Supplementary File 1: Case and Participant Characteristics

Case 1

Case 1 was located in a main city and suburban area. Complexity was most evident concerning clients engaging with ICPOP at Case 1. Three of the four clients at Case 1 were living with degenerative neurological conditions, including extremely rare conditions. One participant at Case 1 had tried to take their life. This was described by the client as due to the impact of a neurological condition they were living with. Three participants at Case 1 disclosed having suffered physical, psychological or sexual abuse in the past and one participant was living with substance abuse.

Table 1: Case 1 Participant Characteristics

Case 1 ID	Client/ carer	Gender	Age	Urban/rural location	Living situation	Health issues
Client 1	Client	Male	85	Urban - town	Lived alone; no children; only relative is sister who is in long-term care	Falls; cognitive impairment
Client 2	Client	Male	68	Urban - town	Lived with wife	Early onset neurological disease; falls
Carer 1 (Client 2's spouse)	Carer to Brian	Female	60	Urban-town	Lived with husband	N/A
Client 3	Client	Female	73	Urban-town	Lived alone; no children	Meniere's; hearing; falls; COPD; vertigo.
Client 4	Client	Male	85	Urban - town	Lived with adult child who had care needs; support from adult child living next-door	Arthritis; COPD; falls; incontinence

Carer 2 (Client 4's daughter)	Carer to Client 4	Female	N/A	Urban - town	Lived next-door to father	N/A
Client 5	Client	Female	80	Urban - town	Lived with husband	Parkinson's; falls; skin cancer
Carer 3 (Client 5's spouse)	Carer to Client 5	Male	N/A	Urban - town	Lived with wife	N/A
Client 6	Client	Male	73	Urban - town	Lived with wife; no children	Neurological disease; falls; cognitive impairment
Carer 4 (Client 6's spouse)	Carer to Client 6	Female	70	Urban - town	Lived with husband; no children	N/A

Case 2

Case 2 was located in a city with a suburban and rural catchment area. The model applied at Case 2 was predominantly a hub-based model with appointments at a building on the hospital grounds. Some home-based care was delivered as part of a rural community outreach team. Unlike Case 1, participants were discharged from specific multi-disciplinary interventions. However, they could also re-engage with the service should needs re-emerge or new needs develop. Some participants reported being linked with the programme for various finite interventions across several years. Table 16 below presents the profile of the nine participants in Case 2. The majority of the participants at Case 2 were managing well at home, and several had had limited engagement with ICPOP. This is perhaps indicative of the fact that while it has a crisis response function, the ICPOP model applied at Case 2 is largely and deliberately preventative in approach. There was most variation in the profiles and circumstances of the participants at Case 2. The majority of participants came from apparently affluent socioeconomic backgrounds. However, one participant was living in conditions of extreme poverty which were negatively impacting their health and wellbeing. This was reported by the researcher to the relevant ICPOP CST-OP. The team had been unaware of these circumstances because this individual's care had been exclusively located at the hub.

Table 2: Case 2 participant profiles

Case 2 ID	Client/ carer	Gender	Age	Urban/ rural location	Living situation	Health issues
Client 1	Client	Male	83	Urban – town	Lived with wife	Falls
Carer 1 (Client 1's spouse)	Carer to Client 1	Female	79	Urban – town	Lived with husband	N/A
Client 2	Client	Female	81	Urban - village	Lived alone	Memory issues
Client 3	Client	Male	66	Urban - town	Lived alone	Asthma, heart issues, underweight, gastrointestinal issues
Client 4	Client	Male	69	Urban - village	Lived with wife	Memory issues
Client 5	Client	Male	78	Rural	Lived with wife	Falls.
Carer 2 (Client 5's spouse)	Carer to Client 5	Female	N/A	Rural	Lived with husband	N/A
Carer 3	Carer	Female	N/A	Rural	Lived with husband; support from adult children	N/A
Carer 4	Carer	Male	N/A	Rural	Does not live with relative; visits regularly.	N/A

7.2.3 Case 3

Case 3 was located in a medium-sized regional town with surrounding suburban and rural catchment area. The model applied at Case 3, unlike Cases 1 and 2, used pathways in the organisation of its care delivery. At the time of the fieldwork, these pathways included the core ICPOP pathway, consisting of multi-disciplinary supports, as well as the Falls and Reablement pathways. All pathways were represented in the sample, with four participants having engaged with the ICPOP intervention; four with reablement; and three with falls. Participants at Case 3 were engaged for the shortest durations of all the sites, between four and eight weeks. Unlike Cases 1 and 2, there was no longer-term engagement. It was possible for participants to potentially engage with another pathway following discharge if re-referred, though participants did not report being aware of this. Table 17 below presents the profile of the 13 participants in Case 3. A minority of the interviewees engaging with ICPOP at Case 3 represented relatively routine presentations, namely participants who had engaged with the reablement pathway for rehabilitative care following a procedure who were not experiencing acute symptoms of chronic illness. However, this was not true for the majority, who had multiple complex care needs and psychosocial contexts. Four female participants at Case 3 had been bereaved early in life had raised up to six children as single parents.

Table 3: Case 3 participant profiles

Case 3 ID	Client/ carer	Gender	Age	Urban/ rural location	Living situation	Health issues
Client 1	Client	Female	85	Urban - village	Lived with husband; adult children	Heart issues; memory.
Client 2	Client	Male	89	Urban - village	Lived with wife	Cancer; stroke; incontinence; chronic pain (legs); depression; anxiety
Client 3	Client	Female	83	Rural	Lived with husband	Falls
Client 4	Client	Female	75	Rural	Lived alone	Stroke
Client 5	Client	Female	75	Urban – town	Lived alone	Falls, chronic pain
Client 6	Client	Female	86	Rural	Lived with husband	Falls
Carer 1 (Client 6's	Carer to Client	Female	N/A	N/A	N/A	N/A

daughter)	6					
Client 7	Client	Female	70	Urban – village	Lived with husband	Falls; nerve pain; MS
Client 8	Client	Female	81	Urban – town	Lived alone; no adult children	Blackouts; nausea; chronic pain; skin cancer; heart condition
Client 9	Client	Female	90	Rural	Lived alone	Arthritis; hip replacement
Carer 2 (Client 9's son)	Carer to Client 9	Male	N/A	N/A	N/A	N/A
Client 10	Client	Female	61	Urban – town	Lived with husband	Hemochromatosis; arthritis; sleep apnoea
Client 11	Client	Male	82	Urban – village	Lived with wife	Early dementia; falls