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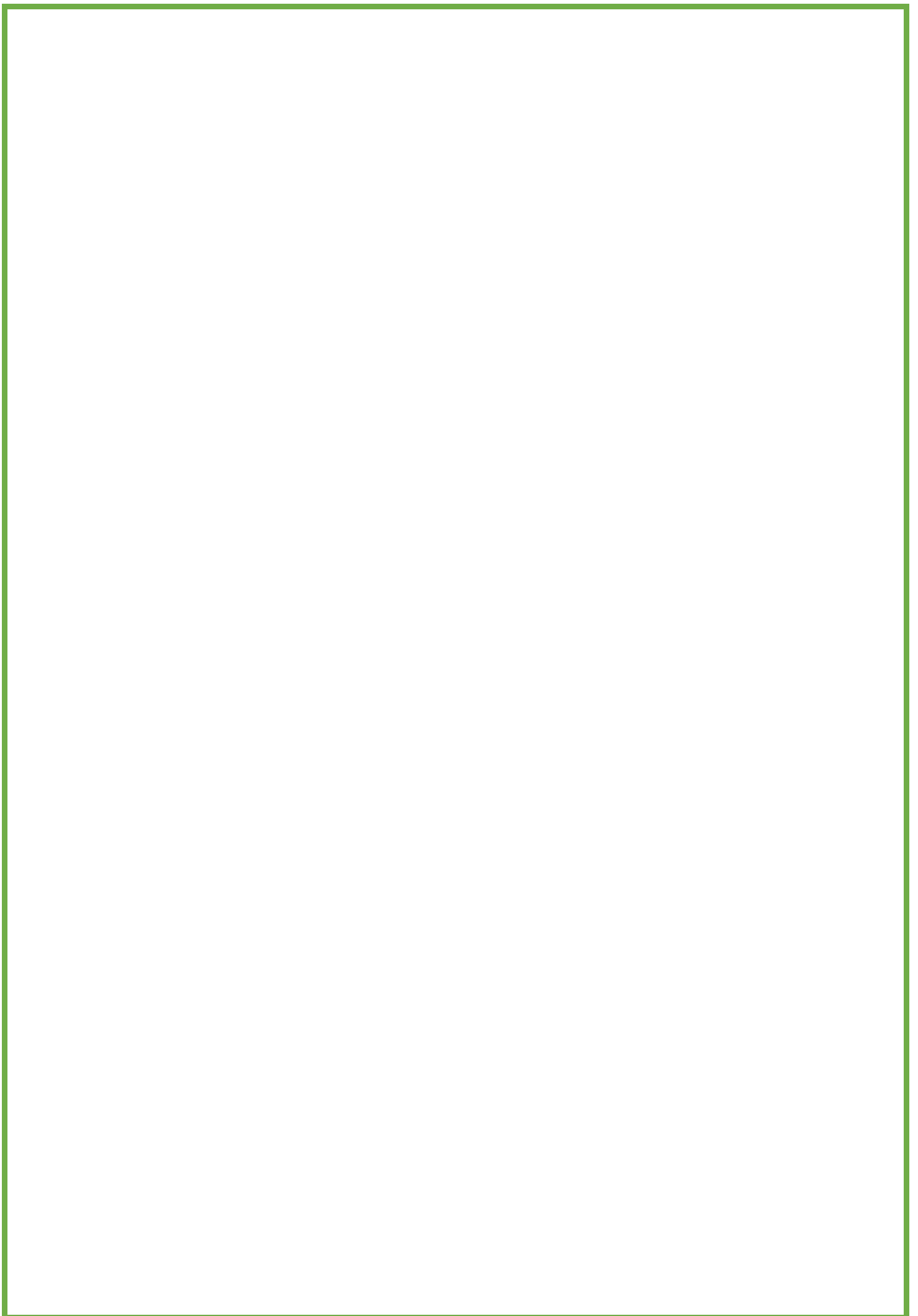


Camden and Islington **NHS**
NHS Foundation Trust



Community Navigator Manual

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Introduction

The Community Navigator programme is designed to help people with complex anxiety or depression with reducing loneliness and developing community connections.

The programme was developed as part of a research study funded by the NIHR School for Social Care Research. It was first tested in 2016-18 within two NHS Trusts in North London. It is being evaluated further in a randomised controlled trial in four regions of England, in a study funded by the NIHR HTA Programme.

This manual was written to guide the Community Navigators who were delivering the programme within the context of the research study. It is designed to be of general use for future Community Navigators to deliver the programme elsewhere. However, it contains some examples of how the Community Navigators can work within the mental health teams where they are employed, and how they can report their activities, which may need to be adapted for other settings.

This manual is primarily for Community Navigators, to guide them in their role. A separate Community Navigator Training Manual has also been developed, to guide programme organisers in training Community Navigators.

The manual was updated in July 2022. This version, V2, describes the intervention to be delivered in the current randomised controlled trial.

Further information about the Community Navigator programme and the research studies is available from:

Dr Brynmor Lloyd-Evans

Division of Psychiatry - UCL, Maple House, 149 Tottenham Court Road, London W1T 7NF

b.lloyd-evans@ucl.ac.uk

Programme purpose

People with mental health problems have fewer social contacts on average and are more likely to experience loneliness. Research shows that loneliness predicts a range of poor health outcomes, which can be physical, such as elevated blood pressure and increased mortality, and mental, including the onset of anxiety and depression. We also know from research that once you have anxiety and depression, feeling lonely predicts poorer mental health outcomes. What we don't know is how mental health services can address loneliness and support people to engage in meaningful and sustainable social contact and relationships.

And that's where you, as Community Navigators, come in. The work you do in supporting people to meet others and feel part of their community, will help us test if community navigation is effective for improving outcomes for people with longer-term anxiety and/or depression, who are using secondary mental health services. This could potentially lead to this type of support becoming a routine part of what is offered by mental health services.

Programme principles

The programme of support that Community Navigators deliver was developed through a collaboration between people who have personal experience of mental health problems, staff working in mental health services and mental health researchers. It has also been informed by research evidence and input from people who are currently delivering similar programmes.

We have identified a number of principles, shown on the following page, which we feel are central to the way that Community Navigators should work with people. As you read this manual and begin work as a Community Navigator, these principles should guide your understanding and approach to the role.

Programme principles

Socially-focused

Community Navigators focus on supporting an individual to enhance their social world, working with people to feel more engaged and connected to other people and their communities.

Asset-based

Community Navigators are champions of the community. They continually seek to develop their knowledge of the local area and use this to connect individuals to resources that will help them to meet other people and feel part of their community.

Solution-focused

Community Navigators work with the individual to identify the next step that can be taken towards achieving the individual's goals. The approach is future-focused, looking for positive solutions rather than concentrating on the past or what is preventing the person from moving forward.

Person-centred

Support is individualised – it focuses on the needs, goals, and preferences of the individual in everything that is done within the community navigator programme. Community Navigators work collaboratively 'with' the person rather than doing things 'to' or 'for' the person.

Non-directive

As a Community Navigator you will have your own ideas, goals and agenda, but these are secondary to those of the person you are supporting, who directs the pace and direction of your journey together.

What is a Community Navigator?

A Community Navigator is a new role within specialist NHS mental health services which support people with complex depression or anxiety. The role has a strong focus on being person-centred and therefore, the type of support offered will differ from individual to individual. There are, however, some key elements which characterise the role of a Community Navigator. To help explain the role of a Community Navigator and distinguish it from other established roles within mental health services, we've put together the following:

A Community Navigator does...

Support the person they are working with to set socially-focused goals that provide opportunities for meaningful and sustainable social contact and connections

Focus on the strengths of the person they are supporting and the incremental steps that can be taken towards reaching their goals

Have an excellent knowledge of the local area and helps to connect individuals to community resources that will help them to meet other people and feel part of their community

Signpost people to medical, practical and psychological sources of support, where this is needed

A Community Navigator does not...

Simply attend activities with a person, or be a friend to them

Provide structured psychological support or counselling

Provide advice on medication or other medical matters

Focus on diagnoses and symptoms

Focus on addressing practical issues, such as housing, employment, debt, benefits and rights

Focus on assisting with daily living tasks, such as shopping, cleaning, food preparation and attending appointments

Provide indefinite support - each person will be offered about ten hours of support from a Community Navigator over a six month period

Who will you be supporting?

You will be supporting people on the caseload of secondary mental health teams which provide services for people with enduring moderate or severe depression, anxiety, and other affective disorders. All the people you support will meet clinical criteria for having “treatment resistant depression” – i.e. their depression is not fully resolved through medication.

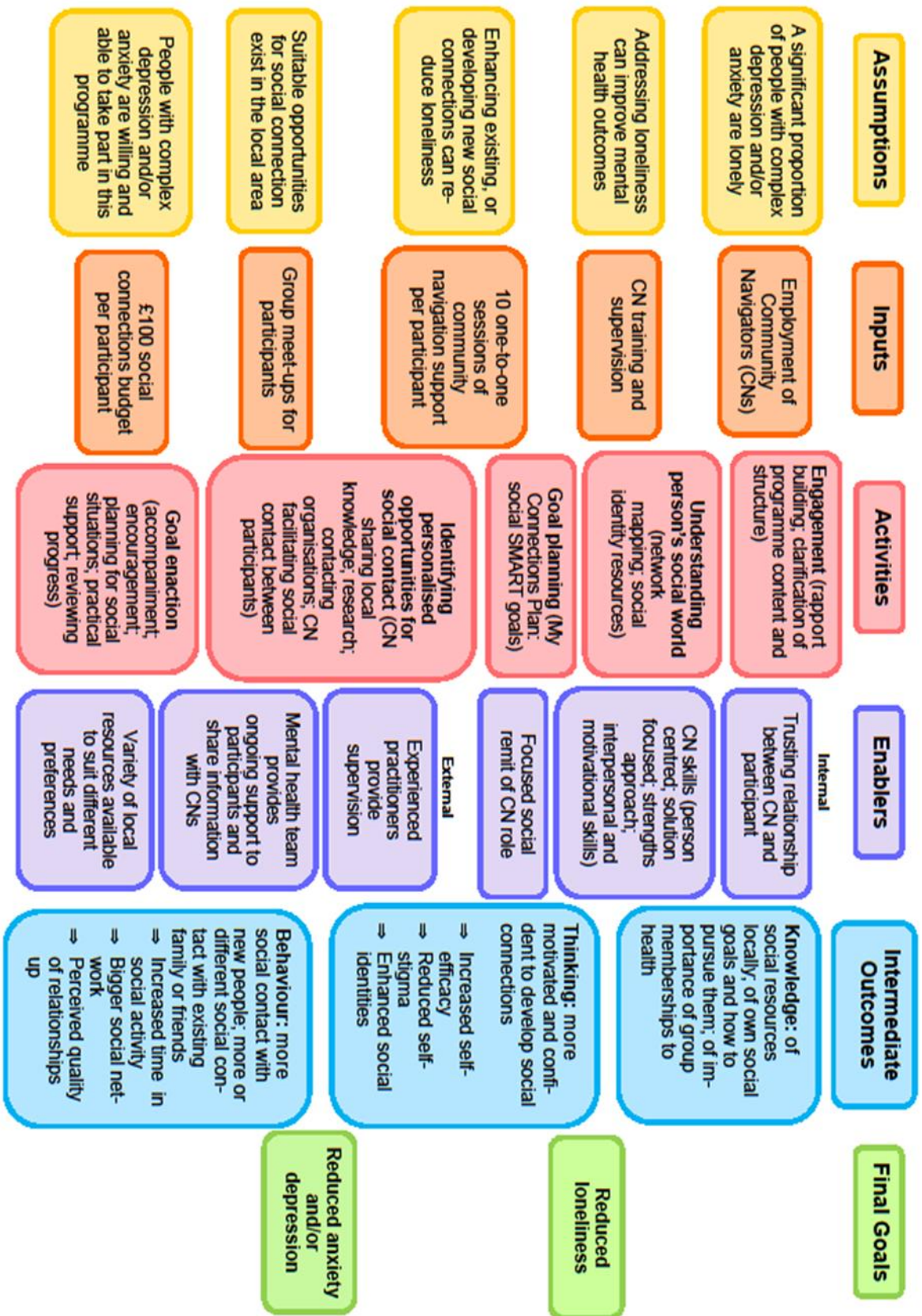
The people you support will usually have a care coordinator who oversees the support they receive from a multi-disciplinary team including psychiatrists, psychologists, nurses, occupational therapists and social workers. Community navigation is not provided as a standard part of this support. However, people may be offered access a range of statutory and voluntary services which provide activities and opportunities for social contact.

People receiving support from a Community Navigator will have met a threshold for loneliness on a screening questionnaire and will want support to increase their social contact. Consultation with people using these services indicated that everyone you work with will be at a different stage, have different goals and will require different levels of support. The consultation revealed that some people may be extremely isolated, leaving the house rarely, while others may leave the house more frequently and meet other people, but feel they lack meaningful social connections. In terms of interests and aspirations, some people were motivated to pursue existing interests but did not know where to begin to find relevant resources, whereas others found it difficult to identify interests, activities or places they were interested in. Other people described things that they used to engage in and would like to pursue again, but felt they needed support and encouragement to do so.

Overview of support

The programme of support involves each participant receiving ten sessions (approximately ten hours) of support from a Community Navigator within a six month period. There will also be opportunities for participants to meet up with other participants every couple of months. There is, however, no fixed structure to community navigation – no single structure would meet each person’s different needs, interests and goals. While one person may want help to join groups and find a voluntary role in the community, another may want to begin regularly leaving the house to do an activity and another person might want help to reconnect with friends and family they have lost contact with. The important thing is not aiming to reach the same target with every person you work with. You should provide the support each person needs to make progress towards goals which are meaningful to them, and which work towards increasing social contact and reducing their feelings of loneliness.

We have produced the theory of change model overleaf to show how we think the Community Navigator programme may support people with complex anxiety and/or depression to reduce feelings of loneliness. The model was produced alongside the working group and helps us to describe what we hope the Community Navigator programme will do, and how it might impact loneliness, as well as other programme outcomes. The Theory of Change model for the programme is explained more fully in Appendix 15.



In the next section we are going to look at how you can successfully deliver the activities in this Theory of Change.

Getting to know the local community

A key part of being a Community Navigator is really getting to know the communities you are working in. You may come to the role with a good knowledge of your local area, but your work also involves gathering information about activities, groups and supports, which are widely applicable, and about resources which are relevant to people from particular communities or with particular identities, for instance, due to their ethnicity, sexuality or through having particular interests.

An important part of your role will be sharing your knowledge of what's available locally with your Community Navigator colleagues. You can pool your knowledge and learn from the people you are supporting, and hearing what groups or activities they have used and found helpful in developing social connections. We recommend that you develop a resources spreadsheet which you share with your colleagues online. This can provide up-to-date information about the activities, groups and services you know about in your area.

We've come up with some key questions which may be helpful to think about as you get to know the local community:

Who do I know who is knowledgeable about this area and could tell me more about what's available?

What can websites like www.streetlife.com and www.meetup.com offer? How about local newspapers and listings websites?

Have I made connections with any key community figures whose knowledge I could draw on?

Have I visited venues and groups at different times to get a sense of their atmosphere and whether people would feel welcome coming here?

Have I thought about all the practical issues involved in attending this activity, group or service? Have I considered cost, transport links and accessibility?

Have I considered all the possibilities – community centres, colleges, libraries, leisure centres, places of worship, activity groups – and others places that are less established?

Have I shared my knowledge with colleagues?

What else do I need to do to have an in-depth understanding of this community and what it offers?

Getting to know the community is an ongoing process. Not only are new things continually becoming available, but your search will be led by the interests of the people you are working with. When researching opportunities, there will not always be a direct way of achieving a goal, so you'll have to be creative and think of related possibilities or smaller steps that can be taken as part of pursuing a longer-term goal.

Getting to know the person

Getting to know the person you are supporting is one of the most important tasks of a Community Navigator – it is the first step in building a positive and supportive relationship. From your first contact, people will be looking to see whether you are the sort of person they can trust and feel supported by. A key part of this is being friendly, warm and respectful, and taking an interest in who that person is and what is significant in their life. It's important to be curious, asking questions and listening carefully to what the person says, and being guided by what they say.

It is helpful if you are aware of the person's current care plan, and their Crisis Plan, which details what support someone would like in the event of a crisis. There may be other information about the person which it is helpful for you to be aware of: people's care coordinators and your supervisors will help direct you to this. It is not necessary to read right through the notes of everyone you are supporting. The focus of your work will not be on their past or other issues which members of the mental health team are helping with. You will focus on people's strengths, hopes and ambitions, and what you can support them with to increase their social connections and reduce loneliness. Talking to the person is the best way to work out how you can help.

First meetings are also crucial for setting the tone about what you can both expect from one another. It's important to find out what the person would like from your support and how they would like to work with you. Asking why they agreed to join the programme might help understand their motivations. You will also have messages that you want to get across about the type of support that you are offering, for instance, that the support is social and community-oriented and focused on taking steps to move forward. The first meeting is also a really good opportunity to make the person aware that you will offer about ten hours of contact time over about six months, so that from the very start there is preparation about the ending of your support.

