An Evaluation of Reflective Practice Groups in Low Secure Forensic Services

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Acknowledgements

Introduction

Reflective Practice Groups (RPGs) facilitated in the NHS comprise of a group of clinical staff who regularly meet to engage in facilitator-assisted reflection within the confines of a purposeful group setting (Forensic Matrix Working Group [FWMG], 2018). RPGs promote 'reflection on-action,' wherein individuals make sense of a situation after it has occurred (Schon, 1983). The primary purpose of RPGs is to support staff awareness of their working relationships and strengthen clinical practice (FWMG, 2018). RPGs are also designed as containers that allow staff to process emotional responses to clinical work and support staff's own capacity to serve as a container for patient distress (Bion, 1962; FWMG, 2018). RPGs also have multiple "implicit" purposes such as increasing staff "empathy," "morale," and reducing "sickness and burnout" (FWMG, 2018, p. 12). The implicit purposes of RPGs are pertinent to consider in the context of the COVID-19 pandemic.

Service Context

This project was undertaken with staff from Low Secure Forensic Services in Leeds and York Partnership Foundation Trust (LYPFT). The service is comprised of twin inpatient sites: Clifton House (York) and the Newsam Centre (Leeds), which are each separately served by a community-based Forensic Outreach team. Each site comprises three inpatient wards: consisting of two male rehabilitation wards, two male assessment and treatment wards and two female mixed rehabilitation/assessment and treatment wards. RPGs are open-membership and are currently held in-person, on a fortnightly basis for inpatient teams. Monthly, online RPGs are facilitated for community-based

staff. RPGs were facilitated more frequently across the service during the first six months of the pandemic. During this time, RPGs were also facilitated by psychologists within their own team due to infection prevention measures. RPGs are typically facilitated by psychologists external to the team for which the group is being held. RPGs in the service require the attendance of three staff members to be facilitated. Data regarding the cancellation of RPGs in the service is currently shared with Clinical Governance. Staff recruited to this project are from a mixture of inpatient and community-based teams across the service.

Commissioning

This SEP was commissioned by Dr Hayley Lyon, a Senior Clinical Psychologist in Low Secure Forensic Services. The SEP was initially commissioned in July 2018 to study the impact of RPGs on clinical practice and/or working relationships. The scope of the project was broadened in 2020 in response to the pandemic. RPG facilitators within the service have anecdotally reported that the pandemic has influenced how attendees have made use of groups. The influence of the pandemic on staff experiences of RPGs will be additionally explored in this SEP.

Literature Review

The importance of reflective practice to healthcare professionals was affirmed by the release of a joint statement signed by all nine UK health and care regulators (Chief Executives of Statutory Regulators of Health and Care Professionals, 2019). RPGs are

generally facilitated by practitioner psychologists and form a key component of psychological provision within healthcare settings (Department of Health, 2007). The British Psychological Society (BPS) emphasised the importance of reflective practice during the pandemic and encouraged psychologists to capture the impact of the pandemic on clinical work (BPS, 2021).

There is a relatively small evidence base on the experience of RPGs in healthcare settings (FWMG, 2018). There is also notably limited quantitative research and controlled studies exploring the impact of RPGs on patient-related outcomes and/or ward dynamics due to the nature of confounding variables in complex healthcare systems (FWMG, 2018). A literature review identified the salient benefits of RPGs as improved team functioning, problem solving, and a greater ability to explore and manage emotions (FWMG, 2018). Common challenges to RPGS were identified as staff clinical demands and availability to attend, facilitator effectiveness, and the creation of a "safe space" (FWMG, 2018, p. 7). More recent research has generally affirmed this brief review of the evidence base. A 2019 mixed methods study identified competing demands and workload pressures as barriers to group attendance, whilst the benefits of RPGs were described as strengthened work relationships and the provision of dedicated "space and time" (Thomas & Isobel, 2019, p. 156).

To date, very few studies have been published on the experience of RPGs during the pandemic (Ayeni & Headon, 2021; Jordan et al., 2021). However, evidence is rapidly emerging on the impact of the pandemic on the NHS and social care. Burnout amongst

staff was recently described as reaching an "emergency level" (House of Commons Health and Social Care Committee [HSCC], 2021; Iacobucci, 2021, p. 1). Current staff burnout was described as "mental distance or negative feelings about the job" and "reduced professional effectiveness" (HSCC, 2021; Iacobucci, 2021, p. 1). The report promoted a collective strategy to reducing burnout that involves developing "systems and systemic solutions," rather than solely targeting "individual resilience" (HSCC, 2021; Iacobucci, 2021, p. 1). As a systemic intervention that also impacts individuals, attending to the impact of the pandemic on RPG experiences offers a valuable contribution to an emerging evidence base.

Aim and Objectives

The original aim of this SEP was to qualitatively evaluate RPGs in Low Secure Forensic Services from the perspective of staff attendees and non-attendees. However, the overarching aim and SEP design were amended in response to difficulties recruiting non-attendees to the project. The SEP aim was reframed to qualitatively evaluate experiences of RPGs in Low Secure Forensic Services from the perspective of attendees only. The following objectives were identified:

• Undertake semi-structured telephone interviews with RPG attendees to evaluate perspectives on RPGs in Low Secure Forensic Services.

• Explore whether staff attendance at RPGs has an impact on clinical practice and/or working relationships.

• Explore possible barriers to staff attending RPGs.

• Understand whether staff attitudes/experiences of RPGs have changed whilst working during the pandemic.

• Provide recommendations for future practice.

Method

Study Design

This SEP is a qualitative study into the experiences of staff who attend RPGs in Low Secure Forensic Services. Six participants completed an individual semi-structured telephone interview undertaken by the researcher between July-November 2021 (see Interview Schedule, Appendix A).

The original design aimed to recruit two participant groups: staff who had attended at least three RPGs whilst working in the service and staff who chose not to attend RPGs. No expressions of interest were received from the non-attendee group by July 2021. A focus group design was briefly considered to resolve ongoing recruitment difficulties. However, following discussion with the Commissioner, this method was deemed impractical due to the nature of ward demands and staff shift patterns. The SEP was subsequently redesigned to recruit only attendees to the project.

Recruitment

Convenience sampling was used to recruit participants. Recruitment emails were circulated across the service by the Commissioner on behalf of the researcher (Appendix B). The Participant Information Sheet (PIS) (Appendix C) and Consent Form (Appendix D) were circulated in conjunction with the initial recruitment email and the follow-up recruitment reminder email. The SEP was also promoted in team meetings across the service. Staff were asked to contact the researcher via the University of Leeds (UoL) email address provided to express their interest and arrange a suitable interview date.

