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

Abstract

Purpose

The current study aimed to explore experiences of the Framework for Integrated Care, team formulation process within a secure children's home in Northern England, from the perspective of care and education staff.

Design/methodology/approach

Four focus groups were facilitated, with a total of 25 participants. The focus groups discussed a number of key areas, including: staff experiences of team formulation; the usefulness of the process; the wider impact of the process; and ways the formulation process could be developed. The data set was analysed using Rapid Qualitative Analysis (Hamilton, 2013).

Findings

Six overarching themes and a number of accompanying subthemes were developed. The six themes were: i. new ways of understanding; ii. enabling communication; iii. young person should be at the centre; iv. practical considerations; v. developing accessibility: a systemic lens; and vi. developing the focus.

Practical implications

Ten implications for practice within secure children's homes and wider establishments are outlined. These relate to various aspects of the formulation process, including the preparatory work, meeting attendance, the focus of the formulation, and dissemination.

Originality

Research within the context of secure children's homes is expanding, and has included the direct involvement of young people. This is the first study utilising a qualitative, focus group method to consider the experiences of team formulation from the perspective of the wider care and education staff team in a secure children's home.

Keywords

Formulation; Team Formulation; Secure Children's Home

Article Classification

Research Paper

Introduction

A common shared experience of young people residing in the Children and Young People's Secure Estate (CYPSE) is a history of adversity and trauma. These settings provide care for young people who are accommodated because they have offended or are at risk of offending (Walsh, *et al.,* 2011), and/or young people who are care experienced (Devaney *et al.,* 2023). For both groups, frequent experiences prior to residing in a CYPSE include neglect, abandonment and loss, abuse, developing in poverty, domestic abuse, and poor parental psychological wellbeing (Hart, 2009; Pates *et al.,* 2021). Such experiences are suggested to be "*setting the stage*" (p. 402, Van der Kolk, 2005) for further traumatic experiences and an ongoing need for the support of health and social care services, throughout their childhood and potentially beyond.

Secure Children's Homes (SCHs)

The CYPSE in England is made up of different types of settings, one of which is a SCH. There are currently 14 SCHs located across England and Wales, which provide a range of services to support young people aged between 10 to 18. These services include healthcare, education, and residential accommodation (Farooq *et al*., 2021).

The route to living within SCHs can be through either the Youth Custody Service (YCS) or through a Secure Welfare Order (*Children Act 1989*) following an application to court by the local authority which has court-mandated parental responsibility for a young person. The *Children Act 1989,* specifically section 25, is the key piece of legislation which underpins young people being housed in secure care, with the accompanying deprivation of freedom, due to a high level of welfare need (NHS England, 2018). Young people accommodated under a YCS provision relates to young people who have been remanded, sentenced, or recalled to custody following a criminal offence (Martin *et al*., 2022). SCHs are, therefore, homes for young people who are care experienced and/or with a history or risk of offending, and for whom it has been deemed they cannot be safely accommodated in the community. The young people, irrespective of their route into this setting, often have comparable experiences of trauma and challenges within their backgrounds and histories (Pates, *et al*., 2021). The diverse ways which lead to young people living in SCHs is a unique feature of these settings, and differs from other secure provisions, such as Youth Offending Institutes, where young people are solely accommodated through justice pathways.

The nature of a SCH is a shared environment, aiming to provide a safe and secure setting for young people, which includes environmentally and relationally focused ways of maintaining security. Many young people in SCHs present with 'high risk' behaviours and significant psychological needs, which can be challenging to support and respond to within the community (Taylor *et al*., 2018). SCH teams typically include care staff, education staff, management staff, Child and Adolescent Mental Health Services (CAMHS), as well as primary care and substance misuse workers. Since not all young people in SCHs have had extensive contact with health and social care agencies prior to detention, access to an available and integrated system of care and health services is an advantage of the SCH setting (British Medical Association, 2014).

