**Process Evaluation: Individual and organisational level barriers and facilitators to implementation**

As the main trial demonstrated a neutral finding, the aim of this additional analysis of the qualitative data from the process evaluation was to explore possible explanations for the neutral result and glean any additional learning that may have application to other studies with socially marginalised populations and/or those with mental health needs. A thematic analysis of collected qualitative sources is presented below. This data collection was conducted in parallel with the randomised control trial as part of the Process Evaluation. This analysis was conducted with the view to providing added context to the intervention delivery audit findings, and to establish the individual and organisational level barriers and facilitators to implementation, and aspects of the intervention and delivery that could be improved.

**Data sources**

1. Semi-structured interviews with Engager practitioners, supervisors and researchers

a. Practitioner one-off interviews (five practitioner and two supervisor interviews)

Individual semi-structured interviews with practitioners to ascertain delivery and understanding of the intervention

b. Practitioner away day/analysis day interviews (four practitioners)

This event took place in February 2018. Practitioners were interviewed at length and were asked provide examples of participants they had worked with and to highlight any barriers or facilitators to intervention delivery

c. Practitioner final questions (one supervisor and four practitioners)

Brief text responses to four questions to capture their view of the intervention at the end of project

d. Researcher one-off interviews (three researchers)

Individual semi-structured interviews with researchers to ascertain reflections on intervention delivery and their perception of participant experience

2. Ethnographic field notes recorded by the process evaluation researchers

The observations allowed capture of how key features of the intervention were delivered and how participants responded to the intervention. Observations were conducted at the following time points:

a. Practitioner away day/analysis (three observations)

b. Participant and practitioner session (six observations)

c. Meta supervision (seven observations)

d. Research team meeting (four observations)

e. Case management team meeting (five observations)

f. MBA supervision (two observations)

Thematic analysis was chosen as the most appropriate approach to data analysis. The analysis identified five distinct themes and corresponding subthemes. A brief overview of each theme is provided below. A more detailed account of emerging themes and data source examples are presented in Supplementary material 1.14.

**Theme 1 Perceived usefulness of Engager resources**

The Engager model was developed in line with two-step behaviour change theory, whereby the Engager manual, training and resources were designed to shape/change practitioner behaviour, to subsequently effect change in the participant. The delivery of the Engager intervention is therefore dependent on the quality of these elements.

a. Manual

Practitioners collectively agreed that the manual is a useful resource and reflected on continued use to aid clinical supervision. There was suggestion that there should be a short version developed for daily use, which could also be issued to practitioners prior to training. Suggestions were made to increase the detail of the manual in some areas, e.g. guidance on how to work with families; guidance on how to work flexibly. It was also suggested that a supervisor manual should also be developed.

b. Training

Training was well received and feedback was positive. Practitioners suggested improvements such as introducing regular ongoing training sessions and reasonable adjustment to suit alternative styles of learning. Practitioners and supervisors reflected on areas that should receive more coverage in training, most common was the suggestion that more information about the nature of clients, for practitioners who may be unfamiliar with the client group is required. Some practitioners expressed uncertainty around whether researchers should be in attendance during training.

c. MBA

Introduction of MBA training was later than originally planned due to the death of the MBA trainer. In spite of this, some practitioners felt as though they grasped and used these techniques appropriately, with some reflecting that these were techniques they already used in practice. However other practitioners described struggling to adopt the technique. This was supported by both supervisors. Researchers felt that MBA techniques were often not successfully used by practitioners.

d. Shared Understanding and Shared Action Plan

The diagrammatic and written shared understanding and shared action plan appears to have been under-used by most practitioners, as indicated by the silence in the data. When these processes were discussed, the comments were generally not supportive. It was felt to be awkward for practitioners to use and difficult for some participants to understand. The ideas and aims of the exercise were seen to have merit but a verbal, less formal version was suggested. The timing of completion may also have been better planned. Some felt the relationship-building phase whilst in prison was not the ideal time to undertake the shared understanding task.

