Service Evaluation Project: Exploring Staff Experiences of Formulation Processes in a Secure Children's Home

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Introduction

Background and Literature Review

Team Formulation

Formulation in clinical settings involves co-constructing a shared understanding of an individual's experiences, strengths and difficulties, through considering the influence of their relationships and life events, alongside the sense the individual has made of these (Johnstone, 2017). Traditionally, formulations are facilitated collaboratively in individual therapy sessions and are recommended within the Good Practice Guidelines published by the British Psychological Society (Division of Clinical Psychology, 2011). Interestingly, there has been a shift to also working psychologically with teams, leading to the development of team formulation (Johnstone, 2017). These meetings are commonly facilitated by clinical psychologists and form part of their role as stipulated by regulatory bodies for practitioner psychologists (Health and Care Professions Council, 2015).

Research broadly suggests that team formulation can increase empathy, enhance communication within teams, and improve team functioning, leading to greater staff satisfaction (Beardmore & Elford, 2016; Hollingworth & Johnstone, 2014). Summers (2006) reported that staff in a high dependency rehabilitation setting, felt more able to understand and address service user challenges after attending formulation meetings. This finding has been replicated by Whitton et al. (2016) indicating that formulation encourages generating collective ideas to support increasing psychological understanding of service users. Participants highlighted that formulation should represent speculative ideas and provide an opportunity to work creatively (Summers, 2006). Importantly, Summers (2006) acknowledged the potential influence of their prior interest in formulation on the results, but did not detail their connection to participants, which may have impacted participants' ability to give honest feedback.

Bealey et al. (2021) facilitated a thematic synthesis focusing on staff experiences of team formulations, whilst also evaluating the quality of the included studies. Overall, a whole team approach was valued, with a more diverse presence in meetings increasing the perceived effectiveness of team formulation. A barrier to this was an absence of protected time for staff to attend. The synthesis included nine studies from grey literature, thereby limiting the impact of publication bias, however, suggests the reach and accessibility of much of the research in this area is restricted (Bealey at al., 2021). The synthesis also incorporated

studies exploring the perspectives of psychologists facilitating the meetings whose viewpoints may be different to those participating in formulation.

More recently, McKeown et al. (2022) evaluated formulation developments within two secure children's homes in northern England and reported improvements in staff knowledge, motivation and confidence working with young people. The study utilised a quantitative design and recommended future evaluations use qualitative methods to further explore which aspects of formulation supported these improvements.

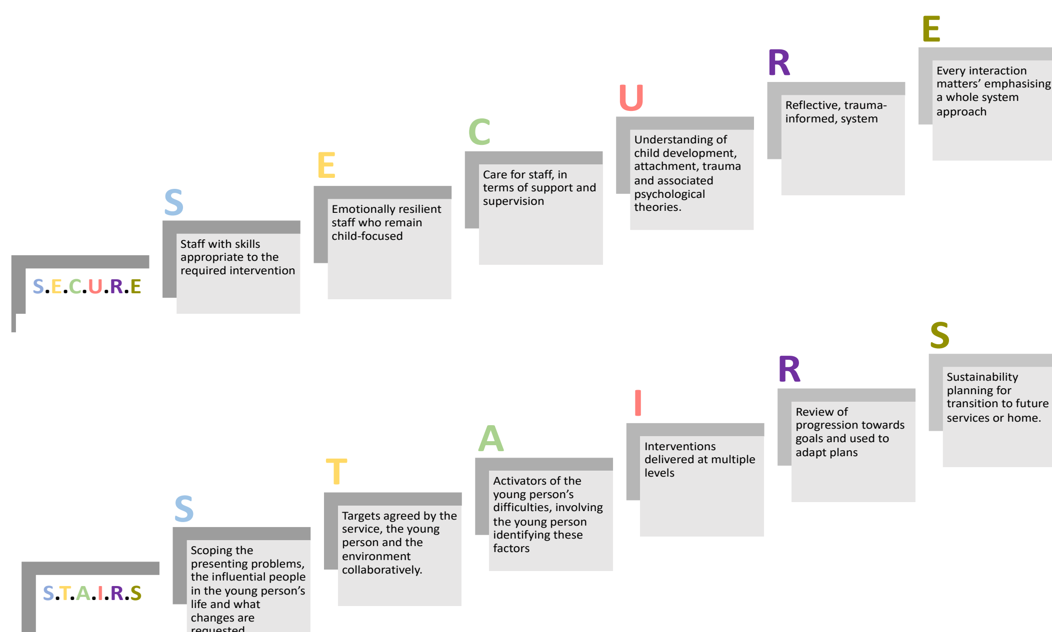
Secure Children's Homes

There are 14 secure children's homes located across England and Wales. These homes provide a range of services to support young people aged between 10 to 18, including healthcare, educational facilities and residential accommodation (Farooq et al., 2021). Provision within the homes is accommodated by either the Youth Custody Service (YCS) or the local authority. YCS provision relates to young people who have been remanded, sentenced or recalled to custody following a criminal offence (Martin et al., 2022). Local authority provision relates to young people detained due to a high level of welfare need, under provisions of the Children Act 1989.

Supporting Young People in Secure Children's Homes – SECURE STAIRS

Secure Stairs is an established framework, led by NHS England and is implemented within secure services for young people (NHS England, 2018). The framework involves an integrated, psychologically-informed and formulation-driven, approach to care. Young people in secure homes present with complex needs, often leading to interventions being facilitated with the individual, thereby locating their difficulties internally (Taylor et al., 2018). This contrasts to the Secure Stairs framework, in which the young person's environment and relationships are considered fundamental agents of sustainable change. The framework centres around a whole system approach, using team formulation to support this (Taylor et al., 2018). Secure stairs is also an acronym, which is displayed in Figure 1. 'Secure' details aspects of integrated care and 'Stairs' refers to the implementation of formulation.

Figure 1
The Secure Stairs Framework



The Service

Adel Beck Secure Children's home, located in northern England, has 24 beds, of which 14 are contracted to the YCS and 10 are available for local authority provision. The home consists of three mixed-gendered units, each with eight beds. The onsite team includes care staff, education staff, management staff, the Child and Adolescent Mental Health Services (CAMHS), as well as primary care and substance misuse workers. Care is primarily delivered by care and education staff, informed by the principles of Secure Stairs.

Team Formulation at Adel Beck

Team formulation at Adel Beck intends to make sense of each young person's experiences by drawing on a range of sources and professionals. Formulation meetings are facilitated by a clinical psychologist, usually within the first four weeks of a young person's stay. These are multidisciplinary meetings with attendance from both internal and external professionals. More recently, a second formulation meeting has taken place with care staff who work on the units and who are often unable to attend the first meeting. The formulation is shared with the team as a written working document, specific to the context of Adel Beck. The document includes one page of narrative detailing the young person's historical information and life experiences. The second page has sections on 'what is helpful', 'what does not help' and 'things that may help X to connect with other people'(see Appendix A).