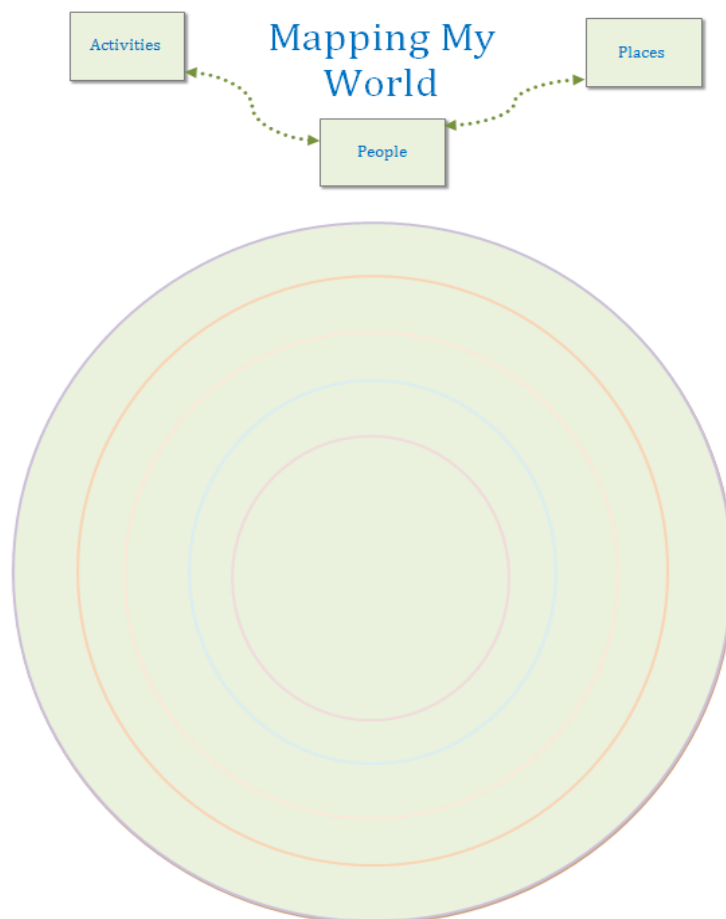
A checklist of things to cover in your first phone call and first meeting with someone you are supporting can be found in Appendices 1 and 2, but remember to use these flexibly, responding to each person's identity, character and preferences.

In the sections to follow, we introduce some tools and resources to help you understand people's worlds and to plan goals to increase connections and social contact. These are rough guidelines, but we recommend that you offer everyone the chance to draw up and discuss a visual map of their social world and a written social connections plan. Writing down strengths and goals can be very motivating and help things feel more real for people, and gives you

both a record of your conversations to refer back to. However, if the person you are supporting really doesn't want to use any of these tools, they don't have to. In this case you could think together of a different way to review their social network and make plans which works better for that individual.

Mapping the person's world

In one of the first few Community Navigator sessions, you should aim to complete the 'Mapping My World' exercise with the person you are supporting. This exercise is useful for starting a conversation about the person's connections and understanding how they see their social world. The process of visualising the information on the mapping tool (shown below and in Appendix 3), can lead to new insights, such as ways that the person might want to change their network. The focus should, however, remain on developing a joint understanding of the person's social world, rather than goal setting at this stage.



The Mapping My World exercise involves identifying the people, places and activities that are important to the person, and plotting them so that those which are most important are placed closer to the centre of the map, and those that are less important are found towards the outer rings. The people, places and activities mapped may be current connections or connections in the past that are still important to the person, despite not being something they are actively involved with at the moment.

To complete the mapping exercise, you will need an A4 copy of the map. Offer the person you're supporting, the chance to write on the map, as it is their world they are describing. As a Community Navigator, you should help to guide the mapping process, asking questions which help the person to complete the map and reflect on the information mapped. It can also be helpful to share information about yourself, for instance, 'I'm interested in music too. What types of music do you like?' This should help to make the process feel like a conversation, rather than an interview.

To help you with the mapping exercise, we have put together the following as guidance, but the process needs to be flexible, depending on how easily the person you are working with takes to the task and how their social network is structured, for instance, although we have put people first here, you could start with places or activities.

1) People

- ❖ Ask about people that are important to the person. For each person or group of people named, ask where they would place that connection on the map, in terms of importance to them. Importance could be about feeling close to a person, it could be because they provide emotional support or practical assistance, or they are a regular contact who the person sees. What is understood as 'important' will differ from person to person. The idea is to get a sense of who is important to that individual and the role they play in their life.
- ❖ It may be useful to ask questions such as: who is important in your life that you are currently in contact with? Are there any other people that you regularly interact with that are important to you - any family, friends, neighbours, colleagues, health care professionals or acquaintances? Are there people that you have little contact with now, but who are still important to you?
- ❖ The people named can be individuals, or a group of people, such as 'school friends', where the person feels the group as a whole is important to them, rather than particular individuals. If the person would prefer not to provide a real name for an individual, suggest using a memorable nickname or initials.
- ❖ People mapped can include online contacts, if the person feels these are important in their life, or they could be mapped as an activity, for instance 'chatting on online forums'.
- ❖ It can be useful to ask questions as you go along, such as, why particular people were placed at particular points, how frequently the person has contact with certain people, or whether there are any other types of people they might want to get to know. This can help to begin generating ideas about relationships that the person would like to develop or change.

2) Places

- ❖ To find out about connections to places, you might ask questions like: what are the places that you currently go that are important to you? Are there places that you used to go but that you haven't visited for a while? Where would you place your home on this map? Are there any other parks, leisure centres, libraries, health centres, shops or community and faith centres that are important to you?
- ❖ Where possible, it is good to name places specifically, so for instance, plotting 'Barnet Copthall Leisure Centre', rather than simply 'swimming pool'. By eliciting details such

as this and asking the person how much time they spend in particular places and what they think of them, it can help to build up a picture of where the person spends their time and where they might like to spend more of their time.

- ❖ There is sometimes an overlap between place and activity. As an example, 'going shopping' could be an activity, whereas the shops the person goes to could be places. As a guide, if shopping is a regular activity and various shops are visited, it should be listed as an activity, but if there are particular shops that the person visits that are important to the person, these should be listed individually as places.

3) Activities

- ❖ To find out about important activities, you might ask questions such as: do you have any hobbies or interests? What activities do you currently do? Are there any groups or societies that you currently attend? Are there any activities that you used to do, or interests that you used to have, but that you are no longer engaged in?
- ❖ It can be useful to ask questions about how often the person is involved in an activity or interest, who they do it with, and whether it is something they like doing, or something they feel they have to do, but would rather not. This can help with understanding how the person spends their time and how they might like to spend more of their time.
- ❖ It can also be useful to ask about activities that the person has always wanted to do, or interests that they have had, that they haven't pursued. Asking why the person hasn't got involved in the activity or developed the interest further can be useful to begin thinking about possible goals and the steps that the person will need to take to achieve them.

You should work on the map until the person no longer names any people, places or activity connections that are important to them. The map doesn't need to be entirely comprehensive, containing every person they've ever met, or every activity that they've done in their life, but needs to provide a broad picture of those connections which are significant to them. As people's social connections are all different, there is no standard map, so the maps you produce with people will all look different.

Wherever possible, it's helpful if the person keeps their map, so they can reflect on it between sessions. People may also like to have a blank copy of the map template, on which they could redraw or refine their map. So that the map is not lost and as a prompt for you, it's a good idea for you to take a photo or photocopy of the map.

We recommend that the map is revisited and updated towards the end of your sessions with each person you are supporting, so that you can both reflect on what's changed. For some people it may be helpful to review and update the map more frequently.

Goal setting and planning

Having completed the mapping exercise, you are now ready to begin setting goals together and planning what steps can be taken to achieve the goals set. The 'My Connections Plan' tool (shown below and in Appendix 4) will help you to set and document goals. As with the mapping tool, we would like you to offer everyone the chance to set goals in this way. It may

be that some people you work with do not want to use this tool and would prefer to set goals in a different way; be led by the person you are supporting and what they think would be most effective for them if they really do not want to use this plan.

The plan features four elements that focus on some of the areas that the working group felt were key to feeling connected to others. These are:

- ❖ Connect – pursuing opportunities to form new social contacts and make friends.
- ❖ Reconnect – strengthening relationships with existing contacts. For instance, this could involve arranging to see a friend there’s been less contact with or working to improve the relationship with a family member.
- ❖ Explore – getting out and about in the community and exploring social identities. This could involve finding out more about what is going on in the community, spending more time in places that the person already goes, or visiting new places of interest. It can also include exploring the role and importance of social connections and groups in people’s lives, exploring how to strengthen social identities or develop new ones.
- ❖ Join In – becoming involved in a group or activity in the community that offers the opportunity to get to know others. There is an almost endless amount of possibilities for the types of things that people could get involved in. Some ideas are: sports and leisure, art, music and creative activities, learning and education, volunteering, relaxation and well-being activities, religious and faith-based activities and campaigning.

MY CONNECTIONS PLAN

Connect (purple circle) Reconnect (blue circle)

My Goals: Next Steps: Time frame:

Explore (green circle) Join in (orange circle)

Strengths and resources to help me...

Name _____

Date _____

People may interpret these elements differently to how we have explained them and that’s fine as long as the goals set are socially-focused. The following numbered points will help to guide you through how to jointly complete the different sections of the My Connections Plan.

1) My Goal

Some people that you are working with will spontaneously come up with a number of goals, whereas for other people, they may struggle to come up with any. If a person has previously mentioned aspects of their social world that they would like to change, it may help to remind them of this, and explore if it is something they would like to set a goal around. It may also be useful to refer back to the person's map, and talk through parts of their map that you think might spark ideas about potential goals. It's crucial however, that you act as a guide, supporting goal-setting, rather than leading it. As far as possible, goals should originate from the person, as it makes it more likely that the goals will be achieved if they are things that the individual wants to do and feels able to accomplish.

It is possible that someone's goals may be very large or feel a long way off for them at the moment. These goals may represent people's hopes and dreams: it is important not to dismiss them as unimportant or unrealistic. Your job as a Community Navigator is to help people break down big goals into more manageable chunks. Are there smaller goals that you could work on, which move the person towards the overall goal? Remember, goals can be regularly reviewed and on completion of a goal, further goals could be set. For now, it's important to complete the plan with those goals which are currently a priority or most important to the person you are working with.

2) Next steps

The next steps section of the My Connections Plan can be used to write down the steps that the person you are supporting can take, with your support, to achieve each goal. It may be helpful to identify a mixture of smaller steps which are relatively quick and easy to do and some medium-term ones which will take more effort or time. The key question when completing this section of the plan is: What are the next steps that the person could take to get them closer to achieving each goal?

3) Time frame

It is useful to put down a specific time frame for each of the next steps, so for instance, putting 'within two weeks' or 'by the end of March'. Agreeing a timeframe that feels achievable for the person can help focus a conversation about when the person will act to complete each step, turning aspirations into definite plans!

4) Strengths and resources to help me

People's personal strengths and resources could include: their qualities and characteristics, examples of achievements or things they've done well, or coping strategies they find helpful when faced with challenges to achieving goals. This section could also include other people who can be called on for support: friends, family, mental health and other support services. Writing these positive resources in their My Connections Plan can help people to feel positive about their plan and feel that their goals are achievable.

There are two important things to keep in mind when helping someone develop their My Connections Plan:

- ❖ Goals need to be socially-focused. Your role is all about helping people with social connections and reducing loneliness. People may well have other pressing problems which they want help with (for example, housing, benefits and getting the right

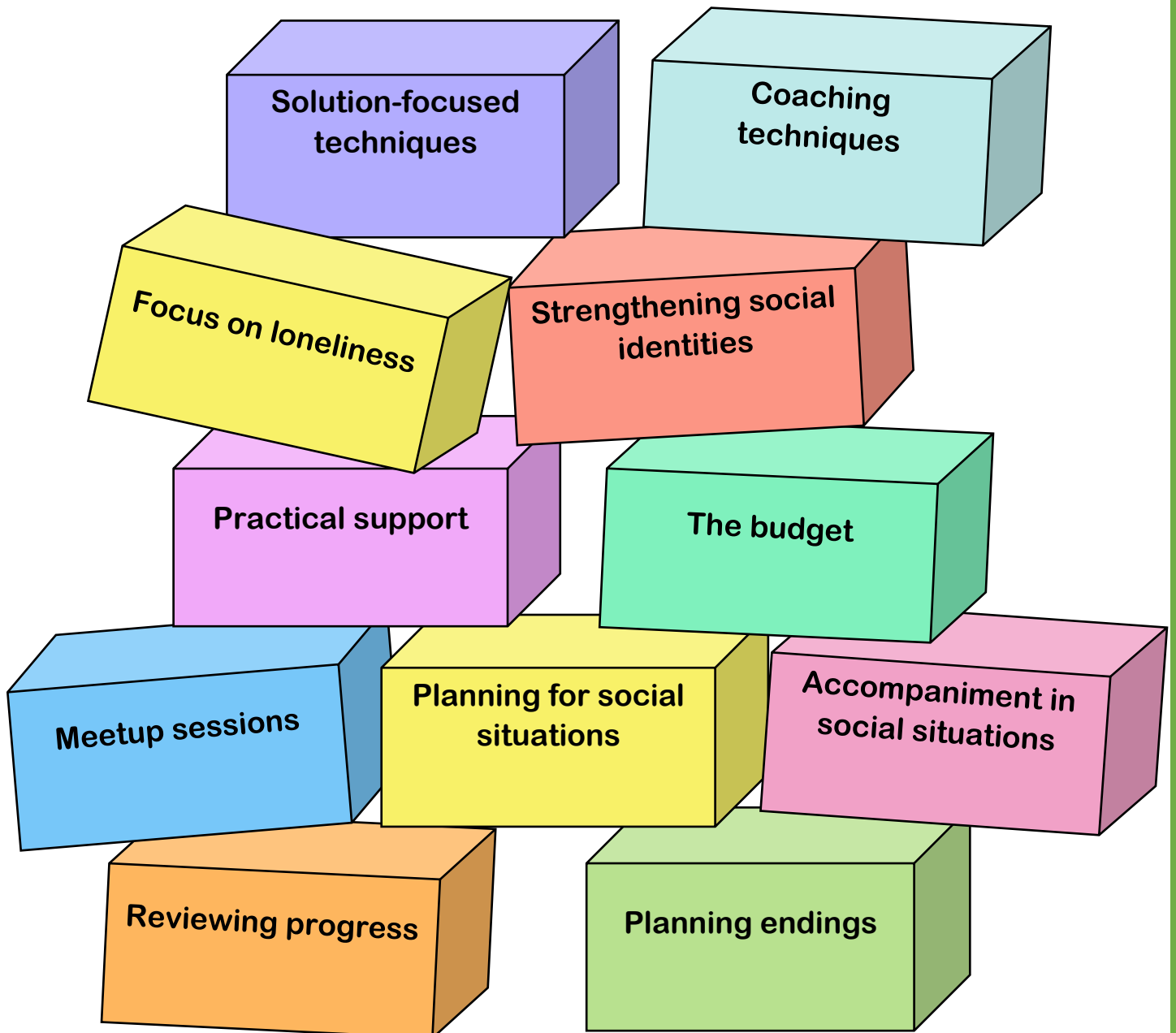
medication), but these should not be the focus of their My Connections Plan. If need be, gently remind the person you are supporting of your role. You can always link them back into their care coordinator or other support offered by the CCT or CDAT team to help with things not related to social and community connections.

- ❖ Goals should be future-focused and phrased positively. Goals look forward to what people want to achieve. Next steps should try to identify things the person can do to make progress towards these goals, rather than concentrating on the past and what is preventing the person from moving forwards.

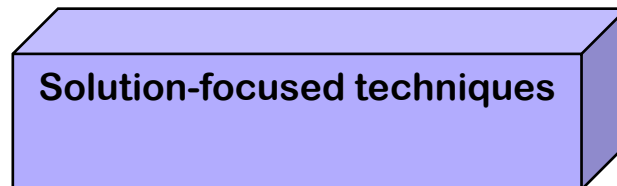
At the bottom of the My Connections Plan, there is space to sign and date the form. By asking the person you are supporting to complete this, it gives you a chance to check whether the person is happy with the plan, and it acts as a sign of their ownership and commitment to the goals. At this point, the Community Navigator should make it clear that goals can be reviewed and readjusted throughout the support process. This can help to reassure the person that it will not be the end of the world if they don't manage to complete steps by the specified date or achieve all their goals during the time that they're seeing you.

Supporting social contact and connections

Once you have helped someone to set goals, you can start supporting them to achieve their goals! Here's an overview of some of the types of support you could offer, but remember to think creatively about what else might work, and be led by the person you are working with. Further details about each type of support can be found on the page listed.



First, we will describe three overall approaches which you can use while supporting people to develop social connections: solution-focused techniques, coaching, and a social identities approach to health. Then we will give some guidance about different stages of supporting someone to achieve their social goals: planning, supporting activity, reviewing progress and managing endings.



Solution-focused techniques

We recommend that as a Community Navigator, you use a solution-focused approach throughout your work with the people you are supporting. A solution-focused approach focuses on a person's strengths and what they *can* do. It involves avoiding long discussions of what makes things difficult and instead emphasises the resources and solutions people have which may help them solve problems. Attempting to understand the cause of their problems is not necessary. The general approach should be to find what works and do more of it. It does not necessarily have to be very a complex solution, and may well seem very simple.

Here are a number of strategies you can use as part of a solution-focused approach:

The problem is the problem

From the very beginning, you should try and have problem-free talk. This means that you talk about the person's strengths and resources, and focus on them as a person. Talking about things other than people's problems will help show them that they are more than their problems. It can also be good to talk about an area of their lives where they feel more skilled. This might help you both identify skills which they can transfer to help solve other problems.

There are always exceptions

For every problem, there are always exceptions. These may be times when the problem does not happen or when the person is less bothered by the problem. These exceptions are small parts of the solution to the problem. You can ask about these exceptions by saying something such as 'tell me about a time you coped despite being anxious' or 'when was the last time you woke up and thought you would go out?'

If people are finding things very tough they may find it difficult to think of exceptions. In this situation, they may still be able to recognise that they are 'getting through'. You can then ask about what is getting them through, even though it is difficult. If things are really tough, you can ask about what is stopping things from getting worse. For example, 'given everything that is going on for you at the moment, what has enabled you to get here today?'

The future is important

Focussing on future goals can prevent spending too much time focusing on current problems. A good goal should be: positive; small and observable; significant to the person; realistic; involve hard work and be a beginning step (not an ending). You can use the My Connections Plan to set these types of goals.

When talking about the future, you can also make use of a 'Miracle Question'. This can either ask about a perfect day (example 1) or what life would be like without the problem (example 2). This gives you a clear idea of what this person's end goal is, and then you can think about how they might get there.

Example 1: After you have gone to bed tonight, a miracle happens and this problem is resolved. But you are asleep, so you will not know the miracle has happened. When you wake up tomorrow morning what will you notice that is different? What will you be doing differently that will tell you the miracle has happened?

Example 2: What would be different if you had a day without this problem?

People are survivors, not victims

It is important make people feel like survivors, rather than victims. Helping people recognise that they have survived can help them feel more responsible and hopeful about their future.

