

> Sam wished to increase his physical health as well as meet others with similar interests. Therefore, after doing research together we managed to source a dog walking community group, and Sam has since become a member. (Student 11)

In this example, Student 11 and 'Sam' initially worked together to understand Sam's social network where he recognised he had two relationships that he considered to be positive. They worked on setting goals and amongst other things he wanted to meet people with similar interests. Sam is now a member of the local dog walking group, has joined a local gym with his son and is a member of a carers support group. Student 11 also recognised that this process was mutually beneficial as the students also increased their knowledge and relationships with community projects.

Five students demonstrated fidelity to the CP model by working with service users to access activities in their community and external to mental health services, such as:

> This … involved visits to local community centres and parks, sessions where positive influences and past experiences were discussed, volunteering opportunities were looked into and bicycle borrowing schemes were looked into to ensure that people felt able, or knew how to access their community in a number of different ways. (Student 16)

Actively encouraging autonomy was evident in the reports from four students. This example shows service users taking the lead with finding and interacting with activities external to mental health services:

> LB found a volunteering position at a community café, and became an active member of a refugee society, and joined a baking club. LA found three volunteering positions and joined the service's Zumba group, where she shared what she had learnt with other service users, and connected them to the organisations she was volunteering with. (Student 2)

There were explicit uses of Connecting People in the placement report of Student 7, demonstrating understanding and fidelity, with positive outcomes:

> Using it [Connecting People] deliberately for this observation made me realise concentrating on the different core elements made me put more focus on these than the session may otherwise have had, which I think was good for O and could be helpful in practice generally. (Student 7)

There were six reports where the CP model was not explicitly discussed at all. However, there was clear evidence of work around increasing social capital. Fidelity to the model, whether intended or not, appeared good.

Areas for improvement

There was evidence of some areas in which students required additional support in implementing Connecting People in their practice. These included an improved understanding of the model; an improved understanding of its partnership element; and an enhanced implementation of Connecting People in routine practice.

A lack of partnership working was evident in the language used in five reports. These had an emphasis on the student leading the process and a general misunderstanding of the co-production aspect of the intervention, showing that the initial stages of social network mapping and goal setting were not followed. For instance, Student 2 made recommendations for the service user rather than them working together to explore her goals and how they could be achieved:

> … tried to use the Connecting People intervention with GG, as she said that she to 'get out the house more'. However the intervention was not successful as she felt that all of the local groups I suggested were 'not for her', and 'she couldn't be bothered with it anyway'. (Student 2)

There were direct observations where Connecting People was used but fidelity to the model was limited, with a misunderstanding of the core principles. To exemplify this, student 2 commented on the feedback they received about their Connecting People-focused direct observation:

> He commented that I had effectively used the exchange model of assessment and that my summarising skills had been effective in showing I was listening to O but also bringing the conversation back to the relevant points when it veered off. (Student 2)

This appears to show the participant leading the session and controlling the conversation rather than working in partnership. It is also evidence that Connecting People was not the only focus of the observation and rather the assessment element of it framed the structure.

There were also occasions when there was a clear intention and reasoning for using Connecting People, though the implementation demonstrated some misunderstandings, such as:

> Those with mental health issues often struggle to access social capital due to their condition along with the associated lack of educational and socio-economic resources (Corker et al, 2016; Author's own, 2014). Due to this, I explored local community groups and employment services with P underlined by the Connecting People Intervention (Author's own, 2016). However, P felt the options I suggested were unsuitable due to her middle-class background and undergraduate degree (Cattel, 2001; Anderson and Miller, 2003). Rather than access to social capital, P felt the issue was her condition and the perceived or actual stigma that accompanies it (Thornicroft, 2006). (Student 10)

Student 10 provides an evidence base and rationale for the use of Connecting People, though the language implies that the student led the intervention rather than working with the service user to determine goals. This is likely to have impacted negatively on its success.

Barriers to implementation

We identified several barriers that prevented the students from implementing Connecting people in full, which were not too dissimilar from those experienced by experienced practitioners in community mental health teams (Webber *et al.*, 2021). These included difficulty in adjusting to sharing power; moving through the Connecting People processes too quickly; workload pressures; and legislative obligations.

There were three students who had found legislative responsibilities impacted their ability to fully implement the Connecting People model. This particular quote from a report highlights these difficulties:

> Within this coercive atmosphere [CTO], I have tried to build upon Mrs C's strengths, set goals and build a collaborative working relationship … she reports to have no self-defined goals that she wants to utilize support to work towards. She wants only to be discharged. (Student 18)

It is evident here that the relationship between the service user and the student is dominated by the application of the community treatment order and the power that gives to the student, which is therefore removed from the service user. It is a challenge to relinquish power in the context of statutory responsibilities in an integrated mental health team, which makes working collaboratively and fully implementing Connecting People difficult.

