

Supplementary Material

Improving access for the vulnerable: a mixed-methods feasibility study of a pop-up model of care in south-eastern Melbourne, Australia

Grant Russell^{A,J}, Susannah Westbury^A, Sharon Clifford^A, Elizabeth Sturgiss^B, Anna Fragkoudi^C, Rob Macindoe^D, Deborah Stuart^E, Marina Kunin^{F,G,H}, Jill Walsh^B and Cathie Scott^I

^ADepartment of General Practice, School of Public Health and Preventative Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Building 1, 270 Ferntree Gully Road, Notting Hill, Vic. 3168, Australia.

^BSchool of Primary and Allied Health Care, Faculty of Medicine, Nursing and Health Sciences, Monash University, 47–49 Moorooduc Highway, Frankston, Vic. 3199, Australia.

^CWomen's and Children's Health, Adelaide Medical School, Faculty of Health and Medical Sciences, University of Adelaide, Women's and Children's Hospital, 72 King William Road, North Adelaide, SA 5006, Australia.

^DSEHCP Incorporated (enliven Victoria), 4/31 Robinson Street, Dandenong, Vic. 3175, Australia.

^ECentral Bayside Community Health Services, 335 Nepean Highway, Parkdale, Vic. 3195, Australia.

^FMonash Health Refugee Health and Wellbeing, 122 Thomas Street, Dandenong, Vic. 3175, Australia.

^GAlfred Health Child and Youth Mental Health Service, Level 2, 999 Nepean Highway, Moorabbin, Vic. 3189, Australia.

^HHeadspace Youth Early Psychosis Program, 973 Nepean Highway, Bentleigh, Vic. 3204, Australia.

^IDepartment of Community Health Sciences, Cumming School of Medicine, University of Calgary, 3330 Hospital Drive NW, Calgary, AB T2N 4N1 Canada.

^JCorresponding author. Email: grant.russell@monash.edu

Fig. S1. Pop-up logic model.

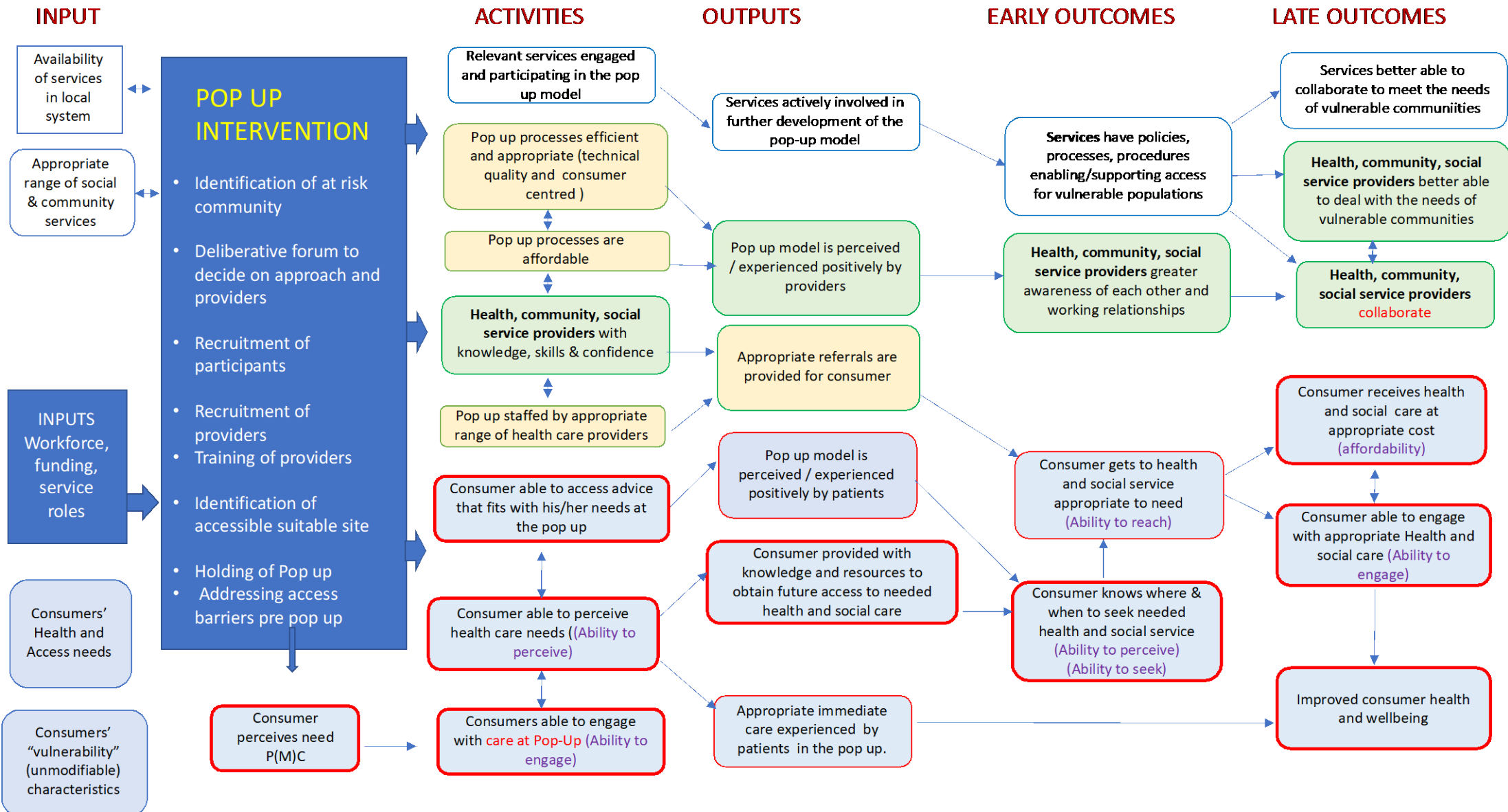


Fig. S2. Pop-up schematic.