An ethical amendment to the recruitment procedure was approved by UoL School of Medicine Research Ethics Committee (SoMREC) in July 2021 due to receiving no expressions of interest from the non-attendee group. The amendment allowed for psychologists in the service to directly remind staff who were known not to attend RPGs of the ongoing project recruitment. It was agreed that psychologists could approach members of this group on one occasion only and must emphasise that participation in the project is voluntary. No further expressions of interest were received from non-attendees by September 2021. An ethical amendment was subsequently granted to recruit only attendees to the study. The final inclusion criteria required that participants must have attended at least three RPGs whilst working in the service. Approval was granted for two further recruitment emails to be circulated to reflect the project redesign and attract staff participation.

Data Collection

All six telephone interviews lasted between 15-25 minutes and were audio recorded via Dictaphone. Demographic information was collected immediately prior to commencing the Interview Schedule (see Appendix E for Demographic Questionnaire). Recordings were immediately transferred to the secure UoL OneDrive following interview completion and deleted from the Dictaphone. Audio recordings were used by the researcher to check for accuracy and finalise the transcripts initially produced using the Dictate function on Microsoft Word via OneDrive.

Ethical Considerations

Ethical approval was received from the SoMREC on 14.06.21 (approval number: DClinREC 20-012). Approval was also received from the LYPFT Clinical Effectiveness Team. Three further ethical amendments were also approved throughout the project.

Consent

The UoL Verbal Informed Consent Protocol (Version 1.3) was followed during this SEP. The verbal consent process was captured via audio recording at the start of the telephone interview and transcribed accordingly. Participants were asked if they required the content of the PIS to be read aloud by the researcher prior to commencing the verbal consent process. Participants were free to decline to answer questions and stop the interview at any time. Participants were reminded that they could withdraw their data from the project up to two weeks after the interview date, without providing reason.

Confidentiality

Participants were reminded of confidentiality arrangements in relation to data handling and advised to avoid disclosing identifiable information prior to commencing the interview.

Risks

Participants were informed via the PIS and verbally at the start of the interview that taking part in the SEP was not anticipated to cause distress, although support could be accessed through the LYPFT Occupational Health Team if required.

Analysis

Braun and Clarke's (2006) guide to thematic analysis was used in this SEP (Figure 1). Thematic analysis supports the identification, in-depth analysis, and description of thematic patterns within a dataset to meet study aims and objectives (Braun & Clarke, 2006). Thematic analysis was deemed an appropriate method to meet this project's aim and objectives due its accessibility and adaptability to the dataset within the time constraints of the SEP (Nowell et al., 2017).

Figure 1

The phased approach to thematic analysis (Braun & Clarke, 2006, p. 87)

Data familiarisation was gained through transcribing interview recordings, reading, and re-reading the transcripts (Braun & Clarke, 2006). Initial codes were generated from the data, and overarching themes were identified to describe the codes and dataset (Braun & Clarke, 2006). To support internal homogeneity, themes were reviewed, and a thematic map was used to consider the validity of subthemes against each other to ensure that the data was meaningfully coherent (Patton, 1990; Braun & Clarke, 2006). Themes were also considered for external heterogeneity and reviewed to ensure that they were comparatively distinct (Patton, 1990; Braun & Clarke, 2006). Names and definitions for themes were then generated and data extracts were selected to illustrate the themes for the final report (Braun & Clarke, 2006).

Credibility

Following data analysis, peer review of the themes and subthemes was undertaken by a fellow Psychologist in Clinical Training (PICT) to support the credibility of project findings (Lincoln & Guba, 1985; Nowell et al., 2017). Overall, the PICT assessed that the coded data and corresponding themes were coherent and viable, although specific feedback was provided on two key areas. Firstly, the subtheme 'Reciprocal Ward Cover' was renamed from its original title 'Mutual Support'; the PICT commented that the original theme name did not accurately reflect the accompanying data and could potentially be misleading to the reader. Secondly, two participant quotes were identified as potential outliers from the corresponding data captured within the subthemes. Following an additional review of the coded data, the quotes ultimately

remained within the original subthemes. However, following the PICT's comments, the nuances identified within the data were accounted for in the introductory descriptions of the relevant themes within the report's 'Results' section.

Reflexivity

Data analysis occurred inductively in this project and was not driven by epistemological interests or substantial prior knowledge of the literature. However, it is acknowledged that a researcher's positioning may bias analysis (Braun & Clarke, 2006). Professionally, I have engaged in RPGs as a PICT and have found the groups a beneficial intervention. I selected this project due to my clinical interest in how others experience RPGs and ways in which they could be improved. There is an acknowledged risk that my professional experience may also bias data analysis. However, as a scientist-practitioner, I am keenly interested in understanding the barriers and potentially unhelpful experiences of RPGs.

Results

All participants described their gender as female and their ages ranged between 25-34 and 45-54 years. Five participants worked on a full-time basis and one participant worked part-time. All participants were registered professionals and worked as either an Occupational Therapist, Nurse, or Manager. Five out of six participants had attended RPGs in previous services. All participants had regularly attended RPGs throughout their time working in Low Secure Forensic Services.

Analysis identified six overarching themes and fifteen subthemes within six participant accounts. A thematic map is displayed below.

