**Memoing**

**SERVICE USER INSIGHTS**

**COHERENCE (Making Sense of the Intervention)**

**Barriers:**

* Initial unfamiliarity with PSW services - **Lack of awareness of PSWs**
* Uncertainty about how PSWs fit into care plans - **Evolving understanding of PSW role**
* Concerns about confidentiality and professionalism - **PSW role boundaries**

**Enablers:**

* Understanding PSWs as providing distinct value through shared lived experience - **Lived experience as a unique asset**
* Seeing PSWs as a relatable source of support - **Peer relatability**
* Recognising PSWs as non-clinical but valuable members of the care team - **Non-clinical but integral support**
* Understanding PSWs as role models for recovery - **PSWs as recovery role models**
* Seeing PSWs as a bridge between clinical services and everyday life - **PSWs as a link between clinical and social support**

**COGNITIVE PARTICIPATION (Engagement with the Intervention)**

**Barriers:**

* Initial reluctance or hesitation in engaging with PSWs - **Hesitation to engage**
* Fear of being judged or misunderstood - **Initial apprehension about peer relationships**
* Not knowing what to expect from peer support - **Unclear expectations of PSW role**
* PSWs talking too much about themselves rather than focusing on the service user - **Balance of sharing in peer relationships / Service user-centred approach**
* Inconsistent quality of peer support interactions - **Variable peer engagement skills**

**Enablers:**

* Positive word-of-mouth from other service users - **Peer endorsement**
* Feeling listened to and understood by PSWs - **Experiencing validation**
* Trust-building through informal, non-clinical interactions - **Trust development through informality**
* Accessibility of PSWs for emotional and practical support - **Ease of access to peer support**
* The informality and friendship-like quality of the relationship - **Peer relationships perceived as informal friendships**

**COLLECTIVE ACTION (Enacting the Intervention)**

**Barriers:**

* Variability in PSW training and experience - **Inconsistent PSW preparation**
* Differences in approach between PSWs and clinical staff - **Approach misaligned with clinical staff**
* Limited availability of PSWs for certain service users - **PSW accessibility constraints**
* Time constraints of sessions - **Limited session duration**
* Part-time nature of PSW roles limiting integration and visibility - **Limited PSW presence**
* Limited gender diversity in the PSW workforce - **PSW demographic limitations**

**Enablers:**

* PSWs offering a flexible person-centred approach - **Flexible, service-user-led support**
* PSWs engaging service users in community-based activities (e.g., walks, cafes, social outings) - **PSWs facilitating social engagement**
* Close collaboration with care coordinators to support with care plans - **PSWs coordinating with care teams**
* PSWs providing practical help with confidence-building and coping strategies - **PSWs supporting confidence and coping skills**
* PSWs helping service users overcome social anxiety and isolation - **PSWs addressing isolation / Encouraging social participation**
* PSWs providing a sense of normality and routine - **Restoring daily structure**

**REFLEXIVE MONITORING (Appraising the Intervention)**

**Barriers:**

* Lack of formal mechanisms to evaluate PSW impact - **Absence of structured evaluation**
* Limited feedback from service users about PSW effectiveness - **Insufficient user feedback**
* Potential mismatch between PSWs and service user needs - **PSW-service user fit concerns**
* Some uncertainty about long-term impact - **Unclear long-term benefits**
* Reliance on informal and sometimes inconsistent feedback mechanisms - **Informal evaluation processes**
* Challenges in measuring tangible impacts of peer support - **Difficulty capturing qualitative outcomes**

**Enablers:**

* Service users voluntarily sharing positive experiences - **Spontaneous positive feedback**
* PSWs providing hope and motivation for recovery - **PSWs instilling hope**
* The opportunity for service users to reflect on their progress with PSWs - **Peer support as a space for reflection**
* Tangible improvements in daily functioning - **Observable functional progress**
* PSWs helping service users recognise small signs of progress - **Encouraging self-recognition of recovery**

**PEER SUPPORT WORKER INSIGHTS**

**COHERENCE (Making Sense of the Intervention)**

**Barriers:**

* Initial concerns about PSWs overlapping with clinical roles **– Unclear PSW role/fit within teams.**
* Varied understanding of PSWs’ scope **– Inconsistent role expectations.**

**Enablers:**

* Recognising PSWs as complementary rather than clinical **– Recognition of complementary role.**
* Valuing lived experience **– Lived experience as unique asset.**
* Understanding PSWs as bridges between clinical care and everyday life **– PSWs linking clinical and non-clinical care.**

