**Additional programme theories not covered in Formative Process Evaluation paper**

In our Formative Process Evaluation paper four main intervention functions were prioritised and/or consolidated. The four core theories presented in the paper were (1) building trust and engagement, (2) doing practical and emotional work, (3) using the mentalisation-based approach, and (4) sharing participant’s personal goals and action plans with their health and social care professionals. Core theories (2) doing practical and emotional support and (3) using mentalisation-based approach were covered as illustrative examples in the paper and are therefore not discussed further here. Core theory (1) building trust and engagement was a consolidated programme theory, including three core programme theories: Trust, Relationship and release day working. Release day working was an illustrative example provided in the paper and so not repeated here, but trust and relationships were not covered and so more details are provided here (see Figure 1). The core theory descriptions are presented below with illustrative example core programme CMOs (if-then statements) in Table 1 (below).

**Figure 1: Main intervention functions after the Formative Process Evaluation**

**Table 1: If-then statements for the core programme theories**

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| Programme Theory | Description | Example core programme CMOs (if-then statements) |
| Trust | There were a range of ways to build trust in different contexts in order to enhance engagement. Experiences were important to understand in order to know where to begin with building trust with participants (e.g. finding out about and discussing negative previous experiences of services). Trust was a prerequisite for engagement, but it also had fluency and there were various points within a participant's pathway that trust may be lost (e.g. through being let down by other services Engager refers to). These points needed to be monitored and worked on to build trust again (such as through more frequent informal contact, or directly discussing the relationship and how it has gone wrong).  Some key ways for a practitioner to work that would build trust :  1) Support to break down goals in to achievable steps and match resources to these steps to build autonomy and empowerment and then trust that Engager Practitioner can support the participant to change,  2) Tailor intervention to the individual's goals,  3) Support participant to overcome barriers to engaging with other practitioners (e.g. negative perceptions of their behaviours and motivations or social anxiety),  4) Make consistent, varied, frequent and informal (flexible) contacts with participant to engage (or re-engage),  5) Work alongside the participant and let him set the pace and content of the work,  6) Support the participant to use his own strengths to take steps to achieve his goals,  7) Let the participant engage in the way that he would like (e.g. only when he feels he has an issue to bring).  Times in a participant's pathway when trust may need additional work:  1) At the beginning when there is not yet a relationship between Engager Practitioner and participant,  2) When a participant begins to or disengages,  3) When the participant is first in the community and has not worked with his Engager Practitioner on his release day,  4) If a participant has a lack of trust in previous practitioners and experiences previous services as uncaring and not listening and he has few people or no one else in his life that he feels he can talk to or unburden on,  5) When another service that Engager has referred him to lets him down. | [PT4b] IF an Engager Practitioner is non-judgemental in their work with a participant AND shows that s/he genuinely cares about the participant and the participant's feelings, THEN the participant will like and trust the Engager Practitioner and believe that he will be treated empathically and fairly, AND THEN, the participant will be more likely to continue to engage with the Engager Practitioner.    [PT4d] IF a participant has a lack of trust in previous practitioners he has worked with and experiences previous services as uncaring and not listening and he has few people or no one else in his life that he feels he can talk to or unburden on, AND his Engager Practitioner discusses his concerns and expectations with him and listens to him and his experiences non-judgementally, THEN the participant will believe that the Engager Practitioner is on his side, AND THEN will engage more with his Engager Practitioner.  [PT4e] IF a participant believes that his Engager Practitioner is not able to help him, THEN he will not trust his Engager Practitioner, AND THEN he will not engage with his Engager Practitioner. |
| Relationship | There are a range of ways in which the Engager practitioner can develop a relationship to build trust and it appears that the relationship is important in addition to trust and this is mostly based around mechanisms of liking the Engager practitioner, believing Engager practitioner is on their side, and feeling cared for by the Engager practitioner. This leads to trust and then engagement, but can lead to notable negative pathways. Sharing participant’s personal goals and action plans with their health and social care professionals as a consolidated programme theory, included three core programme theories; resource mobilisation, support engagement with other services and the shared action plan. | [PT7a] If the Engager Practitioner is authentic and honest about what s/he can and cannot do and feeds back what s/he has or has not been able to do for participant, then the participant believes that the practitioner cares about him, and he increasingly trusts his Engager Practitioner.  [PT7b] If an Engager Practitioner gives a participant realistic expectations and is honest about what they can offer and for how long, then the participant will believe that his Engager Practitioner will do what s/he says s/he will do, and then the participant will increasingly trust his Engager Practitioner and engage.  [PT7c] If a participant experiences burden from worries and concerns and believes he can unburden these on his Engager Practitioner, then he will feel that his Engager Practitioner genuinely cares and understands. |
