Supplementary File 1: Topic guides

Note: Any information in the text that is to be kept confidential is replaced with [Retracted].

EAGER project focus group plan – [Retracted]

PRELIMINARIES (8 mins)	
[Retracted]	<u>Welcome</u> & introduce self and other researcher. Both researchers working on EAGER project. <u>Thank you</u> for coming to this meeting. One of two meetings we're holding with staff from [Retracted]. We're having similar meetings other reablement services around the UK. Grateful for time given to take part. Confirm end time of [Retracted] <u>Brief overview of EAGER project</u>: The EAGER project leads on from a previous study we did on reablement. This found that a key challenge for reablement services was getting some older people (and their families) to engage with reablement. In other words some service users were resistant to, or wouldn't 'buy-in', to what reablement is trying to achieve. This study also found that how much someone engages with reablement affects much they benefit from it. So, the aim of the EAGER project is to develop a resource (or toolkit) to help reablement services, and the services which refer to reablement, can address these issues of poor understanding and engagement with reablement. <u>Purpose of meeting:</u> Currently in Stage 1 of the project. Here we're talking to people working in reablement services, and older people and their families. We're doing this so we properly understand the different reasons why people don't engage with reablement, or it can be difficult to get them to engage. <u>Structure of meeting</u>: • to hear your views about why some people don't engage with reablement • to hear about the things you, or your service does, when someone, or their family, is resistant to reablement • to hear your ideas about how we can ensure people better understand what reablement is, and ways to overcome resistance to reablement <u>Explain two researchers' roles</u> <u>Last of all, some simple group rules</u> – use with all focus groups we run… • <u>Confidentiality</u> – restate as researchers we will ensure that everything stays confidential. Ask that everyone taking part also respects this. • <u>Turn taking</u> –it important that everyone gets a chance to speak. Can be more tricky to manage on online. Will try to make sure happens. • <u>Different views</u> – it is likely that people will have different views on the topics being discussed. We would ask that you listen to and respect each other views. <u>Check for questions</u> **SWITCH ON RECORDER**
ROUND GROUP INTROS (5 mins)	
[Retracted]	"In one sentence….": • name

	- role - how long worked at [Retracted] in that role

WARM UP (12 mins).
As well as acting as a warm up to later discussion, this will generate evidence in itself, and will raise things we're likely to want to return to later.

[Retracted]	*Discussion opener:* To start, we'd like to hear some general reflections on your experiences of being part of a reablement service. We'll keep it quite general at this stage, and then come back to explore what you've said later in our discussion. ….so, if I asked you, in your experience (either direct experience as assessors or what you hear from reablement workers), *what are the sorts of things which indicate that a new referral to your service may be resistant to/does not want to engage with reablement? …or what are the warning signs? What would you say*? …and, equally, *what things give you a sense that the older person will engage well? …or things will go well with a particular service user*?

PATTERNS OF ENGAGEMENT (10 mins)
Here the purpose is to explore the notion of engagement as a dynamic concept and elicit observations of patterns of engagement with respect to reablement. (For example, is engagement typically 'steady state', can people abruptly or gradually disengage, can level of engagement increase, do people re-engage?). We'll explore explanations for why these patterns exist in the next section of the discussion.

[Retracted]	*Discussion opener*: We'd like to move on now to hear your experiences of the different ways people engage with reablement. So, for example, how are people at the start of reablement? Does it ever happen that someone who is keen and motivated loses interest, or someone originally resistant begins to engage? And is it possible to re-engage someone who has lost interest or has become resistant to reablement? We'll ask you later why you think this happens. Probes - User engagement - Family engagement - Causal relationships between user and family engagement - Particular 'risk points' for disengagement - Times when people more likely to 'buy-in' / keen to be reabled

FACTORS AFFECTING ENGAGEMENT WITH REABLEMENT (40 MINS)
This is the core section of the discussion. It's purpose is to elicit views/observations re the factors that affect engagement. We want to explore the whole of the referral and reablement pathway

[Retracted]	We'd now like to hear your views on the main reasons why getting people engaged, or motivated, to be reabled can be difficult and challenging, and also keeping them engaged and motivated. We'd also like to hear your views about the things support engagement. We're keen to look at the whole process: the things that happen in the lead up to a referral, the referral process, the initial visit and assessment, goal-setting, the visits from reablement workers, and review meetings Probes (ask for examples)

	• Different referral pathways bring different challenges to engagement? Why?
	• User characteristics (e.g., mental health)
	• Specific reablement circumstances make engagement harder? E.g. feelings of vulnerability/frailty, recent discharge
	• New 'identity': becoming someone who needs help, new to being a service user
	• Family members
	• Understandings of traditional homecare vs reablement
	• The reablement worker – older person – family member relationship
	• The role of the reablement workers: skills
	• Time available to reablement workers
	• Number of reablement workers involved
	• Home territory
	• The role of goal setting, visibility of goals
	• Make sure cover points along the pathway
	    o the lead up to a referral
	    o the referral process
	    o the initial visit and assessment & goal-setting
	    o visits from reablement workers
	    o review meetings
	    o discharge

SOLUTIONS / ADDRESSING AND OVERCOMING RESISTANCE / DISENGAGEMENT (10-15 MINS) The purpose of this section is to hear views re possible solutions and also which solutions likely to have greatest impact/be worth investing in. It also explores experiences of trying to address engagement etc..	