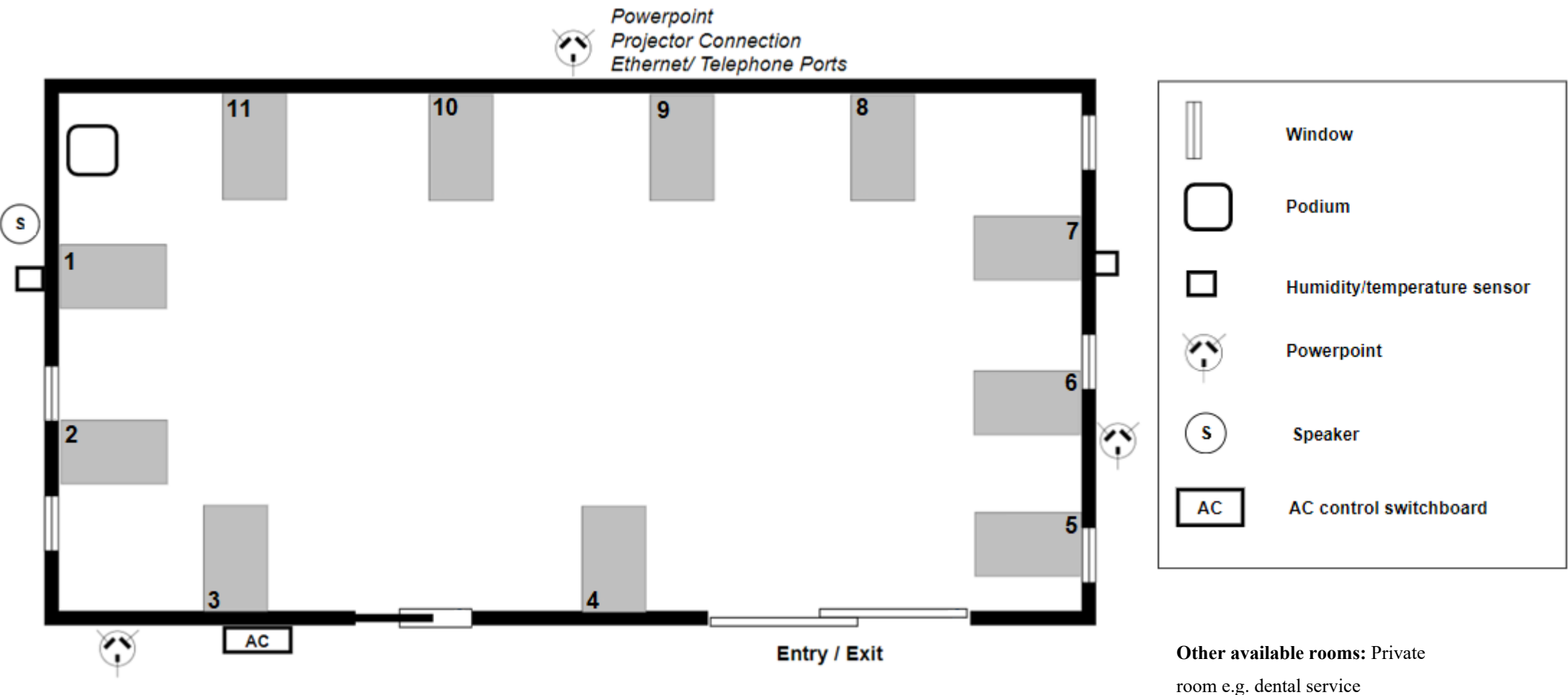


Table S1. TIDieR checklist (Hoffmann *et al.* 2014)



The TIDieR (Template for Intervention Description and Replication) Checklist*:

Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
	BRIEF NAME		
1.	Provide the name or a phrase that describes the intervention.		
	Improving access for the vulnerable: A mixed-methods feasibility study of a Pop-Up model of care in South-Eastern Melbourne, Australia	p.1	
	WHY		
2.	Describe any rationale, theory, or goal of the elements essential to the intervention.		
	People who are sick, poor or otherwise disadvantaged need better access to health care. It has been shown that community health improves dramatically with access to high quality primary health care (PHC). However, poor access to community-based PHC leads to overloaded emergency departments, avoidable hospitalisations, increased costs and poor health outcomes. The goal of the intervention was to implement a number of ‘Pop-Up’ primary health care interventions to bring together primary health care service providers to provide care for people who are underserved by, and struggle to connect with, PHC services, in the South East Melbourne region of Victoria. The Pop-Up rationale places accessibility at the forefront, bringing services to locations convenient for community members and relieving some of the burden of system navigation. The intervention aims to improve knowledge of services and establish connections between community members and service providers to facilitate service linkage and access. A secondary goal is to improve cross-sector relationships between participating providers and service organisations.	p.2-3	
	WHAT		

