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| **Data examples for individual and organisational level barriers and facilitators to implementation**  **Table 1: Data examples to support themes described in qualitative summary** | |
| **Theme 1 Perceived usefulness of Engager resources** | |
| 1. *Manual* | ‘I think where the manual probably falls down is, I think it’s good as a, guidelines, but obviously we’re dealing with individual human beings who are all very different and, exactly like this gentleman I just said, you can’t really use that manual with him because his cognition doesn’t, you know he’s declined that much he doesn’t fit so you have to do it, it’s just sort of generally, certain people, how can I say? Because everyone’s individual the manual won’t necessarily fit everyone exactly as it says in the book, because people aren’t books are they, that’s the ideal so it’s better to use it as guidance as opposed to a standard, does that makes sense? I don’t think there’s any specific one bit, it’s just you know’. – *S.M – SW* |
| 1. *Training* | ‘Engager practitioners should be given a background understanding of why offenders are where they are today and how our previous experiences influence who we are today. This should be delivered in the introductory training and reinforced through the guidelines for supervisors. *S. C – NW*  Training preparations instructions were not sent until 1pm the day before the training. This was considered not enough time to prepare a considered response, with NW team not receiving the case study example due to travelling*. (Minutes from MBA session Jan 17)* |
| 1. *MBA* | ‘Because the MBA is the hardest thing for the practitioners to do, because it is outside their already skills that they have to learn, develop and practice. And even though they say they have done it, I don’t think they have, though I have no evidence of that’. *R.CL – NW*  ‘Erm, but yeah I think probably I still don’t feel like I’ve really got a good grip on the mentalisation stuff’. *P.L – NW* |
| 1. *Shared Understanding and Shared Action Plan* | ‘I hate the shared understanding, I find it really woolly and awkward and I don’t like the template at all. It’s the paperwork, I don’t think the idea’s a bad thing, I just think how it’s, it’s hard to explain to the clients and if we’re sort of struggling to explain it, how the hell are they gonna understand it? And I think that’s, I know you can make a new different template but the way it’s worded on there, it’s kind of, you want to have one separate sheet for each piece of information, you can’t put it all on one, it’s just bad design... I think because the shared understanding is such a sort of psychology thing, to translate it into normal people speak, I think hasn’t, I struggle with it, PRACTITIONER struggles with it, I don’t know if PRACTITIONER struggles with it. ’. *S.M – SW* |
| **Theme 2 Inter- and Intra-team dynamics** | |
| 1. *Team model (intra)* | Overall, I have had times when I hated being part of Engager – this was mainly when things felt really tough in our small Intervention team and when I doubted myself and my abilities. I felt like I wasn’t the person for the job and that my vision of it wasn’t matching the vision the practitioners had. *S.C – NW- final questions*  In the SW, practitioners disagreed with answers they were getting from their supervisor so started to not approach supervisor and make decision independently. Supervision was frustrating – would have preferred talking about cases in-depth and having perspective listened to. *(away day notes 2)* |
| 1. *Supervision (intra)* | ‘I was often frustrated because I think it could have been better if it was better managed. The management was frustrating and was just poor. Nobody knew where I was half the time so it felt risky. I was off for two weeks and there was no accountability – no one in the team would pick up my cases. It was just too relaxed and not professional’. *P.R – SW*  ‘Sometimes it feels so informal, it doesn’t feel like work and I wonder am I doing it right’? *R. A – NW*  ‘I’m used to a manager and a team leader. Were left a lot to our own devices and I don’t like it. I prefer more structure’. *P.A - NW*  ‘There are some meta-supervision sessions, I would say in the main they have been based on practical issues and in particular, 4-5 sessions were dominated by difficulties in the SW with room access; essentially set up issues. There have been some occasions where practitioners have used the phrase assessment which isn’t what we really in our Engager intervention, not a mental health assessment. So the PI has been using the sessions to kind of get the supervisors to think differently about the job that they do. So it is unlike doing an assessment and then write that up. More recently it is dominated by personality differences between the practitioners and between the practitioners and the research team’. *R. CL- N* |
| 1. *External relationships (inter)* | ‘I knew something was going to happen. I was sanctioning what was going on and it got really uncomfortable and I put my foot down and say it was not going to happen, and that caused a whole host of problems because certain people were phoning the practitioners saying ‘oh come on, they are alright’; ‘nothing to be worried about’; I felt undermined, I just thought ‘no’. Things were said well the researchers don’t have a problem with this so why have you got a problem. There is a culture at the uni and a culture with how we have to operate at the nhs.’ *S.C-SW*  ‘I am wondering whether supervision would look different if it wasn’t undertaken by the PI. Because it is part of a trial and a project, this is how I perceive it. The supervisors don’t want to show that they have done something wrong or that they don’t understand something; they don’t want to let him down. If meta-supervision was delivered by someone else its functionality might change and be experienced differently. In the one’s I have been involved in, it has been making sure it runs properly or best to the intervention. It has not been clinically developing supervisors or practitioners. ’ *R. CL – N* |