Commissioning and Project Aims

This service evaluation project (SEP) was commissioned by Dr Sarah Sharkey (Principal Clinical Psychologist) and Dr Tom Matthews (Principal Clinical Psychologist) employed by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). Both work onsite at Adel Beck and together form one full-time post. The overarching aim of the SEP was to evaluate the usefulness of the formulation process at Adel Beck. More specifically, there were four aims which were developed collaboratively with the commissioners:

- How do staff at Adel Beck experience formulation meetings?
- How useful is the formulation process for staff?
- How well is the formulation disseminated and used clinically within the team?
- How could the process be developed?

Methodology

Design

A qualitative methodology was utilised, due to the project being a first exploration regarding the usefulness of formulation processes. Previous research recommends that initial evaluations of service provision should begin with qualitative methods, in order to identify areas of importance which may require follow-up using quantitative methods (Ford et al., 1997). An online survey was initially considered, however, this could become prescriptive, lack richness, and the flexibility to explore areas that may not be anticipated by the commissioners was important. Focus groups were therefore utilised due to their promotion of group discussion between participants, enabling in-depth data to be gathered and different perspectives to be represented (Nyumba et al., 2018). The process of sharing understanding and comparing viewpoints within focus groups can also support generating new insights, which individual interviews may overlook (Nyumba et al., 2018).

Participants and Recruitment

Participants were recruited using a poster, summarising the SEP, which was distributed displayed onsite at Adel Beck (see Appendix B). This process was supported by an Assistant Psychologist. Interested participants informed either the commissioners, the Assistant Psychologist or researcher via email or in person.

All participants were members of Adel Beck staff and all four focus groups were facilitated in person, onsite. The project aimed to recruit six to eight participants per focus group as recommended in the literature, although previous studies have reported useful outcomes with more and less participants (Fern, 1982; Krueger & Casey, 2000). Overall, the four focus groups consisted of 24 participants, including, five members of the leadership team, two programme development officers, two members of the care team, and 15 teachers and teaching assistants. Focus groups were profession-specific, as research suggests more homogenous groupings enable greater engagement in group discussions (Krueger, 1998). Due to the relatively small sample size in particular focus groups, individual demographic information will not be included, to maintain anonymity.

Data Collection

The focus groups took place between March-June 2022 and ranged in duration from 45-70 minutes. Three focus groups were facilitated in a group meeting room, separate from the units and the final focus group took place in the education department of Adel Beck. The researcher facilitated all focus groups and three were co-facilitated with an Assistant Psychologist. All focus groups were audio-recorded to support the analysis process.

Topic Guide

The focus groups centred around a topic guide, aligned with the aims of the evaluation (see Appendix C). Additional prompts were used when the researcher felt follow-up questions would generate further information or would aid conversation. The topic guide was semi-structured and the questions were reviewed by the commissioners to ensure they were interesting, accessible, and met the aims of the research. These criteria are recommended by Maietta and Hamilton (2018) who also highlight the importance of the opening of focus groups and recommend enabling participants to talk about something they know well, that is relevant to the research aims. This technique was utilised by beginning with asking a broad question about staff experiences of the formulation process.

Data Analysis

My epistemological stance of pragmatism sits between realism and positivism, recognising that there is a reality which exists and operates externally to our own ideas, however, it is interpreted through the lens of our values and experiences (Saunders et al.,

2012). Pragmatism prioritises answering the research aims using the most appropriate method, which led to utilising a qualitative methodology (Morgan, 2014).

Rapid qualitative analysis was used to analyse the data, as it is time-efficient, which is of value when the results are intended to inform service development, whilst still involving systematic engagement with the data (Hamilton, 2013). The approach is succinct, action-oriented and utilises a 'top-down' approach, by using a pre-defined framework to summarise results (Hamilton & Finley, 2019). Thematic analysis was initially considered, however this approach places value on the subjectivity of the researcher, through which interpretations of participants' experiences are made and requires creative, in-depth exploration of data (Braun & Clarke, 2021). The purpose of the current evaluation was to inform service recommendations in a timely manner within the context of a resource-limited NHS service and therefore rapid qualitative analysis was more aligned with the aims of this project.

Table 1 outlines the stages of rapid qualitative analysis.

Table 1

Stages of rapid qualitative analysis (Hamilton, 2013)

Stages of rapid qualitative analysis	**Description of stage**
1. Create relevant, neutral domain names	Each focus group topic guide question and the accompanying prompts were given a relevant, neutral domain name summarising their content. For example, 'What are your experiences of attending formulation meetings at Adel Beck?' was given the domain name 'formulation experiences.'
2. Develop a summary template to guide the transcription process	The summary template was formatted using the domain names as headings, in the order in which questions were asked, for ease of use. I also included an 'other observations' box at the end of the summary template to add important information that did not fit into the pre-defined domains. The summary template used in this study is included in Appendix D.
3. Conduct a 'trial run' using the summary template	A trial run was facilitated to assess the usability and usefulness of the summary template. This included establishing whether the domain names captured the data

	from the focus groups and this enabled me to add any domain names that were missing. As a result, I added a domain name titled 'alternative input.' The process of completing the summary template for the first focus group took approximately 70 minutes which aligns with the recommended completion time outlined by Hamilton (2013).
4. Use the summary template for each focus group to create a summary of each transcript	The summary template was then completed for the remaining three focus groups in order to analyse the data and summarise the transcripts whilst listening to the audio-recordings. This stage of analysis is minimally interpretative, alternatively focusing on noting the main areas of discussion, paraphrasing and summarising information, ensuring it was clear what was discussed in each focus group. At this stage, key quotes were included that provided meaning to the data. I also made note of domains for which there were minimal comments or an absence of comments and considered the reasons for this. Each summary template was approximately two pages in length.
5. Collate summaries into a summary matrix	Summaries from all four focus groups were then collated into the summary matrix for the whole sample, forming the results grid (see Appendix E).
6. Create themes using the matrix summary	The summary matrix was then used to generate themes and subthemes. Themes focused on service development, rather than the experiences of particular individuals within focus groups and consequently all four focus groups were combined. Pragmatism prioritises answering the research question and therefore encourages creative ways of analysis (Morgan, 2014). As a result, themes were developed to best support answering the aims of the evaluation. Some themes aligned with the domains, whereas others transcended across domains.

Credibility Check

In order to validate the quality of the analysis, the themes were discussed and reviewed with the commissioners of this project. The themes were also reviewed by a peer Trainee Clinical Psychologist who was independent to the project aims.

Ethical Considerations

Ethical approval was obtained from the University of Leeds School of Medicine Research Ethics Committee (Reference: DClinREC 21-005) and was granted on 9th March 2022 (see Appendix F). The SEP was also approved by the Service manager of Adel Beck.

Prior to the start of each focus group, all participants were given a written participant information sheet, outlining the aims of the SEP and any questions were answered (see Appendix G). Participants then completed and signed a written consent form (see Appendix H).

Before the focus group started, I explained my role as the facilitator, highlighting my independence from the Adel Beck service. I included a briefing of 'ground rules' relating to maintaining confidentiality and reiterating that responses will be anonymised in the written report. Participants were asked to be mindful of the views of others, as creating a safe and non-judgemental space is particularly important in focus groups where maintaining anonymity between group members is challenging (Sim & Waterfield, 2019). Participants were also made aware of their right to withdraw without any negative consequences, however, due to the nature of focus groups and difficulties removing individual data, responses provided within the discussion would remain anonymised in the analysis process.