Figure 2

Thematic map of data themes and subthemes
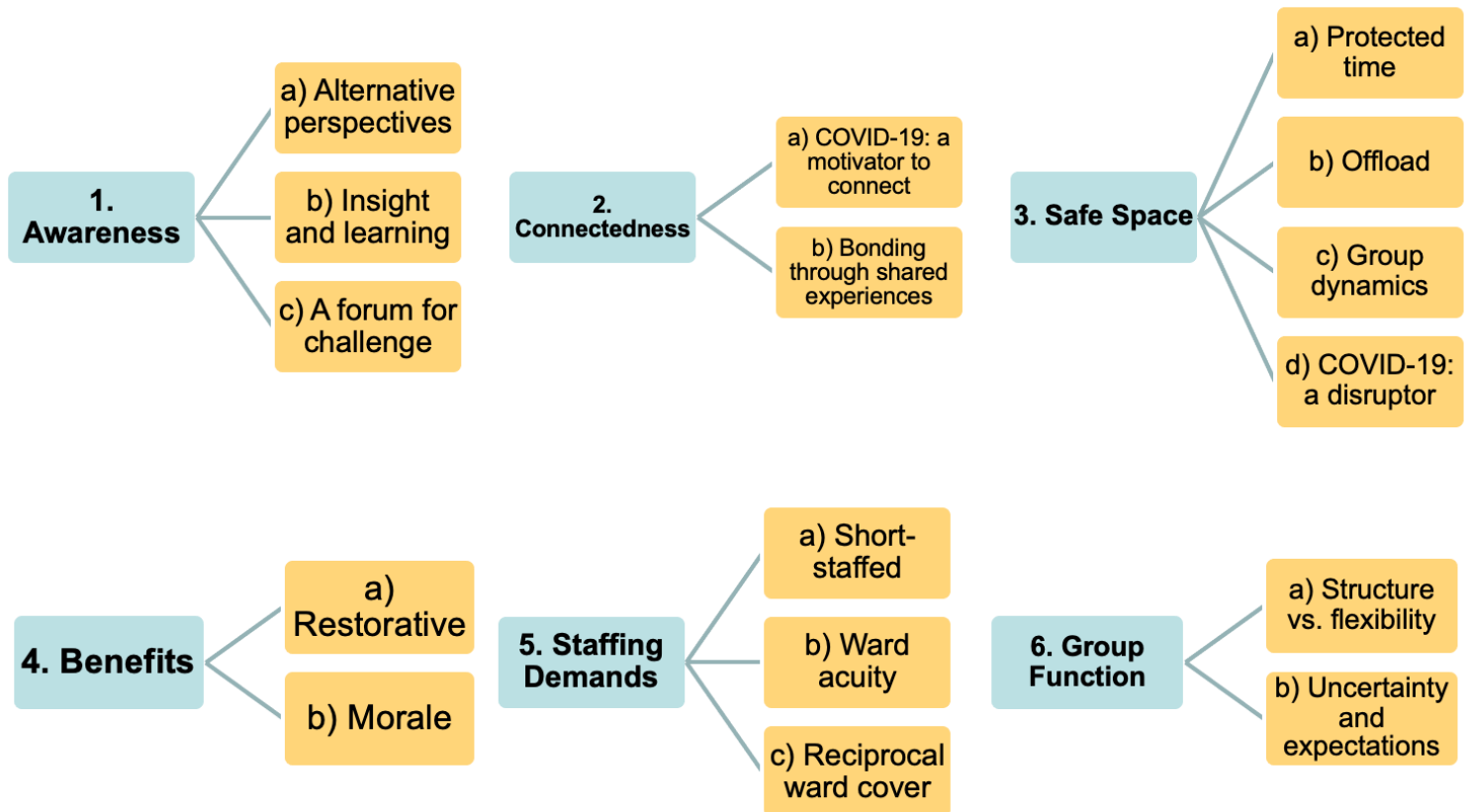
Theme 1: Awareness

RPGs were valued as they increased attendees' awareness and served as a space for *alternative perspectives* to be heard. One community attendee commented on the importance of hearing alternative perspectives due to working remotely throughout the pandemic. Ward staff also appreciated RPGs as an opportunity to hear alternative perspectives due to the day-to-day business of inpatient wards. However, one

participant highlighted a problem in accessing alternative perspectives. For some, RPGs

provided opportunities for *insight and learning* on ward dynamics and clinical matters

that benefitted practice, although one participant expressed dissatisfaction with groups

that focused specifically on problem-solving. RPGs were described by some as *a forum*

for challenge on clinical matters; this was generally experienced as positive and

productive.

Table 1

Illustrative participant quotations for Theme 1: Awareness

Subtheme	Illustrative participant quotation
1a) Alternative perspectives	"…it puts a check on what you're doing and especially in the pandemic because we're practicing so much more in isolation. I think that's been really, really important." (P3)
	"…just get a bit of an understanding about how everyone feels about it 'cause you don't often get time to sit down with people and...sort of talk about people's different perspectives on things erm in the day to day running of the ward it's quite busy." (P5)
	"…you know the RC and the ward manager tend not to come…and I think yeah that kind of does like limit the discussion a little bit..." (P4)
1b) Insight and learning	"…it definitely has influenced the way I work with certain patients, and I think I've got ideas from different staff members about interventions

or things that I could do with people that maybe I hadn't thought of myself." (P5)

"…it was a really good way to kind of take more of a passive approach and sit back and understand a bit more about ward dynamics and what's going on" (P5)

"…I think there's a tendency to try and sort of solve problem and come up with solutions at the end of it, but for me it's not necessarily about that because we've got other forums that we can use for that, it's just more sort of thinking emotionally about, about what we do and the impact that it has on us and, and using that to shape things moving forward." (P1)

1c) A forum for challenge	"…if it is things that challenge you know I mean that's the space in a way to put those issues and challenges you know kind of out there really and it does feel that you know the reflective practice groups that I've been to have been really supportive you know it does feel that a safe space has been kind of like created…" (P4) "…obviously it's a forensic environment so lots of people are quite risk averse. I think sometimes that's a bit of a point of contention, but I think it's a positive thing that we talk about that in reflective practice, and we have those discussions. Erm so whilst its challenging, I don't think it's unhelpful, I think it's helpful if that makes sense." (P5)

Theme 2: Connectedness

The pandemic was experienced by some as a *motivator to connect* to their colleagues. This was described as leading to a shift in the ways in which attendees interacted and used RPGs. RPGs were described as more valued due to the challenging impact of the pandemic. Participants also experienced RPGs as generating *bonding through shared experiences.* Attendees described identifying with and understanding their co-workers' experiences on a more affective level, which strengthened relationships.

Table 2

Illustrative participant quotations for Theme 2: Connectedness

Subtheme	Illustrative participant quotation
2a) COVID-19: a motivator to connect	"I don't know if it's because of the pandemic and also other things I think it has been...people have had a really tough time in the last year and I think maybe people value the group a little bit more erm, just because it does give you that opportunity to even just sit down for an hour to be honest...erm and yeah so maybe people value it a bit more because I think cause' things have been so tough people sort of value more the opportunity to talk about it." (P5)
	"…in terms of before the pandemic I'd sort of go in with the thought of oh let's discuss a certain patient or how we can manage that and then I think when the pandemic came and we started actually having that having the reflective practice groups to discuss our experiences during that I think that's what I've used them more for in the in the last sort of eighteen months or so." (P6)

	"There was almost this kind of like shared experience like I mean everything on the ward I suppose is shared but there was something like I suppose from that it was affecting our personal lives as well and yeah so maybe it kind of unified us a little bit, so the groups became a little bit more authentic, a bit more open and honest." (P4)
2b) Bonding through shared experiences	"…it bonds you even more as a team because if you, you know you're sharing vulnerabilities and concerns in those meetings and then I feel like it, it shows it...you know you're showing each other we're all human we all have these feelings we all experience this and I think it helps you then when you are dealing with things on the ward you're sort of aware of how each other are feeling about those, those experiences." (P6)
	"I guess hearing shared experiences, so realizing that you're not the only one feeling a certain way about things...erm brings people together as a team sort of talking about shared experiences." (P2)

Theme 3: Safe Space

The majority of participants described RPGs as a "safe space". Ward staff described RPGs as a safe space as they offered *protected time* away from the ward, which was felt to be crucial amid clinical pressures. One community attendee also valued the time provided within RPGs to engage with their colleagues due to the disparate nature of remote working during the pandemic. RPGs were also frequently referred to as a safe space as they served as an opportunity to *offload* thoughts and feelings that had not been shared

previously. However, one participant felt that the ability to offload was dependent upon the sense of trust between attendees.

