**Engager Theory**

**Narrative for Shared Understanding**

Working together with someone to build an understanding of their unique situation involves both gathering background information and identifying the person’s needs and goals, and making links between a person’s emotions, thinking, behaviour, and social outcomes.

*Gathering background information*

Our in-depth realist review suggested that in order to use an approach that is individual to men in the intervention and builds on their strengths (strengths-based approach) it is important that your interactions with them are sensitive to the core aspects of their identity, such as gender, ethnicity, religion/spirituality. For this reason, an important part of building a shared understanding is to gather background information.

Gathering background information will be both formal and informal. The starting point will be finding out whether they are or have been in contact with any other services, including whether any referrals have been made (i.e. health, substance misuse, education, employment, chaplaincy, offender manager, and so on) and what happened as a result. It will be important to find out whether there are any existing assessments, plans or ongoing work already in place in prison or the community. This may mean formally writing to request information or having chats with staff from the relevant service/s. Contact with health services within prison is reasonably well recorded, however all other service contacts are not recorded to the same extent. It might take some time to discover which services a man has previously been involved with and so sometimes it is preferable to ask the person (evidence: case study).

Our case studies showed that a good approach to gathering background information might be to talk about a person’s whole life, rather than initially focusing on negative feelings or mental health symptoms. When gathering background information, it may be useful to keep in mind that ‘higher level’ goals, such as engaging with services, can only be strived towards once the more basic needs of food, shelter, and companionship are met (evidence: realist review and case studies). Our peer researcher group, made up of men with lived experience of being in prison, said that while in prison, these basic needs may be met, but concern about these issues in the future can occupy people’s minds and interfere with their engagement with activities to support their wellbeing. This was also supported by data from one of our focus groups.

A useful way to frame the discussion of mental health issues and how they are coping with being in prison, is around the skill of ‘doing your time’. This is something that men in prison talk about, which recognises the emotional difficulties/burden of being in prison, and away from those they care about in the community, and avoids the stigma of mental health issues (evidence: case study).

Background information about the social and cultural context, along with an approach that assumes that the journey towards their goals is a (potentially) long one, will help the practitioner to support the person they are working with to understand their own journey towards their conception of a better future (evidence: realist review).

The family context is another important area to develop an understanding of when gathering background information. Experienced practitioners in our expert study group who worked with us to develop the theory behind the intervention suggested that it might be helpful to review notes before you meet the person to find out whether there are significant obstacles or restrictions to family contact before beginning work around the family (evidence: study group). When you work with the person, gathering information from them about their family situation can help you to be aware of worries or concerns they have about how their family are doing on the outside. Men with lived experience of prison said that this can be a major source of stress and worry for men in prison, who may feel unable to support their family or to find out how they are coping (evidence: peer researcher group; also supported by our realist review). In one of our focus groups we found that if the practitioner helped some people to make or be in contact with their family, then this can reduce their stress (evidence: focus group).

Gathering information about family relationships at this stage will help in both the understanding of the impact (potentially positive or negative) of these relationships on reaching their goals. Based on this information, the practitioner can decide whether it is important to work with them towards building, maintaining, or repairing these relationships (evidence: realist review and focus group).

It might be useful to open up the possibility for the person to reveal trauma or difficult life events they have experienced in the past, of which there is a high likelihood with this population (evidence: realist review). This will help to reach a shared understanding of related behaviours, emotions, and contexts that might affect them reaching their goals (evidence: study group). However, prison creates a high risk of re-traumatisation for people who have experienced trauma in the past, and opening up someone’s feelings in a session might make them more vulnerable to being re-traumatised by the prison environment (evidence: two case studies and our realist review). This is something to bear in mind when working with someone in the prison setting.

When discussing substance use, it might be helpful to support the person to consider the relationship between their substance use and their mental health or trauma experiences. Substance misuse can often mask emotional, mental health, social isolation, low self-esteem or trauma experiences (evidence: case study).

If the practitioner builds care around a person’s personal goals and involve them in their care plan and negotiations for service provision, then they are more likely to be motivated and have a feeling of agency and energy (evidence: realist review and case study) and their care is more likely to be effective (evidence: realist review).

For this population, goals are likely to (but will not necessarily) focus on housing, relationships, and benefits/employment (evidence: pilot work and realist review). Building care around a person’s priorities can help to motivate them to engage (evidence: pilot work). It might also help to discuss how ready they feel to change (evidence: realist review). Discussion could consider whether there is work to be done to support their motivation to change in preparation for referrals to other practitioners in the prison or in the community on their release, who may only be of benefit to them when the person is ready.

The process of developing a shared understanding provides an early and ongoing opportunity for the person you are working with to name and rename the problem, shift perspectives from deficits to strengths and create opportunities for them to have a voice in shaping the method for solving problems or meeting goals they have identified (evidence: realist review). Identifying priority 'problems' that the person wants to address, and reframing these problems in terms of goals and needs, is an example of how you can support them to shift their perspectives of the 'problem', their strengths, and their potential to change (evidence: case study). You can support someone to identify their priorities by facilitating their understanding of their own narrative/journey and their social and cultural context (evidence: realist review).

It may be helpful to support the person to consider both short-term ‘recovery’ goals, and longer-term ‘maintenance and prevention’ goals (evidence: realist review) to work towards sustainability and longer-term impact of the support provided beyond the timescale of the Engager intervention.

Men with lived experience of prison suggest that some people might find it helpful if the goals are written in the form of a contract or pledge that both you and the person you are working with sign and agree to adhere to. In the first session you can establish whether someone would find this helpful, and if so, discuss what the contract should include (evidence: peer researcher group). Men with lived experience also suggested the use of a workbook to list goals and realistic practical ways that they are going to achieve them. During intervention sessions, they suggest agreeing a few realistic steps to be taken before the next session, and in each session together recording whether these steps were achieved or not and why. They felt that this would support them to have ownership of their goals. This would provide a learning space to support them to understand how they are progressing or what they need to do to progress further. Men with lived experience of prison felt that this workbook would be a good tool to support men’s continued recovery after the end of the Engager intervention (evidence: peer researcher group; the workbook idea is put in to practice in the Engager worksheets).