Focus groups were audio recorded using an encrypted Dictaphone and were transferred to University of Leeds-One Drive to be stored and transcribed securely, before being deleted. All identifiable information was anonymised or removed during the analysis process.

Participants were discussing an aspect of service provision, therefore this topic was unlikely to cause emotional harm. However, the researcher remained alert to signs of distress and provided time after the focus group to answer any concerns.

Reflexivity

Reflexivity relates to considering my own position as a researcher and my relationship to the project aims and participants. In previous qualitative research, often

reflexivity is not evidenced, which impacts on its quality, due to the potential bias in responses (Bealey et al., 2021).

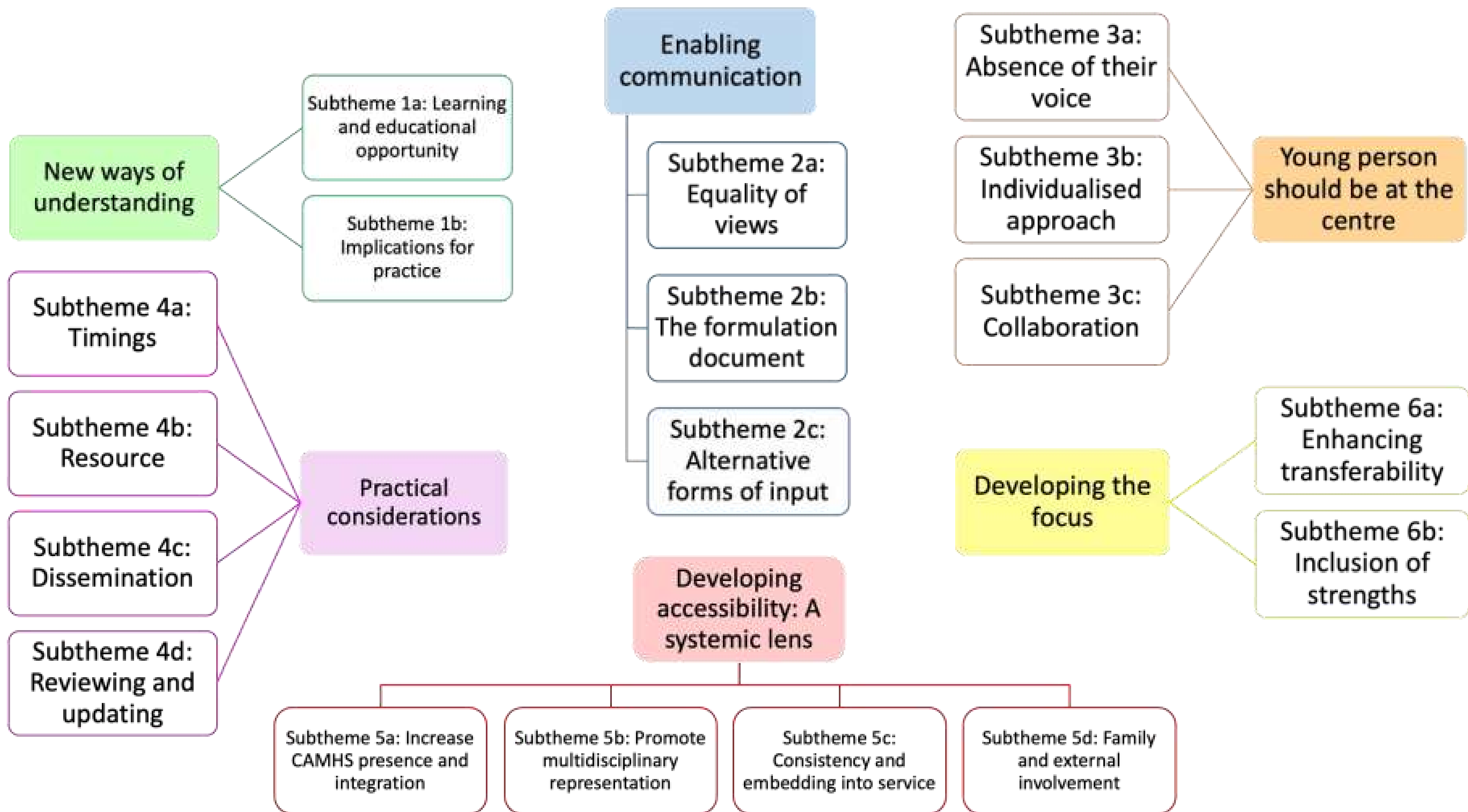
Importantly, I do not have previous experience of working in a secure children's home and had not visited Adel Beck prior to facilitating the evaluation. Therefore, I hopefully represented a neutral individual, enabling more honest reflections of staff experiences, thereby reducing the risk of bias in the results. However, I was drawn to this SEP due to recognising the value of utilising whole-system approaches to initiate change. I have identified services which focus predominantly on individual interventions and I feel this overlooks the impact of environmental and systemic factors. In my clinical practice, I regularly draw upon formulation principles and I have participated in team formulation meetings. Remaining aware of my views and position throughout the research process supported limiting its impact.

Results

Six overarching themes and a number of accompanying subthemes were developed from systematic engagement with the data and are presented in Figure 2.

Figure 2

Presentation of the themes and subthemes from all four focus groups.



Theme 1: New Ways of Understanding

All four focus groups discussed the value of the formulation process in supporting developing new ways of thinking and working with young people.

Subtheme 1a: Learning and Educational Opportunity

This subtheme highlights how formulation can provide staff with skills and strategies to promote engagement with young people and challenge their misconceptions. The formulation meeting also provides an opportunity for staff to learn from each other and share experiences of good practice.

"if I'm wondering why a behaviour is occurring I will check back to the formulation." (Focus Group 1)

"it gives an understanding of how to approach the young person, I have learnt strategies to help engage young people and conversations to avoid." (Focus Group 3)

Subtheme 1b: Implications for Practice

This subtheme encompasses how the formulation is used to guide the clinical practice of staff, informing how they work with young people and each other. The formulation process also supports increasing empathy, due to a greater understanding of the purpose of behaviour.

"I didn't realise young people know what happens when they get angry and this has helped me to interact with this young person." (Focus Group 4)

Theme 2: Enabling Communication

This theme captures a strength of the formulation process in relation to how the facilitation of the meeting and the document opens up different ways of communicating, and encourages the views of all attendees.

Subtheme 2a: Equality of Views

A key strength recognised in all four focus groups related to the facilitation of the formulation meeting, in which all views are valued and listened to. Participants agreed a safe space is developed, where honesty is encouraged.

"everyone has an equal voice in the process, everyone is valued, there is a conversational approach, which is helpful as different people pick up on different information." (Focus Group 2)

Subtheme 2b: The Formulation Document

The document was described as clear, concise and well-structured, with two focus groups commenting that the sections outlining what is helpful and what isn't helpful are particularly informative. Suggested improvements to the document include enlarging the font and altering the language of 'what is helpful' to 'what might be helpful.'

