

## Research protocol

### Social Supervision Quality Framework (West London NHS Trust)

An exploratory project to identify and develop best practice in the social supervision of conditionally discharged restricted patients.

#### **Overarching approach: Appreciative Inquiry.**

Appreciative Inquiry (AI) was developed as a method of organisational evaluation that utilises a strengths-based approach. In contrast to standard organisational evaluation, AI requires a move from a problem orientation to an appreciative stance that involves exploring and actively seeking out what works well and what is being achieved within organisations ([Carter, 2006](#)). It invites us to start with questions around what we want to expand upon and grow. The guiding principles or assumptions inherent in this approach are articulated in the work of Doshier and Terry (1993):

- Appreciative – Understanding that in every human system lies strengths and resources that are key to its healthy development. To appreciate this is to acknowledge that every system and person is a resource.
- Applicable – Leads to generation of theoretical knowledge that can be used. Knowledge can be validated in action and presented in ways that make it accessible to those who need to use it.
- Proactive – Assists the community of participants to take an active role in guiding its own evolutionary transformation. Clear evaluation of what currently exists helps direct the course towards what can be. Thus, the role of the evaluator is both pragmatic and visionary.
- Collaborative – Enters the evaluator into a collaborative relationship with participants, contributing to the development of an appreciative learning culture.

The approach comprises four phases:

1. Appreciate - ‘What is...’ This stage involves identifying the best of what exists

2. Imagine - 'What might be...'. This stage encourages creative thinking about what could be.
3. Determine - 'What should be...'. This stage involves decisions about the most useful and realistic ways forward.
4. Create - 'What will be'....This stage focuses on applying the learning to practice.

Two process tools that contribute to the generative nature of AI are appreciative questioning and reframing. After defining the focus of an inquiry, the starting point of AI is asking—in interviews, surveys, and group work—powerful, positive questions that seek to define the “positive core” of a system. Then, through co-construction, AI focuses on imagining and designing the future (Avital, Boland, & Cooperrider, 2008; Bright & Cameron, 2009; Cooperrider & Avital, 2004; Thatchenkery, Cooperrider, & Avital, 2010). In workshops using an appreciative framework, dialogue focuses on eliciting stories of best practices. Stories are valuable as a way to develop rapport, trust and openness, place the person at the centre, develop a richer understanding of multiple realities, develop empathy, and promote reflection and learning (Drumm, 2013).

Appreciative inquiry is particularly suited to research developing health and social care practice that involves working with individuals or groups of people including staff and people that use services.

## **Fieldwork: Workshops, survey, and focus groups/individual in-depth interviews.**

The study will use a mixed methods approach to data gathering. The fieldwork for the project will be primarily qualitative in nature but will include some quantitative data collected through a survey. There will be three stages to the work. Stage 1 will be undertaken with patients, stage 2 with social supervisors, and stage 3 with people in the patients' social/care networks.

### **Qualitative research**

Themes that would be explored through the qualitative research will be co-constructed with research participants but will include:

- **The nature of social supervision** – what it looks and feels like/expectations?
- **Relationships** – what constitutes a 'good' relationship for social supervision and strategies for overcoming challenges.
- **Reintegration into the community** – what constitutes success?
- **Value of supervision in improving life opportunities and wellbeing** – eg: Education, Training and Employment (ETE); drug treatment; increased social capital; prosocial activities.
- **Good practice in risk assessment and management** eg: engagement with MAPPA
- **Good practice in responding to breaches of the conditions of conditional discharge and perceived increased risk**

As far as is possible and appropriate, for each cohort of participants, we would run one workshop, one focus group, and some individual interviews.

**Workshops:** These would be appreciative inquiry workshops that enable the participants to reach consensus on what good practice looks like in relation to different aspects of social supervision. These would focus on phases 1 and 2 of the AI approach: appreciating the best of existing practice and imagining what best practice could look like. There would be one half-day, in-person workshop for each cohort of participants (patients, practitioners, and carers/family).

**Focus groups:** These would enable deeper exploration and reflection on the ideas generated in the workshops. The focus groups would focus on phase 3 of the AI approach: determining what best practice should be based the ideas generated in the workshops with each of the cohort groups. As with the workshops, there would be one focus group for each cohort of participants. The participants could be those who had involvement in the original workshop and/or new participants. Ideally the focus groups would also be in-person but could be facilitated online.

**Individual interviews:** These would seek out stories and experiences of positive practice that can be analysed as case studies and models of best

practice. It is anticipated that participants in the individual interviews would be drawn from the original workshops and/or focus groups.