*Making links between a person’s emotions, thinking, behaviour, and social outcomes*

Working in partnership with someone to map or talk through the links between their thinking, behaviour, emotions, and outcomes will help you both to understand their goals and needs, as well as their personal resources and the resources that would support them best [evidence: study group]. You will have worksheets that will support you to work in this way in the Engager intervention.

**Narrative for Shared Action Plan**

Developing, reviewing and delivering a shared action plan will form the core of your work with each person in the Engager intervention. Once you have developed a shared understanding of goals for each individual, you will match these to available resources in prison and in the community. The shared action plan is intended to be reviewed and updated at each meeting you have with each individual as they progress through the intervention and move along their journey through the criminal justice system.

*Developing the shared action plan: Matching goals to resources*

The shared action plan should link an individual’s goals with the resources available in prison, and looking forward, to resources available in the community. This takes the form of an agreed timeline of activities to meet each goal or the next step towards each goal (evidence: study group).

A crucial part of your work will be around identifying resources and supporting the men you are working with to access local resources in prison and the community. A critical part of this work will involve you collating information on available services (and keeping this up-to-date; evidence: study group) and evidence-based treatments available in the prison and in the relevant community (evidence: realist review). Making the most of available resources for each man will depend on you developing and maintaining good working relationships and liaison/referral protocols with other services and practitioners (evidence: pilot work and realist review) to bridge the gaps between services for the men you are working with.

Discussing with someone, or looking at their notes or talking to other professionals, can help you to find out whether there are services you might want to connect someone up to that they have previously been in contact with, worked with, or in particular might be excluded from, for example because of ‘bad behaviour’ (evidence: study group).

There are broadly four types of resource available for you to draw upon for each man you are working with: them (their own skills, attributes, strengths, and so on), you (the therapeutic relationship, advocacy, skills training, and therapeutic approach you take), other professionals, and family/peers. We will discuss each of these in turn.

*Their Skills, Attributes, and Strengths*

Try to understand what resources (skills/capabilities/attributes) each person has available in themselves at the beginning of your work with them. What personal skills or resources would they like to change? Which skills/capabilities/attributes might support them to attain steps towards their identified goals if you worked to build or develop those skills/capabilities/attributes? What current skills or strengths do they have that might shape what type of intervention they will most benefit from? If you can facilitate someone’s journey through the criminal justice system by identifying and training them in needed social skills then this can support their engagement in other services (evidence: realist review). The most important skills are problem solving and life skills (evidence: case studies).

If you can do training or work to improve the coping and communication capabilities and social skills of the men you are working with then their ability to empathise will increase and their ability to form or re-connect with a supportive social environment (which offers opportunities for pursuing a non-offender identity) is increased and resettlement and rehabilitation is promoted (evidence: realist review).

Any work you can do to improve a man’s social capital to help them to cope in prison as well as to prepare them for their release will support their wellbeing and resettlement (evidence: realist review).

To support the development or maintenance of a positive self-view, it might be helpful for you to enable participants to challenge their own thinking when they express negative views about themselves, or when they presume that others will hold these views of them (evidence: case study).

A useful way to frame the discussion of skills might be around the skill of ‘doing your time’. This is something that men in prison talk about, which recognises the emotional difficulties/burden of being in prison, and being away from those they care about in the community (evidence: case study). Developing someone’s skills in self-care will be an important part of your work. When in prison, ‘doing your time’ well can include setting a structure and ensuring you have activities in the day and in cell time. This can distract men in prison from worrying about, or dwelling on, the things over which they have no control (evidence: case study). Identifying skills training that can support someone to make productive use of their cell time can make a big difference to their experience of time spent in prison, and also maximise the time available in prison for someone to work on improving their own skills and wellbeing (evidence: peer researcher group). Men with lived experience of prison say that being trained in yoga would be particularly beneficial for doing in their cells when using or coming down from drugs, because it provides an opportunity to exercise and de-stress when locked in your cell (evidence: peer researcher group).

Providing the opportunity to do something new, and be successful at it no matter how small that success might be, could allow participants to have ‘their horizons broadened and believe that things can be different’. Reflecting on their experiences with you as their practitioner can help this to happen. ‘They feel empowered to do things for themselves and have personal choice and take responsibility’ (evidence: case study).

*Your Skills, Attributes, Experience, and Strengths as a Practitioner*

The types of support that you can offer include the therapeutic relationship, skills training, advocacy and the ‘therapeutic approach’ that you will take in working with the men in prison (evidence: realist review and study group). It is important to be thinking about what work you can do while in the prison to support their personal resources and their achievement of steps towards their goals, and what foundational work you can do to prepare them for leaving prison and living in the community.

Your approach to all contacts with the men you will be working with will be a Mentalisation Based Approach (showing promise for young men with personality disorders in groups and individually; evidence: pilot work, study group and realist review).

One method of support that you can offer is training in activities or skills that can be practised while they are locked down in their cells. For many men in prison, extended cell time is challenging, but also provides time when they are free to engage in their own activities, for example, mindfulness, yoga, reading (evidence: realist review, peer researcher group, case studies).

Another critical function you can provide is the modelling of a good relationship for people who may not have experience of this. Your relationship with the men you are working with can provide a model that can support them to repair or develop other positive relationships in the prison or community (evidence: realist review).

*Other People: Professionals*

Throughout the Engager II intervention with each man, you should be considering which other professionals need to be involved to deliver the shared action plan and support each man in prison to work towards their goals. The services available in prison may be more limited than in the community, but you should also think at this stage of who you can liaise with in the community for each man in prison, and what relationships you need to build between men and services in the community while they are still in prison, for example in-reach work by community services or peer/mentor visits so they have a peer or mentor who can meet them at the gate and/or in the community for additional support (evidence: realist review). Our case studies suggest that it is important that services meet the person; a referral letter to a service is not enough (evidence: case studies), and that release planning starts as soon as you begin working with someone (evidence: case studies and focus groups).