Group dynamics in some RPGs were experienced as potentially threatening the sense of a safe space; this was thought to limit attendee contributions. Challenging group dynamics were described as leading to unease and uncertainty amongst some attendees. Stressors caused by the pandemic were identified as potentially contributing to this. The pandemic was experienced by some as *a disruptor* to the safe space offered in RPGs. For one community attendee, the transition to attending RPGs online has impacted their engagement. RPGs facilitated online were also experienced as complicating interactions between attendees.

Table 3

Illustrative participant quotations for Theme 3: Safe Space

Subtheme	Illustrative participant quotation
3a) Protected time	"it feels like a protected time so it feels like actually in that hour unless there was something really sort of major going on, on the ward you're in that group for that hour and it just feels like a really safe space to be able to then talk about your experiences without feeling like you're gonna' be cut off or brought to another brought away from it and things and not get chance to finish so I think that's one that's a bit of a safe space and protected time." (P6)

	"...there have been times when it's been helpful, there's been times when just because the team has been so busy and so stretched it it's been and because we've all been working remotely it is it is useful to see other people to have that space erm and sometimes it's just a safe space..." (P3)
3b) Offload	"...gives that time to offload any all that sort of all those all those thoughts that you maybe haven't had chance to get out in just off like ad hoc chats you have in the office... it's that really safe space where you can just go and just get everything out you need to really so I'd, I'd say I use it for that..." (P6)
	"...we've got the benefit of being able to be really honest with each other about a situation or the way we feel about a situation. I don't know if I would be if there was somebody completely new in the room...so maybe that speaks for itself...do you know what I mean. I think you've got to trust the people who you're working with who are part of that meeting yeah..." (P1)
3c) Group dynamics	"...if you've got someone with such a strong mindset or you know a strong character in a reflective practice group, they can sometimes be a little bit overpowering, and it can sometimes make some people in the group feel like they can't open up themselves." (P6)

"…some groups that I've attended have just been dominated by one person and I think in those kind of, those kind of er groups haven't been particularly helpful." (P2)

"…I think that's quite difficult because sometimes the other people in the meeting are sat feeling a bit like 'oh what do we do? Do we need to do we need to intervene? Do we need to say something?' But it's difficult because you understand it's their time to reflect too, but I think it can affect the running of the group a little bit and make things a little bit difficult at times…" (P6)

3d) COVID-19: a disruptor

"…especially in the pandemic I think you've naturally, you know, everyone had their own stress to deal with both at work and home and I think it's, you know, there have been times in meetings where I mean I know the most recent one erm there was quite a lot of interruptions and you know, one person will be trying to say something and the other person will be cutting them up…" (P6)

"…if you're under pressure and people are going well have you thought about this have you thought about that, why are you doing that, that it can feel like people are having a go or criticizing your practice. It isn't, it's people offering challenge erm and I think also on Zoom that's harder because you can't see the impact of what you're saying on somebody else as much so maybe you might phrase things differently in person." (P3)

Theme 4: Benefits

RPGs were described as providing a *restorative* experience as the groups encouraged participants to reassess the impact of their clinical work, which was described by some as positively impacting their practice. The restorative benefit was particularly valued in the context of working during the pandemic. RPGs were also described as generally having a positive impact on attendees' *morale*. However, the positive impact on morale was described as dependent upon the group content and attendee composition.

Table 4

Illustrative participant quotations for Theme 4: Benefits

Subtheme	Illustrative participant quotation
5a) Restorative	"…that makes you a better clinician because you've had that time to reflect on things and then you can come out with a fresh head, you might have got rid of all the stress of the morning or something that you had with someone." (P6)
	"…it's really valued because it makes us kind of reassess that we are doing things that are helping people, even in like things that we may think are quite insignificant. Erm and I think yeah, the facilitators really good at helping us recognise that, which I think again throughout COVID has been really important 'cause a lot of things have kind of been pushed aside or yeah things that had stopped happening because of COVID…you feel a bit err deflated about." (P5)

Subtheme	Illustrative participant quotation
5b) Morale	"I think you come out of it feeling so much more refreshed and like such a weight off your shoulders" (P6)
	"…having our facilitator there kind of makes us reflect on all the things we are doing well and kind of makes I think…a lot of the time we come out feeling a lot more positive about what we're doing as a team." (P5)
	"…sometimes you come out feeling worse about stuff...depends on what's been talked about and who's been there and things like that." (P2)

Theme 5: Staffing Demands

All participants working in inpatient settings identified being *short-staffed* as a barrier to attending RPGs. Short staffing has led to RPGs being cancelled, which has served as a further obstacle to attendance. The pandemic was identified as contributing to the impact of staffing demands on RPG attendance and facilitation. Participants also identified *ward acuity* as a barrier to attendance due to the clinical need for staff to remain present on the ward. However, participants frequently described instances where they provided *reciprocal ward cover* to free-up other colleagues to attend RPGs.

Table 5

Illustrative participant quotations for Theme 5: Staffing demands

Subtheme	Illustrative participant quotation

5a) Short-staffed	"…our use of bank and agency staff has really gone up over the pandemic. So obviously I think three people...they don't facilitate if it's less than three people… I think there's probably a few instances of that where it's just not gone ahead." (P5)
	"…just ward demands if there's ever just not been not enough staff on the ward I've had to stay on there." (P6)
5b) Ward acuity	"…we've been very acutely busy on the ward, when we've had acutely unwell patients and people can't be released from the ward." (P2)
	"…some of the healthcare support workers erm maybe struggle a little bit more with that, especially when the wards unsettled, and you need people in communal areas. I think in the last reflective practice we had we had an incident that everyone had to attend to sort of once the meeting had started, so we probably lost out on about half of the session." (P5)
5c): Reciprocal ward cover	"…I've covered the ward myself as well so other people could attend instead..." (P2)
	"…our wards quite good at making sure erm regular members of staff can attend..." (P5)

Theme 6: Group Function

The function of RPGs was described as a potential attendance barrier. The tension between *structure versus flexibility* in RPGs was highlighted as a subtheme. Some attendees expressed a preference for groups to be clearly structured to support discussions. However, one participant appreciated the flexibility of RPGs with regards to who attended and the content that was discussed. *Uncertainty and expectations* of RPGs was also identified as a potential attendance barrier. Uncertainty around the group purpose and utility was thought to be potentially common amongst non-attendees. Clarifying expectations of RPGs was viewed as important to overcoming uncertainty as a barrier.