"the document is clear and most importantly accessible without jargon." (Focus Group 3)

Subtheme 2c: Alternative Forms of Input

This subtheme outlines that communication has been enhanced through enabling alternative ways of contributing to formulation, utilising emails, written input and phone calls, ensuring all those who wish to contribute can.

"We can input via email, or we can be sent draft versions of the formulation to add to." (Focus Group 4)

Theme 3: Young Person Should Be at the Centre

Participants in all four focus groups highlighted that the young person should be central to the formulation process and their involvement should be considered and maximised as much as possible.

Subtheme 3a: Absence of Their Voice

The first subtheme outlined that input from young people is currently lacking and they are not present within the formulation meeting. Therefore, there is a reliance on staff to accurately represent their views and perspectives.

"The equivalent is doing a staff appraisal without the staff present." (Focus Group 3)

"We need young people invested and involved, as it is their formulation that they need to know about."(Focus Group 1)

Subtheme 3b: Individualised Approach

This subtheme relates to prioritising the personalised needs of the young person when approaching involvement, particularly considering the impact of hearing potentially retraumatising content and whether the format of the meeting may be intimidating to attend.

"Some could attend the meeting, some could attend with their key worker present, some prefer to contribute indirectly." (Focus Group 2)

"Kids being involved is not just an ethical decision, but they know the things that work for them. Despite experiencing trauma they know what works for them, 'if I'm sad don't hug me.'" (Focus Group 1)

Subtheme 3c: Collaboration

All four focus groups suggested that parts of the formulation process could be facilitated jointly with the young person, for example, the 'what is helpful' aspect of the document. Similarly, one focus group suggested an adapted version of their story could be developed collaboratively and then shared at the meeting.

"We could sit with the young person and ask 'what helped you to come down in this moment and how can we avoid this happening again.'" (Focus Group 2)

"It needs to be shared with young people in a child-friendly way and adapted for them, we could complete an adapted version of their story together." (Focus Group 4)

Theme 4: Practical Considerations

All four focus groups outlined practical considerations relating to the formulation process.

Subtheme 4a: Timings

The timing of the formulation meeting was discussed in relation to the young person's stay, recognising the balance of knowing the young person well enough, whilst arranging the meeting promptly to begin implementing new approaches. This subtheme also encompasses ensuring staff are given sufficient notice about the formulation meetings, in order to be flexible with timetabling to prioritise attendance.

"the timing gives the opportunity for the young person to settle and come out of their shell, any sooner and we wouldn't have a grasp of the person." (Focus Group 2)

"They can be completed half way through a person's stay, which isn't ideal." (Focus Group 4)

"formulations need to be arranged in advance and be flexible with timings." (Focus Group 3)

Subtheme 4b: Resource

Participants referenced a lack of time in their job plans to read and implement the formulation. Two focus groups outlined the difficulties of arranging one formulation meeting where all views are represented due to staffing and resource issues.

"a barrier can be having enough time because of staff shortages to actually read and think about the formulation." (Focus Group 1)

Subtheme 4c: Dissemination

Staff expressed their preferences for a verbal presentation summarising the main points from the formulation meeting, delivered in person, in order to maximise attention,

retention and engagement. Three focus groups suggested formulation feedback slots within team meetings to enable this.

"More verbal and visual methods of presenting the formulation would work as we could ask questions and discuss important points." (Focus Group 2)

Subtheme 4d: Reviewing and Updating

Within the focus groups there was inconsistency regarding how often formulations should be updated with some suggesting regular reviews, whereas others recommended updates on a needs-led basis. All four focus groups referenced that formulation needs to be a live, relevant document.

"It should be a living document not a tick box exercise, it needs to be useful and updated." (Focus Group 4)

Theme 5: Developing Accessibility: A Systemic Lens

A key aspect of the focus groups was identifying ways the formulation process could become more accessible, particularly considering systemic factors, such as, broadening representation within the meeting and further embedding the process within the service.

Subtheme 5a: Increased CAMHS Presence and Integration

Participants discussed the benefits of CAMHS staff increasing their presence on the main units, to enable other professions to develop trusting relationships and in turn increase their contributions to the formulation process.

"We need someone to promote formulation and spend time here with us, so they are more accessible, can make more observations and then we can contribute and ask them questions." (Focus Group 4)

Subtheme 5b: Promote Multidisciplinary Representation

All focus groups valued diversity of attendance at formulation meetings to encourage different perspectives. Participants expressed that the attendance of key workers should be prioritised as they spend the most amount of time with young people.

"Care staff should be involved more, as they know the young people best, especially key workers, who interact with young people every day, as you won't get valuable information just sat opposite them." (Focus Group 1)

Subtheme 5c: Consistency and Embedding Into Service

Three of the four focus groups recognised a need for greater consistency in the delivery and maintenance of formulation, with opportunities to attend training about the rationale for formulation to enhance accessibility.

"There needs to be a consistent process of how formulation works and how it is done, that can be embedded across the service and we can all be skilled up on." (Focus Group 3)
"It is not yet well enough established to fully impact ways of working." (Focus Group 1)

Subtheme 5d: Family and External Involvement

Some participants mentioned that the formulation process is predominantly attended by professionals with limited input from family or services previously known to the young person, which limits the applicability of the formulation and prevents parents from utilising the recommended strategies.

"The membership of the meeting is too professional, I think there could be more people involved from their families, previous professionals who worked with the young person, we need wider membership." (Focus group 3)
"Sometimes I find myself playing the role of an advocate for the child, it would be good to have wider representation." (Focus Group 1)

Theme 6: Developing the Focus

All focus groups addressed that in order to increase the usefulness of the formulation process, the focus and scope needs expanding to develop its transferability and functionality.

Subtheme 6a: Enhancing Transferability

Participants broadly identified that the formulation process is specific to the environmental context of Adel Beck and is therefore not representative of other services. The formulation document would need adapting to enhance its transferability to future settings.

"Adel beck is not a realistic environment, they feel safe and secure here so people who see them outside will have different views and the same strategies may not transfer." (Focus Group 3)
"Formulation was developed as an in-house document for secure services, although it is now being shared with future providers and they value it, but I think it was meant to be an internal working document so it would need adapting." (Focus Group 2)

Subtheme 6b: Inclusion of Strengths

Two focus groups felt that the current formulation predominantly focused on incidents and triggers, and therefore the young person's strengths are rarely recognised. Participants outlined that including strengths may enhance engagement and therapeutic relationships.

"We need to be recognising and rewarding positive behaviour and updating when things are going well to reflect on why and what we can do more of. It would be good to share these techniques and write them up, rather than only reporting incidents." (Focus Group 4)

Discussion

The purpose of this SEP was to evaluate staff experiences of the usefulness of formulation processes at Adel Beck. Consistently, the value of formulation was highlighted, particularly in developing new ways of working with young people and enabling different perspectives to be communicated effectively. This aligns with previous research acknowledging that team formulation enables a broader and more in-depth understanding of servicer users, to guide interactions (Blee, 2015; Christofides et al., 2012). Importantly, participants highlighted that all views are equally valued, which has been outlined as a fundamental aspect of team formulation in previous research (Bealey et al., 2021).