3.	Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).																		
	<table border="0"> <tr> <td data-bbox="342 339 465 363">Document</td> <td data-bbox="707 339 797 363">Purpose</td> </tr> <tr> <td data-bbox="342 395 577 419">Pop-Up Logic Model</td> <td data-bbox="707 395 1570 467">To guide the design and implementation of the research component of the South-Eastern Melbourne Pop-Ups.</td> </tr> <tr> <td data-bbox="342 491 607 563">Pop-Up information for Service Providers</td> <td data-bbox="707 491 1514 515">To inform service providers of key intervention details leading to the event.</td> </tr> <tr> <td data-bbox="342 587 633 659">Pop-Up Rehearsal Agenda Template</td> <td data-bbox="707 587 1106 611">An agenda for the Pop-Up Rehearsal.</td> </tr> <tr> <td data-bbox="342 683 656 707">Pop-Up Schematic Template</td> <td data-bbox="707 683 1630 754">A map of the Pop-Up room to enable people to navigate the Pop-Up. Especially useful for set-up personnel and service providers.</td> </tr> <tr> <td data-bbox="342 778 573 802">Pop-Up Service Map</td> <td data-bbox="707 778 1637 898">This document was intended for community members and redesigned for each Pop-Up. It listed providers to enable community members to track who they had seen and record provider contact details as appropriate.</td> </tr> <tr> <td data-bbox="342 914 663 938">Pop-Up After-Action Review</td> <td data-bbox="707 914 1630 1074">Enabled the project team to gather feedback from providers immediately after the Pop-Ups. The collected feedback related to how the Pop-Up worked, whether it went as planned and to trouble-shoot any issues that occurred. This information allowed refinements to be made between Pop-Ups.</td> </tr> <tr> <td data-bbox="342 1098 618 1121">ULTRA observation tool</td> <td data-bbox="707 1098 1630 1217">The Using Learning Teams for Reflective Adaptation (ULTRA) Tool was used during the events to compile a profile of the contextual, organisational and physical structure of each of the Pop-Ups.</td> </tr> </table>	Document	Purpose	Pop-Up Logic Model	To guide the design and implementation of the research component of the South-Eastern Melbourne Pop-Ups.	Pop-Up information for Service Providers	To inform service providers of key intervention details leading to the event.	Pop-Up Rehearsal Agenda Template	An agenda for the Pop-Up Rehearsal.	Pop-Up Schematic Template	A map of the Pop-Up room to enable people to navigate the Pop-Up. Especially useful for set-up personnel and service providers.	Pop-Up Service Map	This document was intended for community members and redesigned for each Pop-Up. It listed providers to enable community members to track who they had seen and record provider contact details as appropriate.	Pop-Up After-Action Review	Enabled the project team to gather feedback from providers immediately after the Pop-Ups. The collected feedback related to how the Pop-Up worked, whether it went as planned and to trouble-shoot any issues that occurred. This information allowed refinements to be made between Pop-Ups.	ULTRA observation tool	The Using Learning Teams for Reflective Adaptation (ULTRA) Tool was used during the events to compile a profile of the contextual, organisational and physical structure of each of the Pop-Ups.	p.5-6 and Appendices	
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4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.																		
	Planning:	p.3-5																	
	<ul style="list-style-type: none"> <li data-bbox="376 1401 1267 1425">A series of rapid reviews were conducted through the IMPACT Victorian LIP. 																		

	<ul style="list-style-type: none"> • A deliberative forum was conducted in August 2019 with 52 participants representing 25 organisations. The deliberative forum enabled key community and network stakeholders to shape the content and delivery of the Pop-Ups, establish local needs, identify target communities, the potential location and critical steps for implementation of the Pop-Ups. 		
	<ul style="list-style-type: none"> • Following the forum, the project steering group met monthly to oversee and plan the development of the Pop-Ups. 		
	<ul style="list-style-type: none"> • We used posters, flyers and word-of-mouth to advertise the Pop-Ups to community members 		
	<ul style="list-style-type: none"> • Two weeks before the Pop-Ups a rehearsal was conducted at the Pop-Up venue with the project team, and service providers/organisational managers. The rehearsal covered the plan and expectations for the Pop-Up, an overview of data collection measures and a venue tour. The rehearsal enabled providers to meet and begin networking. 		
	Implementation:		
	<ul style="list-style-type: none"> • We conducted two Pop-Ups in November and December of 2019 at a location convenient to the target community. 		
	<ul style="list-style-type: none"> • Service providers set up information tables around the perimeter of a large room, and dental services established a screening station in a private area. Community members were welcomed and introduced to the event upon arrival. 		
	<ul style="list-style-type: none"> • Community members were able to interact with a range of health and social support providers in a relaxed and informal setting. 		
	WHO PROVIDED		
5.	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.		
	<ul style="list-style-type: none"> • The service providers present at each Pop-Up were tailored to the needs of the target community. 	p.5	
	<ul style="list-style-type: none"> • The service providers had a variety of background and expertise depending on the service they offered. 		
	<ul style="list-style-type: none"> • Participating service providers received training at the Pop-Up rehearsals. 		
	HOW		
6.	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.		