Delivering the shared action plan will involve referral and liaison with other service providers. A critical role for you will be to find out all of the services available in the prison and community and to pre-contract these services to ascertain their availability (evidence: realist review). To work effectively across inter-disciplinary boundaries, it is important to establish clear roles and responsibilities for practitioners working on each case, and ongoing communication of problems areas and solutions (evidence: realist review). Establishing a formalised referral process, formal agreements and protocols concerning tasks, responsibilities, and authorities with each service or practitioner can also support inter-disciplinary working (evidence: realist review and IAPT case study). Working in this way supports effective inter-disciplinary working by removing uncertainty, power struggles and diffusion of responsibility (evidence: realist review). When working with other services to ensure effective multi-agency working, it is important for you to emphasise or discuss with them how you and they share a clear and common purpose that relates to each of your individual missions and, where possible, to collaboratively develop and review multi-agency protocols and ensure there is a shared language across these services regarding mental health (evidence: realist review).

An important aspect of this work is to communicate frequently with other providers involved in someone’s care to avoid repetitive assessments for men in prison, which will disengage people from the intervention and services (evidence: realist review and study group). This can be avoided by working this in to the shared action plan and using common assessment and planning tools across services (evidence: realist review). This may involve working across a number of different care plans with e.g. substance misuse services and mental health services (evidence: focus groups).

It is important to ensure that other services have a clear understanding of what you as an Engager practitioner do, and do not, do (evidence: case study). Otherwise other services may perceive the Engager intervention to be ineffective and be disinclined to engage with it (evidence: focus group). An important role you will have when working with other practitioners is to encourage and support them to engage with the changes to their normal way of working that the Engager intervention will require from them. When engaging other practitioners in changes to practice, it is important to consider whether the changes challenge their traditional ways of working (e.g. role, status, autonomy, relationship with service users; evidence: realist review) and if so, to address this. Getting their full support and engagement may also involve supporting their understanding of why doing things differently is better, and giving positive feedback regarding any work non-mental health staff do around mental health (evidence: realist review).

To support other practitioners, such as prison guards, to refer to appropriate services in the prison, you might do informal training with prison workers so that they know of services, why to refer offenders to them, who to talk to about referral, and how to refer andperceive that referrals will be welcomed (evidence: realist review and case).

Another useful role for you in the prison and in the community will be working towards a shared understanding between criminal justice and healthcare providers of the custody and treatment models and how they see them working together, as well as knowledge and understanding of mental health. This is because if there are fundamental differences in opinion about custody and treatment models that exist between criminal justice and healthcare providers, or differences in knowledge and understanding about mental health, then provision of a prison environment that promotes wellbeing will be limited (evidence: realist review).

Building a knowledge base within the prison of the services on the outside will also begin to bridge the gap between services and support people to refer to appropriate services in the community (evidence: realist review). This could involve informal training or bringing in community service providers to talk to prison providers and build relationships between them.

When considering which referrals may be appropriate, it can be helpful to consider the person’s level of distress. If someone has a low level of distress, then they might benefit from more prescriptive, group-based therapies. If someone is experiencing higher levels of distress, they may be better suited to one-to-one support that can be tailored to their specific needs (evidence: realist review). An assessment of someone’s readiness to change can also inform your joint choice of treatment that will be likely to benefit the person (evidence: realist review).

*Other People: Friends/Family/Peers*

Are there family members or friends who could support the person or be involved in their care/meeting their goals? Are there relationships that you could support the person to repair, create, build, or maintain while they are in prison with people on the outside or people inside with them?

In prison, contact with Listeners can be beneficial. Befriending or other mentor or peer relationships that can extend beyond the end of the intervention can be really helpful in supporting successful resettlement in the community (evidence: realist review). Setting up any peer relationships during the time in prison can be a great support for someone when leaving prison and in the community. Men who have been in prison say that having a peer mentor who has ‘been through it’ (particularly drug addictions) gives a positive experience as they can create a bond because they can understand each other better and are seen as easier to talk to and their information more trustworthy (evidence: peer researcher group and case study). Peers can also provide a positive example of someone who has improved their situation, give credibility to referrals, and improve someone’s ability to share feelings with others in the future (evidence: case study). Enabling men you are working with in prison to develop trust and a relationship with a peer in the community while still inside has potential to reduce anxiety about leaving and provide emotional and practical support in the community (evidence: peer researcher group). The first 24 hours is particularly crucial, especially if someone has substance addiction, and men with experience of prison say that having a peer to meet them at the gate would be of great practical help (evidence: peer researcher group). If no peer (or no other professional person) is meeting at the prison gate, then the Engager practitioner should (evidence: focus group). An important role for peers might also be support with getting benefit forms completed as soon as possible after leaving (or before if possible) (evidence: peer researcher group).

Family is often a priority concern for the people you will be working with (evidence: peer researcher group and pilot work). Relationships with children and with parents may be the key to resettlement for some people (evidence: focus group), and having children can be a significant life event that can be a strong motivator for change. To prepare the prisoner for their release, you should consider helping participants to appreciate that things at home will have changed while they have been in prison. Encouraging and supporting ongoing communication can help to overcome this. Working to help people to make or be in contact with their family can reduce stress in prison (evidence: focus group).

If offenders’ relationships (and the responsibilities that these relationships entail) can be resumed or initiated at the time of release, then a positive upward spiral of social integration and mutual obligation is enabled (evidence: realist review). Providing/facilitating information to both sides about how both sides are getting on is important for those who have identified relationships with families as one of their goals (evidence: focus group).

Another way in which you can prepare family to support someone at the time of and following release could involve facilitating a meeting to discuss what it’s going to be like on release with prisoner and families; this could reduce stress on release all round (evidence: focus group). Families may think it’s an all or nothing deal about having people back after release. You can help facilitate discussion about a graded approach (evidence: focus group). Providing information for families on how they can get support can be helpful (evidence: focus group).