Participants acknowledged that the young person should be central to the formulation process and increasing their involvement, through utilising an individualised approach, would enhance its usefulness. Research in this area is limited, however, McKeown et al. (2020) evaluated staff views of team formulation meetings where the young person was present, using a quantitative, pre-post design. Following the formulation, staff reported improvements in knowledge, confidence, motivation and understanding of the young person. Involvement of young people also underpins the Secure Stairs framework, recognising their contributions support creating ongoing change (Taylor et al., 2018). This theme further highlights the complexity of considering who the team formulation is for, with staff, the young person and their family potentially having distinct views regarding its purpose.

The practical considerations identified have been echoed in previous research, particularly the barrier of time to attend and contribute to formulation meetings (Bealey at al., 2021). This is likely to be impacted by the current NHS climate, where workloads are increasing, yet resource is depleting, with ongoing competing demands (Alderwick et al., 2015). Participants also expressed a need for more regular updates of the formulation document, to ensure it remains relevant and live. Comparably, previous research reinforces that limited staff availability can prevent the formulation process remaining active (Milson & Phillips, 2015). A consistent reflection throughout the focus groups has been considering development opportunities for formulation processes, whilst also acknowledging the limits to resource, for example, staffing shortages.

A key theme within the analysis relates to developing the accessibility of the formulation process, through considering environmental and relationship interactions. Participants highlighted the need for CAMHS staff to become more embedded within the team, however, psychology resource is limited and upskilling other professions to facilitate formulation meetings has been received well in previous research (Chiffey et al., 2015). The Secure Stairs framework also acknowledges the extensive contact education and care staff have with young people and therefore their valued involvement in discussions about creating helpful environments for young people (Taylor et al., 2018). This aligns with ecological systems theory outlining the importance of multiple levels of relationships, environments and systems, which all interact to shape the development and experiences of young people (Brofenbrenner, 1977). Therefore, to gain an understanding of a young person's experiences, all levels of influence need to be considered, from parents, teachers and care staff, to significant life transitions and cultural changes the young person may experience.

In line with meeting the aims of the evaluation, a further development area identified involves expanding the focus of the formulation process. The Secure Stairs framework has highlighted the importance that positive change for young people is sustained in future settings, thereby supporting the need to enhance the transferability of formulation (Taylor et al., 2018). This aligns with the views of participants who felt broadening the applicability of the formulation, as well as including the young person's strengths, may enhance its usefulness.

Strengths and Limitations

The use of focus groups enabled broad discussion of ideas and arranging them according to profession supported creating a safe environment. This is reinforced by the range of responses collated, detailing both positive and constructive feedback. Despite this, research suggests some individuals find it challenging to express their views in a group, due to feeling concerned about the perceptions of others (Sim & Waterfield, 2019). This was important to consider, particularly as the focus groups differed in size and I noticed in the largest group, certain individuals tended to talk more frequently. However, I remained attuned to this, for example, noting agreement or disagreement, expressed non-verbally, by quieter group members.

A key strength of this SEP was communicating my independence from the service, hopefully enabling more honest responses. In addition, during the analysis, my external position meant a broad range of themes were created, in order to represent the majority of

discussions. I considered if I was more embedded within the service whether the themes may have been more narrow and detailed in focus, due to pre-existing knowledge enabling the prioritisation of particular areas of discussion. However, the exploratory nature of this SEP aligned with the breadth of the themes created.

Furthermore, due to combining all four focus group responses to protect anonymity, the results do not capture differences according to profession. This may have been of interest as some themes may be more applicable to particular professions than others. The reasons behind these differences could then have been explored, for example, why the formulation process is more accessible to particular professions within the service.

A limitation of this SEP relates to the absence of the voice of young people and their families, regarding their views of the formulation process and how useful it is to them. Future research could explore the extent to which their voice is captured and how involved in the formulation process they would like to be.

Conclusions and Recommendations

Overall, this SEP achieved its aims of exploring the usefulness of the formulation process at Adel Beck, concluding that formulation meetings are of value in guiding practice, learning new approaches and sharing ideas in a safe and contained space. The main areas of development relate to increasing the accessibility of the process, through promoting wider engagement, increasing involvement of young people and considering practical barriers. Table 2 summarises a list of recommendations to support Adel Beck to continue developing formulation, in line with the themes developed from the focus groups.

Table 2

Recommendations for Adel Beck

Recommendations
1. **Embed clinical psychologists in the team by investing in relationships and introducing formulation champions.** This process may support increasing the accessibility of the formulation process. Formulation champions across a range of professions could work closely with the CAMHS team to further encourage staff to engage with formulation in the day to day care of young people and collate relevant information. These individuals could also promote increasing wider representation at formulation meetings.

2. **Utilise the young person's key worker**. Key workers have the opportunity to get to know particular young people well and gain an in-depth understanding of how those young people engage in relationships and their experiences external to Adel Beck. Therefore, capturing their views within the formulation process is important. This also aligns with the rationale for why Secure Stairs recommends consistent staffing (Taylor et al., 2018).
3. **Training relating to the theory and rationale for the use of formulation**. This relates to enhancing staff's understanding of the aims of formulation to increase the consistency in which formulation is implemented across the service. Training can also support maximising the benefits of formulation, through increasing the ways it is used to inform service user care (Summers, 2006).
4. **Encourage continued skill development, utilising strengths-based approaches.** Formulation should continue to guide practice, implementing an experimental approach, acknowledging that some suggested ideas may be less helpful for particular young people. Encouraging strength-based approaches reinforces a more hopeful narrative, moving away from deterministic frameworks, following experiences of trauma. Alternatively, strengths-based approaches focus on the young person's abilities, rather than incidents and triggers. These approaches explore how the young person has overcome challenges in their life, and uses therapeutic relationships to continue to identify their strengths (Xie, 2013).
5. **Broaden the representation at formulation meetings.** This includes inviting family and previous service representatives to formulation meetings so their input can be included.
6. **Increase involvement of the young person.** This may involve working collaboratively with young people so they can take responsibility for aspects of their formulation, for example, the 'what helps' and 'what doesn't help' sections of the document, supporting young people to engage in discussions of why certain behaviours may occur. Creative ways of enhancing involvement of the young person should be implemented, for example, previous research highlights the effectiveness of young people completing an 'Understanding my story' workbook prior to the formulation meeting which can be shared with the team (McKeown et al., 2020).

7. **Consistent and scheduled formulation meetings.** Formulation meetings should be scheduled with advance notice with consideration of what times are most accessible for the majority of staff members. Managers can support this by creating protected time for attendance at formulation meetings, particularly prioritising the young person's key worker.
8. **In person, verbal feedback of formulation.** Formulation feedback could take place during team meetings to provide a verbal and visual overview of the key messages from formulation meetings. Visual presentations using diagrams can support overcoming the barrier of lack of time to read the document.
9. **Increase the transferability of the formulation document.** To consider ways the formulation could be adapted to be applicable and useful for future environments and wider networks, including families, to increase the transferability of the document.

