**The EPIC study**

**Enhancing Person-centredness In the Community support of older people (EPIC): A feasibility study of using Situational Judgement Testing to improve the quality of social care delivery**

**STUDY PROTOCOL**

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# Background

Social care workforce projections anticipate that up to 950,000 new posts will be required by 2035 to meet demographic changes in England, in a jobs market already characterized by 31 percent annual turnover, high vacancy rates, and concern over labour supply in relation to changing immigration rules (Care, 2017). The Department for Health and Social Care have initiated a national campaign to attract new workers to the sector (https://www.everydayisdifferent.com/home.aspx ). However, with close to half a million new starters each year, a third of whom are new to care work, there is an understandable need to attend closely to the recruitment and early development needs of care workers.

‘Values’ are at the heart of the national ambition for building a social care workforce of the highest quality across the UK(Care, 2011). From the lessons of care scandals such as Winterbourne View, to the everyday experiences of service recipients and carers (Manthorpe, Harris, Samsi, & Moriarty, 2017), the importance of the right values and attitudes to care work can scarcely be overstated. Yet ensuring this is achieved in practice is challenging. Some social care providers and recruitment agencies struggle to identify the right values through traditional interviews (Moriarty, Manthorpe, & Harris, 2018). Where this happens, there is concern that interviewers may inadvertently stereotype candidates, by reading values into other observable characteristics and behaviours they think might be relevant but may reflect unconscious bias (Patterson, Knight, et al., 2016).

Identifying the right values to embed into practice requires a framework against which they can be articulated and measured. Person-centred care is a central platform on which high quality community support for older people is built (Wilberforce et al., 2017). It is a values-led approach, based on fostering positive interactions, optimism about what older people contribute to their social environment, and promoting personhood by attending to each older person’s uniqueness (Wilberforce et al., 2017). Its importance is cemented as a core standard of the Care Certificate and within CQC standards. Prior research has found person-centredness to be a measurable construct of substantial value to service users (Wilberforce, Batten, et al., 2018; Wilberforce, Challis, Davies, Kelly, & Roberts, 2018). However, a key unresolved question is how person-centred values and attitudes can become embedded in values-based recruitment and skills development across social care.

# Rationale

Situational Judgement Tests (SJTs) offer one solution to the above dilemma, as a technique for examining knowledge of appropriate workplace behaviours. SJTs are used widely to recruit and train public sector workers, including healthcare staff, police officers and teachers, as well as in specific settings such as palliative care (de Leng, Stegers-Jager, Born, & Themmen, 2018; Hauenstein, Findlay, & McDonald, 2010; Pangallo, Zibarras, & Patterson, 2016; Patterson, Zibarras, & Ashworth, 2016). SJTs work by presenting ‘critical incidents’ (e.g. by video/text) illustrating a practice-based, challenging situation, and then asking questions about the appropriateness of different alternative actions in response (Patterson, Zibarras, et al., 2016). Importantly, SJTs can be used ***summatively***to evaluate an individual’s values and attitudes at the recruitment stage, or ***formatively***to support the induction of new staff, and enabling reflective learning (Hauenstein et al., 2010).

Despite being a sector dependent on the values and attitudes of its workforce, SJTs are not widespread in social care. Commercially developed SJTs are prohibitively expensive for small care providers. Of freely available SJTs, Skills for Care & Development (SfCD) have developed a small number ([www.aquestionofcare.org.uk](http://www.aquestionofcare.org.uk)). Some challenges remain:

1. Although they are already being used by some providers and recruitment agencies [21], they have **not** been empirically tested against a psychometric framework. We cannot be confident in how meaningful or reliable the SJT scores are.
2. The SJTs are also restricted to ‘critical incidents’ that portray social care in a relatively positive light. More balanced critical incidents might include care in the context of ‘behaviours that challenge’ (e.g. in dementia); where communication is difficult; or where organizational and environmental context cause difficulty.
3. Finally, the current SJTs attempt to span adult social care and children’s services with limited attention to the community support of older people.