Change is key

If someone keeps talking about feeling stuck, it is useful to draw their attention to change and difference. You can tell people to watch out for change, asking them what changes they have noticed between sessions. Introducing a time perspective can also be useful, such as be asking 'have you always been able to do that?' or 'when did you first realise that...?'

Another useful tool for noticing change is using scale questions. An example of a scale question is: 'if you imagine a scale from 0 to 10 with 0 representing the worst that things have been and 10 representing the way that you want things to be, where do you see things right now?' These can help people realise their situation is improving. You can remember where people put themselves on the scale, and then ask them again later on to rate themselves on the scale. Asking 'What have you done to get you from where you were on the scale to where you are now?' can help identify people's resources and successful strategies.

Emphasising change can also relate to the 'Miracle Question' if you have discussed it with this person. You can ask them 'What are the signs of this miracle already starting to happen?' You can also break this down and ask 'What small step would be a sign of moving in the right direction/being on the right track?' This may help make goals seem more achievable.

Make use of resources

You should assume that people do have the resources needed to solve their problems. You can question people in a way so that they realise they have these resources, such as 'what helped you to achieve that?' and 'how did you do that?'

Give constructive feedback

After each session, it may be useful to provide constructive feedback to people. Before doing this, you should acknowledge the difficulty of their position so they know you empathise. You can then feedback the skills, strengths and useful qualities that you have noticed them using throughout the session. You can point out how they have made progress towards their goals. Encouraging people to notice what they are doing which is useful, and watch out for signs of their 'miracle' happening, may also help them achieve their goals.

It may be helpful to normalise the idea that when change happens, it is often with three steps forward and one step back. This may help people realise that a small step back, such as not feeling able to come and meet you one day, is not the end of the world. It will not prevent all progress. If what you try first does not work, then try something different. Try to refocus goals or help find smaller steps that might be possible and which you can help the person to achieve.

Make use of the positive BATHE technique

This is a useful technique to help you understand what people are currently experiencing and their strengths. You can then use this to help them plan the next steps they can take to move forward. By using a positive approach, this can also enhance wellbeing by encouraging affirmative thinking.

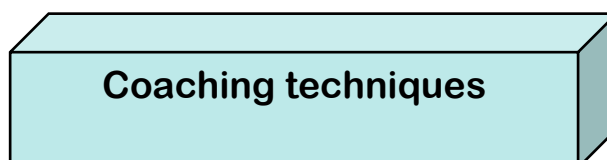
Best - *What's the best thing that's happened to you this week? Or since I saw you?*

Affect or Account - *How did that make you feel? Or how can you account for that?*

Thankfulness - *For what are you most grateful?*

Happen - *How can you make things like that happen more frequently?*

Empathy or Empowerment - *That sounds fantastic. I believe that you can do that.*



Coaching involves helping someone to come up with their own solutions to a current dilemma, and giving the person space to decide which of these solutions they would like to go forward with. The T-GROW model of coaching is consistent with a solution-focused approach, and provides a framework for you to use in your work as a Community Navigator. It may be particularly helpful when you are helping people to set goals and steps towards

achieving their goals for increasing social connections, and ensuring these goals are owned by the person you are supporting.

The T-GROW model of coaching

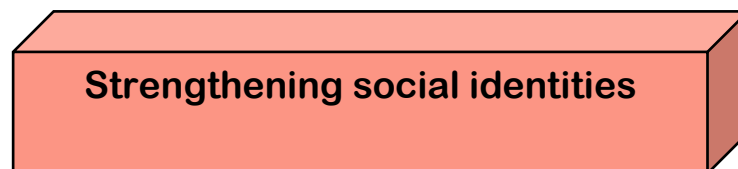
Coaching involves using listening skills, summarising and open questioning. It is:

- X Non-directive
- X Seeking an equal relationship (and can be peer based)
- X Goals-focused
- X Present-focused

By taking responsibility for their own solutions, it can help motivate people to change or approach something differently. One of the key things to emphasise is the extent to which coaching is client-led: usually 80% client-led and 20% coach-led. Key elements are:

- 1) Listening – listening to really hear what the person is saying, rather than thinking about your own thoughts or what you will say or ask next.
- 2) Reflecting and summarising – restating what the client has said, by either using their own words, or rephrasing what they have said. By doing this, not only does the coach show that they are listening, but it also helps the client to consider their thoughts and focus their ideas.
- 3) Asking questions – good questioning requires the client to think and articulate an answer, which can help them to gain insight and come up with their own solutions. Strategies for good questioning include using open questions starting with words such as ‘what’, ‘how’, ‘explain’ and ‘describe’ and avoiding leading questions, which impose ideas on people. By helping people to think of their own solutions, rather than giving the person solutions, they are more likely to follow through with action.

Further information and guidance with using coaching approaches as a Community Navigator are provided in the Training Manual.



There is substantial evidence from research that “positive social identities” are good for people’s health and wellbeing, and can help protect against loneliness. Positive social identities mean the sense of belonging to social groups of any type which are consistent with someone’s sense of self and their values, and are mutually compatible.

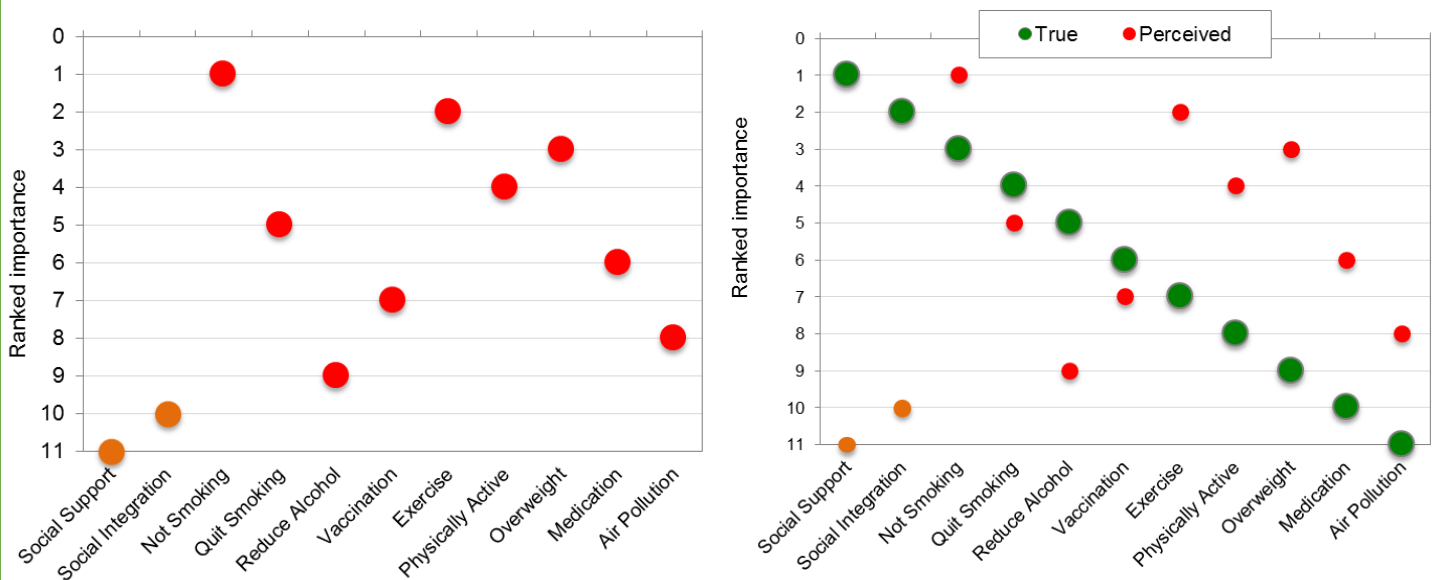
There are several exercises, developed as part of the Groups 4 Health programme in Australia (<http://www.groups4health.com>), which might be useful as a Community Navigator. We have

picked some out that may be useful for supporting people throughout your sessions. They are described in more detail below and the handouts are in Appendices 6-11. We are grateful to Professor Cath Haslam, the developer of the Groups 4 Health programme, for permission to include these resources in the Community Navigator manual.

Psychoeducation: a quick quiz

Particularly if someone seems to be sceptical about the benefit of increasing their social connections, it could be helpful to encourage them to reflect on the benefits of social connections for both physical and mental health. One way of doing this is with a quick quiz, which asks people to rank 11 health factors in terms of how important they are for health (where 1 is the most important factor for health and mortality, and 11 the least). These factors are taking appropriate medication, being socially integrated, not drinking excessive alcohol, receiving a lot of social support, avoiding air pollution, flu vaccination, not smoking, quitting smoking, not being obese, doing exercise, and being physically active. A table is included in Appendix 6 where people can rank these factors.

Once people have ranked these factors, you can show them a graph of the general public's rankings when asked the same question (on the left below and in Appendix 6). As you can see, people ranked things like smoking and physical activity as most important, with the social factors least important. You can ask people how similar this is to their rankings. Finally, you can show people the graph on the right below (and Appendix 6), which is the real rankings of these factors based on the latest research. This shows quite a shocking difference; contrary to what most people assume, social support and social integration are actually the most important factors for health and mortality in this list.



Psychoeducation: impacts of high and low social connections

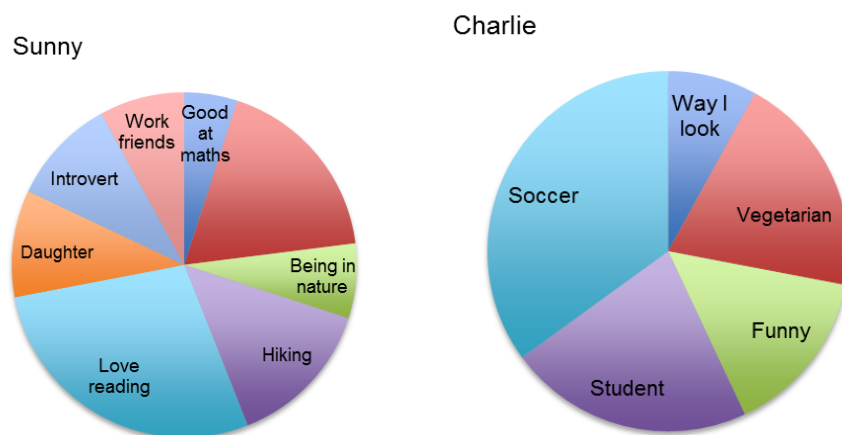
In Appendix 7 are two figures showing the benefits of high social connection and the dangers of low social connection. It is up to you to decide whether it is appropriate to look at these diagrams with people, or whether they might find them upsetting. However, if someone wishes to know more about how or why social relationships protect health this may be a useful hand-out you can give them. Benefits include higher self-esteem and empathy and lower rates of anxiety and depression with more social connections. Dangers of low social

connections include a reduced immune response and increased antisocial behaviour and violence. You can decide if, how and when you share this information with people across your sessions.

Understanding someone's identity: the self-aspect pie

Groups 4 Health was developed based on an assumption, from the Social Identity Approach, that social groups contribute to our understanding of who we are and provide us with a distinctive sense of self – as 'us' and 'we'. Our sense of self is determined as much by our membership in particular groups as by our own personal identity. Groups are internalised as part of our sense of self, furnishing us with a sense of social identity and thereby becoming part of who we are. They are a basis for our principles, values, and behaviour and give us a sense of meaning, purpose and direction.

Based on this theory, there should be a good fit between someone's sense of self and their social world – their groups should be a reflection of how they see themselves. For example, if they love sport and animals, they might hope that their social world would include a sports club or two, and perhaps some friends that also like animals. If someone doesn't have a lot of groups or doesn't think there's much fit between their sense of self and their social world, then thinking about how they see themselves could be a good starting point. In Appendix 8, there is space for people to make notes on what is important to them, and prompts for different parts of the self (e.g. interests, values, relationships, beliefs).



Once someone has identified the parts of their self-concept, this information can be made into a self-aspect pie. This is like a pie-chart all about them, as shown in the two examples above. It should be filled in with all the important aspects of themselves that they have just noted down. To help people do this, you can ask them to have a think about which parts are more important. Very important parts of the self should be bigger and less important parts should be smaller. There is a template for creating this self-aspect pie in Appendix 8.

Completing this exercise may be helpful because, if there isn't a good fit between someone's concept of themselves and their social world, it is an opportunity to help them identify new groups they might want to join. It could provide ideas to find new groups to develop into the person they want to become. You can look at their self-aspect pie with them and underline any aspects of the pie that aren't really represented by their current groups, then think about new groups which could provide these opportunities.

Group experiences: thinking about and managing expectations

It may also be useful to explore what people expect from their groups, especially if they talk negatively about previous group experiences. Their expectations may be making it more difficult to maintain and enjoy their existing group connections and potential new groups.

The first step in this exercise (below and Appendix 9) is to think about what makes up the perfect group. This can be a friendship group, family, or any other kind of group. You can discuss what this group would feel like with the person you are supporting – what would they expect from group members and how would they behave to each other? There is space to jot these ideas down.

My perfect group...

Once you've discussed these ideas, ask someone what the 'perfect you' would look like – what would be on their list? You can then explore how it would not be possible to maintain this 'perfect you' all of the time, and extend this to thinking about how a group cannot behave 'perfectly' the whole time. Relationships cannot always be perfect, and to expect them to be would be unrealistic. You can focus on how it is normal for people to get frustrated or have arguments, and use any examples people tell you, to lead the conversation into ways that group situations can be better managed to reduce the chances of difficult situations happening too often.

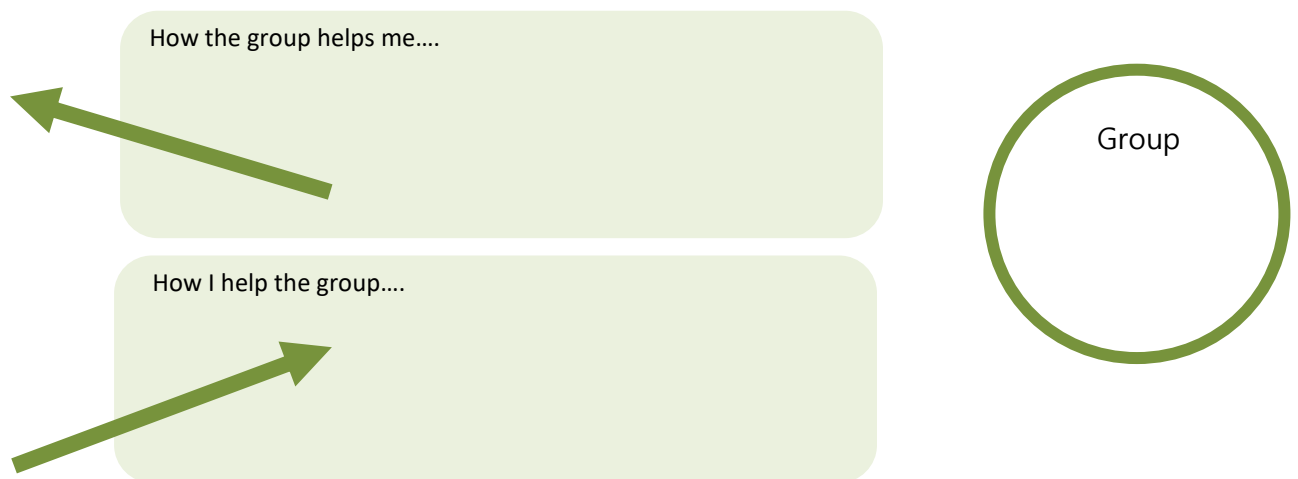
Discussing how someone might manage their expectations and difficult situations will hopefully include discussion of compromise and positive styles of communication, like active listening (giving others time to make their suggestion heard), using a positive tone and language in response, and accepting differences and imperfection. There are boxes in Appendix 9 where people can record their ideas for managing situations.

Self-care: The final stage of this set of exercises discusses the importance of self-care. To be mindful of others and manage situations, people also need to be mindful of themselves. They can be better prepared to deal with difficult group experiences if they look after themselves. For example, if we're tired or stressed then we're all more likely to respond with frustration or argue. Here you can discuss ways to help people feel less tired, stressed or pressured and look after themselves. There is a box (pictured above, Appendix 9) where these ideas can be recorded. Some ideas include self-care, being attuned to bodily signs of pressure and fatigue, recognising and apologising for our own failings and making an effort to say positive things about others and celebrate achievements. People could keep this sheet and refer back to it in the future.

Group experiences: giving and receiving

This could be useful to help people think more about how groups function and understand the balance between both giving to and receiving from our groups. Note that this exercise will be very difficult to complete with people who do not identify as being members of any groups. It uses the following analogy:

“A healthy group is like a healthy plant, which needs water to survive. Similarly, a healthy group needs nurturing and support from us for it to work well, so that it can help us (and the wider group), feel good about ourselves (and themselves) and to give everyone in the group the help and support they need. Nurturing is a two-way street: not only should the group work for us, but we should work for that group and for everyone in it. So to maintain the groups we value, we need to give to and invest in the group and in the same way that we would like the group to invest and give to us. There’s lots of evidence showing that people who provide emotional, financial and practical support to others are actually healthier than those who simply receive it. Giving in this way helps us feel good about ourselves, builds our self-esteem and gives us purpose; so it’s as good for us as it is for others (if not better).”



This exercise aims to help people think about what they actually do, or could do, to support their groups. There is a giving and receiving diagram (pictured above and in Appendix 10), where people can identify one or two of their groups and note down some examples of the help, support and advice that they have given to their groups and the groups have given to them. You can discuss ways that people give to, and receive from, different groups with the person you are supporting.

The ways in which someone helps their groups should hopefully lead to discussion of the ‘effective ingredients’ needed to keep groups ‘alive’. If someone is struggling to think of any examples from their experiences, you could provide prompts from these effective ingredients, which include providing: emotional and practical support; knowledge; positive encouragement to promote a sense of self-belief and efficacy in groups; focus and structure to help the group pursue and reach its goals; a role model to show others how they might achieve their goals.

During your discussion, someone may feel that they seem to give a lot of support but never get anything back from their groups. It will be important to validate this experience and pave the way for people to think about ways members of the group may contribute by giving

meaning to their lives. If others feel like they don't offer much to their groups, you can remind them of the cyclical nature of giving and receiving, and how giving can boost self-esteem, and once you give a little, others start giving back. You can also point out that just meeting up with a group is a way of being supportive.