Dissemination

- The results from this SEP were shared with the project commissioners and then presented within a multidisciplinary Integrated Care Meeting on 14th October 2022, in person, at Adel Beck.
- A PowerPoint presentation summarising this SEP was shared with the project commissioners, alongside an audio-recording outlining the content of the slides. This will be distributed to all staff working at Adel Beck by email.
- A poster and accompanying PowerPoint presentation was delivered to the University of Leeds Clinical Psychology programme on 28th October 2022 (Appendix I).

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Appendices

Appendix A

Anonymised Example Formulation Document

What helps:

Time to build a therapeutic relationship – creating small opportunities to get to know each other over time will allow X to open up and trust the people around her.

Using a clear, direct approach – X benefits from people being 'straight' with her so she knows where she stands and what the expectations are.

High structure and high nurture - X does best with clear boundaries and expectations. Using warmth at the point of delivery is likely to offer her with feelings of safety and containment.

Transparency around endings to allow X to prepare for these appropriately.

Role modelling appropriate relationships and boundaries to balance the power X can reject others if she feels the other person holds more power.

Naming what's underneath the surface to allow X to connect with her internal world and emotions "I wonder if you're feeling really scared right now..."

Gently encouraging X to understand the needs of others and become more patient in her approach.

Working with X to develop independence to allow X to make choices.

Provide a nurturing bedtime routine- bedtimes can be difficult for X, encourage a healthy bedtime routine and engagement with soothing practices.

What doesn't help:

Mistaking X's confident presentation as her doing okay – X has learnt to come across this way as a survival mechanism – be curious about what is going on for internally 'I wondered if you looked a bit sad earlier'

Allowing X to keep you at a distance – It may be perceived that X has rejected you, it is important to keep trying to connect.

Feeling she is being watched/observed – X can find it overwhelming to be "held in mind". It may be that we need to be less obvious, but it is important we still show X she is important enough to be held in mind.

Avoid entering into a conflict cycle - X is sensitive to others' responses. Be mindful not to use raised voices/shouting or intimidating body language, respecting her personal space.

Responding only to what X shows on the surface – we need to connect with what is going on underneath. X may respond with "we're fine" but this may need further exploration.

Others not being held accountable for their actions – X struggles if she perceives there to be an injustice – check in with her in relation to her understanding.

Things that may help X to connect with other people

- Building a relationship with X through shared interests.
- **Connect with X through shared interests and model positive, trusting relationships** – provide opportunities to do this as a group and one-to-one.
- **Providing new ways to explore disagreements without resorting to violence** – X currently sees "no other option" than to respond to threats with aggression and violence. Offer new strategies, talking, taking time away from someone
- **Being open about our own emotions** – so X becomes more familiar with these and sees that they are not a sign of weakness. Support her to express, sit with, and tolerate her emotional distress and use opportunities for co-regulation

Appendix B

Participant Recruitment Poster

Exploring Staff Experiences of Formulation Processes in a Secure Children's Home

Are you passionate about improving the care of young people at Adel Beck?

Would you be willing to discuss your experiences of the formulation process at Adel Beck?

Have you got ideas about improving the formulation process at Adel Beck?

As part of an initiative to introduce trauma informed care, formulation meetings are being facilitated to guide the care offered to young people at Adel Beck.

We are hoping to explore how these formulation meetings are experienced by staff and how useful the meetings are perceived to be. We are keen to know if the current process is accessible, meaningful and meets the needs of the young people, staff and service.

We are also hoping to receive feedback on how the formulation process can be improved, in relation to both the meeting and the ways in which the formulation is shared and reviewed.

If you are interested in sharing your views about the formulation process at Adel Beck, please contact me using the details below for further information:
Harriet Lawrence: umhla@leeds.ac.uk

Biscuits will be provided during the focus groups!

Version 1: 14/02/2022

Appendix C

Focus Group Topic Guide

Exploring Staff Experiences of Formulation Processes in a Secure Children's Home Focus Group Topic Guide

"Thank you for participating in this service evaluation which is focused on discussing the usefulness, accessibility and improvements that could be made to the formulation process at Adel Beck. This service evaluation has been commissioned by CAMHS, however, I do not work for CAMHS and therefore I hope you feel able to share your honest reflections and we can have an open discussion.
Before we begin, it may be helpful to mention that responses and discussions that take place during the focus group should be kept confidential and private within this group and as referenced in the information sheet your responses will be anonymised throughout the service evaluation write-up. To support this, please try to avoid using the names of any staff or service users during the discussions and please be supportive of each other and mindful of the views of others. You are able to choose not to answer particular questions and can leave the focus group at any time, however due to the nature of focus groups your responses will remain anonymised in the analysis process."

"I am going to say some statements and questions to start the discussion to partly guide the areas of focus and ensure we cover each area. It would be great to hear your responses to these statements and what they bring up for you."

'Tell me about your experience of the formulation process at Adel Beck'

Prompts:

- Thank you for sharing this, can you tell me a bit more?
- What are your experiences of attending formulation meetings?
- What are your experiences of the continuation of the formulation process?

How useful is the formulation process at Adel Beck?

Prompts:

- How useful do you find the delivery of the formulation meeting?
- How useful is the formulation document?

Does the formulation impact on your understanding and ways of working?

Prompts:

- Does the formulation process impact on your confidence working with a young person and the rest of the team?
- Does the formulation process impact on team working?

'The formulation process involves everyone at Adel Beck'

Prompts:

- Do you feel your views and perspectives are heard and listened to?
- Is the formulation shared with those not present at meetings?
- Are there ways of engaging in the formulation process if you aren't present at the meeting?

'The young person is at the heart of the formulation'

- **Prompts:**

- How is the young person's voice incorporated within the formulation process?

'Tell me about ways the formulation process could be improved at Adel Beck'

Prompts:

- Are there improvements relating to the facilitation of the meeting, including who is present and absent amongst staff and the young person?
- Could the process of sharing the formulation with the wider team be improved?
- Are there improvements related to how formulations are updated and kept live?

Appendix D

Summary Table Used in the Analysis

Summary Table	
Focus Group Questions	**Domain Name**
What are your experiences of the formulation process at Adel Beck? *What are your experiences of attending formulation meetings?* *What are your experiences of the continuation of the formulation process?*	Formulation experiences
How useful is the formulation process? *How useful do you find the delivery of the formulation meeting?* *How useful is the formulation document?*	Usefulness of formulation
Does the formulation impact on your understanding and ways of working? *Does the formulation process impact on your confidence working with a young person and the rest of the team?* *Does the formulation process impact on team working?*	Impact of formulation
Does the formulation process involve everyone working with the young person? *Do you feel your views and perspectives are heard and listened to?*	Involvement in meeting
Is the formulation shared with those not present at meetings? *Are there ways of engaging in the formulation process if you aren't present at the meeting?*	Alternative input
Is the young person at the heart of the formulation? *How is the young person's voice incorporated within the formulation process?*	Involvement of young person

In what ways could the formulation process at Adel Beck be improved? *Are there improvements that could be made relating to the facilitation of the formulation process?* *Could the process of sharing the formulation with the wider team be improved?* *Are updated formulations shared with the team and kept live?*	Developing formulation processes

Appendix E

Blank Matrix Summary Table

Focus Group	Domain							
	Formulation experiences	Usefulness of formulation	Impact of formulation	Involvement in meeting	Alternative input	Involvement of young person	Improving formulation process	Improving dissemination
Focus Group 1								
Focus Group 2								
Focus Group 3								
Focus Group 4								

Appendix F

Confirmation of Ethical Approval

Dear Harriet,

I am pleased to let you know that your application Exploring Staff Experiences of Formulation Processes in a Secure Children's Home, reference number DClinREC 21-005, has been approved by the DClin sub-REC. You may commence with your data collection when you are ready.