This next example shows an attempt to use Connecting People to support collaborative working in a situation that is governed by the wishes of Children's Social Care. It could be argued that the goals were set by Children's Social Care rather than the student and service user exploring his goals and ambitions together, which further highlights the difficulties in implementing Connecting People when statutory responsibilities come to the fore:

> The outcome of this was that the interaction felt more collaborative allowing a better application of the Connecting People Intervention (Webber *et al.*, 2016). It became a conversation about accessing resources that could be beneficial rather than a coercive warning from social services recommending he must use addiction resources due to the harm he was causing to his family. Overall, I think it highlights that motivation from the service user and an environment that allows partnership are key components in promoting community engagement. (Student 10)

There are also barriers in terms of the levels of motivation and drive from both the student and the service user. For example:

> When Mr J was first discharged and seemed so proactive and keen on getting involved in activities, I felt optimistic and also confident that I could facilitate. He said that activities would help him abstain from cannabis use and I was encouraged by this since I thought this would be a strong motivational factor for him. However, after he returned from the local charity and reported that he was no longer interested, I felt disappointed and was also left wondering whether I had referred him on too quickly. (Student 1)

This indicates that student 1 felt the responsibility remained heavily with them. In their report, they go on to say that they felt powerless in not being able to assist the service user in finding opportunities and activities. This indicates a more traditional paternalistic approach to practice with the student in the role of 'rescuer'. It also raises questions about

the student's ideas of success and failure and their resilience to adverse outcomes.

Facilitators of implementation

The reports provided some diverse examples of facilitators of the implementation of Connecting People. These included evidence of the knowledge of the role of power; creative use of personal budgets; limited statutory duties; energy of the worker or commitment to the intervention; a positive response from the team and encouragement; multidisciplinary team working; and lower caseloads. As an example of this, student 1 used their knowledge of Karpman's (1968) drama triangle to inform their approach, which could have prevented them from having feelings of guilt and responsibility when not stepping in to 'rescue' people:

> This perhaps reflects my tendency towards the rescuer role whereby I take on the full responsibility for setbacks, and attribute them as being my fault. This approach is warned against by Karpman (1968), who highlights that rather than empowering people to be active agents in their own recovery, this instead reinforces the 'victim' status of those that they are working with. (Student 1)

The different types of motivation the students had were also a facilitator to implementation. Internal motivators linked to personal values—in the case of Student 2 a passion for challenging oppression experienced by refugees and asylum seekers—support their striving towards implementing the model:

> A large part of my enthusiasm for this piece of work was from my motivation to challenge oppression experienced by refugees and asylum seekers. (Student 2)

At the same time, however, it is recognised that this could also act as a barrier to working with those whose situations do not particularly impact on personal values.

Support from teams helped to facilitate the implementation of Connecting People by motivating students:

> Finally, the atmosphere of the team I was based in meant that I received a lot of praise for the work I carried out, which for me is a strong motivator. (Student 2)

Finally, the absence of statutory duties had a positive impact on student's abilities to implement Connecting People:

> There was no statutory side to my role at the psychology service, and so a lower risk of our relationship being undermined by other duties. (Student 2)

In most settings in which social workers practice in England, there will be some statutory responsibilities. At a minimum, safeguarding is

everyone's responsibility and social workers will always need to balance their statutory or legal obligations with their use of practice models which require a different approach, such as with Connecting People.

Discussion

This article has demonstrated the art of the possible. Although it has not used formal fidelity measures to assess the extent to which Connecting People was implemented, it has found evidence that it is possible for students to use it in their practice learning placements in statutory settings (most were NHS community mental health teams). The student reports provided qualitative evidence of good practice, demonstrating that they had understood the model and had the necessary skills to use it in their practice. This supports previous research in these settings (Webber *et al.*, 2019) which found that it is possible to implement the model with high fidelity in NHS community mental health teams. However, this needs to be understood in the context that it was a requirement of the student's educational programme for them to use the model during their practice learning placement, and that they received support from a Practice Educator and University tutor to do so.

Due to the nature of the data, this study adds a personal dimension to the use of Connecting People in practice. In particular, it highlights the importance of personal motivation, energy and skills to successful implementation. Coupled with support from supervisors and teams, this can provide momentum to overcome the barriers to implementation of evidence-based models in social work practice that were identified in previous studies (e.g. Gray *et al.*, 2015; Udo *et al.*, 2019). Through academic–practice collaborations, such as the Teaching Partnerships in England, there is potential to integrate academic and practice learning so that students are equipped with the skills to use particular interventions and are supported to integrate them into their practice.