For a situational judgement test to be helpful in recruitment it needs to clearly relate to the target role (Patterson, Zibarras, et al., 2016). This SJT builds upon the work undertaken by Wilberforce et al (Wilberforce, Batten, et al., 2018) in developing a meaningful tool to assess person-centeredness in domiciliary care. This work found that person-centeredness was a meaningful and important construct to users of domiciliary social care, and hence forms part of the role specification for individuals providing this care.

This SJT aims to relate the key constructs of person-centeredness as identified to a tool to evaluate the propensity of individuals considering taking on a career in social care to provide care in this way. If successful, this can address some of the workforce issues in social care (e.g. high churn in and out of the sector, high turnover of staff between employers) and enhance the care experience for service users.

# Aims and Objectives

## Aim

The study aims to design SJTs that evaluate knowledge and appraisal of person-centred behaviours in the community social care of older people, and to assess their quality and usefulness.

## Objectives

* To develop a situational judgement test to assess the person-centredness of potential and current domiciliary care workers.
* To assess the acceptability and comprehensibility of the situational judgement test
* To assess if there is interpretable variation in scores on the tool
* To ensure that the tool meets the needs of potential users (employers of domiciliary carers)

# Study design

This project is split into three stages: ‘development’, ‘piloting’ and ‘gauging acceptability’. The stages and the sequence in which they need to be completed are outlined in Figure 1 below