If you need to make any changes to the approved proposal, please briefly outline the changes and rationale in an email to David and me and wait for approval before implementing the change.

Best wishes,

Dr Gary Latchford

Joint Programme Director, Clinical Psychology Training Programme,
Visiting Associate Professor, Leeds Institute of Health Sciences, University of Leeds,
School of Medicine, Level 10, Worsley Building, Clarendon Way, Leeds, LS2 9NL.

Consultant Clinical Psychologist, Department of Clinical & Health Psychology,
St James's University Hospital, Leeds LS9 7TF.

Appendix G

Participant Information Sheet

Study Title: Exploring Staff Experiences of Formulation Processes in a Secure Children's Home

I am a Clinical Psychologist in Training working towards my Doctorate in Clinical Psychology at the University of Leeds. I have been asked by the Clinical Psychologists in the team to facilitate this evaluation, which you are being invited to take part in.

Before you decide if you would like to take part, it is important for you to understand the purpose of the study and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact the researcher, Harriet Lawrence, using the details found at the end of this sheet if anything is unclear or if you would like more information.

What is the purpose of the project?

As part of an ongoing project to introduce trauma informed care to Adel Beck Secure Children's Home, formulation meetings are being facilitated to guide the care offered to young people. Initial formulation meetings are completed within 4 weeks of a young person arriving to Adel Beck. This service evaluation aims to explore how these formulation meetings are experienced by staff and how useful the meetings are perceived to be for staff. It also aims to explore the process of sharing information from the formulation meeting and whether the current methods meet the needs of the young people, staff and service.

Why have I been chosen?

This service evaluation aims to explore the views of different professions currently working at Adel Beck to gain their perspectives about the formulation process. Therefore staff members working internally have been invited to take part.

Do I have to take part?

Taking part in this evaluation is completely voluntary and it is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You can still withdraw at any time, without any implications of this. You can withdraw by emailing the researcher, Harriet (see contact details below) and do not have to give a reason for this. However, due to the nature of focus groups and difficulties withdrawing individual data, any responses already provided will remain anonymised in the analysis and write-up.

What will happen to me if I take part?

Taking part will involve participating in one focus group which will last approximately 45-60 minutes. The focus groups will take place either at Adel Beck or will be facilitated online using Microsoft Teams. Before the focus group begins, you will be asked to complete a written consent form and to return this to the researcher. There will also be time to develop ground rules before the focus group to ensure all participants feel safe to share their views in a non-judgemental space and to maintain confidentiality by agreeing to not share details of the group to those not present.

The focus groups will be audio-recorded and will involve discussing open-ended, broad topics relating to the current formulation process, for example, the usefulness of the formulation meetings. Topics and questions will intentionally be broad to allow for free-flowing conversation and in-depth discussion amongst participants.

What are the possible disadvantages and risks of taking part?

There are no identified risks of taking part in the evaluation as the focus is on an aspect of routine practice and therefore should not cause distress. However, you will be able to take a break from the focus group at any time, should this be needed. Other participants in the focus groups will be colleagues and therefore hopefully will be known to you, to enable relaxed conversation.

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those who participate in the evaluation, it is hoped that this evaluation will improve the formulation process at Adel Beck and provide possible ideas for how formulations can be disseminated effectively. There is also the possibility of learning something new about the formulation process through interacting with others in the focus group. Taking part in the evaluation may also provide a sense of reward as you will be using your own experiences to help create positive change in services.

What will happen to my personal information?

Your personal information will remain anonymous throughout the service evaluation through the use of pseudonyms. Your information will be kept confidential and will be stored separately from the research data. The information you give will only be used for the purposes of this study and will not be shared publicly.
Importantly, the only limit to anonymisation relates to the fact other participants will be present during the focus group and I will be unable to assume full anonymity on their behalf. However, the data from the focus groups will be anonymised throughout the transcription and analysis process.

Will I be recorded and where will my data be stored?

The focus groups will be audio-recorded using a password-protected, encrypted Dictaphone and will be transferred onto a secure university storage area on the day of recording, and then deleted from the recording device. Focus group recordings will be made and stored in line with the University Data Protection Policy which can be found at: https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf. The audio recordings made during this research will be used only for analysis. Once the data from the focus groups is analysed, I will also write and talk about the results in a report which will be made available to South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) in addition to a poster and report as part of the Doctorate in Clinical Psychology at University of Leeds. When sharing the findings I will use short quotes from the focus groups but will not include any identifying information. All data will be destroyed after three years.

What will happen to the results of the research project?

The findings from the evaluation will be included in a report which will be shared with commissioners from SWYPFT. The key points from this may be shared with staff working at Adel Beck with the hope of implementing helpful changes to the formulation process that arise from the focus groups. As this project also forms part of a Doctorate in Clinical Psychology, the anonymised data will be presented at a poser conference and will be written up into a report, which will be assessed by the University of Leeds Clinical Psychology training programme. The results may also be published in online journals. You will not be identifiable in the final report or any other publication of the evaluation. The data collected during this project may also be used to inform subsequent research, however, this will not include any of your personal information.

What type of information will be sought from me?

Your full name and signature will be required to complete the consent form. Completed consent forms will be then stored electronically using One Drive- University of Leeds which is permitted to use to store confidential data securely and privately. The only other sought information will be from the

focus group discussions. Your responses will be combined with those from other participants to understand a collective view of the formulation process at Adel Beck. Only the minimum amount of data needed for the research will be collected and only I will have access to the identifiable data, under the supervision of my University academic supervisor.

Who is organising/ funding the research?

The current service evaluation has been commissioned by Sarah Sharkey (Principal Clinical Psychologist) and Tom Matthews (Clinical Psychologist) at SWYPFT and is organised by the Doctorate in Clinical Psychology course at University of Leeds. Ethical approval has been given by the Doctorate in Clinical Psychology Research Ethics Committee at the University of Leeds (DClinREC 21-005).

Contact for further information

If you are interested in taking part in the study, have any further questions or would appreciate additional information please contact:
Lead Researcher: Harriet Lawrence, umhla@leeds.ac.uk
Research Supervisor: David Turgoose, d.turgoose@leeds.ac.uk

Thank you for taking the time to read through this information sheet and for your interest in this study.