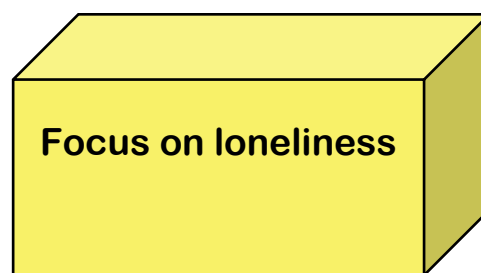
Group experiences: making use of networks

The previous activity leads well into the idea that we sometimes focus too much of our attention on one particular group, while neglecting other groups, whether this is giving too much or expecting too much. This can be tiring, or lead to disappointment and unmet expectations. This can be linked back to the plant analogy - *"This is a bit like over-watering one plant while under-watering others – both of which are bad for the plant."*



You can discuss the impact of this with people, helping them to better understand the effects on their groups when they over- or under-provide. To make the most of giving and receiving, people should 'share the load' across their groups. Groups are a collaborative exercise which work best when everyone plays a part, giving and receiving as they need. In the box labelled 'Ways we can help groups stay healthy' (Appendix 11) people can note down ways they could use their existing networks better and 'spread the load'. You can ask them whether they tend to call on some groups more than others for support, whether some groups give too much support, or if they could spread the load better.

This could also be a good time to think about the value of multiple group memberships with people as, when we belong to a number of different groups, there are multiple sources of help and support and it becomes easier to share the load. If anyone feels they don't have sufficient groups for support, then think about ways to improve this such as reconnecting with previous groups and developing new social connections.



Loneliness is a negative subjective experience. It has been defined as the gap between the social relationships someone desires and the ones they have. We know that subjective loneliness is more closely linked to mental health outcomes than the amount of social contact with other people someone has. So, for example, if someone goes to a new group, this may not in itself feel helpful to them or make them feel less depressed – if they don't talk to anyone while they are there, or don't feel they fit in or are welcome.

Please try to focus your support on helping people improve the quality of their relationships with others, and developing social connections which are meaningful and valued by the person – not just social contact for its own sake.

Everyone will experience loneliness differently, and the solutions to helping someone feel less lonely will vary from person to person. Researchers distinguish three sorts of loneliness: intimate, relational and collective loneliness.

Intimate	Relational	Collective
<ul style="list-style-type: none">• A lover• A confiding relationship	<ul style="list-style-type: none">• Friends• People to do fun activities with	<ul style="list-style-type: none">• Feeling you belong in your neighbourhood or society• Feeling valued

Use what you learn from getting to know the person and completing the “Mapping my world” chart with them to think together about what sorts of loneliness they are experiencing, and what might help.

For example:

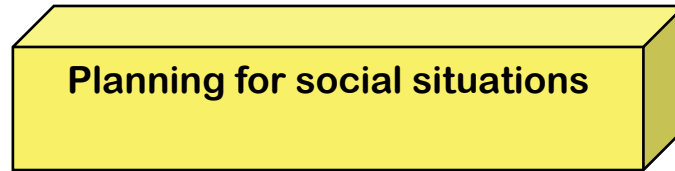
- ❖ If someone has quite a lot of social contact with others, but no one they feel really “gets” them, or they could confide in, you could help them think if there is anyone they would like to get to know better and what could they do to achieve this.
- ❖ Or you might want to think with them if there is a new group they could join where they might feel that they belong more, and can have honest, in-depth conversations with others. For example, mental health peer support groups can be hugely helpful for people who do not find others very accepting of their mental health difficulties.
- ❖ If someone would really like to have a girlfriend or a boyfriend, think with them what steps they might want to take to work towards this goal. This could include joining dating sites.
- ❖ If someone has a small network of family and close friends, but does not feel part of their local community, help them think about ways they could connect more with others in their local neighbourhood – for instance, by volunteering.

People with mental health lived experience from the UKRI Loneliness and Social Isolation in Mental Health Research Network developed a booklet called “Conversations around loneliness and mental health”. This was based on interviews with people with mental health difficulties, asking them about their experiences of loneliness and what can help. This may be a useful resource for you to read, or to share with the person you are supporting, to start a discussion about how they experience loneliness and what could be useful to do. The link to this booklet is here:

[conversations_around_loneliness_mental_health_08.03.2022.pdf \(ucl.ac.uk\)](https://www.ucl.ac.uk/mental-health-research-network/resources/conversations-around-loneliness-mental-health-08.03.2022.pdf)

Above all, please don’t fall into thinking that the same suggestions or activities will be helpful for everyone you are supporting. Going to a new group may not necessarily be the most helpful thing or the only thing which someone may need. In keeping with the principles of community navigation, try

to make individualised plans together, which address the person's unique circumstances and experience of loneliness.



Planning for social situations

Once someone has identified a goal for initiating social contact or going to a new group of social activity, it may be helpful to help them plan for this. There are two main sorts of planning which may be helpful: practicalities and planning introductions.

Practicalities: If the person you are supporting is planning to go to a new social activity:

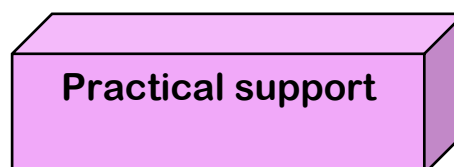
- Do they know where and when it is?
- Do they know their travel route, and how long the journey will take?
- Does anybody in the group know they are coming? Would they like to let someone know, so they are expected?

If the person is unsure about any of these, you can encourage or help them to check this out in advance.

Planning introductions: It is not your job as a Community Navigator to try to train people in how to behave in social situations, or develop their social skills. People are most likely to stick with social situations where they can be themselves and feel comfortable. But it may be helpful to support the person you are helping to think through how they want to introduce themselves in a new social situation. For example:

- If someone is contacting a friend they haven't spoken to in a while, why will they say they are calling; what do they want to say about how they are, or what they've been doing?
- If someone is going to a new social group, how will they introduce themselves?
- If you are going with someone to a new social group, how would they like you to say you know them?

In helping someone plan social activity, there are balances to strike. Try to avoid lengthy planning which delays actually initiating the new social contact, and be aware that too much rehearsal could increase anxieties rather than reduce them. At all times, be led by the person you are supporting in deciding what is necessary and helpful.



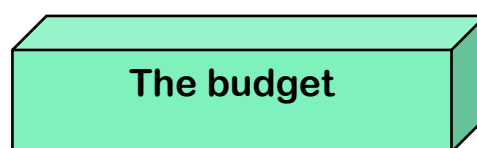
Practical support

The practical support that Community Navigators provide should always be connected to the aim of enhancing people's social contact. We've produced the following guidance to give you an idea of the types of practical support that we think might be useful, as well as the types of practical support you should avoid:

- | | |
|--|--|
| ✓ Planning travel, booking taxis, organising transport to groups and activities and other opportunities for social contact | ✗ Attending medical or other appointments with someone |
| ✓ Contacting organisations/activities/groups by phone or email to find out more about what they're like | ✗ Considering if there's people they could travel with |
| ✓ Making referrals to groups and services | ✗ Financial issues including debt and benefits |
| ✓ Identifying less expensive opportunities for social contact or obtaining money from the budget to cover the cost of social activities. | ✗ Legal and immigration issues |
| | ✗ Housing issues |
| | ✗ General housekeeping, maintenance or childcare |
| | ✗ shopping |
| | ✗ employment |

Always try to enable people. Wherever possible, it is important to not simply provide practical support, but also enable the person you are supporting to tackle aspects of these issues themselves. Consider whether you could share out the tasks of contacting organisations - they might be able to email even if they wouldn't want to call someone.

Where practical support is required or requested that is unrelated to social activity, you should let the person know that you are not able to provide that type of support, and refer them back to their mental health team or signpost them to sources of support.



Many of the people you are supporting may be on a low income and face real financial barriers to joining groups and socialising with others. Part of your role as a Community Navigator will be to identify free or low-cost activities which might be of interest to the person you are supporting. Part of the Community Navigator programme is having access to a budget for reasonable expenses to support social connections.

There is a maximum limit to this budget of £100 per person. It is probably best not to mention the figure of £100 initially or to frame conversations with the person you are supporting to suggest that you expect the whole budget to be spent. However, if the plans you help someone to make involve expenditure which the person will find difficult to cover, then the budget is there as a resource.

Remember: the focus of this budget is to encourage social contact. We have provided some examples below of things it would be good to use this budget for, and things which it wouldn't. If you are uncertain, please check with your supervisors.

Good to use the budget for: weekly fee to attend a community choir; course fees for an adult education course at a local college.

Not ok to use the budget for: Going to the cinema on their own; going out for a meal with you; buying paint to redecorate their flat.

Grey areas – please discuss with your supervisor: Buying a camera in order to join a local photography group; paying subscription to a campaigning organisation to access an online chat room and resources; buying food to invite family members round for a nice meal.

Accompaniment in social situations

Going with someone to a new social situation (e.g. a community group) may be a helpful way of making a new activity feel more manageable for the person you are supporting. In doing so, you can help someone manage their anxieties about going to the group; model social interactions in the group and facilitate introductions to others for the person you are supporting. Afterwards, you can also help normalize difficult social experiences. For instance, you can acknowledge that it can feel a bit awkward in a new group, but be encouraging that this usually gets easier over time. If other people in the group really weren't welcoming, you can acknowledge to the person you support that this can happen, and think with them what alternative plans could be made.

If you go with someone to a new social activity in the local community, it is likely that someone in the group may ask you how you know each other. We suggest you should discuss what's best to say with the person you are supporting, and be guided by what they want - within the boundaries of your organization. They may not want you to identify yourself in a group as a Community Navigator who is supporting them in a professional role. We suggest it is ok just to say you know each other locally, or are friends, and were both interested in going to this group, if this is what the person you are supporting would prefer.

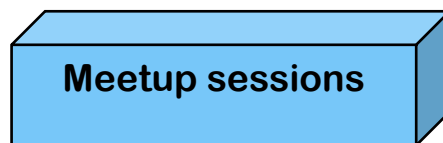
Where people using the Community Navigator programme have shared interests, introducing them to each other can be a helpful way to encourage social connections. This should be

agreed in advance with all parties, but, for example, meeting up in the park with two people using the programme for a dog walk may be a helpful way of introducing people, and breaking down the roles of givers and recipients of help.

Before offering to accompany someone to a social situation, always be mindful that your support is time-limited, you want to help people develop sustainable social connections and to enable them as far as possible. Questions to ask yourself include:

- Could the person do this on their own ok?
- Is there anyone who could go to support them instead of me (e.g. a family member or friend)
- How can I reduce the level of support I am providing in future weeks (e.g. could I just check in with the person by phone before and after the group next week, or go with them on the bus and then leave them to it?)

As a general rule, going with someone to a new social activity once or twice may well be helpful, but should not be continued on a more ongoing basis.



Meetup sessions

A central aim of your work is to help people to meet others and develop social connections. The people who are taking part in the programme are themselves a group. They have something in common and are potentially well placed to offer each other support and encouragement with achieving social goals. They may also have interests in common, or want to try out new groups or activities together.

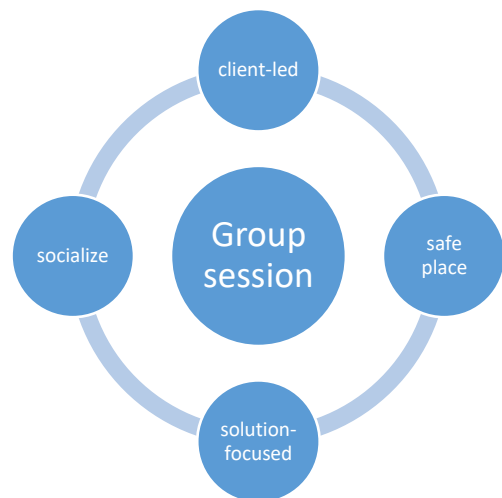
Therefore, as part of the programme, you will be involved in running informal meetups. The meetups will provide opportunities for people to meet co-participants, discuss the programme's aims and their own progress, and share information about helpful local resources. Please arrange a meet-up group at least every two months during the programme. Each participant will be able to attend four groups: three during the six months while you are providing 1:1 support, and one further group during the phased ending to support (see "Planning Endings" below). The people attending meet-up groups will change, as some people finish the programme and others start. But the participants in the meet-up group will be completely different after 4 groups, so it is ok to repeat activities then.

Meet-up groups could involve going to do an activity together in the community: for instance, going for a walk, going for a meal in a café, going to a museum. Make sure there is

an opportunity for people to talk to each other at each group. So, for example, if you arranged a meet-up group to go and see a film, try to add an activity like going for a coffee afterwards. Think about the cost and try to make sure activities at meet-up groups are affordable for all participants. You could also arrange meet-up groups in a space like a room in a community centre, where people can come to talk to each other. You could organise some refreshments, or people could bring food for a shared meal.

You will need to work out with your organisation who will make the practical arrangements for a meet-up (e.g. venue booking and catering). But it is probably helpful if you as the Community Navigator invite the people you are supporting. Although you should encourage people to attend, attendance is optional and people should not feel pressurised. When inviting people to the groups remember to ask them how best to facilitate their attendance. This might involve covering their travel expenses, or supporting them to arrange childcare. You can liaise with your supervisors to meet people's needs.

The meetups follow the principles of the Community Navigator programme with a socially-focused person-centred approach; namely, each session has a loose agenda tailored to the needs of the people to achieve maximum impact. The agendas are co-produced by you and the people you are supporting: seek ideas from them about what would be fun for a meet-up group. The groups are informal, so, for example, someone could join a meet-up group for some of the time but leave early if they want to. Try to have some ideas prepared in case there isn't much conversation, or people are very anxious to begin with. The group sessions should last not more than about 2 hours maximum.



Some suggestions on how to run the groups are:

- ❖ Before the group session meet and discuss the interests of your clients and think about who could be linked up with each other.
- ❖ Start the session with introductions emphasising that the group is a safe place where people can freely express themselves.
- ❖ Highlight that people are free to leave at any point during the session, and they don't have to participate in every activity if they don't feel like it.

- ❖ Think about how you will keep the session solution-focused and not descend into a discussion of barriers or problems. This must be done without shutting people down or ignoring them, but acknowledging that it's hard and bringing people back to the discussion.
- ❖ Icebreakers or games can be used to help people to get to know each other better, and make them feel more comfortable. (For example: one activity which has worked well involves asking people to identify photos of local landmarks and social spaces, and asking who has been there and what people thought of it.)
- ❖ Towards the end of the session seek for people's feedback on the day, and ask them what they would like to do in the next group session.



Further information to help plan meet up groups is provided in Appendix 12.

Reviewing progress

It is helpful to use part of or a whole session to review progress at least once during the programme. This serves two purposes. First, you can revise people's goals and the proposed steps towards them if required. People's progress may be slower than anticipated, and steps may need to be broken down into smaller, more manageable stages. Conversely, people's ambitions may expand as their confidence grows during the programme, and new goals can be added to their connections plan.

Second, reviewing progress provides a chance to celebrate people's efforts, and reinforce people's sense of hope and that they have some agency over their social world. Achievements can be praised however modest (e.g. reflecting back to someone how much more they now know about local social activities). Reviewing someone's map of their social world can help with this process: new people, places or activities can be added.

Planning endings

Your role is to try to help someone build up sustainable social connections, not to be the person's main social contact yourself. It may be really helpful to go to a group with someone the first time, to give moral support and get an idea of the opportunities that the group offers. However, if the person you support starts relying on your company to get there every week, this isn't going to work long-term. Wherever possible, think with the person whether anyone they already know can help them to try new things and work on their goals, or what personal resources they can draw on. The 'strengths and resources' section of the My Connections Plan is a useful reference point for this.

Remember that, if someone misses one of your meetings with you without cancelling with 48 hours' notice, this would still count as one of their 10 sessions. Obviously you can use your discretion in applying this rule as, if they have an emergency, then you could reschedule the session. However, in general, meetings that people do not attend should be counted as one of their sessions as this is usual NHS policy for time-limited programmes and is a waste of your time. It would be useful to remind people about this when you start your support so that they can bear it in mind.

It is important that you and the person you are supporting are mindful that your support is time-limited. Your focus throughout should be to help people develop sustainable social relationships in their community, not to become the social contact the person is looking for. Some suggestions for how to manage the time-limited nature of your support and ensure endings work well are:

- ❖ Mention in your first session that you will have a maximum of ten meetings together and keep this in mind when planning goals and steps.
- ❖ Remind the person when you are half way through your ten sessions, and plan with them how they wish to use the remaining time.
- ❖ Complete the 'Mapping My World' exercise again towards the end of your support and compare the map from the beginning to where they are now. Use this to celebrate any changes and improvements.
- ❖ Use the My Connections Plan to set a new set of goals together and the steps that the person could take to achieve these goals without your support.
- ❖ Use one of the last sessions to meet with the person and their care coordinator from the mental health team to feedback on the work you have been doing together and any ongoing support the person may want to put in place to achieve their goals.
- ❖ Use the final session as a celebration: do something nice together, such as going out for a coffee, and reflect on the person's achievements.

In response to feedback from participants in the initial testing of the programme, we recommend you offer a phased ending to your support. You should complete all your ten, 1:1 sessions with the person within six months of them signing up for the programme. After this, you can offer, within the next two months:

- ❖ One more brief phone or video call to check in with the person. Use this session to hear how they are progressing with any actions or goals you had left them with. Remind them of their achievements.
- ❖ Attendance at one further meet-up group.

All your support should be ended within eight months of someone signing up to take part in the programme, and you should not provide further community navigation support.

Supervision and support

You are expected to attend group supervision regularly as part of the role. This is an essential part of developing your own, and the other Community Navigators' skills, and to help you deal with the demands of the role. We hope supervision will be a safe and supportive space in which you can help one another, learn from each other's successes, and discuss situations that you have found difficult. There will be three main types of support:

1. Peer support between Community Navigators

You each bring different strengths and experiences to this role. We encourage you to help each other in the role by sharing knowledge about local community assets, sharing strategies for supporting people, using the mapping and goal setting tools effectively, and problem-solving challenging situations.