	<ul style="list-style-type: none"> The deliberative forum, rehearsals and Pop-Ups were all conducted face-to-face in a group format 	p.4-6	
	<ul style="list-style-type: none"> During the Pop-Up, service providers set-up information tables around the perimeter of a large room, and dental services established a screening station in a private area. Upon arrival, community members were welcomed and introduced to the event. At Pop-Up 2, each provider presented a short introduction of their service with the assistance of translators to facilitate language preferences of the community group. 		
	<ul style="list-style-type: none"> Community members were able to interact with a range of health and social support providers in a relaxed and informal setting. Research assistants helped community members navigate and connect with providers and collected survey and observational data throughout the event. Food, refreshments, and free bags of essential items were available for community members. 		
	WHERE		
7.	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.		
	Pop-Up 1:	p.5	
	<ul style="list-style-type: none"> Held at a church for attendees of a community luncheon who are experiencing hardship, homelessness or loneliness 		
	<ul style="list-style-type: none"> The Pop-Up was run in an old building attached to a main church hall. The church hall is used to provide lunch, social support and services to community members. 		
	Pop-Up 2:		
	<ul style="list-style-type: none"> Held at a migrant and refugee community support centre for a South Sudanese volunteer group that provides advice and support to at-risk youth within their community 		
	<ul style="list-style-type: none"> The Pop-Up was run in a large open room in the centre, with dentistry services provided in a nearby provide room. 		
	Both Pop-Up venues had infrastructure including a kitchenette/tea station, bathrooms, electricity outlets, temperature control units and nearby parking.		
	WHEN and HOW MUCH		

8.	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.		
	<ul style="list-style-type: none"> • A deliberative forum was conducted on 8th August 2019 at a hired venue from 9am – 11.30am. 	p.3-4	
	<ul style="list-style-type: none"> • Two Pop-Ups were conducted as follows: <ul style="list-style-type: none"> ○ Pop-Up 1: <ul style="list-style-type: none"> ▪ Venue visit - 1st August 2019 – 10.30am – 11.30am ▪ Pop-Up rehearsal - 30 October 2019 – 1pm – 3pm (18 attendees including 10 service providers and 5 research staff) ▪ Pop-Up – 7th November 2019 – 10am – 2pm (14+ service provider staff, estimated 50-80 community members) ○ Pop-Up 2: <ul style="list-style-type: none"> ▪ Venue visit – 18th November 2019 – 1pm – 2pm ▪ Pop-Up rehearsal – 25th November 2019 – 2pm – 4pm (23 attendees including 15 service providers and 6 research staff) ▪ Pop-Up – 10th December 2019 – 6pm – 9pm (22 service provider staff, estimated 20 community members) 		
	TAILORING		
9.	If the intervention was planned to be personalised, titrated, or adapted, then describe what, why, when, and how.		
	<ul style="list-style-type: none"> • The Pop-Up project was adapted to the specific population and community needs 	p.9-10	
	<ul style="list-style-type: none"> • Each Pop-Up was tailored to the needs of each population by: <ul style="list-style-type: none"> ○ Conducting a deliberative forum to identify suitable communities ○ Meeting with community stakeholders leading up the Pop-Up ○ Consulting with community stakeholders regarding project and research materials and procedures ○ Selecting service organisations reflective of community needs ○ The use of interpreters at Pop-Up 2 to support communication with the South Sudanese community group 		

	MODIFICATIONS		
10.†	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).		
	<ul style="list-style-type: none"> Simplification of the Participant Information Statement to increase readability for participants. 	p.9-10	
	<ul style="list-style-type: none"> Simplification and modification of the Community Member Consent Form to reduce participant burden, after identifying this as an issue at Pop-Up 1 		
	<ul style="list-style-type: none"> At Pop-Up 2, providers gave introductory speeches to provide an overview of their service, which were interpreted into the community group's preferred languages. These speeches were introduced to improve community member awareness of the services present due to an anticipated lower baseline familiarity with local health and social support services. 		
	HOW WELL		
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.		
	<ul style="list-style-type: none"> An After Action Review was conducted after each Pop-Up to determine whether the service providers attending the Pop-Up believed the Pop-Up was conducted as planned. Feedback was used to inform improvements for the next Pop-Up 	p. 6-7,12	
	<ul style="list-style-type: none"> Researchers completed structured observations using the ULTRA observation tool to record the interventions proceedings. 		
	<ul style="list-style-type: none"> Other evaluation tools included community member and manager surveys, and interviews with providers, managers, steering group members and community members. 		
12.‡	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.		
	<ul style="list-style-type: none"> The original plan was to conduct three Pop-Ups with three different communities. Due to time and staffing constraints, two Pop-Ups were conducted with two communities. 		

**** Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see www.consort-statement.org) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see www.spirit-statement.org). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see www.equator-network.org)

Reference

Hoffmann T, Glasziou P, Boutron I, Milne R, Perera R, Moher D, Altman D, Barbour V, Macdonald H, Johnston M, Lamb S, Dixon-Woods M, McCulloch P, Wyatt J, Chan A, Michie S (2014) Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ* **348**, g1687. doi:10.1136/bmj.g1687

Table S2. COREQ criteria (Tong *et al.* 2007)

No	Item	Guide questions/description	Response to question
Domain 1: Research team and reflexivity			
Personal Characteristics			
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?	p.13
2.	Credentials	What were the researcher's credentials? <i>E.g. PhD, MD</i>	p.6-7
3.	Occupation	What was their occupation at the time of the study?	p.6-7
4.	Gender	Was the researcher male or female?	p.6
5.	Experience and training	What experience or training did the researcher have?	p.6-7
Relationship with participants			
6.	Relationship established	Was a relationship established prior to study commencement?	p.5
7.	Participant knowledge of the interviewer	What did the participants know about the researcher? <i>e.g. personal goals, reasons for doing the research</i>	N/A
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? <i>e.g. Bias, assumptions, reasons and interests in the research topic</i>	N/A
Domain 2: study design			
Theoretical framework			
9.	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? <i>e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i>	p.6
Participant selection			
10.	Sampling	How were participants selected? <i>e.g. purposive, convenience, consecutive, snowball</i>	p.5-6
11.	Method of approach	How were participants approached? <i>e.g. face-to-face, telephone, mail, email</i>	p. 5-6
12.	Sample size	How many participants were in the study?	p.16 (Table 1)
13.	Non-participation	How many people refused to participate or dropped out? Reasons?	N/A
Setting			
14.	Setting of data collection	Where was the data collected? <i>e.g. home, clinic, workplace</i>	p.5-6
15.	Presence of non-participants	Was anyone else present besides the participants and researchers?	p.5, 7
16.	Description of sample	What are the important characteristics of the sample? <i>e.g. demographic data, date</i>	p.7
Data collection			
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	p.6
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many?	N/A
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?	p.6

No	Item	Guide questions/description	Response to question
20.	Field notes	Were field notes made during and/or after the interview or focus group?	p.6
21.	Duration	What was the duration of the interviews or focus group?	p.6
22.	Data saturation	Was data saturation discussed?	N/A
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	N/A
Domain 3: analysis and findings			
Data analysis			
24.	Number of data coders	How many data coders coded the data?	p.6
25.	Description of the coding tree	Did authors provide a description of the coding tree?	p.6
26.	Derivation of themes	Were themes identified in advance or derived from the data?	p.6
27.	Software	What software, if applicable, was used to manage the data?	p.6
28.	Participant checking	Did participants provide feedback on the findings?	N/A
Reporting			
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. <i>participant number</i>	p.7-10
30.	Data and findings consistent	Was there consistency between the data presented and the findings?	p.7-10
31.	Clarity of major themes	Were major themes clearly presented in the findings?	p.7-10
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	p.7-10

Reference

Tong A, Sainsbury P, Craig J (2007) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* **19**, 349–357. doi:10.1093/intqhc/mzm042

Table S3. Participant demographics table

Question		Pop-Up 1	Pop-Up 2	
Respondents	No. of respondents	14	8	
	Male	9 (64%)	2 (25%)	
	Female	4 (29%)	6 (75%)	
	Mean age	61.5 years (SD 18.2)	45 years (SD: 12.7)	
	% with permanent address	11 (79%)	7 (88%)	
Index of Relative Socio-economic Disadvantage from postcode (Australian Bureau of Statistics 2018)	Quintile 5	4 (29%)	0 (0%)	
	(5 = most affluent, 1 = least affluent)	Quintile 4	1 (7%)	1 (13%)
		Quintile 3	4 (29%)	0 (0%)
		Quintile 2	1 (7%)	0 (0%)
		Quintile 1	4 (29%)	7 (88%)
% born in Australia	10 (71%)	0 (0%)		
English language	% who speak English at home	14 (100%)	2 (25%)	
Employment status	Employed Full Time (30 hours or more)	0 (0%)	0 (0%)	
	Employed Part Time (less than 30 hours)	1 (7%)	2 (25%)	
	Unemployed and looking for work	2 (14%)	5 (63%)	
	At school or in a full-time education	0 (0%)	1 (13%)	
	Unable to work due to a long-term sickness or disability	2 (14%)	0 (0%)	
	Retired from paid work	8 (57%)	0 (0%)	
	Prefer not to say	1 (7%)	0 (0%)	
	Perception of financial situation	Very comfortable/ Comfortable	3 (21%)	3 (38%)
Modestly comfortable		3 (21%)	1 (13%)	
Tight/ Very tight		7 (50%)	3 (38%)	
Poor		0 (0%)	1 (13%)	
Prefer not to say		1 (7%)	0 (0%)	
Government services	Centrelink	10 (71%)	7 (88%)	
	Pension	13 (93%)	0 (0%)	
	Health Care Card	10 (71%)	6 (75%)	
	Participant in NDIS	1 (7%)	0 (0%)	