Supporting Young People in SCHs – Framework for Integrated Care (SECURE STAIRS)

SECURE STAIRS, which has more recently been renamed The Framework for Integrated Care, is an established framework, led by NHS England, and is implemented within secure services for young people (NHS England, 2018). The focus of the framework is to move away from psychiatric diagnoses and labels, towards a psychologically informed and formulation-based, holistic understanding of each young person and their needs (Taylor, 2018). Historically, interventions have tended to focus on the individual's behaviour, rather than their underlying causes and systemic influences, and have therefore been deemed as a missed opportunity for effective intervention (Hart, 2009). In contrast, the framework suggests a young person's environment and relationships are fundamental agents of sustainable change. This centres on a whole system approach, with a central method being the use of team formulation, alongside the provision of training, supervision and reflective practice to all staff involved in caring for young people (Taylor *et al*., 2018). Team formulation is seen as a key vehicle for change within the model (Jacob, *et al*., 2024). Team formulations aim to include the adults involved in the day-to-day life of the young people, such as care and education professionals, as these adults are positioned as the primary facilitators of change. The framework emphasises concepts such as 'every interaction matters' (Farooq, *et al*., 2021), and the 'rule of 167' (Hart and La Valle, 2021), suggesting that intervention should not be seen as isolated within therapy but as constant within the other 167 hours of a young person's week. As a result of the Framework for Integrated Care, team formulation is now embedded across the CYPSE (Anna Freud National Centre for Children and Families, 2022), although there is variation in the application of this practice (Taylor, 2018). This includes some young people remaining unaware that a formulation is being completed about them (Jacob *et al*., 2024).

Team formulation

Psychological 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 regarded as a part of good practice for psychologists (Division of Clinical Psychology, 2011). Interestingly, there has been a shift to also working psychologically within teams, leading to the development of team formulations (Johnstone, 2017).

Team formulations follow similar practices to individual formulations. Typically facilitated by a clinical psychologist, they include a group of professionals involved in a young person's care sharing ideas and constructing hypotheses about a person's presenting difficulties (Johnstone and Dallos, 2013). A key opportunity of team formulation is to humanise the understanding of a young person through the sharing of their story with the adults who care for and educate them (Jacob *et al*., 2024). Team formulations have the advantage of being able to consider the additional role of the team context, influences and processes (Short *et al.,* 2019). Team formulation meetings can therefore enable a space to reflect on the impact of how the team members relate and respond to the person, to guide future care planning (Geach *et al*., 2017). Team formulations vary in their aims and focus, with many also incorporating a staff support opportunity (Miners *et al.*, 2023), which may contribute to increased wellbeing and reduced burnout in staff (Unadkat *et al.*, 2015)

Research suggests that undertaking team formulation to construct a shared understanding of a person and their needs can increase empathy, build relationships between staff and people using services, enhance communication within teams, and improve team functioning, leading to greater staff satisfaction (Beardmore and Elford, 2016; Berry *et al.,* 2017; Hollingworth and Johnstone, 2014; Unadkat *et al.*, 2015). This can include contributing to a sense of unity and connection within teams in understanding the causes of distress (Kelly, *et al.,* 2018). Research reports that in services using team formulation, staff feel more able to understand and address challenges (Summers, 2006), and are encouraged to generate collective ideas to support psychological understanding of people (Whitton *et al*., 2016). The benefits of team formulation have also been reported in formulation processes where there is limited or indirect involvement of the person of focus (e.g. Berry et al., 2017).

Bealey *et al*. (2021) conducted a thematic synthesis focusing on staff experiences of team formulations. Overall, they found 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 also incorporated studies exploring the perspectives of psychologists facilitating the meetings whose viewpoints may be different from those

participating in formulation. They noted that clinical psychologists, as facilitators of team formulations, can have contrasting views compared to the wider team, such as holding more positive views on the value of team formulation.

Within the CYPSE it is more common for formulations to indirectly involve young people and their families, according to staff interviews facilitated as part of a larger evaluation of the Framework for Integrated Care (Anna Freud National Centre for Children and Families, 2022). Though it is known that in some SCHs direct involvement is occurring (McKeown *et al*., 2020), across the secure estate there is a variety of practices being used as part of formulations (Anna Freud National Centre for Children and Families, 2022; Jacob *et al*., 2024).