Table 6

Illustrative participant quotations for Theme 6: Group Function

Subtheme	Illustrative participant quotation
6a) Subtheme: Structure vs. flexibility	"…I prefer a more structured erm approach…a more coming from the facilitator just to help sort of keep a bit of focus." (P1)
	"…I like the flexibility of them of you know not having a set topic and, and it can depend on who's there at the time as to what you discuss." (P6)
6b) Subtheme: Uncertainty and expectations	"…it doesn't suit everyone's character to go to a meeting like that so I know some people might just you know you've heard 'Oh well no

there's no point in that I can, I can moan whenever I want' or something and they maybe don't get as much use out of the function of the meeting as others." (P6)

"…your expectations need to be important when you're going into a reflective practice session that you know it's not all going to be solved when you come out of the hour of the session, do you know I mean? I think maybe understanding what the sessions for in the first place is really important..." (P1)

Discussion

This SEP originally aimed to explore RPG experiences from the perspective of attendees and non-attendees. This initial aim was not fulfilled due to difficulties recruiting non-attendees to the project. The overarching aim was reframed to qualitatively evaluate experiences of RPGs in Low Secure Forensic Services from the perspective of attendees. This aim was informed by four study objectives (presented in 'Aim and Objectives' section), each of which will be discussed consecutively in the context of study findings and the broader literature.

Clinical Practice

Exploring the impact of RPGs on clinical practice served as a project objective as improved service user outcomes are a primary purpose of RPGs (FWMG, 2018). Staff described RPGs as influencing their practice due to the awareness gained through hearing alternative perspectives, acquiring learning and insight, and engaging in clinical

challenge. This suggests that despite RPGs not serving an explicit educational function; RPGs can present a vehicle for peer learning that is embraced by attendees and applied in practice. A focus group of nurses in a separate study also identified a positive impact on clinical practice, although this was particularly discussed with reference to sharing and processing thoughts and feelings towards clinical work in RPGs (Dawber, 2013). The beneficial impact of RPGs on clinical practice in the current study was largely discussed with reference to participants lacking space and time to discuss alternative perspectives in the context of busy schedules. In line with a previous study, the impact of RPGs on clinical practice appears to be intimately tied to attendees' limited access to time during shifts to collectively interact (Thomas & Isobel, 2019).

The absence of some professionals in RPGs was described as narrowing the diversity of perspectives and a preference was expressed for senior staff to attend groups to support clinical practice. This sits in contrast to a recent review of SEPs evaluating RPGs and Supervision Groups (SGs), which revealed that the presence of senior staff in groups restricted conversation (Burnett, 2020). This raises an avenue for further exploration around how the presence of senior staff (or lack thereof) impacts attendee experiences of RPGs and the potential influence on clinical practice.

Working Relationships

This SEP explored the impact of RPGs on working relationships in line with an intended RPG outcome of increasing staff awareness of organisational and team dynamics (FWMG, 2018). Participants generally experienced RPGs as a "safe space" that enabled

attendees to "offload" thoughts and feelings; this fostered team bonding through the recognition of shared experiences. This finding fits with a review of previous SEPs which similarly identified relational outcomes such as "reciprocity" and "shared experiences" as salient experiences of RPGs and SGs (Burnett, 2020, p. 22). The wider literature also highlights the positive impact of RPGs on team building, team cohesion and mutuality (Dawber, 2013b; Thomas & Isobel, 2019).

There is also known potential for conflict during RPGs due to the emotive nature of material discussed (FWMG, 2018). Participants described some RPGs as unhelpful due to their perception of others dominating groups, which was described as causing unease and potentially limiting the willingness of others to contribute. The impact of such dynamics on working relationships outside of RPGs was not discussed by participants, nor explicitly explored by the researcher. Further research on the nature of these experiences would extend knowledge on how working relationships are experienced outside the confines of RPGs.

In the context of high rates of staff burnout both prior to and during the pandemic, the current findings suggest that participants value RPGs as an intervention that generates team bonding to help manage the emotive and challenging aspects of their jobs. However, as only attendees were recruited to this SEP, the reciprocal impact of RPGs on working relationships from the perspective of both non-attendees and staff who did not take part in the study remains unaccounted for. This presents a known bias when exploring the extent to which RPGs have an impact on working relationships. The finding

that RPGs have fostered team bonding for some attendees raises further questions as to how such positive processes may impact those who are either unable to or choose not to attend groups. It is pertinent for future research to attend to this evidence gap.

RPGs and the Pandemic

Experiences of RPGs during the pandemic were mostly described as leading to a shift in how groups were used. Only one participant reported that the pandemic did not impact how they used RPGs. Participants generally described using RPGs more to discuss the impact of the pandemic on staff, both personally and professionally. RPGs were particularly valued as an opportunity to connect with colleagues amidst remote working for community staff and staffing pressures for ward staff. Minimal research has been undertaken on RPGs during the pandemic, although one published study revealed that online RPGs were experienced by medical students as a "support system" that fostered "solidarity" during the pandemic (Jordan et al., 2021, para. 4). A pilot study of RPGs for junior doctors similarly found that groups reinforced a "sense of collectiveness and group belonging" whilst working in critical care during the pandemic (Ayeni & Headon, 2021, para. 4).

Pre-pandemic literature also suggests that RPGs are historically valued due to the opportunity for connection. However, the unprecedented impact of the pandemic on staff with regards to remote working and staffing pressures appears to have strengthened the bonding experience of RPGs for most participants. This finding is further validated by the characteristics of SEP participants who reported that they had

attended RPGs for a notable length of time both in the current service and in prior services. Overall, the findings suggest that RPGs were valued even more by attendees during the pandemic as the groups were able to disrupt the disconnection experienced through remote working, short-staffing, and acute clinical demands.

Barriers

As participants were all RPG attendees, the generalisability of findings on attendance barriers is restricted. Staff shortages and ward acuity were identified as salient barriers. These themes are congruent with the prevailing attendance barriers identified in the literature, such as clinical demands, workload pressures and staff availability (FMWG, 2018; Thomas & Isobel, 2019). Significant staff shortages in the NHS predated the pandemic, although staff shortages have recently been identified as the largest contributor to current staff burnout across the NHS (HSCC, 2021; Iacobucci, 2021). Whilst this is an acknowledged problem, the impact of staffing demands on RPGs in the current service is important to consider. Staff who regularly attend RPGs described having to miss groups either to provide cover for other staff to attend or due to groups being cancelled. This is particularly problematic considering the reported experience of RPGs as a space to offload feelings and generate team bonding. Maintaining full provision of RPGs is arguably more crucial to the effective delivery of services in the current context of significant staff shortages and high burnout.

The function of RPGs was also identified as a potential barrier. Participants had conflicting views on whether they preferred RPGs to have structure or flexibility.

Potential ambiguity around the design and function of RPGs was thought to be a barrier for some as it contributed to a sense of uncertainty over the group function and led to potentially unclear expectations. A similar subtheme was also identified in a recent review of SEPs that evaluated Indirect Psychological Input (Burnett, 2020). Whilst RPGs are generally facilitated by practitioner psychologists and/or psychological therapists, other professional groups may benefit from a more structured approach to RPGs that provides greater certainty over the purpose and nature of group discussions.