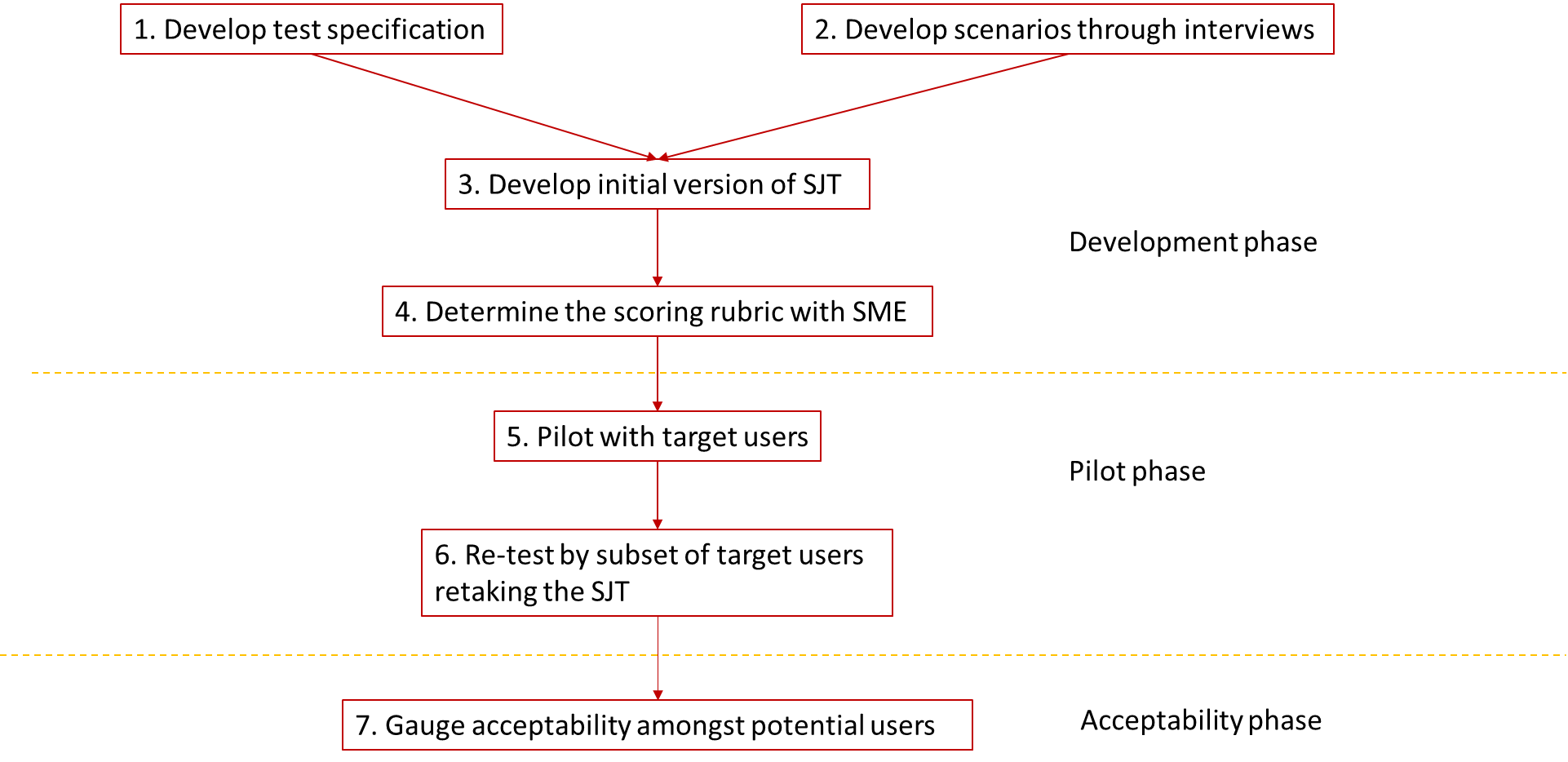


Figure 1: Study design

# Activity one: Developing the test specification

The test specification stage establishes the key design features of the SJT, which have significant implications for the validation of the tool. Example steps in the test specification include:

* Deciding how many scenarios should be presented
* Deciding how many questions relating to each scenario there should be
* Concept mapping to link the scenarios for aspects of person-centred care already identified
* Determining whether the SJTs ask respondents what they “would” or “should” do in response to the stimulus scenario
* Decide the scoring of items

The choices made at this point have implications for the performance of the test and need to be taken before the content developed during the scenario generation stage is developed into an initial SJT. Developing the test specification is a technical activity and the project team (MW, PT & AD) will work together to develop a project specification using the experience of the team and the available literature. This will feed into a final test specification document explaining what and why the options selected have been chosen.

This task will be carried out by the project team so there is no need to recruit to this part of the study.

# Activity two: Development of scenarios for the SJT

## Participants

10-12 interviews will be undertaken to generate the scenarios upon which the SJT will be based. Interviewees will be (i) domiciliary care workers who support older people in their own homes, and (ii) service users/carers who have experience of receiving support.

All participants will have capacity to consent.

The project team’s own networks will be used in the first instance to promote the initial interest in being interviewed for the scenario generation part of the project.

*(i) Care workers*

Two routes to recruitment will be used.

Route 1: We will first approach team managers of care organisations we have link with, to discuss the study. We will ask them, if they are interested, about the best way to invite care workers to participate in the study. Managers will be invited to share a poster (appendix 1 & 2) with care workers and ask them to approach us if they are interested.

Route 2: We will also share the poster on social media. Through the poster potential participants are invited to approach the research team for more information.

For both routes to recruitment, after receiving an expression of interest, the project team will send them the participant information sheet and, if they remain interested, contact them to arrange an interview at a mutually convenient time.

*(ii) Service users / carers*

Two routes to recruitment will be used, in parallel with the above.

Route 1: We will first approach team managers of care organisations or other community organisations we have links with, to discuss the study. Managers will be invited to share a poster (appendix two) with service users and/or family members, and ask them to approach us if they are interested.

Route 2: We will also share the poster on social media and in doing so inviting potential participants to approach the research team for more information. This may include community forums (e.g. facebook groups) with permission of the convenor/admin.

As above, for any expressions of interest received, the project team will supply a full information sheet and follow these up shortly after. If the person remains interested, a mutually convenient time for an interview will be arranged.

## Consent

Participants will be given the information sheet, the data information sheet and the consent form (appendix 5 or 6) when they contact the research team. They will be given another copy the day before the interview alongside a reminder of the time and details for the interview. These will be sent either by email or post depending on the preferences of the participant.

Before the interview commences the participant will be asked to read the information sheet and complete the consent form. If the interview is taking place remotely the researcher will read the consent form aloud and ensure a recording is taken of their consent to the study.