**COGNITIVE PARTICIPATION (Engagement with the Intervention)**

**Barriers:**

* Some staff were hesitant to engage with PSWs initially – **Uncertainty impacting engagement.**
* Concerns that PSWs might focus too much on their own experiences – **Disclosure/Boundary concerns.**
* Unclear expectations about PSW contributions – **Lack of communication of PSW role.**

**Enablers:**

* Service users felt comfortable and supported by PSWs, fostering stronger engagement -**Building trust through informal relationships** –
* Service users responded well to PSWs, reinforcing their value within the team - **Positive feedback & peer endorsement**
* PSWs were seen as easy to talk to, which encouraged better participation - **PSWs’ approachability and accessibility**

**COLLECTIVE ACTION (Enacting the Intervention)**

**Barriers:**

* Lack of formal training for staff on integrating PSWs – **Staff education/awareness gaps.**
* Challenges in accessibility and availability – **Limited PSW numbers.**
* Differences in how PSWs were introduced and integrated across teams – **Orientation/induction inconsistencies**

**Enablers:**

* Strengthened alignment between peer support and clinical care – **PSW/Care coordinator collaboration.**
* Supporting service users in engaging with the community (e.g., attending groups, social outings) - **PSWs facilitating social participation**
* Helping service users build confidence, structure, and coping strategies - **PSWs enhancing resilience**

**REFLEXIVE MONITORING (Appraising the Intervention)**

**Barriers:**

* Lack of structured evaluation methods – **Difficulty assessing value add.**
* Long-term role and sustainability affected by pay band and part-time status – **Contractual uncertainty**
* Limited visibility of PSW outcomes – **Unclear impact of role/contribution.**

**Enablers:**

* Many reported improved service user confidence, hope, and engagement - **Spontaneous positive feedback**
* Service users benefited from seeing recovery as an achievable goal - **PSWs reinforcing/role-modelling recovery values.**
* Staff reported improvements in social confidence, routine-building, and engagement with support **– Reinforced value of PSWs**

**STAFF INSIGHTS**

**COHERENCE (Making Sense of the Intervention)**

**Barriers:**

* Initial uncertainty about the PSW role **(Lack of clarity around PSW function)**
* Concerns about professional overlap **(PSW role perceived as potentially encroaching on clinical responsibilities)**
* Hesitancy in referral due to unclear boundaries **(Uncertainty about what PSWs can and cannot do)**

**Enablers:**

* Recognition of PSWs as complementary rather than a replacement **(PSWs seen as adding a distinct, valuable perspective)**
* Staff recognition of lived experience as a means to engage service users **(Lived experience as a unique asset)**
* Seeing PSWs as a bridge between clinical care and everyday life **(PSWs providing a non-clinical, holistic support system)**

**COGNITIVE PARTICIPATION (Engagement with the Intervention)**

**Barriers:**

* Initial hesitancy in involving PSWs **(Staff unsure how to engage them effectively)**
* Concerns that PSWs might share too much personal experience **(Potential to detract from service user needs)**
* Unclear expectations about PSW contributions **(Need for greater clarity in defining the PSW role)**

**Enablers:**

* Staff noted that positive service user feedback increased their confidence in the PSW role **(Peer endorsement)**
* Building trust through informal interactions **(PSWs seen as approachable and easy to communicate with)**
* PSWs being visible and engaged in the office environment **(Regular team presence promoting stronger relationships)**

**COLLECTIVE ACTION (Enacting the Intervention)**

**Barriers:**

* Lack of formal staff training on integrating PSWs **(Need for clearer role explanations)**
* Concerns over PSW availability and workload **(Limited PSW numbers impacting effectiveness)**
* Variability in PSW knowledge of psychosis **(Need for training specific to early intervention services)**

**Enablers:**

* Collaboration between PSWs and care coordinators **(Strengthened alignment between peer support and clinical care)**
* Staff perceived PSWs as supporting service users’ re-engagement with the community **(Supporting service users in engaging with the community)**
* PSWs providing an additional support layer for staff **(Enhancing service user engagement and continuity of care)**

**REFLEXIVE MONITORING (Appraising the Intervention)**

**Barriers:**

* Lack of structured evaluation methods **(No formal system for assessing PSW impact)**
* Ensuring long-term sustainability **(Addressing emotional strain and lack of structure for PSWs)**
* Limited visibility of PSW outcomes **(Difficulty in quantifying the benefits of peer support)**

**Enablers:**

* Staff referenced unsolicited positive feedback from service users about PSWs **(Recognition of PSW contributions)**
* Staff observing improved service user engagement **(Tangible benefits noted in recovery processes)**
* Staff observed increased motivation and hope among service users attributed to peer support **(Service users gaining confidence through peer support)**