Highest level of education	Post-secondary Education	4 (29%)	2 (25%)
	Completed secondary school or high school	3 (21%)	1 (13%)
	Did not complete secondary school or high school	6 (43%)	4 (50%)
	Don't know	1 (7%)	0 (0%)
	Prefer not to say	0 (0%)	1 (13%)
Self-reported health	Excellent/Very good	5 (35%)	1 (13%)
	Good	3 (21%)	4 (50%)
	Fair/Poor	5 (35%)	3 (38%)
	Prefer not to say	1 (7%)	0 (0%)
Self-reported mental health	Excellent/Very good	9 (64%)	7 (88%)
	Good	2 (14%)	0 (0%)
	Fair/Poor	3 (21%)	1 (13%)
Number of people, family or friends, who could freely help with activities of daily living	0	3 (21%)	4 (50%)
	1-2	6 (43%)	1 (13%)
	3-4	5 (35%)	2 (25%)
	5+	0 (0%)	1 (13%)
Primary health care access	% who have specific health professional who is mainly responsible for their health care	8 (57%)	5 (63%)
No. (% of total) of chronic diseases	No chronic diseases	4 (29%)	3 (38%)
	1 chronic disease	0 (0%)	1 (13%)
	2 chronic diseases	3 (21%)	2 (25%)
	3+ chronic diseases	7 (50%)	2 (25%)

Appendix S1. Pre-Intervention Manager Survey

“Bringing care to those in need: Translating a ‘Pop-Up’ Primary Health Care Intervention to vulnerable communities in South-East Melbourne”

Introduction

The survey is intended to be completed by someone who has a good overview of your organisation’s internal policies, procedures, and practices, and an understanding of how your organisation works with external health and social support service providers and organisations. If necessary, we encourage discussion within the organisation to enable you to provide the most accurate responses.

Name: _____

Position: _____

Section A: About your organisation

1. What is the name of your organisation? _____

2. What kind of organisation is it? *(Tick all that apply)*

Organisation/service type	Tick
a. Addiction Services	
b. Aged Care	
c. Community Health Services	
d. Community Care Services	
e. Disability Service	
f. Emergency Relief	
g. Financial Support Services	
h. General Practice	
i. Housing	
j. Legal Aid Services	
k. Local Government	
l. Social Support Services	
m. Other, please specify:	

3. To which, if any, of the following populations do you provide services?

	YES	NO
a. People with serious mental illness (e.g. schizophrenia, bipolar disorder)		
b. People living with disabilities		
c. People living in poverty (e.g., low/fixed income, unemployed)		
d. Indigenous Peoples		
e. Refugees and asylum seekers		
f. Cultural minorities/ people from culturally and linguistically diverse communities		
g. Recently arrived immigrants		
h. People who find it difficult to manage their chronic health condition/s (e.g. Diabetes, Asthma, COPD)		
i. Frail elderly people		
j. Other, please specify:		
k. Not applicable		

About your connection with other services

This section is specific to the work you do with health and social support services

4. Does your organisation have collaborative service arrangements (that is, you work together to provide service to a common group of clients, with mutually agreed upon roles and responsibilities) with the following healthcare providers or healthcare organisations? (Please click the name of the organisation with which you are associated. Using the scale provided, please indicate the extent to which you currently interact with each other partner. Skip your own row).

No interaction at all	Networking	Cooperation	Coordination	Coalition	Collaboration
	Aware of organisation	Provide information to each other	Share information and resources	Share ideas	Members belong to one system
	Loosely defined roles	Somewhat defined roles	Defines roles	Share resources	Frequent communication is characterised by mutual trust
	Little communication	Formal communication	Frequent communication	Frequent and prioritised communication	Consensus is reached on all decisions
	All decisions are made independently	All decisions are made independently	Some shared decision	All members have a vote in decision making	
0	1	2	3	4	5

Health and Social Support Services		Indicate the level of collaboration						
a.	[Organisation name]	0	1	2	3	4	5	
b.	[Organisation name]	0	1	2	3	4	5	
c.	[Organisation name]	0	1	2	3	4	5	
d.	[Organisation name]	0	1	2	3	4	5	
e.	[Organisation name]	0	1	2	3	4	5	
f.	[Organisation name]	0	1	2	3	4	5	

Section B: Questions in this section ask you to reflect on the activities that your organisation may perform and key characteristics of the service system

Please note that **not all** organisations will perform all of the activities described. Please use the “not applicable to this organisation” (NA) response option if an item refers to an activity that is not relevant to your organisation.

Please use the following rating scale to describe how well you do the following activities, or the extent to which the characteristics are present in your organisation.

Very Poorly	Poorly	Well	Very Well	Not Applicable to this organisation
Not at all	A little	Quite a bit	A lot	
1	2	3	4	

How would you rate your organisation in relation to the following:	How well this is done currently				
	1	2	3	4	NA
1. Quality of communication (formal and informal) between organisations/service providers	1	2	3	4	NA
2. Quality of working relationships between organisations/service providers, including the ability to sort out problems between organisations	1	2	3	4	NA
3. The way that you coordinate initial needs identification and assessment in order to minimise duplication between and/or within organisations	1	2	3	4	NA
4. The sharing of client information between your organisation and other providers	1	2	3	4	NA
5. Streamlining of referrals and scheduling of appointments between your organisation and other providers	1	2	3	4	NA
6. Your organisation's capacity to <u>measure</u> unmet need for services	1	2	3	4	NA
7. Your organisation's capacity to <u>address</u> unmet need for services	1	2	3	4	NA
8. Prioritising client needs and responding to client urgency	1	2	3	4	NA
9. Staff understanding of the local primary healthcare system	1	2	3	4	NA
10. Staff understanding of intake, assessment and referral processes of other organisations/service providers.	1	2	3	4	NA
11. Appropriateness of referrals received from other organisations	1	2	3	4	NA
12. Arrangements for coordinated care with other organisations	1	2	3	4	NA