Limitations

The selection bias inherent in convenience sampling should be noted. All participants were self-selected and had consistently attended RPGs whilst working in the service. Participants may therefore be more likely to positively discuss RPGs. The broader clinical staff group is also poorly represented. All participants were registered professionals, therefore the experiences of unregistered clinical staff, such as Health Care Support Workers, are not captured. The generalisability of findings to other RPG attendees across the service is limited. The use of an online anonymous survey method may have served as a more rapidly accessible method for staff who have limited time to engage in a study. This may have also diversified participant characteristics and increased participation from both attendees and non-attendees alike. Additionally, the incorporation of quantitative evidence would have been a valuable addition to the evidence base (FWMG, 2018). This SEP also does not specifically explore how RPGs are experienced by staff from minority ethnic backgrounds. This is a key limitation as a recent report found that staff from minority ethnic backgrounds were

"disproportionately" impacted by the pandemic (HSCC, 2021; Iacobucci, 2021, p. 1). This presents a need for future investigation.

This SEP originally aimed to explore the RPG experiences of non-attendees. This was in line with a recent SEP recommendation and review of research which found that the RPG evidence base was comprised of largely positive findings (FWMG, 2018; Burnett, 2020). Difficulties in recruiting non-attendees were discussed with the Commissioner. The size of the participant pool for non-attendees across the service is notably smaller, therefore recruitment potential was reduced. Issues such as working on a night shift rota may have also limited participation. Staffing-related issues and the ongoing impact of the pandemic were also surmised to have impacted recruitment.

Strengths

Six participants were recruited to this project; this sample size can be deemed acceptable in light of recruitment difficulties and the pragmatic challenges of the SEP (Sim et al., 2018; Tracy, 2020). The individual approach to data collection was also deemed appropriate for the project aim and objectives as it limited the potential risk of social desirability bias in responses. Such bias may have prevailed in a focus group method, particularly when discussing the personal and interpersonal aspects of RPGs. The telephone interview method was also considered appropriate for this SEP due to its practical accessibility for staff who may not have access to a work computer. This SEP provides a valuable contribution to the limited evidence base on the wider experiences of RPGs, and the specific experiences of RPGs during the pandemic.

Conclusion

RPGs in Low Secure Forensic Services have had some impact on attendees' clinical practice and working relationships. RPGs have generally been more valued due to the challenges of the pandemic. RPGs were described as broadening participants' awareness, offering protected time and a safe space, and generating team bonding in the context of a greater drive for connectedness during the pandemic. Whilst the benefits of RPGs were described as restorative in nature and had some impact on staff morale, challenges such as group dynamics, staff shortages, and ward acuity disrupted this. The pandemic was cited as contributing to such challenges. Uncertainty and contrasting perspectives on the structure of RPGs were also identified as potential attendance and engagement barriers. Despite the acknowledged limitations, this SEP provides a valuable insight into the experiences of RPGs across both community and inpatient teams in Low Secure Forensic Services. Recommendations are provided for the development of RPGs in the service amidst the ongoing pandemic, and beyond.

Recommendations

- RPGs should continue to be facilitated during shift handovers while there is double staffing to support attendance.
- The benefits of an MDT presence at RPGs could be communicated across the service and discussed with professional groups in the service (possibly through specific professional group meetings if facilitated). Barriers to the attendance of

specific professions who wish to attend could be explored and remedied by team managers.

- Facilitators could consistently allocate time at the beginning of RPGs to remind attendees of the purpose of RPGs. This is in line with a recommendation proposed in a previous SEP which suggested enhancing staff understanding of the purpose of Indirect Psychological Input (Burnett, 2020).

- Facilitators could be explicit with staff regarding the intention underpinning the structure and design of RPGs. This recommendation (along with the above recommendation) could be communicated by facilitators across the service in a variety of formats, such as during team meetings and in a simple poster format disseminated by email.

- Facilitators could consider delivering some RPGs in an alternative theoretical/practical model that holds some structure, such as the Intersubjective Model of Reflective Practice (Kurtz, 2020). This model was also adapted for the facilitation of RPGs during the pandemic through the Heads and Hearts model (Kurtz et al., 2020). Facilitators should seek feedback on this where possible.

- Idiographic service outcome measures could be developed to anonymously evaluate RPG experiences both qualitatively and quantitatively following staff attendance at sessions. Measures could be developed by Assistant Psychologists under the supervision of practitioner psychologists. Such measures would help elicit regular feedback on RPGs and identify areas for improvement. There is a notable absence of published outcome measures that evaluate RPGs to date.

- A future SEP should thoroughly explore alternative ways to capture the experiences of RPG non-attendees, such as via an online, anonymous survey method.

Dissemination

The report will be shared with Clinical Governance prior to circulating internally within Low Secure Forensic Services and amongst other Trust RPG facilitators. As per Trust requirements, this report will be shared with the Clinical Effectiveness Team along with a summary which can be disseminated to services users, carers, staff, and the public. A summary of the findings will be shared with the project participants by email as requested. This report will also be made accessible to the public via the UoL Doctorate in Clinical Psychology Extranet.

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Appendix A. Interview Schedule

Version 2.0

<u>'Attending' Group</u> - Interview Schedule

1. Introduce self and purpose of the interview

2. Read through the Consent Form and record verbal informed consent

3. Ask questions from 'Demographic Questionnaire (Attending) - v1.0'

- How long have you been attending RPGs in this service?

    Do you attend RPGs regularly? When was the last group that you attended?
- What impact has working during the COVID-19 pandemic had on your attendance at RPGs?

- What is attending the RPGs like for you?
- How do you use the group? (i.e. to discuss clients, to vent etc.)
- Has working during the COVID-19 pandemic changed the way that you make use of the RPGs?

- Have you found the group helpful? Could you describe why that is?
- Has attending the RPG influenced your clinical practice in anyway? If yes, can you say how?
- Has attending the RPG influenced your working relationships with colleagues in anyway? If yes, can you say how?
- Have you experienced times in the group that have been unhelpful or challenging? If yes, could you describe this?

- Has anything ever got in the way of you attending RPGs?
- What do you think gets in the way of your colleagues attending RPGs?
- Would you make any changes to the RPGs?

- Is there anything you think I have missed that would be helpful to mention about your experience of RPGs?
- Would you like a brief summary of the results of this project to be shared with you once completed?

Appendix B. Service Evaluation Project Recruitment Emails (final version)

1. Service Emails

a) Follow up recruitment invitation email

Re: Evaluating our service – please help!

Dear Team,

I hope this email reaches you all well.

I sent an email a few weeks ago regarding the evaluation of Reflective Practice Groups that I am undertaking in your service. **We have now changed the design of our project and are hoping to recruit more staff who attend Reflective Practice Groups to take part in the project so that we can hear your experiences.** If you can spare around 30 minutes to take part in a telephone interview and share your experiences, it would be greatly appreciated.

