**Engager Team Model**

The Engager Intervention was delivered by one supervisor and two or three practitioners (at any one time) at each site. They could come from one team or, more commonly, made up of a range of professionals from several different teams and organisations.

***Northwest***

The supervisor recruited was a Registered Mental Health Nurse, Lead Nurse Specialist within an NHS forensic personality disorder service, who also provided an in-reach service into the prison. They were consistently employed for the duration of the study.

The practitioners were all from Imagine Independence, a charity based in Liverpool dedicated to helping people with mental and physical health issues live their lives as independently as possible. Over the course of the intervention there were five practitioners.

***Southwest***

The first supervisor in the SW was a High Intensity CBT therapist who was employed within an NHS Depression and Anxiety Service. The first supervisor left their post after 1 year and a second supervisor was employed. The second supervisor was a Senior Mental Health Practitioner who worked for the Liaison and Diversion / Street Triage Team.

There were two practitioners employed for the duration of the study. One was seconded was a Support Worker role at Hamoaze House to work on the study and a second was recruited directly to work on the study.

**Practitioner Characteristics**

Supervisors and practitioners come from a variety of teams but the key characteristics for the Engager team were:

* Flexibility
* Pro-activeness
* Ability to tolerate uncertainty
* Ability to build and repair relationships with hard-to-reach groups
* Willingness to adopt the principles of the Engager Intervention
* Ability to take the intervention to the participants and work to overcome distrust and other barriers to engagement
* Ability to focus on the needs and goals of participants
* Ability to work with and negotiate with prison and community organisations to focus on the needs and goals of participants
* Willing to work independently and as part of a team
* Willingness to work closely with the research team in developing the intervention

Practitioners had previous experience of working in the areas of mental health or hard to reach groups but had not been formally trained as therapists. But practitioners did have some experiences of therapeutic approaches (e.g., counselling, CBT, Solution Focused Therapy, Motivational Interviewing, Behavioural Activation) as well as an understanding of the complexities of social exclusion. Engager supervisors had experience of supervision and of using specific therapeutic approaches.

**Training**

There were four training sessions delivered over the course of the intervention.

November 2015 (Exeter), July 2016 (Manchester), Jan 2017 (Birmingham), Jun 2017 (Exeter). Training was attended by all practitioners, supervisors and some members of the research team.

**Supervision**

Supervision and case management consisted of the following:

**Weekly Clinical Supervision and case management (Engager practitioner)**

* Clinical supervision for the Engager practitioners was provided by the Engager supervisor.
* The focus was on helping guide and plan interventions, keep these on track, understand any barriers to progress, enhance therapeutic engagement and to encourage the supervisee to reflect on themselves, their practice, and their relationships with the participants.
* Explore dynamic issues that arose in the relationships between practitioners and participants.
* Individual discussion to ensure that the Shared Understanding adequately addressed the participant’s goals and that plans are achieved.
* Reflection on and recording of the application of the core components of the Engager intervention for each individual case using the core component checklist.

**Monthly Clinical Supervision (Engager supervisor)**

* Clinical supervision for Engager supervisors was provided by a senior member of their existing service/organisation with regular informal support from the research team.

**Monthly line management**

* Undertaken by the Engager practitioners’/supervisors’ existing line manager within their respective organisations.
* Any individual issues, be they performance related or support needs, were identified within this session and further input or support planned accordingly. Development or training needs or interests were discussed, and performance appraisal and review completed annually.

**Weekly case management team meeting**

* Case management took place weekly during the team meeting.
* This supervision included:
  + Time to further explore dynamic issues that arose in the relationships between practitioners and participants.
  + Ensuring that the Shared Understanding adequately addressed the participant’s goals and that plans were achieved.
  + Generating learning between team members and a consistent approach.
  + Managing the caseload to ensure that resources were optimally allocated.

**Mentalisation-Based Approach Supervision (every 4 – 6 weeks)**

* Provided by an expert in MBA external to the local Engager team by video conference.
* Supervision will focus on the application of the elements of the MBA toolkit in resolving issues raised by practitioners and supervisors.

**The Engager Practitioner Role**

The supervisor and practitioner would meet jointly with the individual on at least **two** occasions in prison and **once** in the community to engage with individuals and to develop and review the Shared Understanding. Practitioners would meet with individuals at least weekly in prison and in the community after release – according to their needs. Practitioners would actively review progress, assertively follow-up and liaise with others involved in the individual’s care and resettlement including families, peer mentors and other agencies and organisations identified in the development of the shared plan. Practitioners would plan, work towards and deliver a positive ending. With a minimum dose set at two prison sessions and eight community sessions.

Specifically in prison they would:

* Make contact and engage with prisoners referred between 4 to 16 weeks before their release date.
* Start to develop a Shared Understanding of the links between emotions, thoughts and behaviours.
* Consider needs, problems, strengths and resources available to develop personalised goals.
* Develop a Shared Action Plan focussing mostly on short-term goals/needs.
* Liaise with other services to meet their goals and support their release.

Specifically in the community they would:

* Meet and support participants on their release day.
* Develop engagement and trust to build on the Shared Understanding.
* Adapt the Shared Action Plan to evolving goals and circumstances.
* Work with participants for 8 to 16 weeks, according to their needs.
* Plan for and manage the end of the intervention and next steps

**Supervisor Responsibilities**

The supervisors led the Engager team in each site. They took responsibility for weekly case management meetings, attended by all – to review goals and barriers to completion and to manage the whole caseload. They provided weekly individual supervision for practitioners. The supervisors monitored adherence to the Engager model.