The more you can utilise your Community Navigator colleagues by sharing your knowledge and skills, and seeking support from one another, the better. You will partly do this through group supervision, but you should also use the Google Drive to share anything you may want to in-between supervision sessions.

2. Supervision from the mental health team

You will receive supervision from your clinical supervisors at the mental health team. Ideally, this will be group supervision, provided fortnightly, totalling about 3 to 4 hours supervision a month. We realise it may be challenging for all the Community navigators in your team to meet together regularly with supervisors, depending on your other commitments. If this is not possible, you will be provided with individual supervision, but please seek other opportunities to meet up with your Community Navigator colleagues and share knowledge and experiences. Supervision will be a good chance to reflect on progress, troubleshoot any challenges you may be having and to seek advice from each other and your supervisors.

Ideally, some of your supervisors will have been involved with the Community Navigator training programme, so should have a clear understanding of the role and the principles of the programme. They will also be able to support you with any questions you have about service policies and procedures, and working with the wider clinical team.

If you have any urgent questions or concerns between group supervisions, please contact the relevant supervisor to arrange a meeting or phone call. Be proactive in seeking the support you need, and please do not wait until supervision if you have any serious concerns about someone you are working with.

3. Top-up training

We recommend that you are offered additional training, experiential learning and practice reflection as part of your work. In the current trial Community Navigator programme, the study team will offer some days of "top-up" training and chances to meet the Community Navigators from other sites and share experiences. Your supervisors and the NHS organisation you work for may also offer training opportunities.

This training can be a time to access additional resources or training for your development needs, or to discuss and develop strategies for addressing challenging aspects of the job. As your Community Navigator roles are innovative ones in the NHS, you will be developing the role as you work, and suggestions about how you can best be supported in your role and your training needs are encouraged.

Guidance when someone discloses suicidal thoughts, plans or actions

The people you are supporting have complex depression or anxiety which is sufficiently severe to require support from a specialist mental health team. It is very likely that some of the people you support will experience distress and suicidal thoughts, and some may make or act on plans to harm themselves. You may also have safeguarding concerns about whether someone you are supporting is safe from others, or poses a risk to others' safety.

As a Community Navigator, you are not expected to be able to make expert clinical judgements about people's level of risk or needs for treatment. You are expected to respond kindly if someone expresses distress to you, to share any concerns you have about someone's wellbeing with the mental health team, and to access help without delay if you have any concerns about people's immediate safety.

Your supervisors should ensure that you have been trained in local protocols about sharing safety concerns and who to contact in a crisis. *Please make sure you have this information before you start supporting someone.* A safety protocol from the initial Community Navigator programme is provided as an example in Appendix 14.

Policies and procedures

As a Community Navigator, you will be employed by an NHS Trust or other mental health organisation. You will need to follow your organisation's policies and procedures at all times. Some procedures specific to your Community Navigator roles are listed below. You should be given information about local arrangements for all these during your initial training and organisational induction. Please discuss with your supervisors if any of this is not clear or not working well.

Training

We hope that the training will be an interesting learning experience and good preparation for your role as a Community Navigator. There are three parts to the training: an organisational induction, a tailored local service induction and role-specific Community Navigator training. A Community Navigator training manual provides information about the content of a recommended initial training programme.

Referrals and allocation of people to support

You will be supporting people supported by the mental health team who have agreed to participate in the Community Navigator programme.

After someone has been referred to the programme, your supervisor will allocate them to a Community Navigator. In discussion with your supervisor, please make sure you have essential information about the person you have been allocated to support before contacting them. This will include their care coordinator's contact details, essential risk information and details of the person's Crisis Plan.

Once you have this information, you will need to make contact with the person you are due to support, typically with a phone call, and arrange to meet them at convenient time and place. Your supervisor will provide guidance on how you should contact people (e.g. requirements to use a work mobile phone or email address).

In the event that you are unable to contact a person who has been allocated to you, the person chooses not to meet you, or there are obvious difficulties in working well together, please discuss the situation with your supervisor, who can advise you on how to proceed.

Safety and risk

It is likely that some of the people using team who you are supporting may have suicidal thoughts or intent. Your supervisors will provide guidance about what to do when someone discloses suicidal thoughts or attempts. We anticipate it will be much rarer that people you are supporting will pose a risk to others than themselves, but you may also encounter this. However, people who are known to pose a risk to the extent that it might be unsafe to visit their home will not be invited to take part in the programme.

Because you are working as part of the NHS clinical team, you have a duty to share concerns about the safety of a service user or anyone else with the clinical team, even if the person you are supporting or someone else does not want you to do so. This includes harm to

others, including safeguarding concerns about abuse or neglect of children or adults at risk, as well as risks of harm to the person you are supporting.

Wherever it is practical and feels safe to do so, please let the person you are supporting know that you will be talking to the team about any concerns identified.

Lone working

Your role will involve visiting people in their homes or at venues in the community. It is essential that you follow the lone working policies of your organisation at all times. Some key principles of this are:

- ❖ Always use your work mobile phone or a work email address to contact participants.
- ❖ Make sure you have let others in the team know where you are going and who you are meeting.
- ❖ Follow agreed plans for checking-in before a visit, and checking-out to confirm you have completed a visit.

Accessing the Community Navigator budget

You will have access to a budget of up to £100 per person to support social contact and community connection. Guidance on how this budget should be used is provided above, but individual instances should be discussed with your supervisors, who will provide guidance on arrangements for accessing this budget.

Record keeping

Community Navigators are expected to follow organisational requirements regarding writing and storing records of your meetings with people you are supporting.

Payment and expenses

Your supervisor will advise on your organisation's procedures for recording working hours and payment of wages. You may also incur expenses during your work – e.g. travel from your work base to the home of someone you are supporting, or to a community venue; or other expenses such as a coffee out. Organisational procedures for reclaiming these expenses should also be explained to you by your supervisors.

Useful contacts

We recommend that supervisors provide a list of useful contacts, including: the Community Navigator team members, the supervisors, the mental health team managers and duty numbers, and numbers for local crisis services. Community Navigators are advised to take this list with them to all visits.

Appendices

1. First phone call checklist

Introductions

- ❖ Explain who you are and that you are one of the Community Navigators. Ask if they remember who they talked to about volunteering for this programme.
- ❖ Ask the person what they like to be called and check you are pronouncing their name correctly.
- ❖ Let the person know that you have been looking forward to speaking to them.

Brief outline of community navigation

- ❖ Check their understanding of the programme, by asking what they think a Community Navigator's support involves.
- ❖ You may want to provide some additional information about your role. As a guide, you could use this explanation: "I'm here to support you to explore and improve your involvement in your local community and to connect with new people. We can also work together to help you reconnect with people you haven't seen for a while or restart activities that you used to enjoy but don't do so much anymore".
- ❖ Explain that you are not a clinician but will have some contact with those providing your care at the mental health team.
- ❖ Explain that you are able to provide 10 sessions of about an hour each over the next 4-6 months.
- ❖ Check how this sounds to the person and ask them if they have any questions.

Arranging to meet

- ❖ Offer the person choices for where they would like to meet, for instance in their home or at a coffee shop, and when suits them to meet.
- ❖ Provide your contact details and information about how often you check your mobile phone for messages and calls.
- ❖ Check whether they want you to text or telephone to remind them of the appointment.
- ❖ Let the person know that you look forward to seeing them at the agreed time.

2. First meeting checklist

Introductions

- ❖ Be warm and friendly, ask questions and use positive body language.

Outline what community navigation is

- ❖ Explain what your role is, bringing in anything relevant that you have already discussed on the phone
- ❖ It could be useful to reiterate what your role is. You can use this as a guide: “I’m here to support you to explore and improve your involvement in your local community and to connect with new people. We can also work together to help you reconnect with people you haven’t seen for a while or restart activities that you used to enjoy but don’t do so much anymore”.
- ❖ Explain what is not part of your role – you may find it useful to refer to page 5 to do this.
- ❖ Explain that you will be able to see them for up to ten sessions, but if they don’t cancel a session with 48 hours’ notice, it will unfortunately count as one of their ten sessions.
- ❖ Explain your relationship to the relevant mental health team, including the information that you will record and that you will feedback information to the team.
- ❖ Explain that things you talk about will be kept confidential, but it is important to make clear that if you think there is a risk to themselves or others, you will have to tell the clinical team and follow required processes.
- ❖ Explain that taking part in the Community Navigator programme won’t affect other support they are receiving from the team and they will continue to see the members of staff that they already see.
- ❖ Explain your availability, including how often you’ll check your work mobile.
- ❖ Explain that despite your relationship to the team, you hope that the work you’ll do will feel a bit different because it is more socially and community oriented.
- ❖ Check how this sounds to the person and ask them if they have any questions.

Expectations

- ❖ Ask the person what they hope to achieve through meeting you as their Community Navigator. Clarity any misunderstandings about the support you can provide.
- ❖ Ask why they wanted to take part in the programme and what they hope to get out of the programme.
- ❖ Check if there are any practical issues which you should be aware of in terms of mobility, concentration, caring responsibilities, and the most convenient times to meet.

Getting to know the person

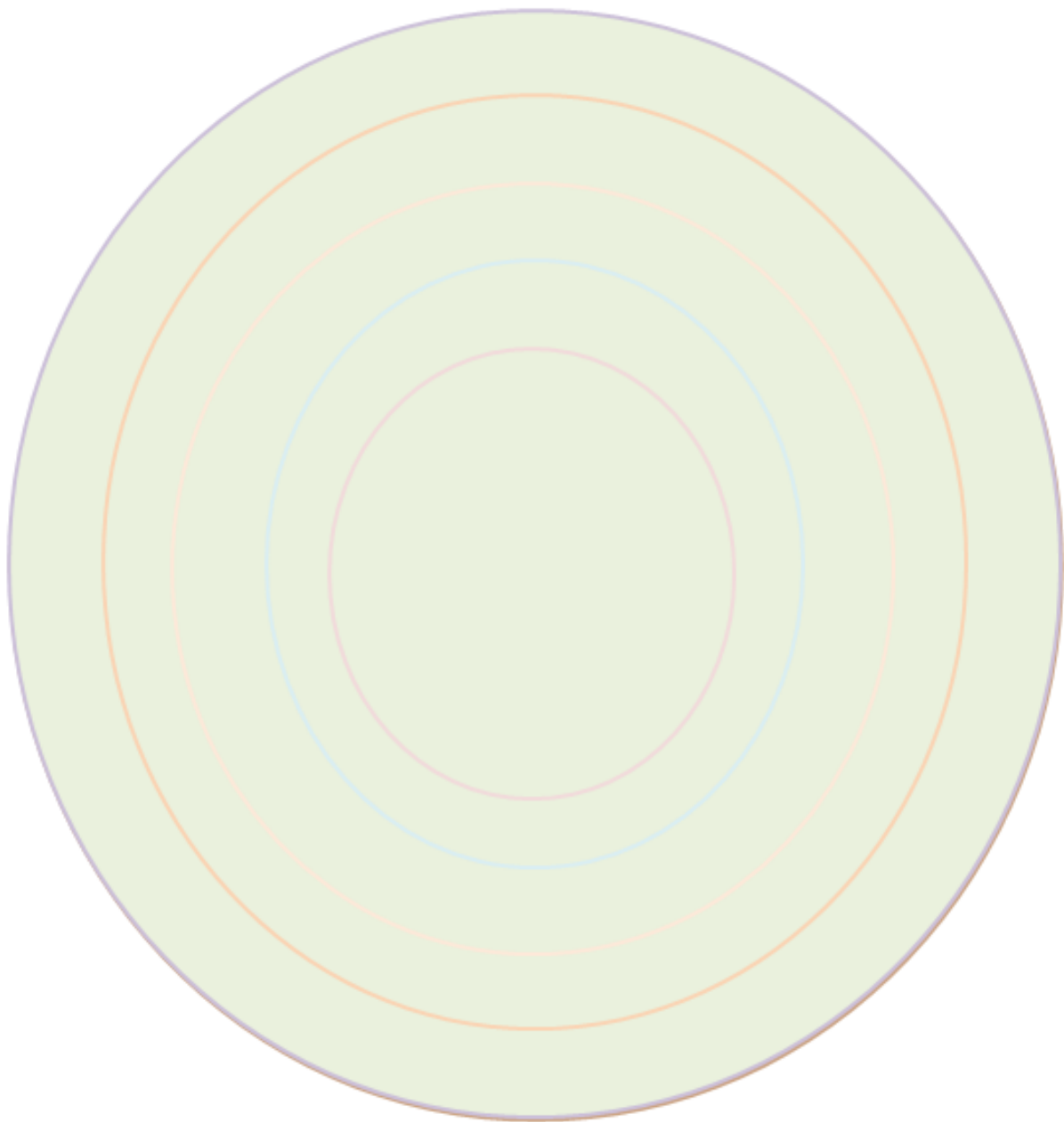
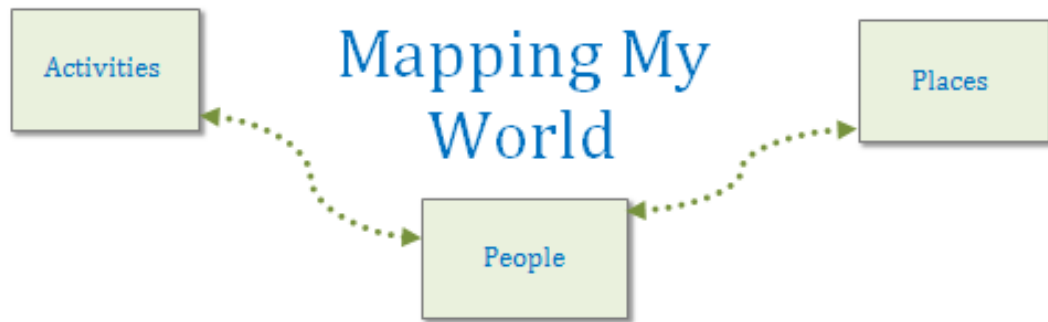
- ❖ Ask the person to tell you a bit about their current social network and connections.

- ❖ If it feels all right to do so in the first meeting, use the Mapping My World to get a better understanding of their social network. Once you have completed it, check with them how they are feeling. If it feels too early to use this tool, perhaps show people the tool and suggest that you might use it in their next session.

Finishing the session

- ❖ Ask the person if they have any questions.
- ❖ Check with the person about how they are feeling.
- ❖ Recap on what you will be doing in the next session.
- ❖ Arrange a convenient time and meeting place for the next session.
- ❖ Let them know that it was good to meet them and that you look forward to seeing them at your next session.

3. Mapping My World: mapping tool template



4. My Connections Plan: goal setting tool template

Connect

MY CONNECTIONS PLAN

My Goals:

Next Steps:

Time Frame:

Reconnect

Explore

Name _____

Date _____

Strengths and resources to help me...

Join in

5. Reconnecting with a friend or relative checklist

Establishing how to locate the friend or relative

- ❖ Ask whether they have any contact details for the person
- ❖ Explore which method of contact they are most comfortable using:
 - Telephone (mobile or landline)
 - Text message
 - E-mail
 - Facebook or other social media
 - Post – sending a postcard, letter or greeting card
 - Contact via a third party, for example if they have a mutual friend who can pass on a message.

Find out about the nature of their relationship in the past

- ❖ Explore whether the relationship was:
 - Close or confiding relationship.
 - Activity based, such as someone they played sport with or met through a shared interest such as music, film, politics, dog walking, the local pub, etc.
 - Through a family member or a friend.
 - A casual acquaintance.

Explore how they might explain to the other person why they haven't been in touch

- ❖ Get the person to think about how much detail they want to share:
 - Do they wish to 'gloss over' the absence, provide a little information, for example '...sorry I haven't been in touch, but I've been a bit up-and-down, so I haven't felt up to doing very much', or go into more detail? This is likely depend on the nature of the relationship.

Explore whether they want to give an explanation or pretext for why they've got in contact now

- ❖ Options could include:
 - That it is a special occasion, such as Christmas, Ramadan, Diwali, Halloween etc.
 - A news story or significant event occurring, which might be of common interest, such as a famous person's death, a local venue closing, a sports manager resigning etc.
 - Something happening which reminded you of them, such as going to Golders Green recently, watching something on TV, seeing a mutual friend etc.
 - An event coming up of shared interest, such as a sports match, a performance etc.

Explore what they will discuss to keep the conversation flowing

- ❖ Possible conversation topics include:
 - Family updates
 - Updates on mutual friends

- Discussing shared interests, such as sport, art or current affairs
- Asking questions about their life – what they have been doing
- ❖ Suggest that it might be helpful to note down possible areas to refer to as a reminder

Explore whether they would like to 'plan a retreat' if contact feels overwhelming

- ❖ Could suggest that at the beginning they say they've only called for a 'quick catch up'
- ❖ Could suggest options to end the call if they become too anxious, such as 'there's someone at the door, so I'll have to go now'

Exploring how they might initiate further contact or a meeting

- ❖ If the contact goes well, the person may wish to suggest a meeting or further contact
- ❖ It may be good to plan when and where might be good to meet beforehand, so that they have a suggestion in mind

Plan what to do if the person contacted doesn't respond or the contact is negative

- ❖ Explore with the person how it might feel if this happens
- ❖ Dependent on context, it might be helpful to encourage the person to 'give it a go'
- ❖ If renewed contact is desired with a very significant person, such as an estranged child or sibling and/or where rejection may have a significant adverse impact on the person, the situation should be discussed first with your supervisor, so that any plan can be supported by the person's care coordinator

6. Psychoeducation: a quick quiz

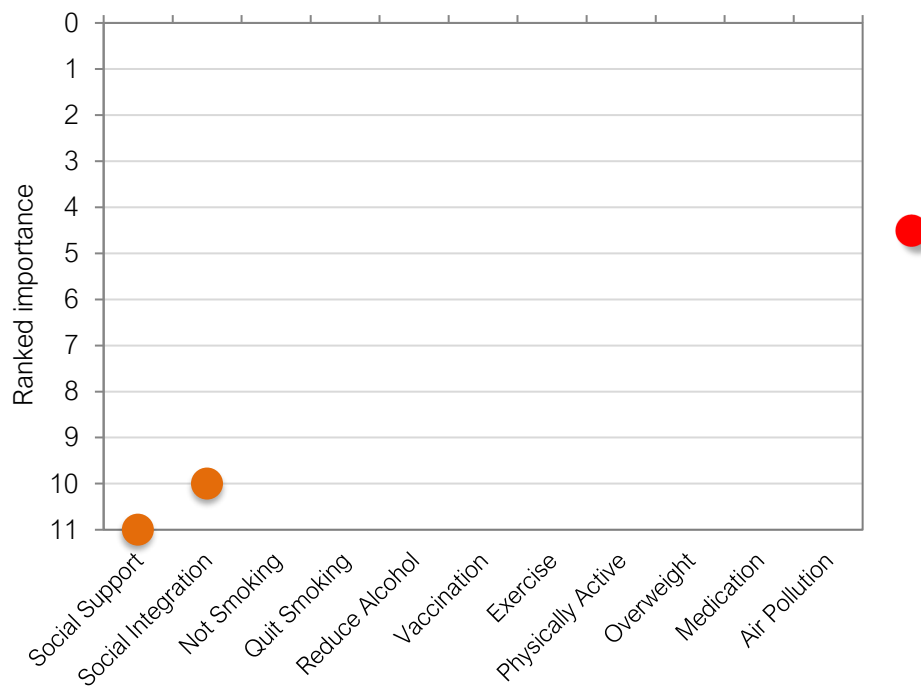
What do we believe is good for our health?