For some people, involving important people in their life in their care can improve their chances of success (evidence: realist review), though it is helpful to bear in mind that if a man in prison talks confidentially to you about their relationship with their children this may be masking both a lack of contact and emotional pain (evidence: case study); you should avoid assuming family and friend relationships are supportive or positive (evidence: realist review). Some men in prison say they trust their friends or family to talk about difficult topics (evidence: case study), but others will not.

Men who have been in prison say that if you can help to support their family’s wellbeing while they are inside (i.e. engaging their family in community services), and they know that their family is being supported, then their own cognitive and emotional resources will be freed from the worry and stress about their family and they will be better able to engage in activities or services that support their own wellbeing (evidence: realist review and peer researcher group).

*Delivering the shared action plan*

Because men in prison are likely to see the health services as one provider, while you may see them as separate services or providers, it is important to be a single point of contact for the men in the Engager intervention (evidence: focus group). In particular, by working in a way that reduces the number of similar assessments carried out by different practitioners to prevent disengagement (evidence: realist review) and the feeling of being passed around and not listened to. The shared action plan will form the basis of liaison with all other relevant practitioners and services, supporting the sharing of personal goals and how these match to the resource that the person provides (evidence: study group).

The shared action plan should clearly outline activities for each goal, which resources are being called upon to address each goal (or step towards each goal), and, importantly, *who is responsible for what, and when* (evidence: realist review)*.* You have worksheets to support you to work with men in the intervention in this way.

**Narrative for Action in Prison**

When you are working with someone in prison, it is critical that you focus on helping them to cope in the present, while at the same time thinking ahead to future stages in their journey through the criminal justice system, i.e. what support and skills might they need when leaving prison (through the gate work), when in the community with your support, and when in the community without your support (i.e. after their time-limited involvement with the Engager intervention ends).

*First Meeting/s*

The Action in Prison phase of the Engager intervention includes the critical time in which you meet and begin to develop a relationship with a person in prison. Bear in mind that at this stage it is important to maintain engagement with the person you are working with. Practical examples of how to do this from the evidence we have gathered so far include: not using mental health language or labels that might be experienced as stigmatising (evidence: case studies and peer researcher group); finding out about and discussing any previous negative experiences of services that might impact on their current engagement as well as their expectations of this intervention (evidence: realist review, case studies, focus groups,  and peer researcher group); being clear that discussing mental health issues with you will have no impact (negatively or positively) on their sentence length (evidence: realist review); respect (evidence: focus groups); referring to someone as Mr [surname] or using their first name based on their preference (evidence: pilot work); listening to and referring back to their concerns when relevant (i.e. not asking for information again that they have already provided; evidence: focus group); and keeping an eye out for quick wins (giving them something immediately that they want/need) that will help to show that you are willing and able to help the person in ways that they would like to be helped (evidence: realist review), but also maintaining realistic expectations (evidence: realist review) and being honest about what is achievable (evidence: realist review, case studies and focus group). Another type of quick win that you might consider at this stage is supporting the man in prison to achieve a quick win themselves as a way of developing their confidence, autonomy and belief that they can make change in their life (evidence: study group).

Sometimes, previous experience leads people to feel that practitioners give them goals to carry out that they feel they do not have the resource to achieve, and this is disengaging and takes away a sense of autonomy (evidence: peer researcher group). Some men in prison will find it helpful to have a written contract or pledge to sign that says that they will turn up to their appointments and attend their treatment sessions (evidence: peer researcher group).

At this early stage of developing a working relationship with men in prison, it is particularly important to bear in mind that they may, especially at first, put on a front or a ‘mask’ of laughing and joking and pretending everything is alright (evidence: from 3 case studies). While being aware of this to support you to find out their true experiences, it is also important not to leave them feeling emotionally vulnerable when returning to the prison culture, where it is important not to be seen as weak, and to make them feel comfortable and able to hide their weaknesses (evidence: realist review and case studies). It is worth bearing in mind that the feelings they share may never have been shared with anyone else (evidence: case study).

*Preparing for Community Contact*

Part of maintaining engagement involves looking ahead to the time when you will be working with someone in the community. Beginning to plan for contact with community services for the person once they leave prison should begin now and form part of your ongoing work together to develop, review and update the shared action plan.

*Managing Expectations*

It is important that even from the beginning of your contact with a person in prison, that you are both aware of and planning for the time when the intervention, and your relationship, will end. Some people will have experienced positive working relationships with practitioners that have then broken down when the practitioner is no longer in the role (evidence: case study). This could be a barrier to them engaging with you. Ensuring someone has realistic expectations about what you will be able to offer, and for how long, might help to address these concerns (evidence: realist review and case study).

*Update Shared Understanding in Prison*

Developing a shared understanding of the challenges, strengths, and goals of the person you are working with is the foundation of the Engager intervention. You will work closely with the person the first time or few times you and your supervisor meet them to understand the challenges in their lives, their personal strengths and resources, and the goals and aspirations they have for their future.

*Review Shared Action Plan in Prison*

Working in partnership, you will work to match the goals the person has with the resources you have identified as available.  This shared action plan will be developed in your first meeting/s and at each subsequent meeting you will work together to review the achievements, set-backs, goal progress, and development of any new goals or needs as release approaches. Working in partnership, you will review and update the shared action plan, agreeing on new actions for both you, the person themselves, and any other people involved in the action plan whilst they are in prison (evidence: study group).

*Delivering Shared Action Plan in Prison*

Delivering the shared action plan in prison will involve carrying out the actions in the plan and supporting the individual to carry out their agreed actions. This will involve mobilising a number of resources.