Appendix H

Participant Consent Form

Consent Form Title of Study: Exploring Staff Experiences of Formulation Processes in a Secure Children's Home Once you have read the participant information sheet and are happy to participate in the research, please read the items listed below and add your initials to each item you agree with.	Add your initials next to the statement if you agree
I confirm that I have read and understand the Participant Information Sheet explaining the above research project.	
I have had the opportunity to think about the information and ask questions. If I had any questions, these have been answered to my satisfaction.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without there being any negative consequences. However, any responses already provided will be retained due to the nature of responding within a focus group. In addition, should I not wish to answer any particular question or questions, I am free to decline. If you have any further questions about this or would appreciate additional information please contact Harriet Lawrence (Lead Researcher) at umhla@leeds.ac.uk	
I understand that members of the research team or individuals from the University of Leeds involved in the research may have access to my anonymised responses. I understand that I will not be identified or identifiable in the report that results from the research. I understand that my responses will be kept strictly confidential.	
I understand that words I use in the focus group (quotes) may be included in this evaluation, but my name will not be included at any time.	
I understand that the data collected from me may be stored and used to support future research in an anonymised form.	
I give permission for the focus group to be audio-recorded for the purposes of data collection and analysis. I understand that all identifiable information will be changed or omitted in the reports that result for the service evaluation.	
I agree to take part in the above research project.	

Name of participant	
Participant's signature	
Date	
Name of lead researcher	Harriet Lawrence
Signature	
Date*	

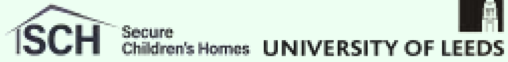
*To be signed and dated in the presence of the participant.

Appendix I

Poster for SEP Conference

Exploring Staff Experiences of Formulation Processes in a Secure Children's Home

By Harriet Lawrence, Trainee Clinical Psychologist
Commissioned by Dr Sarah Sharkey & Dr Tom Matthews, Principal Clinical Psychologists



Introduction & Background

Adel Beck Secure Children's home supports young people with complex needs, often resulting from multiple traumas and attachment difficulties, who cannot be cared for safely in the community. The onsite team consists of care workers, education workers, managers, Child and Adolescent Mental Health Service (CAMHS) workers, as well as primary care and substance misuse workers.

Team formulation at Adel beck is underpinned by a framework called Secure Stairs, which involves implementing an integrated, whole-system, trauma informed approach to care[1]. The framework focuses on how the young person's environment and relationships can form fundamental agents of positive change.

Team formulation intends to develop a shared understanding of a young person's experiences, relationships, strengths and difficulties by drawing on a range of sources and professionals. The meetings are multidisciplinary and are facilitated by a Clinical Psychologist, within the first four weeks of a young person's stay. A two page formulation document is also developed and shared with the team, aiming to guide the young person's care.

Aims

To explore the usefulness of the formulation process.

The four more specific aims, which were developed collaboratively with the commissioners, were :

- How do staff at Adel Beck experience the delivery of formulation meetings?
- How useful is the formulation process for staff?
- How well is the formulation disseminated and used within the team?
- How could the process be developed?

Methodology

Design: A qualitative methodology was utilised.

Participants: All participants were Adel Beck staff, including: the leadership team, the care team working on the units, teachers working in the education facilities and programme development officers. Overall, four profession-specific focus groups were facilitated, in person, with a total of 24 participants.

Data Collection: All focus groups were facilitated by the researcher. A topic guide was used which aligned with the aims of the project.

Analysis: Rapid qualitative analysis

Results

Six main themes and a number of accompanying subthemes were developed from systematic engagement with the data and are presented below.

"everyone has an equal voice in the meeting and everyone is valued, it is conversational which is helpful"

"if I'm wondering why a behaviour is occurring, or how to respond, I will check the formulation"

"the equivalent is doing a staff appraisal without the staff member present"
"some young people could attend the meeting, some would prefer to contribute indirectly"

"a barrier can be not having enough time to read the document"
"it should be a living document, not a tick box exercise, it needs to be updated"

"formulation was developed as an in-house document, although it is now being shared with future providers so needs adapting"
"the current format is incident focused, rather than about exploring strengths"

Enabling Communication
Subtheme 2a: Equality of views
Subtheme 2b: The formulation document
Subtheme 2c: Alternative forms of input

Young person should be at the centre
Subtheme 3a: Absence of their voice
Subtheme 3b: Individualised approach
Subtheme 3c: Collaboration

New ways of understanding
Subtheme 1b: Implications for practice

Practical considerations
Subtheme 4a: Timings
Subtheme 4b: Resource
Subtheme 4c: Dissemination
Subtheme 4d: Reviewing and updating

Developing accessibility: A systemic lens
Subtheme 5a: Increase CAMHS presence and integration
Subtheme 5b: Promote multidisciplinary representation
Subtheme 5c: Consistency and embedding into service
Subtheme 5d: Family and external involvement

Developing the focus
Subtheme 6a: Enhancing transferability
Subtheme 6b: Inclusion of strengths

"key workers should be involved more, as they know the young people best"
"there needs to be a consistent process, that can be embedded across the service"

Discussion

- All four focus groups identified the value of the formulation process, particularly in developing new ways of working with young people and enabling different perspectives to be communicated effectively. This is highlighted in the first two themes and also aligns with previous research[2].
- Participants expressed that the young person should be central to the formulation process, utilising an individualised approach to maximise their involvement, whilst avoiding retraumatising experiences.
- The practical considerations outlined by participants have been echoed in previous research, particularly the lack of protected time to attend formulation meetings and an inconsistent approach to updating the document. These barriers are likely to be impacted by the changing NHS climate where workloads are increasing and resource is depleting[3].
- Developing the accessibility of the formulation process, particularly through considering environmental and relationship factors was a theme across all four focus groups. Participants highlighted the suggestion for CAMHS staff to be embedded across the service, to promote wider representation at formulation meetings.
- Developing the focus of the formulation process incorporated ideas about enhancing the transferability of the document for future services and including the young person's strengths, to increase the usefulness of the process.

Recommendations

1. Embed Clinical Psychologists in the team to enhance relationships and introduce formulation champions to support the process
2. Utilise the young person's key worker
3. Training regarding the theory and rationale for formulation
4. Encourage continued skill development, utilising strengths-based approaches
5. Broaden the representation at the formulation meeting, including families and previous service representatives
6. Increase involvement of the young person, working collaboratively and creatively
7. Consistent and scheduled formulation meetings
8. In person, verbal feedback of formulation
9. Increase the transferability of the formulation document

Strengths

- My independence from the Adel Beck staff team, hopefully meant I was viewed as a neutral, unbiased individual, thereby encouraging honest responses.
- The focus group methodology enabled a range of perspectives to be represented, as demonstrated by receiving both positive and constructive feedback.

Limitations

- Combining the responses from all four focus groups ensured the anonymity of participants was maintained, however, differences according to profession could not be explored.
- The voice of the service user and their families was not represented in this evaluation. It would be useful in future research to assess the extent to which the young person's voice is captured and how involved in the formulation process they would like to be.

Conclusion

Overall, the formulation process supports developing new skills, promotes sharing ideas in a safe space and guides the strategies and approaches staff use with young people.

The main areas of development relate to increasing the accessibility of the formulation process, through promoting wider engagement, increasing involvement of young people and considering practical barriers, to maximise the usefulness of the process.

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