We are currently bombarded with information about what keeps us healthy. Take a moment to complete this short survey to see what you think are the most important factors for staying healthy.

Look at the list of different health factors in the left hand column (listed in no particular order). Now take a moment to rank these factors in terms of how important you think they are for health. A ranking of 1 would indicate the most important factor for health and mortality, and a ranking of 11 would indicate the least important.

Health factors	Rank the importance of each factor from 1 through to 11 [1 is the most important and 11 is the least important]
Taking appropriate medication	
Being socially integrated	
Not drinking excessive alcohol	
Receiving a lot of social support	
Avoiding air pollution	
Flu vaccination	
Not smoking	
Quitting smoking	
Not being obese	
Doing exercise	
Being physically active	

Now you've had a go at ranking these different health factors, let's have a look at what other people in the general public thought when they were given the same questions...

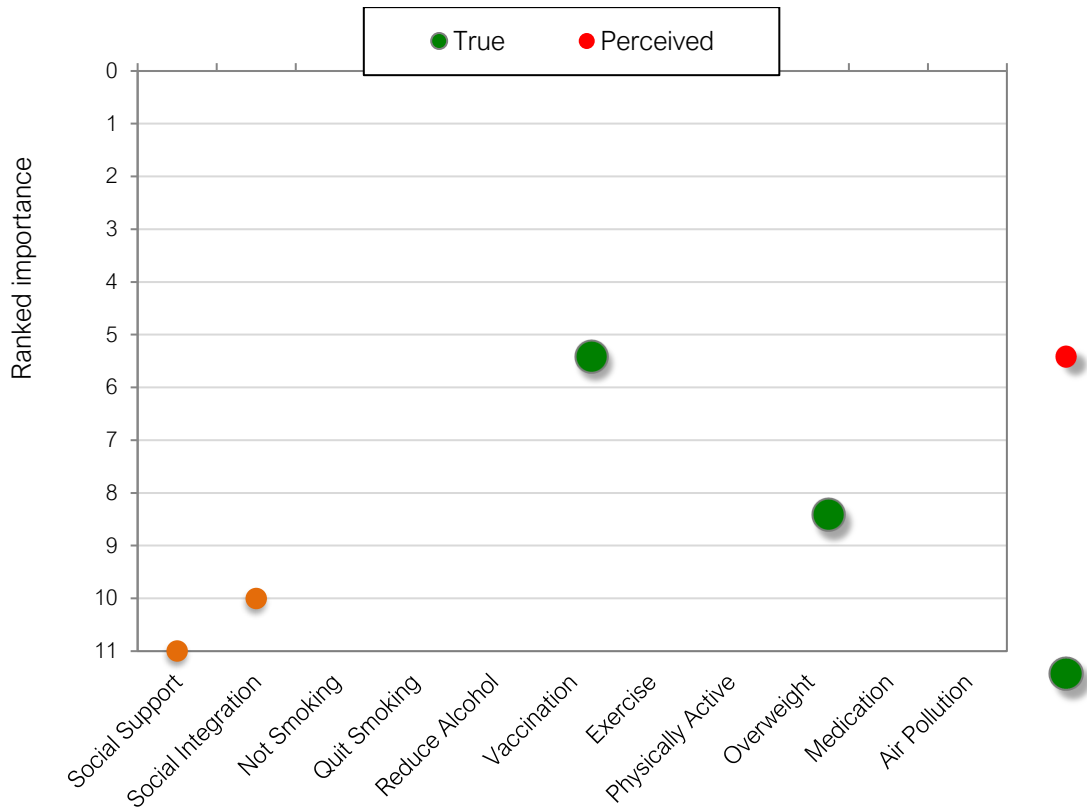


As you can see from this figure, people ranked things like smoking, physical activity and weight as more important, with the specific rankings as follows:

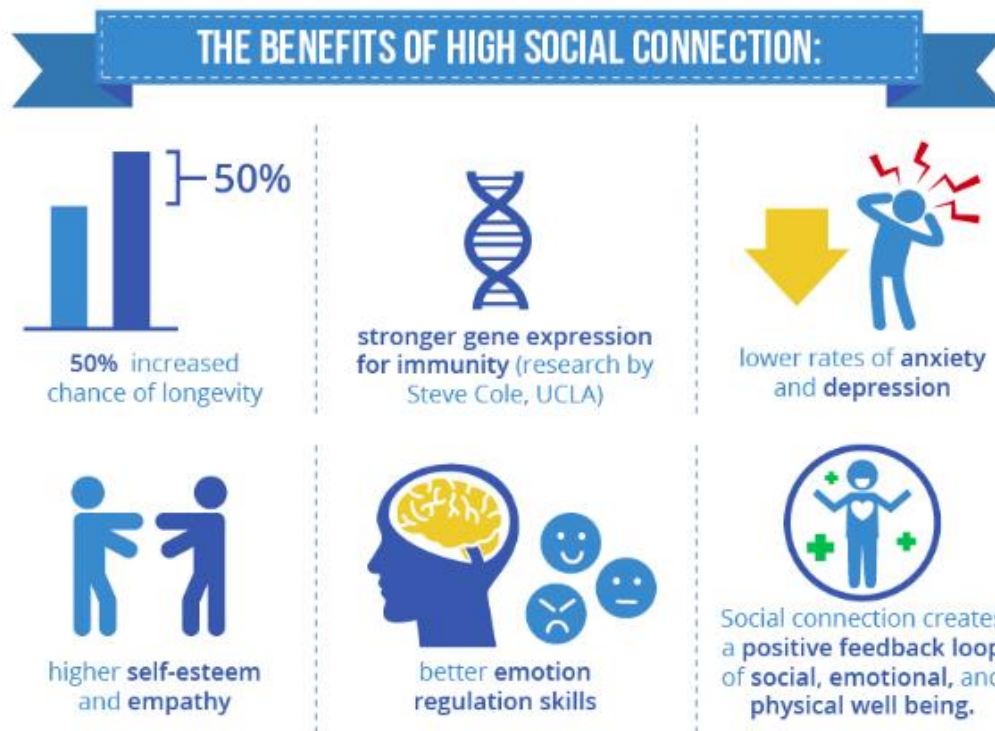
1. No smoking
2. Exercise
3. Overweight
4. Physically active
5. Quit smoking
6. Medication
7. Vaccination
8. Pollution
9. Reduce alcohol
10. Social integration
11. Social support.

Does this match your ratings?

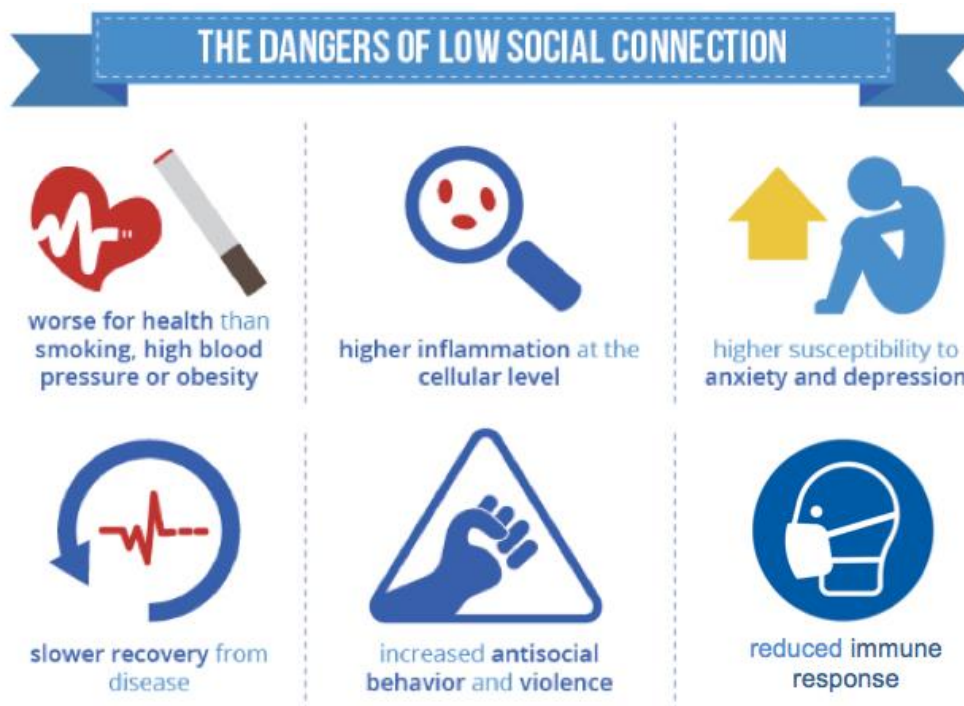
Now let's look at the green squares to see what the real rankings are based on the latest research. Contrary to what a lot of people assume, you can see that social support and integration are actually at the top of the list and are more important for health.



7. Psychoeducation: impacts of high and low social connections



Social relationships protect health



8. Understanding someone's identity: the self-aspect pie

Connections between yourself and your groups

It's can be easier to overcome the challenges of being in groups when our groups are not seen as an "optional extra" but are an important part of who we are and what we are about.

In an ideal world, we want a good fit between our sense of self and our social world. That is, you want your groups to be a reflection of you and how you see yourself as a person.

However, if there isn't good fit between your self-concept and your social world, then this is a great starting point to identify new groups you might want to join.

This next exercise has several stages. First, think about how you see yourself as a person.



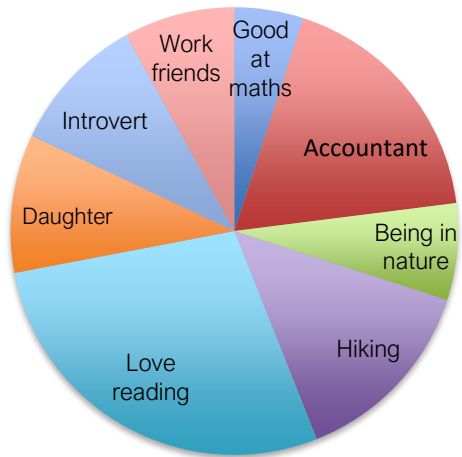
This can be in terms of your:

-  Interests
-  Values
-  Personality
-  Relationships
-  Groups
-  Activities
-  Beliefs
-  Aspirations

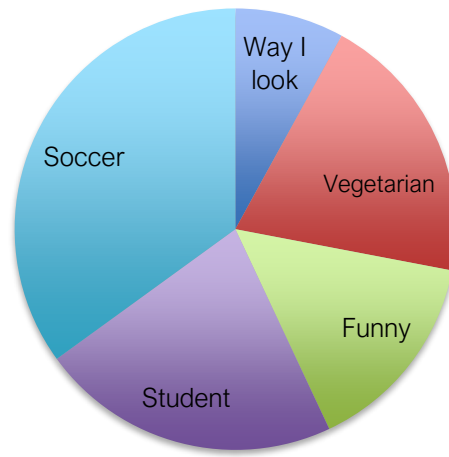
Notes on how you see yourself

For each idea, think about how crucial this is to how you see yourself. Very important parts of you should be bigger and less important parts should be smaller. To help you work on this, have a look at these two examples before having a go at your own self-aspect "pie" on the next page.

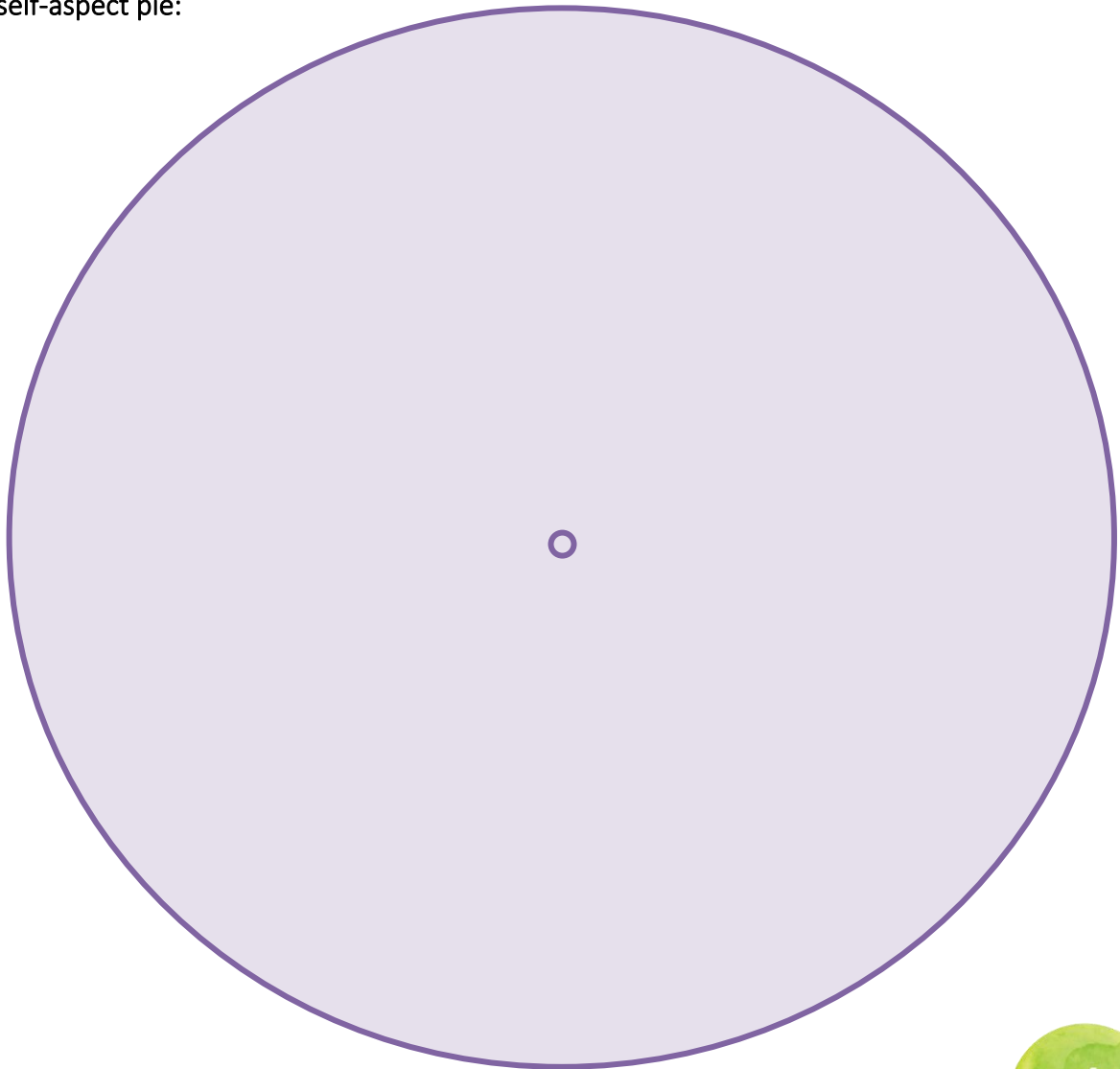
Becky



Charlie



My self-aspect pie:

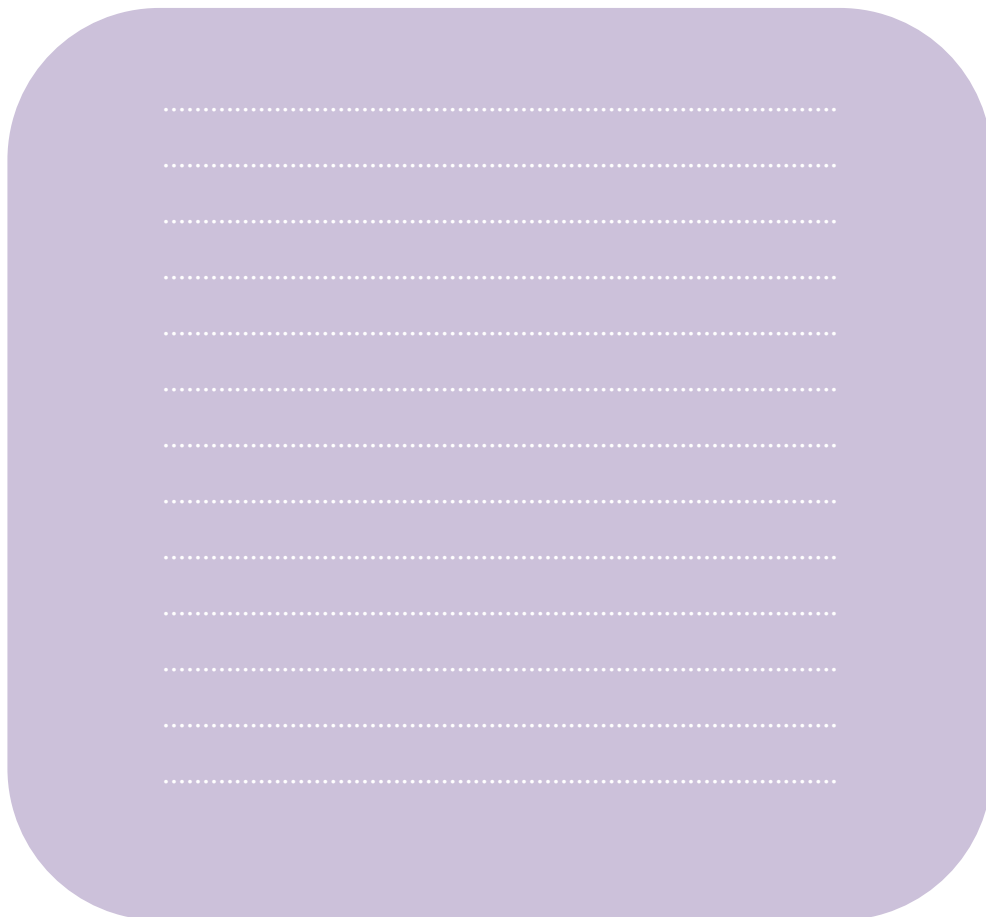


When you have finished drawing your pie, underline any self-aspects that you think are not well represented by your social groups.