| Resource mobilisation | Engager supports other practitioners to mobilise their resources around Engager participants in a number of ways:  1) supporting participants to have more positive perceptions of Engager participants (by supporting communication between them, by managing and challenging perceptions on both sides, by advocating for the participant's personal goals),  2) supporting small changes in the way the other service works with the participant (small wins) that enable a positive spiral of change in their working relationship,  3) supporting the other practitioner to do their work (e.g. supporting participant to engage with other service) to enable a positive spiral of change in the relationship between the other service practitioner and the Engager Practitioner,  4) supporting other practitioners to overcome barriers to mobilise their resources around a participants' goals,  5) building trust of other practitioner to support the exchange of advice and support to help participant. | PT12g] IF it is difficult to find out about and know how to contact/refer to services in the local community, AND the Engager Practitioner already has knowledge about the local services and how to work with them, THEN less resource is required to build a list of local services.  [PT12h] IF an Engager Practitioner has a lack of knowledge about local services, THEN more resource will be needed to build a list of appropriate services in the local community.  [PT12j] IF the Engager Practitioner gets to know practitioners in a few local services, THEN (because services all interact locally) services the Engager Practitioner has not yet been in contact with already know about Engager and will be more receptive and welcoming when the Engager Practitioner talks to them. |
| Engagement with other services | Engager supports participants to engage more with other services and other support (and thus to receive more support around their goals during and after Engager) by:  1) Using the Mentalisation-Based toolkit to support him to have more positive perceptions of other practitioners behaviour and motivations (or those of family/friends/others) in the context of a negative past experience of other services in general, and sometimes of this particular practitioner in particular,  2) Modelling how a positive relationship with a service provider looks and how it can benefit him to embrace support,  3) Supporting a participant to meet the service requirements of other services (e.g. substance abstinence) or for other services to be more flexible by helping them to understand a participant and his needs better,  4) Supporting him to communicate better with other services, and thus to feel he can get more from other services, and improving his self-esteem, empowerment, ability to ask for what he needs from other services, and his autonomy,  5) Providing practical support to attend appointments with other services (diaries, reminders, attending to support relationship),  6) supporting initial development of a good working relationship between other practitioners and the participant (including advocacy and communication Shared Understanding and Shared Action Plan),  7) Supporting the participant to mobilise his social capital by supporting improvement of relationships with family and friends,  8) Offering (limited) support to friends and family to help them to better support the participant,  9) By having a list of local services and how to engage with them, and building and maintaining relationships with key practitioners in these other services, so that the participant's goals can be matched to these effectively. | [PT13o] IF an Engager Practitioner is available anytime and in any format for other practitioners to contact, THEN other practitioners will feel there are no barriers to communication with the Engager Practitioner and will be more likely to include them in the participants ongoing care plan and to ask them for support and advice around a participant's care.  [PT13p] IF other practitioners feel that Engager Practitioner is a good person, approachable and friendly, supportive and empathic, and keen to learn and understand other practitioner's processes and ways of working, and to collaborate, THEN they trust the Engager Practitioner and are happy to work with and communicate with the Engager Practitioner, AND will not be offended if the Engager Practitioner gives them advice, and will be happy to provide support and advice to the Engager Practitioner.  [PT13q] IF other services know Engager is working with a participant in the community, THEN other services are more likely to offer 'risky' support or find new or more flexible ways to work (such as prescribe medication when usually wouldn't for this participant). |
| Shared Action Plan | The Shared Plan is a resource that supports an Engager Practitioner to mobilise the resources of other practitioners around participants' goals by addressing or avoiding barriers to this:  1) It supports other practitioners to relate to and communicate about the participant’s goals with the Engager Practitioner,  2) It is a vehicle for sharing plans between services in a non-threatening and collaborative way,  3) It supports other practitioners to see how Engager compliments and fills in gaps of their service delivery, rather than stepping on their toes and making them feel defensive,  4) It supports other practitioners, who may have worked with the same man repeatedly on release from prison before, to have renewed hope that he can do something different this time with Engager supporting him. | [PT17a] IF the Shared Action Plan is used to communicate participant's goals with relevant other services, THEN other practitioners can understand how their work and Engager's work is complementary, can feel less defensive of Engager also working with their participants, can see how Engager fills a meaningful gap in current service delivery (particularly this is seen by other practitioners in the through the gate working Engager can do that they often cannot do), AND THEN supports other services to mobilise their resources around a participant's goals.  [PT17b] IF the Shared Action Plan is shared with other practitioners, THEN other practitioners value Engager as offering support they cannot offer and being a resource that supports their work and reduces their own workload, AND THEN are receptive to an Engager Practitioner helping a participant to turn up to appointments and to engage with the other service.  [PT17c] IF a Shared Action Plan includes steps that are not possible given unchangeable barriers in services, THEN resources will not be mobilised around this step towards a participant's goal/s. |