Research staff use only:

ID Number:

Date of survey completed:

Staff member name:

Office use only:

Phase:

Completion duration:

Data entry:

Staff initials:

Storage:

Appendix S2. Post-Intervention Manager Survey

“Bringing care to those in need: Translating a ‘Pop-Up’ Primary Health Care Intervention to vulnerable communities in South-East Melbourne”

Introduction

The survey is intended to be completed by the person who has a good overview of your organisation’s internal policies, procedures, and practices, and an understanding of how your organisation works with external health and social support service providers and organisations (preferably the same person who completed the online questionnaire before the participation in the intervention). If necessary, we encourage discussion within the organisation to enable you to provide the most accurate responses.

Name: _____

Position: _____

Section A: The following questions ask you to reflect on the activities that your organisation may perform and key characteristics of the service system, and the extent to which the Pop-Up has assisted your organisation.

Please note that **not all** organisations will perform all of the activities described. Please use the “not applicable to this organisation” response option if an item refers to an activity that is not relevant to your organisation.

Please use the following rating scale to describe how well you do the following activities, or the extent to which the characteristics are present in your organisation.

Very Poorly	Poorly	Well	Very Well	Not Applicable to this organisation
Not at all	A little	Quite a bit	A lot	
1	2	3	4	

Please indicate whether the Pop-Up has assisted your organisation over the past four weeks

How would you rate your organisation in relation to the following:	How well this is done currently					Has the Pop-Up assisted your organisation in this area?	
	1	2	3	4	NA	Yes	No
13. Quality of communication (formal and informal) between organisations/service providers	1	2	3	4	NA	0	1
14. Quality of working relationships between organisations/service providers, including the ability to sort out problems between organisations	1	2	3	4	NA	0	1
15. The way that you coordinate initial needs identification and assessment in order to minimise duplication between and/or within organisations	1	2	3	4	NA	0	1
16. The sharing of client information between your organisation and other providers	1	2	3	4	NA	0	1

17. Streamlining of referrals and scheduling of appointments between your organisation and other providers	1	2	3	4	NA	0	1
18. Your organisation's capacity to <u>measure</u> unmet need for services	1	2	3	4	NA	0	1
19. Your organisation's capacity to <u>address</u> unmet need for services	1	2	3	4	NA	0	1
20. Prioritising client needs and responding to client urgency	1	2	3	4	NA	0	1
21. Staff understanding of the local primary healthcare system	1	2	3	4	NA	0	1
22. Staff understanding of intake, assessment and referral processes of other organisations/service providers.	1	2	3	4	NA	0	1
23. Appropriateness of referrals received from other organisations	1	2	3	4	NA	0	1
24. Arrangements for coordinated care with other organisations	1	2	3	4	NA	0	1

Please indicate whether your organisation is:

	Yes	No
1. Involved in further development of the Pop-Up model	0	1
2. Interested in being involved in future Pop-Ups	0	1
3. Is interested in attending a future Pop-Up	0	1
4. Is booked-in to provide services in a future Pop-Up	0	1

Section B: Questions about the Pop-Up

	Not at all	A little	Quite a lot	A great deal	NA
As an organisation, how did you decide which staff member to send to the Pop-Up?					
Position within the organisation (<i>please specify</i>)					
Availability (<i>please specify</i>)					
Specific expertise/qualifications (<i>please specify</i>)					
Experience in outreach (<i>please specify</i>)					

Other *(please specify)*

Was there a cost for your organisation's participation in the Pop-Up?

Less office time *(please specify)*

Financial cost *(please specify)*

Opportunity cost *(please specify)*

Other *(please specify)*

Finally, do you have any other comments about the Pop-Up or your role in it?

Appendix S3. ULTRA Observation Tool

Guidelines for conducting observations

Use this template to generate data to inform a case study of Pop-Up provider settings. The purpose of this template is to help you generate a narrative of between 2 and 3 pages for each Pop-Up.

The bulk of observation should be obtained through observation of providers attending the event.

1. Use providers' quotes in context
2. Ask providers to tell stories
3. Document examples
4. Include description of how the practice reacts to your presence, Describe your reactions to them

SECTION A: VENUE

1. Physical location/environment
 - a. Location of venue: describe building, setting and surroundings community (demographics, socioeconomic mix, rural/suburban/urban)
 - b. Venue setting: Describe layout and general appearance of the facility (# of rooms, space etc, get a floor plan if available)
 - c. Signage: Describe signage with particular attention to language and cultural sensitivity
 - d. Other venue sites: describe size, relationship, ownership etc
 - e. How does venue addresses requirements for people with disabilities?
 - f. How does space affect interactions and communications?

2. Context for attendees in Pop-Up
 - a. How vulnerable population is defined for the Pop-Up
 - b. Characteristics of the population receiving services as part of the Pop-Up intervention

3. Access to the Venue
 - a. Public transport
 - b. Estimate distance
 - c. Ramp
 - d. Parking. Paid, free? If so, cost?
 - e. Parking stickers
 - f. Efforts taken from the venue to facilitate access to attendees with vulnerability
 - g. Other?