The inclusion, or lack of inclusion, of young people in their formulations is an ethical dilemma, as their absence in this process could lead to the creation of a story about their life that they may not consent to, nor agree with. Research into staff's views on the practice of involving people in their formulations endorses taking a flexible approach and avoiding an 'always' or 'never' approach to involvement in formulation (Miners *et al*., 2023). This may help explain the mix of direct and indirect involvement reported within the CYPSE (Anna Freud National Centre for Children and Families, 2022). One of the Framework for Integrated Care's key aims includes completion of a formulation relatively soon in a young person's time within the CYPSE. Indirect formulation approaches, therefore, may be easier to implement within the timeframes set out by the Integrated Care Framework, in comparison to the time needed to prepare a young person to directly enter a formulation space with professionals. Indirect involvement could be one way that the formulation process may be adapted to the needs of the young people at the centre of the process. How indirect involvement is approached remains unclear and is likely to vary widely. Indirect processes to inform the formulations may, for instance, include assessment sessions, separate formulation spaces, and completion of other relevant tasks and activities. Though one aim may be to involve the individual as much as possible, this is likely being balanced across the CYPSE with complementary functions of the space, such as an opportunity for staff to reflect on their experience of working with a young person (Miners *et al*., 2023)

McKeown *et al*. (2022) evaluated formulation developments within two SCHs in northern England with the involvement of young people directly and reported improvements in staff knowledge, motivation and confidence working with young people. The study used a quantitative design and recommended future evaluations using qualitative methods to further explore which aspects of formulation supported these improvements. Such a focus may be particularly relevant when considering that care and education staff in SCHs are not clinically trained and have varied backgrounds and experiences.

Current study

The application of team formulation in SCHs, as part of implementing The Framework for Integrated Care, mirrors the broadening of who is involved in formulation processes more generally. The framework involves an integrated, psychologically informed, and formulation-driven approach to care, and central to this is the provision of team formulation relating to all young people who live within SCHs. This focus is based upon the framework's clarity that the range of relationships that exist within SCHs have the power for healing and change.

Although the implementation of this approach had been undertaken, evaluation of staff experiences and their views on the impact and utility of this process is yet to be explored. Through analysing the formulation process in detail, it was hoped this would move beyond the tendency to only consider formulation as an output or document (Hart *et al*., 2011). The study aimed to address an important gap by exploring the experiences of the team formulation process from different perspectives within a SCH in Northern England. It was decided to focus on care and education staff experiences to establish if team formulations were perceived as useful and being effectively applied in practice. More specifically, there were four aims, developed to explore the experiences of care and education staff in relation to the current process of team formulation:

- How do staff experience formulation meetings?
- How useful is the formulation process for staff?
- How well is the formulation disseminated and applied within the care and education team?
- How could the formulation process be developed at any or all stages, including the meeting and dissemination?

Method

Design

A qualitative focus group method was used, as an exploratory approach to the questions around the experiences and usefulness of formulation processes. Individual staff interviews have previously been undertaken to explore experiences of formulation in the CYPSE as part of a larger evaluation of the Framework for Integrated Care (Anna Freud National Centre for Children and Families, 2022). Focus groups were used, rather than individual interviews, to enhance the opportunity for 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). It was also hoped it would allow the widest range of voices to be heard in relation to the questions of the current study.

The lead researcher was independent of the setting and did not have previous experience of working in a SCH, nor had they visited or interacted with the specific SCH prior to the research. The lead researcher's independence from the setting was explained to all participants, and the ways in which responses would be anonymised to protect individual confidentiality.

Setting

Within the specific SCH setting researched, team formulation meetings had been an embedded practice for approximately four years. Formulation meetings are facilitated by a clinical psychologist, who is part of the CAMHS team, usually within the first four weeks of a young person's stay. The team formulation meetings involve a multidisciplinary discussion, including both internal and external professionals, and are positioned as foundational in supporting and co-ordinating the delivery of formulation-based care within this SCH. At the time of the study, young people were largely involved indirectly with the formulation process. Young people's voices were sought through the assessment processes, as part of their admission to the SCH, at which point they were informed about the formulation process too. The young people in this SCH were not directly attending team formulation meetings.

Following the team formulation meeting, the formulation is shared with the wider care and education team within the SCH, and the external professional network of the young person, as a written working document, specific to the context of the SCH. This dissemination is largely by email, as well as some brief verbal presentation within care and education team handovers and meetings. The formulation summary is constructed based upon the information discussed in the meeting, as well as information available from existing documents and conversations which are facilitated around the meeting.