*Preparing for Community*

A particularly important part of your work with each man in prison will be to prepare for release (evidence: pilot work), particularly establishing clear links with resources in the community they will be released to. Concerns and anxieties about any uncertainties related to their release will contribute to men feeling low at this time point (evidence: case study), and your work reviewing their action plan should pre-empt this and work with them in advance to develop skills to cope and to address the uncertainties and pressures associated with their release, such as housing, family, benefits and employment (evidence: case study). If basic needs (such as food and shelter) are met on release, then engagement in services will be more likely (evidence: realist review and case study). Families can also feel uncertain and concerned about the release of a man from prison (evidence: focus group), and so thinking about how to provide them with the information they need (e.g. what help is available) and to find ways to also support the family at this time can benefit resettlement.

Peers may be particularly important at the time of release and, if desired, the action plan should ensure there is work in prison prior to release to build a relationship between the peer and the man in prison before his release, especially if the peer can meet at the gate (evidence: realist review, focus group, and peer researcher group) and provide initial support in the community (evidence: peer researcher group). But again, if there is no peer, then you as the Engager practitioner should meet the man at the gate.

Having forms for benefits filled in before release or as soon after release as possible, can be crucial in the vulnerable early stages of release (particularly for men with substance use problems; evidence: peer researcher group). Working to ensure this is happening either with services in the prison, in-reach, or peers at the gate is an important part of the review and updating of the shared action plan while the man you are working with is still in prison.

**Narrative for Action in the Community**

Action in Community is broadly a continuation of Action in Prison, and involves reviewing and updating the shared action plan, including consideration of the resources available in the community and reviewing and updating goals and needs, as well as continuing to deliver it, and mobilise resources around it. You will already have done this while the man you are working with was in prison, but it is important to update and continue this work in the Action in Community phase. This review ensures focus and makes the most productive use of the agency and energy available, it should include shared reflections and decisions for action between you and the participant and review of changes in selected goals and outcomes.

*First Meeting/s and maintaining contact in Community*

Contact in the early days of release will very likely be problematic; people who are engaged with the intervention while in prison can be very different once they are released (evidence: case studies).

Before someone leaves prison, it is important to make sure you have accurate and appropriate information of how to contact someone when they are in the community. Contacting people released from prison on mobile phones can fail if they have sold the mobile phone for the money or are struggling to charge it; the latter is particularly a problem for the homeless (evidence: case study). Some men might give the probation service incorrect information about where they are living to avoid re-call. In these circumstances, the probation service might be the ‘only pick up point’ and ‘the last possible point of help’ (evidence: case study). Some men may feel that it is in their interest not to be found and it is unlikely that any service will be able to contact them if they don’t want to be found (evidence: case study). Before sharing any contact details with other services, it is important to discuss this with the person. If you do lose contact with someone, soup run staff/volunteers or other homeless people may know how to find people who are street homeless (evidence: case study). Linking with offender manager appointments if appropriate can work well (evidence: case study). Also linking in with the offender managers will reduce duplication of work as many of them will be working on housing etc. Making sure appointments don’t clash or involve lots of travel is also important to retain engagement (evidence: case study).

*Update Shared Understanding and Reviewing Shared Action Plan*

Adjusting to living in the community after release from prison can be difficult and has pressures, such as finding accommodation, that prison doesn't (evidence: case study). Here we outline things that you should consider in the Action in Community phase that are different from the work you did in the Action in Prison phase, or things that may need particular attention now that the man you are working with is in the community.

As previously, you should consider when reviewing the goals and shared action plan that meeting someone’s basic needs and wants for shelter and food on release from prison will support engagement with a wider range of services (evidence: realist review). This can be built in to a discussion around the person’s priorities in the community and how you can both work to achieve those priorities. For example, if a priority is to stay sober, then a first step towards this might be as basic as making sure that they can stay in their accommodation and avoid becoming homeless, perhaps by adhering to their hostel’s or family’s rules.

When liaising with other services, you should work in the same way as during the Action in Prison stage. Working across service boundaries will be of particular importance in the community because it is easy for people to fall between service gaps and not know how to advocate for services themselves, and for there to be diffusion of responsibility between services as to who is taking care of someone (evidence: realist review). Your role as active advocate for the person will involve working in an inter-disciplinary way, ensuring there are clear roles for all professionals involved and a shared understanding of who holds clinical or case management responsibility in the delivery of each shared action plan, as well as ongoing clear communication of problem areas and solutions (evidence: realist review).

*Assessment of Resources in Community*

One of the key features of successful resettlement for ex-offenders has been shown to be suitable and sustained accommodation alongside practical and emotional support and assistance to constructively fill a person’s time (evidence: focus group).

The review of goals and the matching of these to the person’s individual resources should continue in to the community, with regular meetings to discuss together progress made, any change in priorities at that time, and how you can best work together using the resources available towards priority goals. People can take substances as a way of coping with the challenges and difficulties that they face on leaving prison (evidence: case study), so some of your work might be around working together on how to address this.

Working with someone to raise their expectations about services by discussing realistically what is available is important to get them involved in services in the community (evidence: realist review). Engendering realistic expectations should be balanced with instilling hope (at minimum, an ‘adequate sense of hope’; evidence: realist review). Previous experiences of failing to access services can contribute to people feeling that they won’t receive help and, therefore, not trying to access support (evidence: realist review, case study, focus group, and peer researcher group).

 Those who have left prison, and may be socially isolated and lonely, may require more regular contact and support than services might usually provide. Fortnightly was said to be not enough and twice a week was suggested as being more adequate (evidence: case study).

Community-based services may need additional support and knowledge to know how to work effectively with people with mental health issues (evidence: case study). An important part of your work with community services might be to provide informal training around mental health issues and presentations in this population.

Community-based services may be reluctant to work with a ‘mental health service’ if they think that it might cause additional work for them, particularly in relation to risk and paperwork (evidence: case study). When working with community services, you may need to openly discuss responsibilities and roles as well as the benefit to them to put in effort and resources to work in a different way (evidence: realist review).

If offenders’ efforts to desist from crime are recognised and rewarded by practitioners then reintegration in communities is promoted (evidence: realist review); this is both a way you can work with people in the intervention themselves, but also something you can informally share with other practitioners involved in delivering their shared action plan.