Participants being interviewed will be offered a £10 voucher as a gesture of gratitude.

## Data collection

Interviews may take place face to face, over the phone or using university approved secure online meeting software. This will depend on the preference of the interviewee and what is possible at the time given adaptations in research practice necessary in the light of Covid-19. All interviews will be audio recorded and transcribed by department approved transcription services. There are no plans to visually record any interview. Semi-structured interviews with the subject matter experts will be undertaken (Klein, Calderwood, & MacGregor, 1989) to elicit real life incidents in which people-centred care has been provided or an opportunity missed. In particular what decisions were made that caused the care provided to be person-centred (or not), in particular what the antecedents of this decision were.

Interviews will start with an explanation of person-centred care before moving on to ask participants to reflect on their own experiences of care provision (care workers) and receipt (service users / carers), whether positive or challenging. Whilst the onus is on getting participants’ own experiences of what makes care person-centred, if necessary the interviewer will have optional prompts if the interviewee is struggling to access the topic (appendix 12, 13, 14).

Interviewees will be encouraged to think of specific incidents which the participant remembers as typifying (i) positive and (ii) negative experiences. The interviews will then use probes to follow an “ABC model”. This involves looking at the Antecedents of the incident, the Behaviours shown, and the Consequences of the incident. The interviews will then examine alternative ways in which the incident could have been handled.

## Data analysis

Data will be analysed using framework methodology (Gale, Heath, Cameron, Rashid, & Redwood, 2013). This method is well suited to this purpose where there is no generation of wider theory intended, but instead eliciting particular lived experiences to inform further development of an applied tool. Data will be analysed by one member of the team (AD) with review from the rest of the team. Initial codes will be generated based on the underpinning understanding of person-centred care, with additional codes generated during the analysis included. If codes are found to be redundant or overlap with existing codes, the codes will be collapsed. A matrix approach will be used with data organised into a per person per theme matrix to identify potential critical incidents. At this stage the intended output is a group of potential critical incidents and a list of consequent behavioural choices demonstrating opportunities to be person-centred or not.

## Data storage

Data will be stored in accordance with university protocols and securely stored in a password protected drive which is only accessible to designated members of the project team. Transcripts will be anonymised. Data will be stored for at least 10 years from the end of the project in line with university policy.

# Activity three: Developing the SJT and response options

Activity 3 is desk-based and involves only the research team.

Once the data from the interviews and the test specification has been completed the initial draft of the SJT will be developed. Special care will be taken to ensure that the SJTs cannot be linked to any individual experience reported during activity two. A key feature of the SJTs are that they are generic, such that they represent credible incidents that are everyday situations that may be faced. The initial draft of the SJT will be developed by the project team, with reference to their knowledge of person-centredness. This is to ensure that the test meets the requirements set out in the test specification which is a technical process.

Typically, the scenarios will be based around a normal activity in a care workers working life and will depict at least 4 to 5 potential behavioural responses in a stem format. The response format will be based on a four-point Likert scale. For example, if a behavioural response is shown, the test taker will then be asked about its *appropriateness* (very appropriate/ appropriate/ inappropriate/ highly inappropriate). An additional question style may be to ask about the *importance* or *relevance* of a certain feature the scenario. For example, if a care worker accepted a high-valued gift from a service user affected by dementia, the test-taker would have to rate the perceived importance of various factors, for example the value of the gift or the quality of the care received.

# Activity four: Developing a provisional scoring system

Approximately 12 to 15 participants will be invited to evaluate the pilot item pool as a subject matter expert (SME) panel. The items will be built into a Qualtrics survey. The SME panel will be asked to briefly rate items for clarity (i.e. is the wording of the scenario and linked questions clear and unambiguous) and relevance (that is, would they be expected to tap into the constructs relevant to the delivery of patient centred care?). The experts will then be asked to independently order the responses across the four-point scale using Qualtrics to record this.