[Retracted]	***Discussion opener***: Reflecting on our discussion so far, we'd like to finish by thinking about solutions, or ways of overcoming, people's reluctance to engage with reablement etc.. There might be things your service has already done to address these issues, things you're already planning to do, or thing you'd like to do. We're interested in hearing both about things your service might do or change, but also things that need to change or be done differently by services referring to you.
	
	Once ideas elicited:
	• Probe (if relevant)
	    o Success of any initiatives
	• If multiple ideas / suggestions re possible solutions
	    o which would prioritise?
	    o Which likely to have greatest impact
	    o Which likely to be easiest to implement
	    o Which likely to be difficult to implement? Why?

CLOSE (5 MINS)	
[Retracted]	• Any final comments/reflections • Thanks for participation • Explain re next steps for research and when findings will start to emerge.

INTRODUCTIONS

- Introductions
- Thank you very much for agreeing to tell me about your experiences of the [Retracted] service.
- Is it OK if I record our conversation? It means we can be sure we've got a record of everything you tell us and I don't have to take notes when we're talking.
- IF AGREE, switch audio-recorder on.

GETTING [Retracted]

Start by thinking back to when you first found out that you'd be getting support from the [Retracted]

- o Who told/explained to you?
- o What was told? For example,
  - …about what would happen or how would work
  - …about why needed
  - …about purpose
  - …what words used (e.g., r*eablement, enablement, rehab, care, homecare*)
- Did you receive any information/leaflets at that stage?
  - Was it helpful? Why?
- When you first heard that you'd be getting the[Retracted] service, how did you feel about it at the time?
  - o Did it sound the right sort of support/service for you / what needed, and why?
  - o Or did you want something different …or nothing at all? Why?
- What did your family think about the plan to have [Retracted] coming to visit you?
- If you were asked to make suggestions about how they could improve how older people find out about getting [Retracted] what would you say?
  - o e.g., info. provision, tools
  - o e.g., involvement of family members

THE INITIAL VISIT

Thinking now about when [Retracted] first came to see you at home [Reminder: They might have called it the assessment visit, quite a few forms to fill in etc..)

- Can you tell me a little bit about what happened at that first visit?
  - o what told you about how the [Retracted] works?
  - o anything surprising / worrying /not what expected?
  - o did they give you an information leaflet or anything like that? Helpful or not?
- Do you remember talking to them about the things you wanted BEST to help you with, or what you wanted to work towards doing again or getting better at doing?
  - What things did you say?

- How did you feel about getting [Retracted] after that visit?
- Is there anything that [Retracted] could do to improve what happens when they first visit someone?

THE VISITS FROM [Retracted]

I'd like to ask you now about the visits you've been getting from [Retracted] these past weeks.

- What sorts of things have they been doing with you?
  [*If previously identified goals – construct around what/how the workers helped re goals*]

- During this time, did you feel you were making progress?
  [If earlier identified 'goals' – question/s can be constructed around them]

  - o In what ways? For examples
    - ▪ How has [Retracted] helped you with these things? What have they done?
  - o [*If no improvements*], why do you think not?

- How did your family feel about the progress / lack of progress….?
  - o Did they get involved in helping you make progress?
  - o How? Was it helpful?

- Have there ever been times when you didn't feel like having [Retracted] visit you? Or times when you didn't see the point of them visiting? Or didn't feel making any progress?
  - o Details
  - o What happened (i.e., issue overcome / or not)
  - o What helped to overcome (or what might have helped)

- Do you think there are any things that [Retracted] could do to improve their service?
  - o Why improvement needed?
  - o What difference the improvement would make?

CLOSE

- Overall, what have you most enjoyed about having the [Retracted] service?
- If you were choosing people to work for [Retracted], what sort of people would you be looking for?
- What do you think your family thinks about the support you've had from [Retracted]?

- Anything else you'd like to tell me about your experiences of getting [Retracted]?
- Thank you very much etc.

Topic guide – family members

INTRODUCTIONS AND SETTING THE SCENE

- Thank you very much for agreeing to tell me about your experiences of [*name of service user*] getting the [Retracted].
- Is it OK if I record our conversation? It means we can be sure we've got a record of everything you tell us and I don't have to take notes when we're talking.
- IF AGREE, switch audio-recorder on

- First of all, can you tell me a bit about the ways you were helping out/caring for your [*husband/wife/mum/dad or [service user name]*] before they started getting [Retracted]?