**Theme 2 Inter- and Intra-team dynamics**

a. Team model (intra)

The team model, based on Engager theory and practical considerations, and funded by Excess Treatment Costs was for two full-time practitioners and one supervisor. The full team model was achieved concurrently across both sites in the early part of the trial and again for the last six months of intervention delivery. Both teams had major changes during the two years of delivery. Supervisors and practitioners described how practitioner turn over and sickness impacted delivery, and this resulted in gaps in service provision (e.g. due to delays in prison access and orientating self to community services). Across both sites, there were instances of difficult team dynamics in relation to both practitioner-practitioner and practitioner-supervisor relationships. These included concerns about varied working practices and different approaches to client risk assessment. This created tension within the teams which was suggested to have impacted delivery.

b. Supervision (intra)

On a practical level, the supervision/management structure models differed across site, with the management split across two organisations at one site. This caused tensions within the team and impacted intervention delivery, for example, line management making decisions about practitioner working hours without consulting the Engager supervisor. Practitioners shared experiences of positive clinical supervision and described how the development of supportive and trusting supervisory relationships aided decision making and subsequent intervention delivery. However, at both sites practitioners described feeling under-supported at times, and discomfort with the level of independent practice required.

c. External relationships (inter)

Delivering an intervention as part of a research trial was a novel experience for the practitioners and supervisors. All practitioners shared insights on how their relationship with researchers shaped delivery. This included positive experiences of feeling both valued and supported, but also negative experiences of feeling under scrutiny. Some practitioners commented on how they felt compared to researchers. For example, practitioners and researchers had different roles and responsibilities regarding participant contact, something which caused conflict. Researchers maintained contact to aid follow-up, but this degree of contact from practitioners may not have been possible or appropriate. Practitioners felt that participants were not fully aware of the difference between the two professional roles. Researchers described how they shared risk information with practitioners for safety reasons. Whilst this may have been important, it was reflected in ethnographic observations that this was perhaps a way of researchers ensuring practitioners were delivering as intended. This may well have fuelled the practitioner view that they were under constant scrutiny. There were also differences in how the researchers and practitioners viewed risk; this caused conflict across the Engager team with some Supervisors sometimes feeling undermined. Practitioners were also aware of these ‘competing agendas’ and some felt that risks were being taken for the sake of the research which would not ordinarily be taken place in practice outside of a research setting. [Note from RB as CI in response: The intervention was designed to work with a high risk group who would normally be excluded from IAPT due to risk of suicide, engagement in substance misuse. Stepping up to Community Mental Health Team care or Home Treatment team at times of risk was part of the protocol but never achieved. It is an important finding for other studies that despite this being designed as an intervention to fill a gap, being delivered as part of provider units’ governance structures, and being overseen by the sponsor, supervisors and practitioners at times felt nervous about practicing in a way that was outside of normal practice.]

Supervisors and practitioners also suggested that the Chief Investigator (CI)’s role within the supervision structure was perhaps a conflict of interests.[Note from CI: It is important to note that practitioners at times felt uncomfortable with the CI (along with AS as clinical lead) being involved in training ad meta-supervision, discerning a potential conflict of interest. A decision was made very early that the CI would support intervention delivery (and be independent of trial analysis) due to significant challenges of delivery and need for oversight. CIs may want to consider being independent of both delivery and trial analysis.] Meta-supervision was an opportunity for researchers and supervisors to meet and reflect on the Engager logic model and intervention delivery. Supervisors described how the purpose of each meta-supervision session was not always clear and suggestions were made on how to improve the process, for example, less focus on research and practical issues. [Note from RB in response: Meta supervision sessions while initially proposed to support supervisors consider adherence to model often ended up focussing on practical and emotional issues related to team functioning. Future studies may want to make explicit where such support should come from (e.g. ensure formal line managers are able to take this on).] It was evident from ethnographic observations that, at times, meta-supervision resulted in suggested changes to practice, for example the CI suggesting more intense work towards the end of the project due to the practitioners having more time. It is unclear the extent to which such decisions impacted on delivery. [Note from RB in response: Engager was a team based and flexible intervention with no set number of sessions and during several team ‘crises’, as meta-supervisors at times of increased workload or absense of practitioners, we advised reductions in input across the caseload to less than protocol intensity, and towards the end with a lower caseload a higher intensity input was encouraged.]