The formulation document includes one page of narrative detailing the young person's historical information and life experiences. The aim of the process and document is to deepen the team's understanding of the young person and to contribute to meaning making about their presentation and needs. The narrative is shaped by integrating complementary theories and models, including relational and systemic models relevant to developmental trauma and care experience. Such integration of individual therapy models with broader theories is a common feature in team formulation practice due to the multiple functions and focuses of a team formulation (Short *et al.*, 2019). Models used in this specific SCH include Compassion-Focused Therapy (e.g. Gilbert, 2014),

Attachment Theory (e.g. Bowlby, 1969; Crittenden, 2006), Dyadic Developmental Psychotherapy (e.g. Hughes, Golding, and Hudson, 2014), and Interpersonal Neurobiology (e.g. Siegel, 2001). The formulation approach is non-diagnostic.

While a range of theories and models are drawn upon, the repeated application of these across formulations aims to develop the knowledge and familiarity of staff with the models applied, with such repetition thought to aid the team formulation processes (Ghag *et al.,* 2019). The second page of the formulation document has sections on 'what may be helpful', 'what may not help' and 'things that may help (name) to connect with other people'. The aim of this, is to use the theoretical and narrative understanding generated to offer suggestions about how to approach the care and education of the young person.

The formulation is reviewed approximately every 4-6 weeks at the SCH's internal case review meetings, and also routinely at the point of discharge to prepare for the document to be shared with the onward support network. This consists of an appraisal of the relevance and accuracy of the formulation, followed by a meeting being arranged if required with key professionals, to update the formulation based upon their understanding and work with the young person.

Participants and Recruitment

All participants were members of 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 fewer participants (Fern, 1982; Krueger and 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. Members of the CAMHS team and the clinical psychologists who facilitate the team formulations were not included in the sample, based on the points raised by Bealey *et al*. (2021) about how this can shape and influence the themes generated towards a positive skew.

Focus groups were divided by the team within the centre that participants worked within (care, education, management, and the programme team), 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 the SCH. 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.

The focus groups centred around a semi-structured topic guide, aligned with the aims of the evaluation. The topic guide was made up of a mixture of questions and statements aimed to provoke conversation, such as: 'Tell me about your experience of the formulation process at (SCH name)?'; 'The formulation process involves everyone at (SCH name)'; and 'Tell me about ways the formulation process could be improved at (SCH name)'. Additional prompts were used when the researcher felt follow-up questions would generate further information or would aid conversation. The focus groups began with a broad statement about staff experiences of the formulation process, as an open approach to beginning discussions has been suggested to enable the initial flow of conversation (Maietta and Hamilton, 2018).

Data Analysis

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, although still involves systematic engagement with the data (Hamilton, 2013). The approach is succinct, action-oriented and uses a 'top-down' approach, with a pre-defined framework to summarise results (Hamilton and Finley, 2019). The six stages of rapid qualitative analysis as outlined by Hamilton (2013) were used to drive the data analysis process.

In order to validate the quality of the analysis, the themes were discussed and reviewed with the clinical psychologist who facilitated the formulation meetings as a form of member check and were presented to the working group who meet around implementation of the Framework for Integrated Care project in this SCH.