### **Survey/Questionnaire**

The survey will enable researchers to determine the extent to which findings from the qualitative elements of the research are shared among a broader cohort of participants. The survey will be informed by data that emerges from the initial workshops with each cohort of participants. The rationale for developing the survey after the initial workshops is to enable participant collaboration and consultation on the content and distribution of the survey. The questionnaire will be distributed initially in the West London NHS Trust, with the potential to extend this across London and/or nationally.

### **Recruitment of participants**

Participants would be recruited from Specialised Community Forensic Teams, initially in the West London NHS Trust. Any patients who are currently or have previously been subject to the requirements of social supervision would be eligible to participate. The researchers would provide information for participants about the research and would be available to discuss the project with potential participants. However, the Trust would need to act as ‘gatekeeper’ in making initial contact. Mechanisms for making initial contact with potential participants will be agreed with the Trusts involved in the study.

### **Equality, Diversity, Inclusion, and Belonging.**

The development of a meaningful study of experiences of social supervision is grounded in an understanding that people will come to social supervision with diverse experiences, including experiences of personal and structural oppression and discrimination based on gender identity, race, sexuality, ability, class, immigration status, and religion. The research will be intentional about seeking diversity in experiences from different backgrounds. Without a commitment to diversity, equity, inclusion, and belonging, the research process risks being exploitative, and will fail in its objectives. This research design is user-centred which demands a commitment to understanding how social supervision can respond to the needs of supervisees, supervisors and carers/family and involves them fully in the process. This involves developing outcomes that are important to the participants and ensuring that diverse interests are reflected in measures of success.

### **Research team and responsibilities**

Dr Madeline Petrillo, Principal Investigator	Project management; development of qualitative workshops; co-
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	development of survey; development of interview schedules for focus groups/individual interviews; data analysis; production of outputs throughout the project
Dr Jack Tomlin, Co-Investigator	Fieldwork support; data analysis; production of outputs throughout the project
Natalia Phillips, Co-Investigator	Co-development of survey; fieldwork support; data analysis; production of outputs in phase 1 of the project (and phase 2 if available)
Trainee Psychologists in West London Forensic Service	Fieldwork support
MSc student at University of Greenwich	Data analysis support
Service users, social supervisors, and carer groups	Fieldwork

## Outputs:

### By April 2023

- ‘Rapid Response Report’ outlining preliminary findings on best practice in social supervision based on initial workshop with patient participants.

### May 2023 - May 2024

- Quarterly updates and progress reports on research.
- Interim reports on findings from each element of the project (participant workshops/interviews and survey responses).

### By June 2024

- Report on findings from all participant groups on best practice in social supervision.
- Report on equalities practice with specific recommendations for enhancing equality, diversity and inclusion in social supervision.
- Academic articles and presentations at academic conferences disseminating the findings of the study to academic audiences.
- Co-produced creative outputs to support social supervision training for service users, practitioners, and carers. These might include short videos, animations, information leaflets etc.

## Workplan for phase 1: Sept 2022 - June 2023

	Sept-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Preparation & submission of ethics and IRAS applications										
Identify participants										
Recruit research support										
Workshop with service users (1)										
Workshop with practitioners (2)										
Workshop with carers (3)										
Analysis of workshop 1										
Analysis of workshop 2										
Analysis of workshop 3										
Provision of quarterly reports										
Provision of rapid response report										

## Proposed workplan for phase 2: July 2023-April 2024

	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Analysis of workshop 3										
Focus group with service users										
Focus group with practitioners										
Focus group with carers										
Individual interviews										
Analysis of focus group data										
Analysis of individual interviews										
Report writing										
Provision of quarterly reports										
Provision of final report										
Development of academic and creative outputs <sup>1</sup>										

## Costings Sept 2022-Jun 2023

<sup>1</sup> These will be funded through the University of Greenwich's internal funding sources.

<b>Social Supervision Quality Framework</b>				
<b>Staff</b>	<b>Time</b>	<b>Duration</b>	<b>Cost</b>	<b>Totals</b>
Madeline Petrillo	4 hours per week	8 months	£7,309.83	
Jack Tomlin	2 hours per week	8 months	£3,694.92	
Student Research Assistant	4 hours per week	8 weeks	£476.70	
<b>Total staff costs</b>				<b>£11,481.45</b>
<b>Other costs</b>				
Travel			£33.00	
Transcription			£187.20	
Encrypted USB			£65.00	<b>£285.20</b>
<b>Total for Sept-22 - Jun-23</b>				<b>£11,766.65</b>