**Theme 3 Practitioner attributes and nature of the client group**

a. Practitioner attributes

The manual outlines ideal practitioner characteristics required to successfully deliver the intervention. Both practitioners and researchers felt that in many instances these characteristics were evident, particularly the ability to foster engagement and proactiveness. The data however, was dominated by discussion of how practitioners could improve their practice and subsequent delivery. Much of this focused on the background of the practitioners, for example, their experience of working with the client group and the extent to which their previous practice was psychologically informed. Both supervisors and researchers described how lack of experience in these areas limited practitioner ability to deliver the intervention, as did pre-existing negative attitudes towards the client group. It was, however, felt that the specialist background of one of the supervisors helped to aid practitioner understanding of participants and therefore subsequent intervention delivery. It was the consensus that any future implementation of the Engager intervention should involve recruitment of those from specialist professions, such as nursing or social work.

b. Nature of the client group

The nature of the client group impacted practitioner ability to deliver the intervention. Prison leavers are some of the most socially excluded and vulnerable members of society, who may have experienced trauma and may struggle to engage or trust practitioners. This impacted on delivery as at times the living situation of some participants was uncertain. They were difficult to get hold of and would not always turn up to appointments. Likewise, there were times when participants were considered too ‘high risk’ to receive Engager support, or arrived to sessions under the influence of illicit substances. Practitioners and supervisors described the need for persistence with this client group as many were not able/ready to admit that they needed help or had a lack of trust in services, often due to negative previous experiences. Client ‘burnout’ was described and it was suggested that perhaps the intervention is best delivered to those who are at the ‘right’ stage of their criminal pathway.

**Theme 4 Culture and nature of setting PRISON**

Practitioners and researchers described both cultural and physical factors which impacted on intervention delivery within the prison setting. These included the physical barriers to delivery and also the impact of an individual’s release date in relation their intervention start date, subsequent to their randomisation date (both a short and long lag between randomisation and release date were deemed to impact intervention delivery). This also included instances of unexpectedly delayed participant release, and inter-prison transfer of participants prior to release, sometimes to areas outside of the project geographical boundary.

Practitioners described the positive work they were able to do with an individual if given enough time to build trust and rapport. Many practitioners described the practical nature of the intervention prior to release, which included liaison with housing services and third sector organisations. The overall impression was that practitioners did not view the prison environment/period of the intervention to be a suitable time to deliver the more therapeutic elements of the intervention. Any discussion of therapeutic practice focused on participants’ feelings towards their release. It was clear that not having the time to build this relationship had a knock-on effect on community intervention delivery.

**Theme 5 Culture and nature of the setting COMMUNITY**

Practitioners and researchers described both cultural and physical factors which impacted on intervention delivery within the community. One site did not have a community base and practitioners believed this impacted their practice. As mentioned above, practitioners expressed their frustration at not being able to deliver to those released to out of area addresses.

Participants were given the option to receive day release contact, but less than half agreed. Practitioners reflected that day release contact was a valuable opportunity to receive support to access other services. The overall impression was that those who received day release contact were more likely to engage in the community.

Practitioners also described that the community setting made it more likely that participants might not attend appointments, which subsequently limited delivery and the ability to have a formal intervention ending. Many practitioners also described how an individual’s engagement and needs changed once they had been released into the community. They reflected how the practitioner manual (Theme 1a) should take this into account and provide guidance on how to best manage this.