| **Theme 3 Practitioner attributes and nature of the client group** | |
| 1. *Practitioner attributes* | ‘I understand there is a limited budget with training. But perhaps the practitioners need to be higher level of skill rather than more training from the project. It’s the psychological understanding and being able to work within a forensic setting’*. S.C –SW*  ‘Supervising two practitioners who despite having some experience were quite raw; the environment people were working with; the culture that exists requires a high level of skills. That’s without moving participant towards the completion of their goals’. *S.C-NW* |
| 1. *Nature of the client group* | ‘I think I have learnt the importance of an inquisitive stance when working with this sort of client group. So exploring things with them without being pushy. If it doesn’t work the first time around it might be related to how they are feeling at that particular moment. But if you are consistent and approach them again they may later on be ready to talk.’ *PL- NW*  ‘So many of the guys have such a negative view of service, like they don’t want any help, like, I feel like we have to really fight to be different and to get treated differently by them.’ – *P.R – SW* |
| **Theme 4 Culture and nature of setting PRISON** | |
|  | **Barriers within the prison system**  Supervisor asked about a participant who had never been seen. The practitioner explained that they had tried to see him in prison but he had smashed up his cell and was consequently moved. The practitioner explained that he had never been able to locate his whereabouts in the prison thereafter and was subsequently released without a gate release. The practitioner managed to ascertain a contact number for the participant in the community but he didn’t want to engage and didn’t need the intervention. MG concluded that on this basis they should remove the participant from their caseload. (*Case management meeting ethnography, 15/11/2017)*  **Practical nature of prison delivery**  ‘We’ve got one young lad who got recruited and then he got shipped off to PRISON before he was seen so I went to PRISON so he’s been seen once and that was by me and he’s out tomorrow, I’ve just heard today that he’s actually coming out tomorrow because he had a release date... so that’s not a fault of the intervention, that’s the prison system, so this guy’s only been seen once by us and that’s it so he, that whole building rapport in prison, he’s been failed a little bit I feel.’ *S.M – SW*  ‘I think they get a lot of someone being there for them and bothering with them. Although there is little time for the therapeutic stuff when your diary is full of sorting out practical things for a participant. Only when basic needs are met can you really do any therapeutic work – it’s just not appropriate to therapise them when they are first released. I would recommend that they roll it out for longer, then after three months, when someone is settled you could offer therapeutic work. It’s very difficult for Guys to reflect in prison because they are removed from it all and when they are on release they just need practical help before anything else’. *P. S – SW* |
| **Theme 5 Culture and nature of the setting COMMUNITY** | |
|  | **Release day contact**  ‘And that comes in again with gate support cos that’s particularly, you know, important on, on release day I think, that they’re kind of getting to a lot of appointments whereas they might not necessarily had they not had gate support.’ *P.S – NW*  **Environment change results in change to needs**  ‘I guess, prisons, because they’re institutions, you’ve got the pecking order, where people fit in within prison. When you go out, all that goes, that confinement and that containment and knowing your role and the routine, everything’s gone out in the wider world; people are going to be different aren’t they? It’s really interesting to see’. *S.M – SW*  ‘Cos like we’ve said it’s, everyone’s so different. Like we might get some people who turn up every single session, every single week, some that we never see again’. *P. R – SW*  **Changes in participant circumstances upon release**  ‘I think there’s been about three or four have actually left who don’t want any support when they’re out at all’. *P. D.- SW*  ‘I haven’t had many endings. Some have been recalled, some have disengaged and one died’ *P. A – NW*  **Barriers in the community**  ‘It depends on where [inaudible] you have. One of PRACTITIONER’s chaps, he’s in a kind of supported accommodation so you can go and see him in there so it sorts of varies to who they are, we saw one guy in a pub, cafes generally or their accommodation if it’s suitable I guess. Which that would be, I think if you were taking this forwards as a future thing, it would be good to have a small base if possible or links to like GP surgeries or places where, if you really wanted to do the intervention, because to sit in a café and properly, properly talk to somebody, is not so easy because [inaudible], I think to have it more formalised perhaps in like a GP surgery and hire a room and say ‘I’ll see you at the doctors’, or hiring rooms somewhere to make it kind of yeah, a bit more, I don’t know I don’t know if the participants would find it too formal, if you want to give a formal kind of intervention therapy side, practical stuff that’s fine, but actually you know ‘how are you doing, [inaudible]’, it’s quite, it’s difficult for someone to do that I think whereas if you’re in a more private setting, I think that would be’. *S.M - SW* |