In your work in the community, you should conceive of all contacts as potentially ‘therapeutic’, and work with other practitioners involved in someone’s care to also work in this way (evidence: realist review). This could take the form of informal knowledge sharing/training for other service providers who have little experience or understanding of people with common mental health problems.

 In the community, your work will need take the form of a proactive advocate for the person (evidence: case study), involving maintaining contact with community services and making sure that meetings are set up for the person in the intervention, supporting continued engagement and commitment from both sides, and working to ensure the success of these meetings where possible. Another important role for you as a proactive advocate will be to remind someone of key appointments in the community (evidence: case study and pilot work). Texting or ringing someone in advance of a meeting can be really helpful to remind them. Also if they don’t attend a meeting, calling again to find out if anything came up can be helpful (evidence: from 2 case studies).

As with work in the prison, keeping an eye on someone’s level of distress can help you to monitor the appropriateness of services they are involved with and to discuss this with them; for example, if distress increases then more one-to-one support might be more appropriate, and if distress reduces then more prescriptive group-level therapies might become appropriate (evidence: realist review).

In community work with someone, it will be important to work with all other providers involved in their shared action plan to ensure their continued engagement. Evidence suggests that if the very first contact between services and offenders emphasises the positives without flagging up any negatives of service engagement, and if first contact gives the offender something they need/want, then offenders’ first perception of services is positive and engagement will be improved (evidence: realist review). You can work with services, particularly in the first few meetings, perhaps by attending the meeting or by talking beforehand to the practitioner involved and/or the person themselves to discuss how best to support engagement with the service.

A crucial task to achieve for someone first leaving prison (if it has not been achieved whilst they are still inside), is helping to sort benefits if not done while in prison (a peer could support this too) (evidence: peer researcher group).

In general, in all of your work with someone, you should try to retain sufficient flexibility to increase or decrease your support at different stages of the offenders’ journey (evidence: realist review), as well as being available at times that are not in office hours if this suits the person you are working with better (evidence: realist review), for example, if they have gained employment (evidence: case study).

It is a critical part of your work to make sure at all times that your list of services in the communities you work in is updated and that you establish and maintain good working relationships with people in these services to support referrals when they are required (evidence: study group). As with your work in the prison, it is important to ensure that other services have a clear understanding of what the Engager intervention service does, and does not, do. Otherwise, other services may perceive Engager to be ineffective and be disinclined to engage with it (evidence: focus group).

People will be more likely to go into a community-based service if they have the perception that the service will be able to deal with their needs, whatever that need is (evidence: case study). Part of your role in the Action in Community phase will be to help people to see when services that are available might be able to support them to meet their needs. This might be by discussing how the service will help them work towards achieving their goals.

When looking at the resources available in the community, you can use your creativity when working with each person to decide which ones might be important for them. For example, even though the men you are working with have common mental health problems, non-mental health-specific services can help people build up a sense of security, and build up their confidence, which then allows them to address their emotions (evidence: case study). In some communities, there may be a lack of, for example, mental health-specific services, in which case you can work with people while they are still in prison and when they are first in the community to think about what type of service might best support their coping and wellbeing when they return to the community and which services might support them to meet their individual goals.

In the community, the range of potential activities is wider than those available in prison and may include time with family and friends (evidence: case study). You can draw on a wide range of services in the community to support the men in the Engager intervention. For example, going to the gym can be a positive activity in the community that helps someone to structure their day if they don’t have regular employment or education (evidence: from 2 case studies). Finding activities to structure their day around, particularly in the absence of regular employment, seems to be important in the community (evidence: case study and focus group).

It could be helpful to think about a range of services that together cover the full range of needs someone may have in the community. It is important to think about what the gaps are in service provision in that community and to find creative ways to bridge these gaps. For example, in some communities it is difficult, particularly for homeless people, at weekends because no services are open or available (evidence: case study). If this is the case, you can identify this issue in the community and work creatively with other providers to see if there is a way of plugging this gap, for example by running a weekend support group or discussing with services whether they could open for short periods or offer groups or sessions at weekends. Providing information to the men in the Engager intervention about the services available in their local area and their opening times would empower them with knowledge of how to access community or telephone support services (which are more likely to be available outside of working hours). Homeless shelters can provide a variety of services that homeless people can benefit from including cheap meals, showers and clothing (evidence: case study). A lack of money means that those released from prison may struggle to access some of the activities that they might benefit from (evidence: case study). 12 Step Fellowships are a service that participants may benefit from being linked to, or supported to attend (evidence: case study).

General Practitioners: It is worth knowing that before they leave prison, men are usually seen by a nurse and advised about registering with a GP and given an information leaflet on accessing NHS services. A basic discharge letter is faxed to their GP, if they are known. Nurses identify a local GP practice for those without a GP and inform the man leaving prison. Men with long-term conditions are advised of follow-up appointments in the community and the GP is notified (evidence: focus group), therefore a role for the practitioners will be to support them going to/attending these appointments. Some released prisoners may visit a GP in order to support an application for welfare benefits (sick note). These are perceived as being easy to get and easy to continue, with GPs not being seen as contributing to people returning to work (evidence: case study). GPs may be seen as just handing out anti-depressants for depression, and not being the link to other types of support (evidence: case study).

This time point is when men will likely be returning to their community and spending time with or living with their friends or family. Returning from prison to the community can be lonely, particularly if you live on your own (evidence: case study). Working with people at this time to support them to cope with this is a critical part of your initial work in the community (evidence: realist review). Research has shown that post-release familial support affects post-release mental health (evidence: realist review). Having relationships with family and others was the most common theme when thinking about what improved peoples wellbeing (evidence: peer researcher group). At this stage, you should have an idea of their family situation and their goals and needs around family relationships (see Chapter 3 narrative). People with particularly high needs in relation to returning to their families might need increased support at this stage.Ifoffenders’ relationships (and the responsibilities that these relationships entail) can be resumed or initiated at the time of releasethen a positive upward spiral of social integration and mutual obligation is enabled (evidence: realist review). Different groups of prisoners will have different people they feel they can talk to in the community, including their mums (particularly for younger men), female partners and friends (evidence: case study).