Once the expert panel has ordered the items, the level of consensus of the scoring will be assessed. This will be performed in two ways. Firstly, agreement across all four categories will be assessed, as indexed by Krippendorf’s alpha coefficient (this assesses agreement across more than one category across multiple raters). Secondly, agreement between the highest scoring (‘3’ or 2’) responses and the lowest to (‘1’ or ‘0’) looked at, in terms of consensus over this binary categorisation. For this latter comparison Fleiss’ kappa be used. The final cut-offs for the alpha and kappa values will be decided, though values of around .6 tend to indicate fair to good agreement.

The final pool of items retained will be selected based on the following criteria:

1. Whether the SMEs felt, in general, the items were clear and relevant.
2. Acceptable agreement between SME panel members was obtained for the provisional scoring systems.
3. Each scenario has four or more items linked to it. This is for two reasons; it allows modelling which can separate scenario from item effects, in future large-scale analyses. Also, reducing the number of scenarios lowers the burden of reading time, and hence test time, for test-takers.
4. That a representative number of scenarios, illustrating both interpersonal and service aspects of person-centred care are included.
5. The research team feel that the items included, are not excessively easy, leading to a reduced variance in responses for test-takers.

## Participants

Approximately 12-15 participants will be invited to join the virtual panel. The panel will include

* Older people or their supporters with lived experience of receiving social care, for themselves or a loved one
* Advocacy / community groups supporting older people and carers
* Managers and care workers from domiciliary care agencies
* Sector expertise with interest in care quality (e.g. member of Skills for Care, Social Care Institute for Excellence, UK Homecare Association etc)
* Academics with expertise in person-centredness

Participants will be identified through the research team’s existing networks and those known to be interested in this study from discussions arising from the initial application, supplemented by ‘snowballing’ (e.g. recommendations of individuals to approach, e.g. through Skills for Care and Social Care Institute for Excellence contacts). Invited participants will also include those care workers and service users who participated in the earlier stage, where they agreed to be re-contacted for subsequent stages of the study. All potential participants will be sent a participant information sheet to enable them to decide whether or not to participate (appendix seven).

## Consent

It is usual practice that explicit, written consent is not required for self-administered research, such as surveys, since the act of completing the survey is taken as consent to participation. Health Research Authority guidance specifies that *“for postal/online surveys or self-administered questionnaire-based research, it is not necessary to include a separate Participant Information Sheet or consent form”.*

# Activity five: Piloting the situational judgement test

A final battery of items will be piloted, via Qualtrics, in a group of approximately 100 people. The final battery will have around 20 scenarios, with multiple questions per scenario. This will allow for discarding items which do not show a range of scores (i.e. they are too easy or too difficult). Also, it will allow for the creation of final tests with more than one test form.

At this stage it will not be possible to validate the test scores against a particular criterion. However, the survey, with the items built-in, will also ask the number of demographic details, such as work history and education, to allow for examination for any association with experience. It may be able to explore, via appropriate analyses, for the presence of any item bias or differential item functioning according to key demographic characteristics such as ethnicity and gender.

## Participants

The sample will be comprised of two groups:

*(I) A sample drawn of domiciliary care workers*

The research team will seek to share the link to the Qualtrics-hosted SJT set through a range of different providers and provider groups. This may include domiciliary care providers, provider forums and networks, training providers and organisations that support Personal Assistants in social care. The team will first contact the organisation manager/convenor, providing information about the study, and requesting that a recruitment poster (appendix four) together with the link to the survey is shared with care workers. Those accessing the SJT site will review the participant information sheet (appendices eight, nine and ten) before completing the survey.

*(II) A sample of people not working in the social care sector, but who fit the characteristics of new entrants.*

We are interested in examining those who may potentially consider domiciliary social care work as a future career. New entrants to the social care sector, based on labour market research, are most commonly drawn from other low wage sectors, Further Education or other educational courses, and unemployment/economic inactivity. There are a range of potential organisations who may act as potential gatekeepers:

* Further Education colleges delivering Health and Social Care courses
* Jobcentres and other support organisations for unemployed people
* Recruitment agencies focusing on care and support work
* Social media and online community groups supporting those seeking new careers in low wage sectors.

As above, gatekeepers will be asked to share a recruitment poster seeking participants, which will include a link to the survey. People clicking on the link will be directed to the participant information sheet before continuing into the survey.