Reflective Practice Groups have been held in LYPFT Low Secure Forensic Services for a number of years in order to provide support for ward staff. We would like to understand the experiences of **staff members who attend the Reflective Practice Groups**.

- Please note that we are defining those who 'attend' the groups as staff members who have attended at least 3 Reflective Practice Groups whilst working in the service.

We would like to find out how Reflective Practice Groups (RPGs) are experienced by staff in your service. We hope to understand whether attending RPGs has an impact on clinical practice and/or working relationships. We also want to understand whether staff attitudes/experiences of RPGs have changed as a result of working during the COVID-19 pandemic and consider how the groups could be improved. **Understanding your experiences through this project is necessary to help develop your service.**

I am a Psychologist in Clinical Training on the Doctorate in Clinical Psychology at the University of Leeds. I hope to conduct these interviews between September and October 2021. **Interviews will take around 30 minutes to complete and will be held over the telephone.**

I have attached the project Participant Information Sheet and Consent Form for you to read through prior to taking part in the project. Please note that your verbal consent to take part in this project will be requested at the start of the telephone interview process and captured via audio recording.

If you would like to take part in the project, please contact me (Sophie Tulley) on umstu@leeds.ac.uk. A telephone interview slot will be arranged with you following this. Please note that participation in this project is voluntary.

Please note that if the participant recruitment target is reached, recruitment for the project may be paused or closed.

The information that you provide during this project will be anonymised and every effort will be made to ensure that participants cannot be identified. Psychologists who run the groups will not have access to the interview audio recordings in order to protect your anonymity.

The research has received ethical approval from the University of Leeds School of Medicine Research Ethics Committee (Approval date: 14.06.21 Approval number: DClinREC 20-012).

If you have any questions, please feel free to contact me on umstu@leeds.ac.uk.

Best wishes

Sophie Tulley
Psychologist in Clinical Training

Leeds Institute of Health Sciences
Faculty of Medicine and Health
Clinical Psychology
Level 10 Worsley Building,
University of Leeds,
Clarendon Way,
LS2 9NL

b) Follow up recruitment reminder email

Re: Evaluating our service – please help!

Dear Team,

I hope this email reaches you all well.

I sent an email a few weeks ago regarding the evaluation of Reflective Practice Groups (RPGs) that I am undertaking in your service. We have now changed the design of our project and are hoping to recruit more staff who attend RPGs to take part in the project so that we can hear your experiences. If you can spare around 30 minutes to take part in a telephone interview and share your experiences, it would be greatly appreciated.

I have attached the last email sent below for further details on the project. Please don't hesitate to contact me (Sophie Tulley) on umstu@leeds.ac.uk for further information.

If you would like to take part in the project, please contact me (Sophie Tulley) on umstu@leeds.ac.uk. A telephone interview slot will be arranged with you following this. Please note that participation in this project is voluntary.

Thank you in advance for you time.

Best wishes

Sophie Tulley
Psychologist in Clinical Training

Leeds Institute of Health Sciences
Faculty of Medicine and Health
Clinical Psychology
Level 10 Worsley Building,
University of Leeds,
Clarendon Way,
LS2 9NL

Supervised by Dr Ciara Masterson

c) Project closing email – to be sent if recruitment target met

Re: Evaluating our service – project closing!

Dear Team,

I hope this email reaches you all well.

As you may be aware, I have been undertaking an evaluation of staff experiences of Reflective Practice Groups in your service. We have been recruiting staff to take part in the project so that we can hear your experiences and understand how the groups could be improved.

Due to the high levels of interest and participation amongst staff, project recruitment is now closed. I wanted to take this opportunity to thank those of you who have given up your time to take part in the project and share your experiences. This has been greatly appreciated.

Thank once again for you time.

Best wishes

Sophie Tulley
Psychologist in Clinical Training

Leeds Institute of Health Sciences
Faculty of Medicine and Health
Clinical Psychology
Level 10 Worsley Building,
University of Leeds,
Clarendon Way,
LS2 9NL

Supervised by Dr Ciara Masterson

e) Project closing email

Re: Evaluating our service – project closing!

Dear Team,

I hope this email reaches you all well.

As you may be aware, I have been undertaking an evaluation of staff experiences of Reflective Practice Groups in your service. We have been recruiting staff to take part in the project so that we can hear your experiences and understand how the groups could be improved.

This project has now come to an end and I wanted to take this opportunity to thank those of you who have given up your time to take part in the project and share your experiences. This has been greatly appreciated.

Thank once again for you time.

Best wishes

Sophie Tulley
Psychologist in Clinical Training

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Level 10 Worsley Building,
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Clarendon Way,
LS2 9NL

Supervised by Dr Ciara Masterson

2. Individual Staff Emails

a) Email prompt to staff members who do not confirm their interest in taking part in the study

Hello (staff member name),

I hope that this email reaches you well.

I am getting in touch to confirm that as I have not received a reply following your initial email, I will assume that you are no longer interested in taking part in the project. Thank you for the time you have taken to express your interest in the project.

If you are still interested in taking part in the project, please respond to this email to let me know.

Thank you once again for your time.

Best wishes

Sophie Tulley
Psychologist in Clinical Training

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LS2 9NL

Supervised by Dr Ciara Masterson

Appendix C. Participant Information Sheet (final version)

Version 4.0

Participant Information Sheet: An Evaluation of Reflective Practice Groups in Low Secure Forensic Services.

You are being invited to take part in a Service Evaluation Project. Before you decide to take part, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask the main researcher (Sophie Tulley) if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the project?

Reflective Practice Groups (RPGs) have been offered in Leeds & York Partnership Foundation Trust (LYPFT) Low Secure Forensic Services for a number of years.

This project will help us to understand what staff find useful or less useful about RPGs. This information will help us provide recommendations for how RPGs could be improved. We would also like to know whether staff attitudes/experiences of RPGs have changed as a result of working during the COVID-19 pandemic.

We will be conducting further telephone interviews between September – October 2021.

Why have I been chosen?

You have been chosen as you are currently employed by LYPFT Low Secure Forensic Services and **you will have attended more than 3 RPGs held in Low Secure Forensic Services.**

Do I have to take part?

It is up to you whether you decide to take part in the project. If you do decide to take part, you will be given this Participant Information Sheet and a Consent Form (for you to keep). If you choose to take part in this project, you will be asked to provide your verbal consent at the start of the recorded telephone interview process if you agree to the statements within the Consent Form.

You can choose not to answer any of the questions asked of you in the interview. You can withdraw from the project at any time once the interview has started and you do not have to give a reason. You can withdraw the entirety of your data up to two weeks after your interview date. This can be done by contacting the main researcher (Sophie Tulley). After this time, you cannot withdraw your responses as they will have been transcribed, anonymised, and analysis will have started.

What do I have to do?