For example, if we look back at our examples, both Becky and Charlie have at least three important self-aspects we would like to see lived out in their groups.

Becky has “good at maths/accountant”, “being in nature/hiking” and “love reading”. Charlie has “soccer”, “student” and “vegetarian”.

What aspects of your self-aspect pie are not well-represented in your social groups? Write them down here.

A large purple rounded rectangle with a white dotted line for writing. The rectangle is centered on the page and occupies a significant portion of the lower half. It contains 15 horizontal dotted lines spaced evenly down its length.

9. Group experiences: thinking about and managing expectations

Is there such a thing as a perfect group?

Let's think of a group – any group...family, friends, work groups. What are the features of a perfect group and what would it look like? How would people in the group behave to one another? Jot down some ideas below.

My perfect group...

If you thought about the 'perfect' you – do you imagine you could stay perfect all of the time?

Managing our expectations

Because we are not always perfect, and neither are our relationships with groups of others, sometimes it helps to think of ways to deal with the challenges that are likely to come up when we interact with our groups. Imagine you were having a difficult conversation, even an argument with someone in a group, think of a few different ways that you could diffuse or better manage the situation?



Taking care of ourselves

To be able to make the most of our groups and the way we relate to others, we need to make sure that we also take care of ourselves. What could be some of these self-care strategies? Jot these down below.

SELF-CARE



10. Group experiences: giving and receiving

The importance of giving and receiving

Thinking about ways to look after our groups is a good way for them to work for you and to keep them alive. A healthy group is like a healthy plant — a healthy plant needs water in the same way a group needs nurturing for it to be supportive. But nurturing is a two-way street: not only should the group nurture you, but you should also nurture the group.



So think about what you actually do, or could do, to support your groups. In the Giving and Receiving Diagram below, identify one or two of your groups you belong to and note down some examples of the help, support and even advice that you have either given to your groups or that you feel your groups have given to you.

How the group helps me....

How I help the group....

Group

How the group helps me....

How I help the group....

Group

11. Group experiences: making use of networks

Sharing the load

We sometimes find ourselves relying on some groups more than others, or relying on one particular group all the time. This can lead to disappointment if we don't get the support we want or need from them. Or we sometimes find we are giving just to one group all of the time and our other groups are losing out. Coming back to our plant, this is a bit like over-watering or under-watering!



How might we use our existing networks better, to reduce the likelihood of this happening? Use the space below to jot down some strategies that you come up with.

Ways we can help groups stay healthy



12. Meetup Groups

Example plan for a Meet-Up not involving a community activity

Introductions (10 mins)

CNs introduce themselves and give informal outline of the day. Emphasise that today is a safe space but is intended for thinking about social connections and finding activities, not a space for talking about problems like housing etc. Ask everyone to go round the circle and say their name.

Fun icebreaker activity (~20 mins)

Put up or have photographs of places around the borough, ranging from really obvious places to trickier ones. Get people to look at these places (either around the room or sat in groups), and try to guess where they are. Hopefully this will initiate discussions and help people bond. This could then link in to the below activity.

Sharing resources (~10-15 mins)

Discussion in small groups about what's going on in the local area. The activities list can be used as a prompt for this exercise, with people flicking through and identifying any activities they're tried/like/would like to try across their borough. Also collect lots of leaflets of things going on around and have these out as things for people to flick through. Ask clients to bring leaflets from places they like/anywhere they've been and share them with the group. Chance for people to share information with each other about what's going on. CNs can also share what they like doing here if they feel comfortable. Hopefully this will help people see what they've got in common and share interests.

Break (15 mins)

Refreshments provided and time for people to (hopefully) mingle.

Overview of the project (max 10 mins)

CNs give clients a brief overview of the research study itself and the rationale behind it. Can answer any questions people have at this point.

G4H exercise (max 40 mins)

Everyone splits into 3 smaller groups, with each CN leading a group made up of their own clients. In these groups, clients and CNs go through the G4H exercise on rating what is most important for our health. Plan is for everyone to work through the exercise together and then discuss the result. CNs can share that they were also really surprised when they did it. Potential for some group discussion of implications of this exercise, and why people think it might be the case. Could be done either in small groups or joining everyone together, depending how it's going.

Time to mingle/arrange further meet-ups if wanted

Ask people what they would like to do when they next meet? Potential ideas include:

- Walk in a park
- Café for tea/coffee/lunch

- Propose some other suggestions too

Chance for questions

Space for any questions people have about the programme, what's been talked about today or anything else. Provide a suggestions box and give everyone a few post-it notes so that they can provide feedback on the day or post thoughts for the next session. This takes the pressure off people having to present their ideas in front of everyone/makes giving feedback easier.

End of session / interest sharing

Tell people the session has ended, but you still have the room booked for x time and there's lots of food left, so please do stay and meet others. We can introduce you to other people with similar interests if you'd like. This will be very informal, with the CNs trying to facilitate chat and people able to get refreshments etc. If people have had enough/don't want to do this, then they're free to leave at this point.

13. Community Navigator Wellbeing Plan template

My Wellbeing Plan

What will enable me to feel engaged and satisfied in my role as a Community Navigator? (skills, experiences, training, feelings about the work, support, other opportunities etc.)

What might I find challenging about the Community Navigator role? (types of work you're less familiar with, travel, workload, timings, specific things in my personal life)

What signs will help me realise I'm finding work too challenging? What might others notice?

What steps will I take if I'm finding work challenging?

What support would I like from my supervisors and the other Community Navigators?

14. Example guidance for responding to distress and safety concerns

The text below is guidance from the initial Community Navigator programme conducted in two North London NHS Trusts in 2016-18. This is provided as an example only: each organisation employing and managing Community Navigators should provide guidance re responding to safety concerns in keeping with local protocols and available crisis services,

Disclosure requiring immediate response

If a person requires urgent help, for instance, if they have taken an overdose, you must call 999 and stay with them until an ambulance arrives. As soon as is practically possible, you should also let the relevant CCT or CDAT team know.

If you have an immediate concern for someone's safety, for instance, if someone has definite and imminent plans to attempt suicide, you should immediately contact the relevant CCT or CDAT team duty worker, and out of hours, the local Crisis Resolution Team, who can plan an immediate response. Contact details are as follows:

- ❖ Barnet CCT duty service - XXXXXXXX
- ❖ Camden and Islington CDAT team duty service - XXXXXXXXXX
- ❖ Barnet, Enfield and Haringey "The Hub" crisis referrals service – XXXXXXXXXX
- ❖ Camden and Islington Crisis Resolution Team referrals line - XXXXXXXXXX

In both of these situations, you should act immediately and must not leave the person alone.

Disclosure requiring less urgent response

It is more likely that people will disclose that they are having suicidal thoughts. In this case, please use the following guidance to support them. Please also make sure you are aware of people's crisis plans before meeting them, as this should have helpful information for supporting them through a crisis.

Show understanding

When someone discloses having suicidal thoughts or a suicide attempt, it is important to respond in a sensitive and supportive way, as well as checking their safety and dealing with immediate concerns. You should help the person feel supported and understood. Here is some guidance about how to respond:

- 1) Listen
 - ❖ Listen carefully to what the person has to say without telling them what to do
 - ❖ Give the person space to talk honestly and openly
 - ❖ Be non-judgemental, patient, calm and accepting
 - ❖ To show you are listening, ask questions and repeat back the key things that the person has said, using phrases like 'So, you're saying...', 'So, you think...'
- 2) Ask questions
 - ❖ People may initially disclose that they are having suicidal thoughts or have made a suicide attempt by saying things such as 'I think my life seems hopeless', 'I don't really

see the point of life'. Take this seriously and ask the person how bad these thoughts get and if they feel suicidal or have had thoughts about taking their own life.

- ❖ Ask the person to describe how they are feeling and what they think about when they are feeling like that.
 - ❖ Ask the person questions such as 'Have you made plans about how to end your life?' 'Have you had thoughts about when you might do this?', 'Have you talked to anyone else about how you are feeling?' Asking these questions allows you to assess the person's level of risk which you can then pass on to the clinical team.
 - ❖ When you have to leave the person, let them know what will happen next and check-in with them about how they are feeling.
- 3) Let the person know you care about them
- ❖ Offer reassurance and support. Examples of things you could say include: 'I'm sorry you've been feeling so awful', 'I'm here for you', 'Remember that there is always someone you can talk to', 'I want to help you. Tell me what I can do to support you.', 'Is there anyone else you want to talk to?'
 - ❖ Offer hope – reassure the person that help is available and though they may feel this very strongly right now, they will not always feel like this.
 - ❖ Simple acts of kindness such as making a cup of tea can mean a lot.
- 4) Don't dismiss what the person says
- ❖ Take what the person says seriously, even if you don't think their risk of actually trying to take their life is high. If someone has told you they are feeling like this, it indicates that they are really struggling and need help.
 - ❖ Thank the person for having the courage to confide in you.
 - ❖ Avoid saying things such as 'you don't really mean that', 'you won't take your life', 'you'll get over it'. This can act to negate their feelings and experiences. What the person is experiencing is very real to them so it is important that they feel understood, rather than alienated.
- 5) Check what support the person has in place
- ❖ Ask the person when they are next likely to see or speak to their family or friends, or if there is someone they could contact for support. Ask 'Is there anyone you would like me to phone?', as sometimes even calling someone can feel too much.
 - ❖ Ask the person when their next appointment is with someone from the relevant CCT or CDAT team, or another health or social care professional, including their GP.
 - ❖ Go through their crisis plan with them.
 - ❖ Ask the person what support might help them.
 - ❖ Make sure that the person is aware of who they would contact if they continue to feel like this or worsen. Options include, but are not limited to:
 - the Samaritans - 116 123 or jo@samaritans.org
 - SANEline - 0300 304 7000 6pm – 11pm daily
 - NHS 111 - which offers free health advice
 - the relevant CCT or CDAT team duty service
 - their local crisis resolution team
 - involved friends, family and neighbours

- 6) Let the person know that you are going to discuss what they have told you with others at the relevant CCT or CDAT team
- ❖ Remind the person that by letting others know, it can help to put the right support in place for them.
 - ❖ Never promise to keep something a secret or keep things between the two of you.
 - ❖ Following your meeting you should feedback your concerns to the person's care coordinator, your supervisor or, if they are not available, the duty worker.

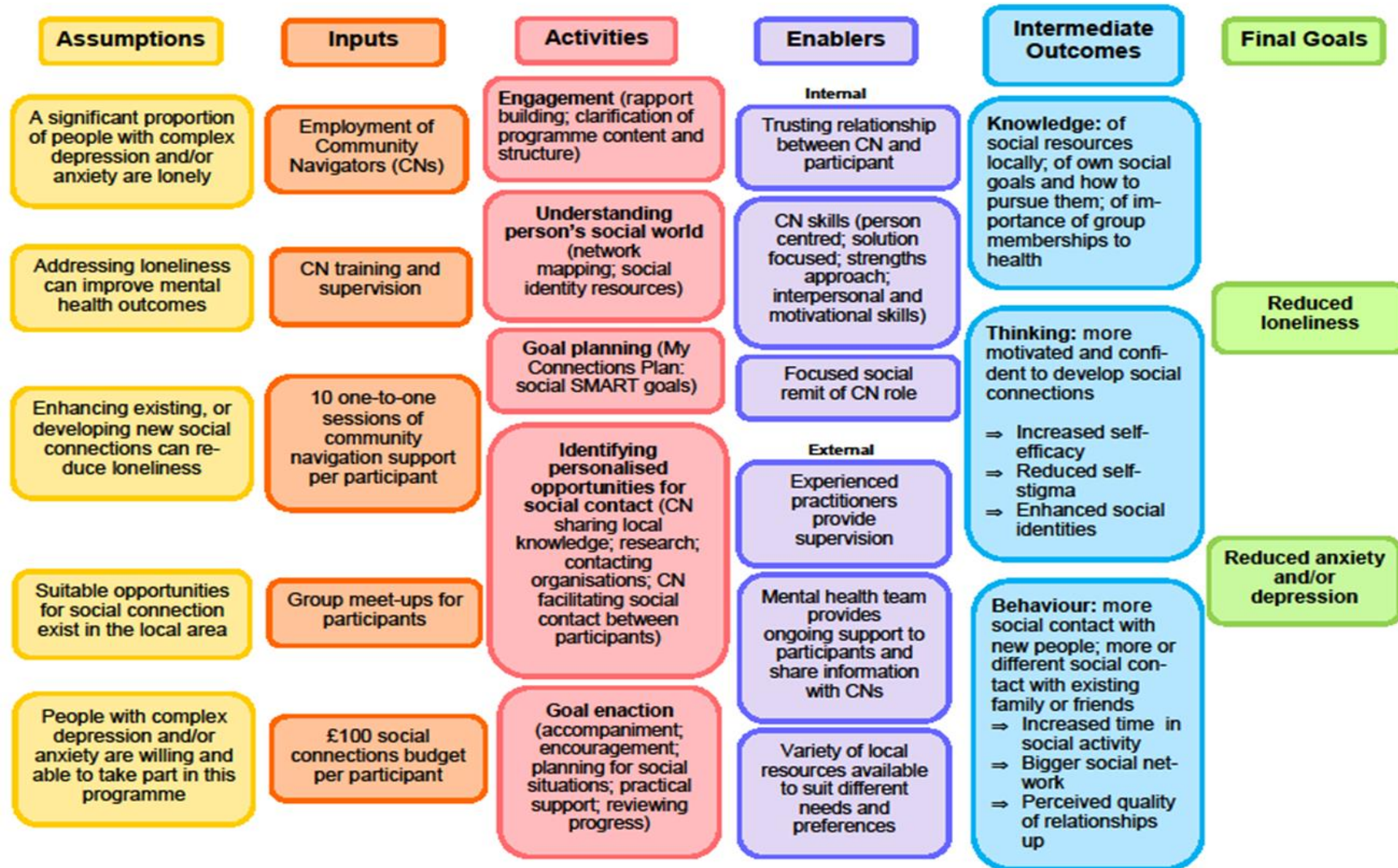
Look after yourself

- ❖ Supporting someone who is feeling suicidal can take a lot of energy. You may feel drained and emotionally overwhelmed. You may keep thinking back over the conversation with the person and wonder how they are. You may feel guilty that you have not done enough for the person. These are all natural responses to a really stressful situation.
- ❖ Make sure that you do not keep these thoughts and feelings to yourself. Talk to your supervisors and other Community Navigators. This can be in supervision, but bear in mind that you may need to arrange additional time with your supervisor to discuss how you are feeling. It's important to allow yourself space to talk about how the situation is affecting you, so you can identify and respond to your own needs and develop strategies to deal with such situations.
- ❖ One thing is that there is no 'perfect' response to someone who tells you that they are feeling suicidal or have attempted to take their life. Saying the right thing can be difficult, so don't be too hard on yourself if it didn't go as well as you had hoped.
- ❖ If someone you've worked with does make an attempt to end their life, there will be help available to you. Please talk to your supervisors in the first instance for support.
- ❖ Completing a Wellbeing Plan (see Appendix 13) may help you to put strategies in place for if you are finding work difficult. If you want, you can complete this and share it with your supervisor and/or the other Community Navigators in supervision.

More information on supporting someone who discloses having suicidal thoughts or attempts can be found here:

<http://www.mind.org.uk/information-support/types-of-mental-health-problems/suicide-supporting-someone-else/how-can-i-help/#.V-znJvkrK70>

15. The Community Navigators Programme – Theory of Change model



Community Navigator Programme – Understanding the Model

Assumptions

Assumption 1: There are a significant number of people with complex depression and/or anxiety who are lonely. Research shows that people with depression and anxiety are more likely to feel lonely, with depressed adults in England eleven times more likely to be lonely than the general population (Meltzer et al., 2013). Furthermore, UK adults with the most severe depression, have the highest reported rate of loneliness among any group, with 38% saying they feel lonely (Victor & Yang, 2011).

Assumption 2: Intervening to address loneliness can improve mental health outcomes. Longitudinal studies have shown that loneliness predicts symptoms of depression and social anxiety at a later time point (Cacioppo et al. 2010; Lim et al. 2016; Van Beljouw et al. 2010). There is also evidence that interventions which reduce loneliness may lead to substantial decreases in depressive symptoms (Vanderweele et al. 2011). Taken together, this suggests that the Community Navigator programme could improve the mental health of people with depression and anxiety by alleviating loneliness.

Assumption 3: Enhancing existing, or developing new social connections can reduce loneliness. To date, there is modest evidence that interventions which aim to increase opportunities for social interaction can reduce loneliness, mainly from studies with older adults (Masi et al. 2011). There is also evidence that interventions which support people with mental health problems to become engaged in social and community activities improve people's social networks, although not loneliness explicitly (Webber & Fendt-Newlin, 2017). There is evidence that identification with social groups – not just individual relationships – is important for health outcomes (Haslam et al. 2009), and preliminary evidence that interventions which enhance social identities can reduce anxiety and depression (Haslam et al. 2016). Through supporting social engagement and helping people to revive or develop new social identities, the Community Navigator programme may reduce loneliness for people with complex depression and/or anxiety.