LEARNING ABOUT REFERRAL TO REABLEMENT SERVICE

- Can you remember when you first heard [*name of service user*] had been referred to [Retracted]?
  - Tell me a little bit about the situation at the time
  - Who told you?
  - Did receive any written information? Any good?
- What did you understand about what [Retracted] would do?
  - Probe if understood different to care?
- How felt about it then? The right thing? Any concerns?
- Did you think [Retracted] was the right sort of support/service for [*name of service user*]? Or did you want something different or nothing at all?
- Did you feel you had been involved in the right way in deciding that [*name of service user*] would get support from [Retracted]?
- Did you think [*name of service user*] knew and understood what was happening?
- If you were asked to make suggestions about how they could improve how older people and their families find out about getting [Retracted] including what they're told at the time, what would you say?
  - Check for: information
  - Check for: involvement of family members

GETTING THE [Retracted] **SERVICE**

- In what ways do you think [*name of service user*] has benefitted from [Retracted]?
  - Happy with that? Hoped for more?

- Was the way [Retracted] worked with/supported [*name of service user*] what you expected?
  - Probe: doing with rather than doing to; moving towards greater independence
- Did you ever have any concerns with the way [Retracted] worked with/supported [*name of service user*]?
  - If yes, explain/examples.
  - Did you do anything about these concerns?
    - If yes, what?
    - And were concerns addressed?
- Throughout the visits, were you happy with how much [Retracted] communicated with you?
  - Anything you think they could have done better re this?
- Throughout the visits, were you happy with how much [Retracted] involved you in how they were working with/supporting [name of service user]
  - Anything you think they could have done better re this?
- Did you ever notice times when [*name of service user*] didn't want [Retracted] to visit?
  - Why?
  - Anything [Retracted] did to address?
- Did you ever notice times when [*name of service user*] seemed discouraged about the progress they were making, or not interested in making progress?
  - Why do you think that was?
  - What helped / How did he/she overcome it?
- If you were asked to make suggestions about how the [Retracted] service could be improved, what would you say?
  - Check for: the ways worked with [*service user*]
  - Check for: communication with / involvement of family members
- Finally, if you were choosing people to work for [Retracted], what sort of people would you be looking for?

CLOSE

- Anything else you'd like to tell me about your experiences of having the [Retracted] service supporting [*name of service user*]?
- Thank you very much for your time. It's been lovely meeting you etc.

Supplementary File 2: The final coding frameworks for analysis

Coding framework 1: Service staff

User-centred factors	Family-centred factors
- A life change - User complexity - Personality - Identity issues (age, gender, generation) - Readiness/Be suitable - Motivations/needs/expectations/goals (Mis)understanding of reablement - Trust issues - Status/mood - Financial issues - Perceived family pressure - Care/caring experience - Social network - Solutions/good practices	- Role reverse - Risk averse and fear - Needs/benefits/expectations (Mis)understanding of reablement - Family resistance/support - Care/caring experience - Family relationship - Location/distance - Solutions/good practices

Staff-centred factors
- Staff quality
  - Personal qualities
  - Understanding of/beliefs in/commitment to reablement
  - Knowledge/experience
  - Abilities/skills/work approaches
- The team/organisation
  - Team management
  - Workforce (training, loss/recruitment)
- Solutions/good practices

Delivery model-centred factors	Practice-centred factors
- Process - Hospital discharge - Goal setting/assessment - Regular calls - Progress, feedback, and reviewing - Pathways - Hospital discharge referrals - Community referrals - Service model design/changes (relevant changes to delivery models) - Referrals/time/OTs - Settings - Home settings - Hospital settings - Available resources - Solutions/good practices	- Service delivery - Team size - Contents - Features - Timing - Time points - Time length - Relationship building - Mutual expectations - Trust - Staff wellbeing/emotions - Communication - Language/wording - Physical/cognitive barriers - Information provision - Tools/forms/opportunities - Effectiveness - Solutions/good practices

Others	
- Culture/stigma/authority/power - Current policy system	- Contextual changes - Coordination across services

Coding framework 2: Service users and their families

User-centred factors	Family-centred factors
• A life change • Personality • (Mis)understanding of reablement • Service needs • Resistance to nursing care • Financial issues • Feelings of reablement • Support network	• Family relationship • Willingness • Worries

Staff-centred factors
• Staff quality
   o Personal qualities
   o Abilities/skills/work approaches	

Delivery model-centred factors
• Process
   o Initial visit
   o Ongoing process of identifying needs
   o Deal with bad services
	Practice-centred factors
	• Reablement services
	• Time and timing
	   o At the point of hospital discharge
	   o At the beginning of reablement
	• Communication
	   o Points of contact
	   o Information provision/gaps
	   o Tools/barriers/skills
	   o Team communication

Others • Coordination across services (e.g. technology, community services)	