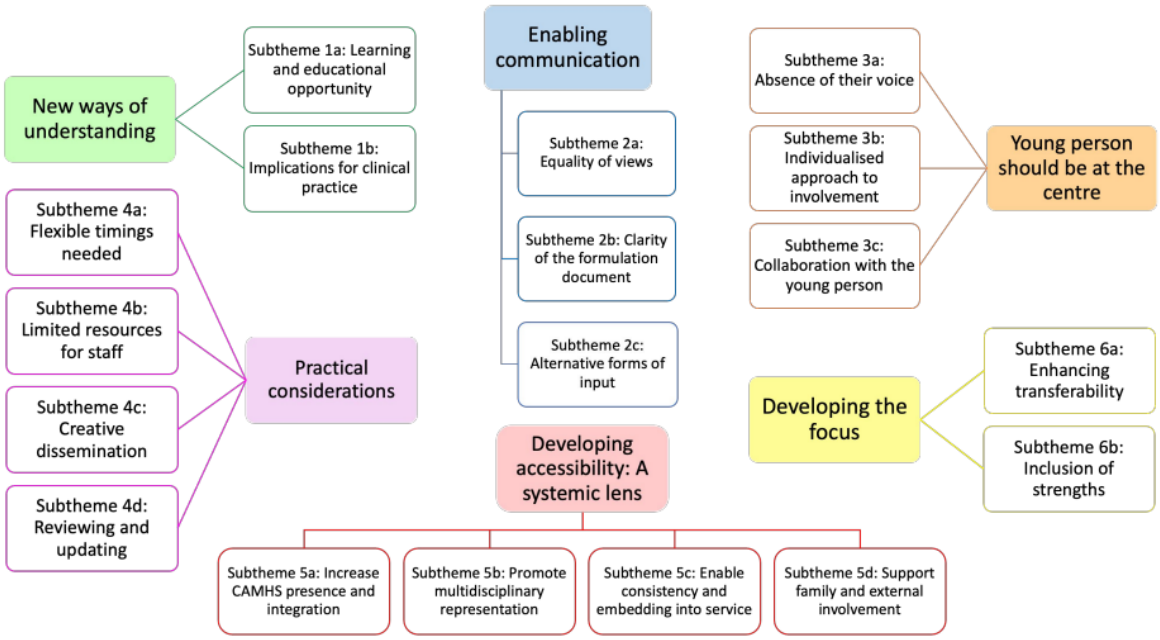
Ethics

Ethical approval was granted by the Doctorate in Clinical Psychology Research Ethics Subcommittee of the School of Medicine, University of Leeds. Approval was also provided by the SCH's registered manager who was the responsible individual for the running of the home (*The Children's Homes (England) Regulations 2015*).

Findings

Six overarching themes and a number of accompanying subthemes were developed from systematic engagement with the data and are presented in Figure 1.

Figure 1. *Presentation of the themes and subthemes from all four focus groups.* Source: Authors own work.



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 for the staff and young person to become more aligned in their understanding of a situation. 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 Clinical 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 developing a greater understanding of the purpose and function 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 and openness 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: Clarity of 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 captures how communication has been enhanced through enabling alternative ways of contributing to formulation, through 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 to Involvement

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 With the Young Person

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: Flexible Timings Needed

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 halfway 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: Limited Resources for Staff

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: Creative 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 be made 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: Enable 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: Support 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. This 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 the SCH and is therefore not representative of other services. The formulation document would need adapting to enhance its transferability to future settings.

"[the SCH] 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 present study aimed to evaluate staff experiences of team formulation processes and its usefulness within a SCH in Northern England. Consistently, the value of team 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 supports developing a broader and more in-depth understanding of service users, which can be used to guide interactions (Blee, 2015; Christofides *et al*., 2012). Importantly, participants highlighted that all views are equally valued, and that the formulation was a collaborative, shared process, which has been outlined as a fundamental aspect of team formulation in previous research (Bealey *et al*., 2021; Berry *et al.,* 2017; Kelly *et al.*, 2018).

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 considering the involvement of young people in the CYPSE 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 Framework for Integrated Care, recognising their contributions support creating ongoing change (Taylor *et al*., 2018). It is therefore important to continue to pursue this opportunity, due to the established benefits, such as developing trust in relationships and forming a mutual understanding between staff and young people (Jacob *et al*., 2024). Capturing the voice of the young person can also increase empowerment and guide intervention, through focusing on what is important to them. Both the current findings and previous research address how increased involvement of young people can prevent the dissemination of a narrative that is developed without their knowledge, contribution or consent (Miner et al., 2023). (Anna Freud National Centre for Children and Families, 2022). In addition, participants recognised the need to clarify what team formulation is aiming to achieve, as staff, the young person and their family potentially have distinct views and experience different benefits depending on who is present. Miner *et al*., (2023) focused on this complexity, and suggested that the view on how and who to include varies depending on how the purpose of the team formulation is understood. More specifically, if a key function relates to staff support and supervision, this may impact on the emphasis given to inclusion of the young person.

Implementation challenges were described by participants, mirroring those which have been previously found, particularly the barrier of time to attend and contribute to formulation meetings and competing demands (Bealey at al., 2021; Berry *et al.,* 2017*;* Jacob *et al*., 2024). This is likely to be impacted by the current climate in the health and care sector, 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 and Phillips, 2015; Anna Freud National Centre for Children and Families, 2022). A consistent reflection throughout the focus groups was considering development opportunities for formulation processes, although also acknowledging the limits to resource, for example, staffing shortages. Participants highlighted the need for CAMHS staff to become more embedded within the team, which aligns with previous findings outlining the importance of the visibility and availability of those completing formulations (Ghag *et al.*, 2019).