Assumptions 4 and 5: The two remaining assumptions - that there are opportunities for social connection in the local area which are inclusive and suit people's needs, and that people with complex depression and/or anxiety are willing and able to take part in a community navigator programme – were tested and confirmed in the context of the Community Navigator feasibility study (Lloyd-Evans et al. 2017).

Inputs

Input 1: The main resource needed for the programme is the employment of the Community Navigators. Essential criteria for Community Navigators are: excellent interpersonal skills; experience of connecting people in with social activities and other opportunities for social contact; and an understanding of the challenges faced by people with complex mental health needs. Community

Navigators are not required to have a professional mental health qualification and in fact, a primarily clinically-focused approach is not desirable for the socially-focused role of a Community Navigator, which aims to offer support which is qualitatively different from the support people are already receiving from mental health services.

Input 2: Another input is the provision of training and supervision for Community Navigators. Community Navigators receive five days of initial training covering: the role and client group; identifying local resources; contacting participants and building rapport; mapping social networks; using a solution-focused approach; coaching skills using the GROW model; social connections goal planning; supporting steps towards goals; rehearsing social situations, social identities and health; the budget; supervision and support; safeguarding; suicidality and hopelessness; overcoming challenges; and ending support. Training is interactive, using group discussion, scenarios and role play practice with people with personal experience of depression and/or anxiety. Practitioners from the mental health services taking part in the study also deliver parts of the training. In addition, Community Navigators visit a social prescribing service to observe experienced staff members already working in a social navigation role, attend an NHS trust induction and an introduction to each of the mental health services in which they work. Further top-up training is delivered to strengthen skills, as required.

Regular supervision is essential to support Community Navigators in their role. In the feasibility trial, Community Navigators received two hours of group supervision every fortnight. This provides an opportunity to reflect on progress with participants, troubleshoot challenges and receive advice and support from supervisors and fellow Community Navigators. The supervisors are mental health practitioners from the services taking part in the study. They bring clinical expertise and local service knowledge, are familiar and supportive of the structure and aims of the programme and know some of the study participants. Community Navigators can also contact their supervisors or other members of staff ad-hoc, when necessary.

Input 3: Ten sessions of 1:1 support per participant are offered, unlike briefer programmes of socially-focused support typically offered in primary care settings (Swift, 2017), recognising that the process of engagement, agreeing manageable goals and problem-solving barriers or setbacks may all take longer with a client group who have severe and enduring depression and/or anxiety. Travel expenses to and from community locations and the cost of attending activities alongside participants are budgeted for as part of this. This input is integral to the delivery of all activities in the Theory of Change.

Input 4: Community Navigators facilitate at least three group sessions for participants, in addition to their 1:1 meetings. A group was included as evidence shows that interventions with a group component are most effective at reducing loneliness, at least among older adults (Cattan et al. 2005). These groups provide an opportunity for participants to meet other people who they share something in common with, by virtue of being in the programme, potentially meaning participants feel more comfortable attending the groups. The groups follow a loose and informal agenda, providing plenty of chances for attendees to interact, share their interests and local knowledge, and experiences of the programme. As part of running the groups, resources for room hire and refreshments are required.

Input 5: A budget of £100 per participant is also provided, to allow financial barriers to engaging in socially-focused activities (e.g. travel expenses or group attendance fees) to be addressed. This amount was chosen as being significant enough to enable engagement in social activities, without it being prohibitive when scaling the programme up.

Activities

The programme has five clusters of activities:

1) Engagement (*rapport building; clarification of programme content and structure*)

Engagement involves spending some, but not extensive time, at the beginning of the support building up a relationship and allowing the participant to tell their story, so that the participant feels that the Community Navigator understands where they are coming from. It also provides an opportunity for the Community Navigator to understand what they want to get from taking part in the programme, and allows the Community Navigator to explain what the programme can offer, in terms of the number of sessions and the social-focus of the programme. It may be necessary to reiterate information about the programme content and structure at later points, where participants are seeking support beyond the remit of the Community Navigator role. Community Navigator's interpersonal skills and person-centred approach, in particular, are key to engaging with the person successfully.

2) Understanding participant's social world (*network mapping; social identity resources*)

Community Navigators find out about participants' social worlds currently, in the past and potentially in the future, using a bespoke network mapping tool 'Mapping My World', adapted from a previously developed tool (Sweet et al. 2017). This mapping tool and social identity resources from the Groups 4 Health programme (Haslam et al. 2016), such as the self-aspect pie, are to help the Community Navigator and participant develop a joint understanding of who the participant has contact with, the activities they like doing and the places that they go to, as well as the multiple social groups they are part of and identities they hold. This process is done to begin reflecting on where the person is now in terms of their social connections and what they might do to strengthen their social network.

3) Goal planning (*My Connections Plan: social SMART goals*)

Goal planning is completed using the bespoke 'My Connections Plan' tool, which has space for identifying a number of social connection-related goals, planning the necessary steps to achieve the goals, the date by which each step should be completed, and a section for recording strengths and resources, such as personal qualities and characteristics or friends and family who can provide support. Goals could include: trying out a new social group or activity the participant is interested in, spending more time doing a social activity the participant is already involved in, spending more time, or more quality time, with existing contacts in a participant's network, or attending the groups run as part of the Community Navigator programme.

The goal planning is completed collaboratively and requires the skills of the Community Navigator to ensure that the process is: person-centred (so that the goals derive from the individual, rather than

being what the Community Navigator thinks would be helpful); solution-focused (so that the goals are broken down into achievable steps, rather than being too broad or far-off) and strengths-based (so that the person feels able to accomplish their goals). To complete this goal planning successfully, it is likely to take place concurrently with *Activity 4: identifying personalised opportunities for social contact*.

4) Identifying personalised opportunities for social contact (CN sharing local knowledge; research; contacting organisations; CN facilitating social contact between participants)

The role of a Community Navigator includes time to find and investigate local groups, activities and services, which provide opportunities for social contact, and consideration of the types of participants that these resources might be suitable for. Utilising this knowledge, and also the understanding they've built up about the participant, Community Navigators may suggest some possible options. They may also research opportunities collaboratively with the participant and contact organisations to see if they sound suitable. Key to *Activity 4* is pinpointing the factors that are important to the participant about a particular group or activity, e.g. do they want something specifically for other people with mental health problems. Community Navigators may also help participants to identify social activities that they could do with members of their existing social network, which provide an opportunity to increase the amount of social contact or the quality of existing social relationships.

In terms of facilitating social contact between participants, Community Navigators will discuss their participants to identify whether any participants have similar interests or might get on for other reasons. They will then ask such participants if they would like to meet up, along with their Community Navigator, to see if they like one another and would like to arrange to meet up again. Community Navigators will also facilitate social contact between participants at the group programme, where they will promote help participants to get to know one another in a relaxed atmosphere. Where appropriate, they will suggest that participants could arrange to meet up.

Activity 4 is likely to take place towards the beginning of support, but may also need to be revisited if ideas identified earlier on don't turn out to be quite right, or the participant changes their mind about something they were initially interested in.

5) Goal enaction (accompaniment; encouragement; planning for social situations; practical support; reviewing progress)

Goal enaction involves the Community Navigator providing the practical and emotional support participants to achieve their social goals and increase their social contact. This could include: planning travel; making referrals; accessing financial support via the budget (*Input 5*); accompanying someone to a new social activity group or service; planning for what a social situation might be like (such as contacting someone the participant has lost touch with, or attending a new group) and guidance about how to navigate social situations; and providing encouragement and motivation to give something a go. Goal enaction also involves reviewing progress: celebrating and reinforcing achievements, normalising setbacks, discussing and taking action to overcome challenges and

resetting goals, to make them more in line with the participant's interests and situation. The Community Navigators will also facilitate the group sessions, helping participants who have set this as one of their goals to attend, and to feel comfortable at the group.

Activity 5 is meant to be done in a way that promotes sustained involvement in social contact once a participant's meetings with a Community Navigator are complete. For instance, this might be achieved through accompanying someone to an activity the first time, but on the second time, arranging only to telephone them once the activity has finished.

Enablers

Enablers are divided into internal – those which are under the programme's control and external enablers – contextual factors (social, cultural, economic, political, legal etc.), which are beyond the programme's immediate control, but which are also necessary for the programme to work. Each enabler is detailed in turn.

Internal:

1) Trusting relationship between Community Navigator and participant

This involves the participant feeling able to trust their Community Navigator with personal information, and with sharing their needs and preferences. A trusting relationship begins developing during *Activity 1 – Engagement*, although this enabler will be influenced by the experience of all sessions. The Community Navigators interpersonal skills are key for developing and maintaining this relationship. This enabler may be particularly important for *Activity 6 – Goal Enaction*, as it helps people to feel secure as they go out and try opportunities for social contact. Qualitative evaluation of the Community Navigators feasibility trial suggested a strong alliance with the Navigator was highly valued by participants and of therapeutic value: in itself, it demonstrated to the participant their ability to form meaningful social relationships with others, and increased their hope and confidence in being able to undertake new social interactions.

2) Community Navigator skills (person centred; solution focused; strengths approach; interpersonal motivational skills)

The skills of a Community Navigators are vital to delivering all activities that are part of the programme. Community Navigators are given a theoretical and practical introduction to these skills in training (*Input 2*), develop the skills further when providing the support, and from tips and techniques offered in supervision (*Input 2*). Here we explain how each of the skills facilitates the delivery of programme outcomes:

- Person centred: by adopting an approach that is flexible and responsive to participants' needs, interests and preferences, it is more likely that suitable social opportunities will be identified, in which engagement will be sustained once support from a Community Navigator ends.

- Solution-focused: involves Community Navigators guiding conversations to help participants think about what action that could be taken to begin dealing with problems, rather than discussing challenges or problems at length. This helps to maintain the focus on the steps to bring about a change in participants' social networks, rather than the mental health or other difficulties they are facing.
- Strengths approach: by identifying, utilising and helping people to recognise their own strengths, it can help participants to focus on what they can do, rather than their difficulties, which can boost their confidence and help them to feel valued.
- Motivational skills: using coaching techniques and a positive 'can-do' attitude, Community Navigators encourage participants to think about what they can do and to give these things a try, with the Community Navigators' support, even if they seem difficult or scary. They then celebrate successes to reinforce progress, which helps to motivate continued changes.

3) *Focused social remit of CN role*

This enabler refers to distinct role that Community Navigators have within the clinical team, focusing on participants' social needs, rather than broader mental health or practical issues such as housing or benefits. This is an enabler because it provides a dedicated space for addressing social needs, which might otherwise be overlooked, and enables the sessions to be used predominantly for taking positive action, instead of talking about mental health or other problems at length. This enabler is achieved through *Activity 1 – Engagement* when the Community Navigators explain their role and purpose, and through *Input 2 – Training and Supervision*, through which Community Navigators are coached in ways to maintain support focused on social connection.

External

4) *Experienced practitioners provide supervision*

This enabler is important because it provides the Community Navigators with the support and guidance to fulfil their role. In particular, it helps with the elements of *Activity 5 – Goal Enaction* to do with overcoming challenges and setbacks, where supervisors can offer expert suggestions, particularly where they know some of the participants. In the feasibility trial, the supervisors were all occupational therapists or social workers. This was helpful, as these roles stem from a socially-oriented perspective, which fits with the principles of this programme. This enabler is also important within the context of a programme where participants are recruited from mental health services, as it helps to ensure the mental health teams are supportive of the study and fulfil their obligations, for instance, in terms of information sharing.

5) *Mental health multi-disciplinary team provide ongoing support to participants and share information with Community Navigators*

Information-sharing between Community Navigators and the mental health team ensures that vital safety information is shared in a timely manner and it can also help prior to *Activity 1 – Engagement*, where care coordinators provide useful insights about how to build rapport and work with particular participants. Involvement from the mental health team also facilitates the Community Navigator programme in that Community Navigators can refer back to the team to deal with matters not directly related to social relationships, such as housing and benefits, and seek advice from care coordinators about how to make progress with a participant, where this is proving challenging.

6) *Variety of local resources available to suit different needs and preferences*

This refers to the local area having a wide range of activities, groups and services, which are in accessible buildings and locations, affordable, friendly and welcoming, and meet the needs of different demographic groups (ethnicity, age etc.). This enabler is particularly important for *Activities 4 and 5*, because it helps with finding an activity or group which suits individual participants, where they feel comfortable and where they are more likely to sustain involvement and develop social contacts.

Intermediate Outcomes

We have divided the intermediate outcomes into three clusters: *Knowledge, Behaviour and Thinking*, which are outlined in turn.

1) *Increased knowledge: of social resources locally; of own social goals and how to pursue them; of the importance of group memberships for health*

We expect increases in knowledge of social resources locally through *Activities 4 and 5*. *Activity 4* involves Community Navigators sharing their knowledge and researching resources collaboratively with the participant, while *Activity 5* involves trying out opportunities for social contact locally.

We envisage increases in knowledge of participants' own social goals and sense of belonging to social groups will occur through *Activities 2, 3, 4 and 5*. *Activity 2* involves the participant reflecting on their current social connections and what they might like to change, while *Activity 3* is social connection goal-planning, which links directly to this outcome. *Activities 4 and 5* involve researching and trying out social opportunities. This process can help participants to work out what they are interested in, and what appeals to them less, bringing clarity on social goals and how to pursue them.

We propose that changes in knowledge about social resources and own social goals should be assessed primarily through qualitative interviews with participants. The Resource Generator-UK (Webber & Huxley, 2007), which assesses participants' perceived access to social capital, could also provide an indication of change in knowledge of social resources.

It is envisaged that achieving this outcome is key to achieving outcomes in the Behaviour cluster, as without clarity on social goals and how to pursue them, it is less likely that suitable social opportunities are identified, which the participant enjoys and becomes regularly engaged in.

2) *Thinking: more motivated and confident to develop social connections*

, We envisage that motivation to develop social connections will develop at an earlier stage, while feeling more positive and confident in social situations and an increased sense of purpose, may be later outcomes. In terms of motivation to develop social connections, we envisage this to derive from *Activities 2, 3, 4 and 5*. For instance, *Activity 2 – understanding the participant’s world* is likely to lead the participant to reflect on their current network, which may provide the person with motivation to strengthen their social connections, while *Activities 3 and 4 – goal planning and identifying personalised opportunities for social contact* may increase motivation by offering a tangible way to develop social connections.

Feeling more positive and confident about engaging in social activity and having an increased sense of purpose are envisaged to derive primarily from *Activity 5 – Goal Enaction*. Through going out more and having positive experiences of meeting other people, or reviving relationships with, or initiating different, more satisfying social contact with existing family or friends, participants are likely to feel more motivated and positive about continuing to try out social opportunities and meet others. Specifically, the elements of *Activity 5 – Goal Enaction*, that we think will contribute to these changes in thinking are: having someone accompany participants, which brings the confidence of having someone at your side who provides encouragement and guidance; the Community Navigators celebrating progress and reinforcing strengths and successes, helping participants to feel more confident about their ability to meet and get to know others; and Community Navigators normalising challenges with social contact, helping participants to feel it is worth preserving. With a balance of positive experiences, time spent in social situations is likely to become a routine activity, and together with any social relationships formed, is likely to provide meaning and purpose in participants’ lives.

Changes in participants’ thinking will be primarily explored through qualitative interviews. We also suggest measures of self-efficacy, anticipated stigma and social identity may be helpful in evaluating changes in thinking resulting from the programme.

3) *Behaviour: more time spent in social situations; more social contact; improved skills for navigating social situations*

Increases in time spent in social situations, number of social contacts and improvements in skills for navigating social situations are expected to stem primarily from *Activity 5 – goal enaction*. Goal enaction is expected to directly help participants increase the amount of time they spend in social situations, such as local activities and the Community Navigator group sessions. *Enabler 2* – the Community Navigators’ skills to motivate and encourage participants, reinforce people’s strengths and successes and help participants to overcome challenges using a solution-focused approach, will be crucial to realising these behavioural outcomes. As spending time in social situations increases, there is increasing opportunity to develop social contacts and improve skills for navigating social situations, assisted by Community Navigators who may provide guidance about navigating social situations and reinforce positive social behaviours, as part of *Activity 5 - Goal Enaction*. Over time, amount of time in social situations, number of social contacts and skills for navigating social situations are likely to be mutually reinforcing.

We suggest that behaviour change could be assessed through qualitative interviews, or through measures used in the Community Navigators feasibility trial: the Lubben Social Network Scale (Lubben et al., 2007), which assesses quantity and quality of social contact with friends and family; and the adapted Time budget measure (Jolley et al., 2006), which measures level of activity and can distinguish activity involving social interaction from other types.

We expect that there will be a bi-directional relationship between the *Intermediate Outcomes* in the *Behaviour and Thinking* clusters. This is because, if participants feel motivated, confident and positive about being in social situations, they are more likely to spend time in them and develop social contacts and skills for navigating social situations. At the same time, as people spend more time in social situations, build up more contacts and skills for navigating social situations, they are likely to become more confident and positive about social contact. Community Navigators will also play a role in strengthening this loop through providing encouragement and reinforcing successes, which is part of *Activity 5 – Goal Enaction*.

Final Goals

We anticipate that changes in *Intermediate Outcomes* will lead to reduced loneliness, and that in turn, this will improve mental health. *Assumption 2* explains why we think that a reduction in loneliness will lead to a reduction in depression. It may also lead to reduced anxiety (Lim et al., 2016). However, we recognise that the relationship may also work in the other direction, with increased activity and social contact reducing depression and social anxiety, before loneliness is reduced through strengthening social connections.

In the Community Navigators feasibility study, the participant group recruited from secondary mental health services for people with depression and anxiety, had extremely high levels of loneliness at baseline, with a possible ceiling effect on the measure of loneliness used, which had dichotomous item-scoring (De Jong Gierveld & Van Tilberg, 2006). We therefore recommend evaluating loneliness with the UCLA loneliness scale, which uses Likert-scale scoring and has a larger range of scores (Hays and DiMatteo 1987). We suggest evaluating depression using the PHQ-9 (Kroenke et al., 2001) and anxiety using the GAD-7 (Spitzer et al., 2006).

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