4. Interior of the venue
 - a. Describe the displays at the venue (images, photographs, text only? What kind of information is put forth? In what language(s) Are there any indications for vulnerable community members that are culturally sensitive? If so, what are they?)

 - b. Describe what you notice about the different parts of the venue:
 - i.Registration desk
 - ii.Service provider space
 - iii.Private space

- iv. Windows
 - v. Heat
 - vi. Steps
- c. Adequacy of space:
 - i. Number of community members
 - ii. Number of providers
 - iii. Number of researchers
5. Degree of intimacy
 - a. Registration desk
 - b. Service provider space
 - c. Private space
 - d. Waiting area
 6. Other information about the venue
 - a. Type of venue

SECTION B: OPERATION OF THE POP-UP

Note: For this portion, observe the functioning at the registration desk and ask questions, if possible. Ensure that you have covered the following areas: interactions (among the providers and the community members), respect of the confidentiality of the attendees, documentation, preferred modes of communication, utilisation of technology

7. Warm handover to the navigator (redirecting attendees to the main room where the event takes place)
 - a. Observation
 - b. Questions to staff
8. Registration Process
 - a. Observation
 - b. Questions to staff
9. Pop-Up Service Map and survey explanation (at registration desk)
 - a. Observation
 - b. Questions to staff
10. Warm handover to the provider (redirecting attendees to the main room where the event takes place)
 - a. Observation
 - b. Questions to staff
11. Interaction with the service providers
 - a. Observation
 - b. Questions to staff
12. Warm handover between service providers
 - a. Observation
 - b. Questions to staff
13. Interaction with the Pop-Up team (researchers and survey)
 - a. Observation
 - b. Questions to staff

14. Return of the Pop-Up Service Map
 - a. Observation
 - b. Questions to staff
-

SECTION C: WORK ENVIRONMENT

Note: Interactions

15. Degree of conviviality among service providers
16. Degree of conviviality towards attendees
17. Degree of conviviality between navigators, researchers and service providers
18. Degree of conviviality between researchers and attendees
19. Degree of conviviality of efficiency in the running of activities

SECTION D: GENERAL ASSESSMENT

20. Generally speaking, what did the forum seem to prioritise the most? Number the following elements according to what you think seemed most important to the Pop-Up:
 - a. Taking care of attendees needs
 - b. Keeping on the schedule
 - c. Referrals to other services or agencies
 - d. Research and data collection
 - e. Community/public health
 - f. Attendee education
-

21. Are the services offered in a language other than English?
-

SECTION E: Coordination of services

22. Going back to your responses to the questions asked, were there relevant services involved and participating in the Pop-Up?
23. According to you, to what extent are services provided to attendees on a continuous basis?
24. If the venue ensures the coordination of services to attendees, specify the procedures in place as well as the technologies that are utilised to that effect, if applicable:
25. Do you notice any differences in the way attendees with vulnerability and the other attendees receive services? If so, which ones?

Any other comments:

Appendix S4. After Action Review

Introduction

This document presents to the Pop-Up research team members a strategy to assess the fidelity and adherence of the intervention and will enable the evaluation team to reflect on **when** the intervention has reached stability in each Pop-Up.

Approach

After-Action Review processes are part of a 'Rapid Evaluation Cycle' approach whereby the team that has developed a particular innovative intervention can support in-time its intervention staff with the implementation of the intervention. The reason for using this approach is that the Pop-Up team can be informed rapidly of the status of the implementation, track the fidelity and adherence of the intervention, and trouble-shoot any issues with the implementation.

For the process, the Pop-Up research team members will administer an 'After-Action Review' to the providers right after each Pop-Up concludes. Each Pop-Up should determine by frequency of this review process. If conducting the review on-site, we recommend that the Pop-Up team members also perform some light non-participant observation when and where possible.

The After-Action Review is comprised of **4 questions**. Research staff should ask these questions to the intervention staff members until saturation is reached.

Research staff to state 'What was supposed to happen?'

Questions:

- 1) What did happen? Did we meet our objectives?
- 2) What went well?
- 3) What could be improved/What are the areas of improvements?
- 4) What can be done to improve things? /What can we do to improve things/to support you better?

Comments?

Answers provided as each visit will provide the baseline of inquiry for the next on-site visit. Reviews should take about 5 to 15 minutes. They can be administered in person (on site), over the phone, by email or via online developed survey (e.g., Qualtrics)

The researchers should summarize answers.

After Action Review for Pop-Up Service Providers

Date: _____	
Pop-Up name/Location: _____	
Pop Up Service Provider	
*Statement: Researcher to state ' <i>What was supposed to happen?</i> '	
1) What did happen? Did we meet our objectives?	
2) What went well?	
3) Do you feel confident that the Pop-Up will improve access to health and social support services for your attendees?	
4) What can we do to improve things/to support you better?	
ADDITIONAL QUESTIONS	
Tell us a meaningful story/insight/experience that happened at the Pop-Up today.	
Statistics:	
How many people did you see?	
How many types of services did you provide?	
How many times did you provide each of these services?	
How many services did you provide to other service providers?	
How many connections did you make with other service providers?	
Comments?	

Thank you

For the researcher ONLY (Any notes/comments)