Because imprisonment may have weakened offenders’ connections with the community, they may be more likely to identify more with prison culture, which can significantly weaken their social capital, confidence in, and ability to, live independently (non-institutionally). This can militate against many of the approaches used in psychological therapies, such as being aware of and open about emotions (evidence: realist review).

If men are returning to the community from prison and will be trying not to associate with their former support networks, which helped to perpetuate behaviour that they are now trying to avoid, the support from you may need to focus on building alternative support networks and opportunities for socialising (evidence: case study), rather than on strengthening existing ones.

For some of the men you are working with, your work in prison will have focused on developing or building relationships in the community, and the social and communication skills to support these relationships (evidence: realist review). Work in the community may include the continuation of this skills training by you, monitoring of how the return to the community is going, and in particular how important family or friend relationships are going and supporting the men to troubleshoot any problems.

There may also be potential for directly working with family members or friends to direct them to support services themselves (evidence: focus group), to provide informal information around appropriate mental health or criminal justice system topics (evidence: focus group), or to work with them to build the skills and understanding they need to support the man you are working with to settle successfully back home or in their community (evidence: realist review). For example, if people with a dual diagnosis of mental health issues and drug misuse have family support from people who remain involved then this may enhance both group and individual approaches, and have a significant impact on clinical outcomes and recovery (evidence: realist review).

If someone has decided they would like peer/mentor support into and in the community (evidence: realist review) then a major part of your role will be to support or monitor the success of the relationship with the peer and the level of support needed. Peers will be supervised by their own organisation, but you will need to work with the person and the peer to make sure the peer support is helpful (evidence: peer researcher group). Peers can play an important role in meeting someone at the gate and supporting them to go to their appointments, as well as providing emotional and practical support at hours when practitioners may not be available (evidence: peer researcher group). It is worth bearing in mind that sometimes, peers can be misused by people being ‘lazy’ and getting the peer to do things for them, rather than the peer helping them to do things for themselves (evidence: case study).

*Preparation for Intervention Ending*

A particularly important time point in the work you will do in the community is preparation for endings, not just the ending to your contact with the person, but also working to support ‘good’ endings with other services involved in delivery of the person’s shared action plan. Preparation for endings needs to start at the very beginning of your work with a person (evidence: case study and study group). There needs to be support in place before a service ends because if it just comes to an end then it could lead to a relapse or a breach of an order (evidence: peer researcher group). To support self-care beyond the end of the intervention, you should work with someone to ensure they have ownership of their shared action alan, and that you review it together to think about the best support they can self-advocate for from services and available activities such as the gym, as well as do for themselves (for example, structure their time, find meaningful activity, and so on).

Endings should be present at all times in your interactions with someone in the intervention, from talking at the very beginning about endings, reminding people that it is a time-limited intervention, being clear about the number of sessions, asking the person how they want to mark the ending, discussing how other relationships have ended, discussing what they would like to see happen at the end, and making the ending positive, not ending on negatives (evidence: case study). You could consider basing the final sessions on relapse prevention, blueprinting, self-care, knowing the signs, and who to contact (evidence: case study).

There are four main ways in which support can continue after the intervention finishes: an ongoing mentoring relationship set up during your work with them; ongoing contact with services involved in shared action plan delivery after the end of your contact with them as an Engager practitioner; ongoing support from family and friends who you have enabled to give support; ongoing self-care developed during your work with them (skills, self-advocacy of future services, relationships, etc.). If treatment plans foster coping and decision-making capabilities, self-advocacy, self-care, and sustainable support systems that will continue after professional services have ended, then a holistic service that improves health outcomes is attained (evidence: realist review).

If your relationship has supported someone to see what a good relationship involves, and how to build or repair these relationships, then this will support someone to continue to develop their social support after your involvement ends (evidence: realist review). Reviewing progress towards goals related to social support and social capital will support the two of you to identify skills training by you that might support them after the intervention ends, or any services, or personal activities, which will help to continue skills work you have begun.

Emotional support/befriending can be provided by a volunteer (rather than only by a professional) who continues to be involved, then progress towards resettlement and rehabilitation, can be maintained beyond practitioner involvement (evidence: realist review). Preparation for endings might include working with a peer involved in the person’s care to think about how the relationship will look after your contact ends, and whether it needs to wind down, or be supported to ‘end well’ itself.

Men with experience of prison suggested a number of ways that you could support someone in preparing for the ending of your contact with them, or of tapering down your contact. You could provide a cheap pay-as-you-go phone at the end of the intervention so that you can call them for a period of time. The man with lived experience who suggested this said that it will show people that you are committed to seeing how they are after the service has ended. It also allows the opportunity for them to call you if they need support, or an ‘aftercare team’, which could be you or someone else such as a voluntary organisation or a peer, could be on the other end of the phone after end of intervention and could advise and signpost to relevant services (evidence: peer researcher group). Appointments could be spaced out towards the end of the intervention to make it easier for the person receiving the care as they won’t be used to or expecting to see someone every week when it ends. You should be clear about how many times you will meet and when an end date will be (evidence: peer researcher group).

It is important to ‘sign off’ men in the intervention who you have worked with personally wherever possible as letters may not be read and they could be left confused as to whether their contact with Engager has ended (evidence: focus group).