You will be asked to take part in one interview held over the telephone with the main researcher during working hours. This project has been approved by Low Secure Forensic Services. The interviews will take around 30 minutes to complete.

The interview will ask about your experience of RPGs. Questions will be open-ended in order to hear about your views.

Once the interview has been completed, the responses will be transcribed, anonymised, and analysed alongside the other interviews undertaken to explore the themes that have been shared by participants.

What are the possible disadvantages and risks of taking part?

We anticipate that taking part in this study will not cause any distress. Participants will be given the chance to stop the interview should they become distressed. If participation in the study raises any issues for you that you would like to discuss with someone external to the research team, there are sources of support available, these can be located through the LYPFT Occupational Health team (email occupationalhealth.lypft@nhs.net).

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those taking part in the project, it is hoped that this project will give you the opportunity to share your opinion on how RPGs are experienced and how they could be improved to further support service user care and staff practice/wellbeing.

What will happen to my personal information?

All confidential electronic data obtained through audio recordings and interview transcriptions will be stored in accordance with the University of Leeds Information Protection Policy. Audio recordings will not be accessed by any other individual other than the main researcher (Sophie Tulley). Any identifying features of the interview content will be anonymised once transcribed by the researcher.

Emails received by the researcher from participants containing staff details will be deleted following the two-week period after telephone interviews have been completed. At the end of the interview, participants will be offered the opportunity to receive a summary of the project results. The contact details of participants who request a summary of the results will be securely stored until the project results have been shared.

At the point that the researcher completes the Doctorate in Clinical Psychology (DClinPsy), the electronic data obtained as part the project will be transferred to the DClinPsy programme in anticipation of the researcher's IT account being ceased upon programme completion. This data will be transferred via the methods permitted in the University of Leeds Information Protection Policy. The data will be stored in the secure DClinPsy programme area for three years after the end of data collection. Access to the data will be restricted to the minimum programme research and administrative staff.

Please note that if issues are raised regarding malpractice in the interview, these would be discussed with the manager of the Forensic Psychology Service.

Confidentiality agreements may need to be breached if information disclosed during the telephone interview indicates that staff and/or service users are at risk of harm.

Will I be recorded, and how will the recorded media be used?

The audio recording of your telephone interview will be transcribed, and the data will be analysed to meet the aims of the project. Anonymised quotes from your interview may be used in the written report and service evaluation presentation to illustrate the project findings.

The interviews will be audio recorded using a Dictaphone. The recordings will be immediately transferred onto the University of Leeds secure drive on the day of the interview. The audio recording file will be deleted from the secure drive following analysis of interview themes. The audio recordings will not be listened to by anyone but the main researcher to protect your identity. Field supervisors (who may know the interviewee in a work capacity) will only view written transcripts of the interview, at which point identifiable information will have been removed.

What will happen to the results of the research project?

The project will be written up into a report which will be distributed internally within LYPFT. The project report will be presented at a conference at the University of Leeds and a copy of the report will be available on the University of Leeds website. The report may also be adapted for publication in a potential research journal external to the University of Leeds. You will not be identified in any report or publication.

What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

Information regarding your experience of RPGs will be collected. This will include what you have found helpful/beneficial about RPGs, and what you have found less beneficial/helpful. At the start of the interview, you will be asked to share limited demographic information to provide context to the data, such as your length of time in service and how many RPGs you have attended.

Who is organising/ funding the research?

The service evaluation project has been organised by Dr Hayley Lyon (Clinical Psychologist, Low Forensic Service, LYPFT) and myself (Sophie Tulley), a Trainee Clinical Psychologist at the University of Leeds.

This Service Evaluation Project has received ethical approval from the University of Leeds School of Medicine Research Ethics Committee (Approval date: 14.06.21 Approval number: DClinREC 20-012).

Contact for further information

Sophie Tulley (Psychologist in Clinical Training)
umstu@leeds.ac.uk

Doctorate in Clinical Psychology
Leeds Institute of Health Sciences
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School of Medicine
Worsley Building – Level 10
Clarendon Way

Leeds
LS2 9NL

Supervised by Dr Ciara Masterson (Academic Tutor, University of Leeds)
c.masterson@leeds.ac.uk

Thank you for taking the time to read through this information.

Please read the Privacy Notice for Research that is provided alongside this Participant Information Sheet.

Further guidance is available at http://ris.leeds.ac.uk/involvingresearchparticipants and at https://dataprotection.leeds.ac.uk/information-for-researchers.

Appendix D. Consent Form

Version 3.0

NHS
Leeds and York Partnership
NHS Foundation Trust

UNIVERSITY OF LEEDS

Consent to take part in 'An Evaluation of Reflective Practice Groups in Low Secure Forensic Services'

The following statements will be read out to you by the Lead Researcher (Sophie Tulley) at the start of the telephone interview. You will be asked to give your verbal consent if you agree to each of the following statements. This process will be audio recorded.

I confirm that I have read and understand the Participant Information Sheet dated 20/09/21 explaining the above Service Evaluation Project and I have had the opportunity to ask questions about the project.
I understand that my participation in the project is voluntary and that I am free to withdraw at any time once the interview has started. I understand that I can withdraw from the project without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any question or questions, I am free to decline. I understand that I can withdraw the entirety of my data up to two weeks after my interview date, and that this can be done by contacting the main researcher (Sophie Tulley, umstu@leeds.ac.uk). After this time, I understand that I cannot withdraw my responses as the interview will have been transcribed, anonymised, and analysis will have started.
I give permission for the interview to be audio recorded and I understand that this recording will not be accessed by people who may recognise my voice.
I give permission for members of the project team to have access to my anonymised responses. I understand that my name will not be linked with the project materials, and I will not be identified or identifiable in the report or reports that result from the project.
I give my permission for anonymised quotes from my interview to be used in the written report and Service Evaluation Project presentation (required assessment components on the Doctorate in Clinical Psychology, University of Leeds).
I give permission for anonymised quotes to be used in any potential publication outside of the University of Leeds.
I understand that relevant sections of the data collected during the project may be looked at by individuals from the University of Leeds or from regulatory authorities where it is relevant to my taking part in this project. I give permission for these individuals to have access to my records from the project.

I agree to take part in the above Service Evaluation Project and will inform the Lead Researcher (Sophie Tulley) should my contact details change during the project and, if necessary, afterwards.

The audio recording of the verbal consent process will be securely stored in accordance with the University of Leeds Information Protection policy.

Appendix E. Demographic Questionnaire

Version 1.0

Demographic Questionnaire (Attending)

1. Age: 16-24yrs   25-34yrs   35-44yrs   45-54yrs   55+yrs

2. Gender:

3. Job role:

4. Employment status (e.g., full time, part time, bank, agency):

5. Length of time spent working in the service:

6. Length of time attending this particular RPG:

7. Number of RPGs attended in this service:

8. Did you attend RPGs offered in any previous services that you have worked in?