Although psychology provision can often be limited, upskilling other professions to facilitate formulation meetings has been received well in previous research (Chiffey *et al*., 2015). However, consideration needs to be given to who is best placed to undertake such development. Minoudis *et al*. (2013), for example, evidenced that short-term training interventions had limited impact on developing formulation skills in probation workers, a comparable group to the care staff in SCHs. In contrast, psychologists have often been privileged with opportunities to develop their skills over a number of years and training experiences (Dudley *et al*., 2010; Ghag *et al.*, 2019).

The findings also identified the need to expand the focus of the formulation process. This included developing the accessibility of the formulation process, through considering environmental and relationship interactions. The Framework for Integrated Care highlights that positive change for young people needs to be sustained in future settings, thereby supporting the importance of enhancing 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

Research evaluating formulation processes within SCH is currently limited and therefore this study provides important insights into staff experiences of formulation processes. 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 and Waterfield, 2019). This was important to consider, particularly as the focus groups differed in size and within the largest group, certain individuals tended to talk more frequently. However, the lead researcher remained attuned to this, for example, noting agreement or disagreement, expressed non-verbally, by quieter group members.

A key strength of this project was the lead researcher's independence from the SCH, and the potential for this to enable more honest responses. The clinical psychologists who facilitate the team formulations were also not involved in the focus groups. In addition, during the analysis, an external position meant a broad range of themes were created, in order to represent the majority of discussions. The exploratory nature of this project aligned with the breadth of the themes created, whereas a more embedded researcher may have prioritised particular areas of discussion due to their pre-existing knowledge.

A key knowledge gap that was not addressed by the project relates to 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. The analysis also treated all the data as a single data set, with any differences between profession and position within the SCH therefore unexplored.

Conclusions and Practical Implications

The project aimed to explore the usefulness of the formulation process within a SCH in Northern England as part of the implementation of the Framework for Integrated Care. Based on the focus groups undertaken it can be concluded that formulations have the value in guiding clinical practice, learning new approaches and sharing ideas in a safe and contained space. Although the current process was guided by the Framework which underpins it, there were areas in which integration of care remained somewhat unachieved. Many of these were in line with previous research findings, though they act to highlight the discrepancy between practice and theory. 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

Ten practical implications were developed from the data. These indicate how the specific SCH and wider establishments can continue to develop formulation processes and are outlined in Table 1.

Table I. Practical Implications. Source: Authors own work

1.	**Continued focus and exploration regarding how to include young people in their formulations, with an aim to include young people directly with indirect involvement as a back-up opportunity.** The value and importance of including young people in their formulations was shared and aligns with the wider literature on good practice in team formulation. This may involve working collaboratively with young people so they can take responsibility for aspects of their formulation, for example, the 'what may help' and 'what may not help' sections of the document. 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).
2.	**Embed clinical psychologists within the wider SCH team through increasing opportunities for contact and connection.** This process may support increasing the accessibility of the formulation process and facilitate a broader range of opportunities to engage with formulations, through visibility and accessibility to the teams (Ghag *et al.,* 2019).

3. Introduce formulation champions. Formulation champions across a range of professions could work 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.
4. 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 the SCH. Therefore, capturing their views within the formulation process is important. This also aligns with the focus within the Framework for Integrated Care on consistent staffing (Taylor *et al*., 2018).
5. 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 the care of a person (Summers, 2006).
6. 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 adversity and challenge. 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).
7. Broaden the representation at formulation meetings. This includes inviting family and previous service representatives to formulation meetings so their input can be included.
8. 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, a previously established need in the research around team formulation (Unadkat *et al.,* 2015), for attendance at formulation meetings, particularly prioritising the young person's key worker.
9. In person, verbal sharing of formulation output. Sharing of the key themes from the formulation process could take place during the wider SCH team meetings to provide a verbal and visual overview of the key messages from formulation meetings. This could be

facilitated by the psychologist who facilitated the meeting, or a member of the group who was able to attend. Visual presentations using diagrams can support overcoming the barrier of lack of time to read the document.

10. **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.

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