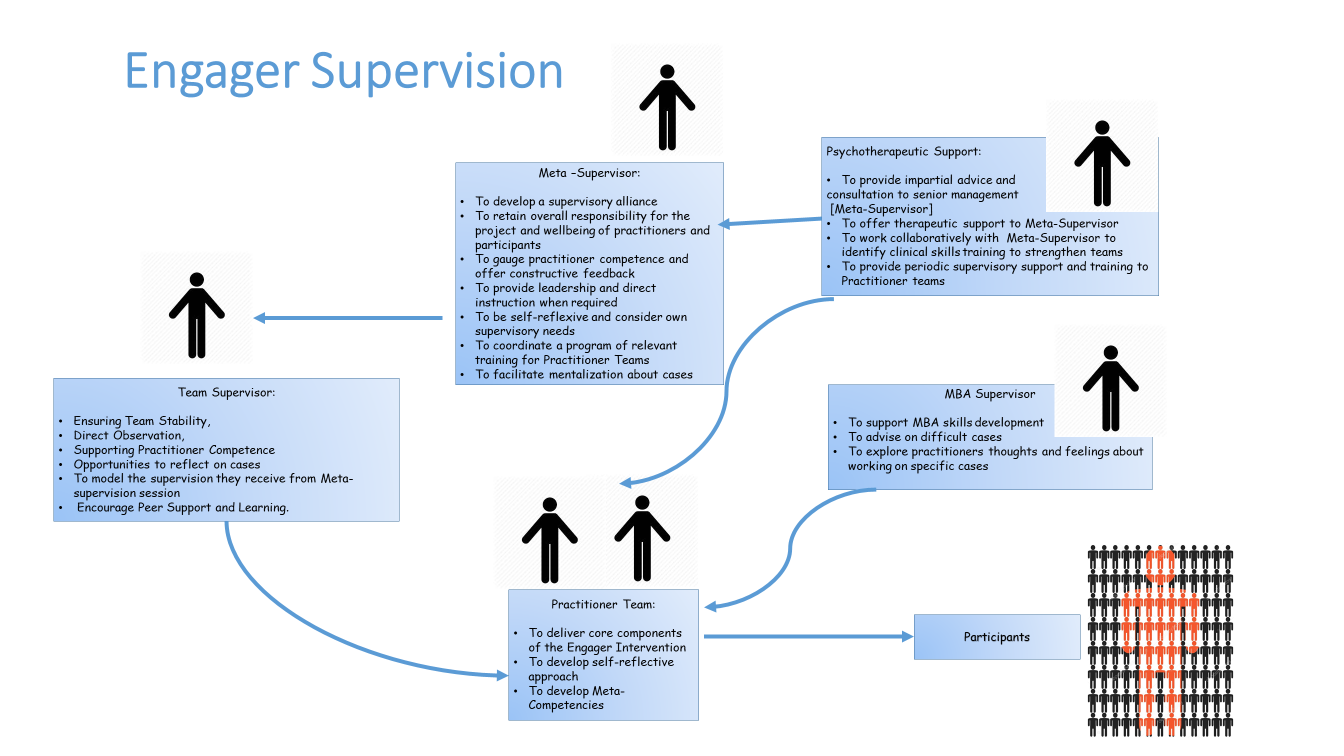
Some men in the Engager intervention might benefit from becoming mentors or peers themselves, and you could work to arrange this before the end of the intervention. Whensome ex-offenders act as mentors to other offenders, they feel empowered, are enabled to continue on a path of desistance by having an opportunity to give back to society, are encouraged in their personal and professional growth and increasing self-esteem, develop an array of interpersonal skills, benefit from building trusting and open relationships with their mentees, and are kept grounded, being reminded in their mentoring activities of paths they never want to walk down again, such as homelessness, addiction, and criminal behaviour, and their own positive changes are reinforced (evidence: realist review).

In preparing for the end of your relationship, and supporting someone to think about the best self-care for themselves, it is important not to assume that their families can offer support  (social, emotional, values, resources) in a similar way to ‘conventional middle-class families’ (evidence: realist review).

## Supervision

One of the areas where the theory was weaker was supervision. This was because during the course of the pilot trial we ‘moved’ supervision in our thinking from being part of how the intervention was delivered (which also included the practitioner manual, training and organisational liaison protocols) to an integral part of the intervention. During the delivery of the pilot trial, we also found that it was necessary to differentiate types of supervision (team supervision and Mentalisation Based Approach supervision) and to add an additional level of supervision (Meta-supervision) for those who were supervising the Engager Practitioners. We had not systematically recorded why we were asking people to work in this way at that stage. Additional work was undertaken to evidence, from our pilot trial experiences and the wider literature, how we believed that the way in which we were asking the Engager Practitioners and Supervisors to work would produce the desired outcomes. A diagrammatic representation of the inter-relationships between the different components of supervision was produced (see Figure 1).

##### Figure 1: Engager Supervision



1. Team supervision had four functions: a) opportunities for their team to reflect on case-loads; b) offer constructive feedback; c) managing risk; and, d). developing the group dynamic.
2. MBA supervision was regarded as more effective when the supervisor is not part of the overall management of the intervention but is able to offer an objective view on the situation. The role of the MBA supervisor is crucial in enabling practitioners to mentalise on their experiences of delivering the intervention.
3. The meta-supervisor had overall responsibility for the delivery of the intervention. While meta-supervision should make space for any matters arising within practitioner teams, opportunities for structured sessions pertaining to core components of the intervention helped maintain a standard of delivery

We used a realist approach to help build, evaluate and refine supervision theory. This involved hypothesising on how causal mechanisms and contexts interact to produce outcomes.1,2 The realist programme theory sets out causal-pathways from how supervision resources trigger mechanisms that would: evoke behaviour changes, new ways of working, and enhance practitioner competences. The logic model developed a series of realist If/then statements to help us think pragmatically about how we might activate mechanisms to help us achieve desired outcome patterns to improve patient outcomes.3 For example:

***If*** *the practitioner has a good rapport with their supervisor;* ***then*** *the practitioner will feel safe to disclose things which aren’t going so well;* ***then*** *the supervisor offers an opportunity to explore thoughts, feelings and experiences;* ***then*** *the practitioner is supported to think analytically about cases; then the practitioner develops strategies to manage a difficult case;* ***then*** *the practitioner sees how they can advance their practice knowledge from supervision;* ***then*** *the practitioner actively prepares for sessions;* ***then*** *the practitioner gains confidence and tries new things;* ***then*** *the practitioner develops a good rapport with the participant;* ***then*** *the participant turns up to sessions.*

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