The use of educational activities is a common implementation strategy for evidence-based interventions, as it is both feasible and essential (Albers *et al.*, 2021). However, this also needs to be provided post-qualifying, in addition to within initial training, and fully integrated into routine practice to have an enduring impact. Providing training is not sufficient in its own right, as the interventions need to align with the objectives of the social workers' employer and the values of the practitioner. A combination of using evidence-based models during placements; having a university education which emphasises the importance of evidence-based practice; and working within a supportive organisational context has been found to be associated with the use of evidence-based models in practice (Wike *et al.*, 2019).

Whilst undertaking practice learning placements in community mental health teams, students appeared to prioritise work associated with statutory social work responsibilities above social interventions. This does not appear to change post-qualifying as a similar finding emerged in the Connecting People implementation study (Webber *et al.*, 2021). The UK is perhaps an outlier in the use of social workers within its statutory provisions in comparison with other European countries (Stone *et al.*, 2021), though other international studies have found that competing organisational priorities can also derail the implementation of evidence-based models (Wike *et al.*, 2019). Implementation research indicates that a combination of the opportunity to use social interventions, and the support to do so, appears essential to embed them into routine practice in mental health services (Proctor *et al.*, 2009).

The placement reports revealed that students were more able to implement motivational interviewing and solution-focused brief therapy in their practice than interventions with families or communities. This is perhaps unsurprising as they were working in teams which were predominantly focused on meeting individuals' needs. The teams were generally not strongly oriented towards their local communities, as they either focused on health or social care interventions provided within the service, or they covered a large geographical area, which made community engagement more difficult.

As mental health policy is prompting a move towards place-based services (NHS England, NHS Improvement and National Collaborating Centre for Mental Health, 2019), Connecting People has the potential to support this transition. However, community-oriented practice is challenging to implement in the context of neoliberalism [evident in the UK and in many countries around the world (Spolander *et al.*, 2014)], which promotes individualism. The accompanying loss of resources for communities to provide opportunities for people to meet and engage with each other creates an additional barrier to overcome in implementing Connecting People. The intervention model accounts for this and requires practitioners to tackle the barriers which may prevent people from connecting with others (Webber *et al.*, 2016). Although it could be termed a strengths-based approach, Connecting People takes a systemic approach to the problems of disconnection, loneliness and social isolation. Addressing the barriers to connection which do not pertain to the individual, such as stigma, discrimination or under-resourced communities, for example, is as important as building upon an individual's strengths and supporting them to enhance their social connections.

Supporting mental health social workers working in generic roles in NHS mental health trusts to use evidence-based social interventions in their practice can help to provide them with clarity about their role and their unique contribution to mental health services. However, this is only likely to have an impact on retention if there is institutional support for

these roles and practitioners are provided with the opportunity to use them in their practice. This may require new forms of post-qualifying training to equip senior practitioners and managers with the skills to supervise practitioners in the use of evidence-based interventions (Webber, 2013). This has been achieved in the Think Ahead programme, which provides social intervention training for both students and Practice Educators, and in qualifying programmes in the USA (Bertram *et al.*, 2018), indicating that it is feasible.

Limitations

The sample in this study was small, response rates were low and participants were drawn from one educational programme, which makes it difficult to generalise the findings. However, the participants were randomly selected from their cohorts which minimised selection bias. The use of placement reports for secondary analysis was a pragmatic approach to addressing the aims of the study, though it limited the data that was available. It was not possible to use observational or interview methods which may have provided additional insights, though students' reports were signed off by their Practice Educator, who had observed their practice, thereby verifying their accuracy and acting as a form of triangulation. The findings could have been strengthened by interviews with agency staff or service users, though this was not possible within the constraints of this evaluation. In addition, there was no process data such as the number or duration of sessions to provide some context to the implementation of Connecting People. The students were not expected to record this information as the intervention model was designed to be integrated into their practice with all service users who may benefit from it and it is not important for fidelity assessment. Also, the findings need to be interpreted in the context of an educational programme and it is acknowledged that the realities of practice as a qualified social worker are different. Finally, the paper's authors were both involved in the teaching and management of the Think Ahead programme so may have an interest in highlighting its positive features. However, the authors have also identified examples of poor implementation and the external evaluation report reached similar conclusions about the feasibility of training social workers to use social interventions in mental health practice (Smith *et al.*, 2019).

Conclusion

This study has indicated that it is possible to train students to use Connecting People in their mental health practice learning placements.

Whilst there are examples of high-fidelity implementation, these are matched with accounts of practice that do not fully align with the intervention model. This study has explored some of the barriers to implementation and acknowledges the support that needs to be put in place to improve its adoption in routine practice. Further research is required to explore how strengths-based and place-based models such as Connecting People can best be implemented in routine practice by practitioners outside the context of a qualifying social work programme. If this can be achieved, it may help to enhance the identity of mental health social workers in generic roles, enabling them to articulate their unique contribution to mental health services, and, possibly, retaining them for longer in the profession.

Conflict of interest statement. None declared.

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