## Consent

As above, it is usual practice that explicit, written consent is not required for self-administered research, such as surveys, since the act of completing the survey is taken as consent to participation.

## Data analysis

Analyses of the test responses will seek to (crudely) evaluate the dimensionality of the responses (i.e., the extent to which they are unidimensional). Depending on the results, it may be informative to perform a Rasch calibration on the responses. If items responses generally fit a Rasch model, the Rasch calibration may flag items showing substantial misfit (that is, items where test-takers who generally score well on other items score poorly). This might indicate the need to either drop such items, if for example, the wording is being understood in different ways, or a need to revise the scoring key for certain items. A Rasch calibration may also help decide whether a binary scoring system, rather than one based on four scoring points, is likely to lead to substantial loss of information. This decision can be informed by inspecting the category probability curves for the items (i.e. the probability that a particular response will be observed for each item).

Test information and ‘reliability’ will also be evaluated, although the latter is problematic in situational judgement tests due to the likely dependency of items within scenarios. Therefore, alternative estimates of reliability will be considered, depending on the early analysis findings. The findings of this pilot study will pave the way for a fully powered validation study of a final form (or multiple forms) of the test.

# Activity six: Retesting the Situational Judgement Test

As person-centredness is conceptualised as being fairly stable across time at the individual level further information about the validity of the tool can be gained by asking a subset of participants in the initial pilot to retake the SJT 2-4 weeks later. Given the well documented challenges of estimating reliability metrics for SJTs, test retest reliability may offer a more meaningful alternative to cross-sectional indices.

## Participants

Upon completing the SJT in the pilot participants will be asked if they are willing to be contacted to complete the SJT a second time. If they are they will be emailed an invitation to complete the SJT for a second time. We anticipate that 30-40 participants will agree to complete the SJT a second time. The invitation will be automatically emailed to participants two weeks after their initial completion with a reminder seven and fourteen days after this if not completed. Before completing the survey the participant will be shown the information sheet prepared for activity six as a reminder.

## Consent

As above, it is usual practice that explicit, written consent is not required for self-administered research, such as surveys, since the act of completing the survey is taken as consent to participation.

## Data analysis

Test re-test reliability will be estimated by calculating the product-moment correlation between the scores from the first and second test administrations (Rousson, Gasser, & Seifert, 2002).

# Activity seven: Gauging acceptability

## Participants

Participants in the focus group are decision makers about recruitment and training processes, so we would anticipate that these are primarily the leaders of care organisations. We anticipate running a maximum of two focus groups with approximately 6-8 participants in each so would seek to recruit 12-16 participants in total.

In advance of the focus group, a final set of SJT scenarios and questions arising from the previous research stages will be presented. Each participant will be invited to review them.

Participants will be asked to address and discuss just one or two focus questions during the focus group. The precise wording will be determined closer to the time, but will be oriented to the potential value of SJTs; how they could be used; and factors that would enhance or limit their use (appendix sixteen).

The participants in the focus groups planned for the gauging acceptability phase of the project will be recruited at the same time as the interviewees for content generation and subject matter experts. To reduce individual burden there will not be any expectation that anyone contributes to all three relevant parts of the project, but is free to dip in and out as they wish.

At this point in the project we anticipate that we will have developed a network which will not need supplementing to reach the numbers required for the focus group.

## Consent

Participants will be given the information sheet, the data information sheet and the consent form (appendix eleven) when they are contacted by the research to invite them to participate in the focus group. They will be given another copy the day before the focus group alongside a reminder of the time and details for the focus group. These will be sent by email.

Before the focus group commences the participants will be asked to read the information sheet and complete the consent form. If the focus group is taking place remotely the researcher will ask that the participant replies by email to state clearly that they agree to participate in the study.

## Data collection

The focus groups will be audio recorded and transcribed, and supplemented by field notes taken by researchers.

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# Appendices

|  |  |  |
| --- | --- | --- |
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| 4 | Recruitment posters Activity five |  |
| 5 | Activity two information and consent form SERVICE USERS |  |
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