



Llywodraeth Cymru  
Welsh Government

# National Evaluation of the Regional Integration Fund

Thematic analysis of the year one RIF case studies

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# 1. Introduction

## 1.1 Policy background and context

The Regional Integration Fund (RIF) is a five-year funding programme delivered by the Welsh Government. Set against the background of the A Healthier Wales initiative, the fund provides £146.8 million a year, from 2022 until 2027, to support integrated health and social care projects and services at a regional level with an emphasis on partnership working and coproduction. The RIF continues the work and values of the previous Integrated Care Fund and Transformation Fund, seeking to develop systemic and sustainable changes within the Welsh health and social care system by contributing to the development of at six new National Models of Care: prevention and community co-ordination, complex care closer to home, emotional health and wellbeing, supporting families to stay together, home from hospital services, and accommodation-based solutions.

The fund is distributed on a health board footprint to the seven Welsh Regional Partnership Boards, or RPBs. These boards cover the regions of Cardiff & Vale, Gwent, Cwm Taf Morgannwg, West Glamorgan, West Wales, Powys, and North Wales. The RPBs have oversight and control of their respective funding allocations, and there is robust monitoring and reporting process in place between the RPBs and Welsh Government.

As part of this ongoing monitoring and supervision, the Welsh Government has established the National Evaluation of the RIF. This work is overseen by the Welsh Government but is largely contracted to the Welsh Institute for Health and Social Care at the University of South Wales and their partners; this internally-produced study will focus on the case studies submitted for the first year of the RIF, which ran throughout the 2022-2023 financial year, while analysis of the second year case studies is concurrently being undertaken by Old Bell 3 Research, an organisation affiliated with Welsh Institute for Health and Social Care. At the time of writing, the case studies for the third year have been received, and analysis is expected.

## 1.2 Purpose of this study

The current monitoring and reporting arrangements require that the RPBs collect case studies from RIF-funded projects in order to capture reliable qualitative evidence regarding people's direct experience of engaging with them. These case studies vary in scope, ranging from first-person accounts from the users and beneficiaries of RIF-funded projects to broader overviews collected from the perspective of frontline staff, management, or the RPBs themselves. This variety allows for the collection of comprehensive, wide-ranging and insightful data, which can contribute to the improvement of these projects and the sustainability of the funds that enable them.

In order to better understand the functioning of the aforementioned projects and services, and to gain insight into the lived experiences of the individuals that engage with them, the Welsh Government intends for these case studies to be analysed, to identify the themes in the data and consider the implications they may have for present and future delivery of the RIF as well as for any potential successor programme that may follow. Additionally, this analysis also presents an opportunity to appraise the case study format in the context of programme reporting and discuss its viability for this purpose.

### 1.3 Research questions

This study will investigate this by addressing the following research questions:

**RQ1:** What themes can be identified in the RIF year one case studies?

**RQ2:** What does this study suggest about the viability of the case study format for evaluating funding programmes like the RIF?

### 1.4 Discussion of limitations

While this report aims to be as comprehensive as possible, its limitations should be noted.

While it is understood that efforts were undertaken to ensure that the collection, formulation and submission of the case studies were done in an unbiased and objective manner, this does not absolutely discount the possibility that any description of services and projects authored by individuals affiliated with them may contain an element of unintended subjectivity or favourable bias.

Additionally, Representation and inclusion may impose limitations, as it may be more difficult to gather accounts from some population groups than from others. Any resultant, disproportionate inclusion of certain voices, such as those from staff and workforce, may therefore also affect the balance of the case studies.

These limitations on the contents of the case studies may also, in turn, affect the conclusions of this report, which therefore does not claim to represent an exhaustive and comprehensive documentation of the whole national picture. Rather, it tries to offer small but detailed snapshots of RIF-funded services across the nation and personal insights into the lived experiences of the people who both deliver and engage with them.

# 2. Methodology

## 2.1 Overview

This study adopts the approach to thematic analysis as described by Braun and Clarke (2006) to interpret a data sample of 31 case studies, which were selected based on suitability from a wider pool of submissions through the application of a bespoke appraisal tool. The selected case studies were then read, annotated and coded in line with the source material, and the codes identified were refined and organised into sub-themes and themes, which were then arranged into semantic groups. The latter category, semantic groups, was included for the purposes of ease of comprehension and presentation and serves no analytical function beyond this. Themes were arranged into these semantic groups based on their meaning and relevance to other themes. These were then interpreted to establish a coherent narrative, to which the research questions were then applied.

## 2.2 Analytical approach

Thematic Analysis as outlined by Braun & Clarke (2006) was selected as the primary analytical approach in this study due to its flexibility, suitability to the case study format, ability to yield rich qualitative data and its simplicity and ease of application.

In addition, occasional reference was also made to the paper “*A worked example of Braun and Clarke’s approach to reflexive thematic analysis*” by D. Byrne (2021). This paper contains detailed descriptions of the application of, and rationale for, the steps and processes

described by Braun & Clarke and was referred to in order to ensure that the approach was effectively interpreted and adhered to.

## 2.3 Sampling process

This study looks at the case studies provided for the first year of the RIF, which ran from April 2022 to April 2023. In this first year, 83 case studies were submitted to Welsh Government from the seven Regional Partnership Boards. To select a workable sample size and ensure an acceptable standard to data to analyse, a bespoke screening tool was developed which was called the Regional Integration Fund Critical Appraisal Tool (RIF-CAT) (see appendix A). This tool primarily took the form of a checklist, with questions rated on a five-point scale. The checklist included criteria for a complete and workable case study, such as use of provided template, clarity of perspective, clarity of description and inclusion of important elements such as lessons learned. The scale by which each criterion was scored ranged from 0, for when criteria were not met; 1 to 2, for when it was unclear whether they had been met; and 3 to 4, for when they had been met. This allowed the analytical viability of each case study, and by extension its suitability for inclusion, to be discerned.

A benchmark score of 16 out of 32 possible points was set to represent the minimum score to be attained for a case study to be included in the analysis, with 11 set as the minimum to qualify a case study for consideration. After appraisal, of all submitted studies, 31 were deemed to be of a standard acceptable for analysis.

## 2.4 Coding process

The case studies were printed as physical copies and read through three times. During the first read, the materials were annotated by hand. On the second and third reads, the case studies were coded, again by hand. Thematic Analysis places emphasis on the active role of the researcher, so codes were identified and designated at the researcher's discretion. Two rounds of recursive coding by the same researcher allowed for a thorough and consistent examination of the case studies, and an exhaustive list of 213 discrete codes was digitally compiled alongside a count of the number of appearances of each code in the whole sample. This list was initially organised chronologically, but another list was drawn up afterwards which was organised in order of number of appearances.

During the process of coding many codes were adapted, merged, or otherwise altered to reduce duplication and maintain applicability so as to best serve the purposes of the study. A log of these changes is included in Appendix D.

## 2.5 Development of sub-themes and themes

Once the digital code compilation was complete, the codes were categorised into sub-themes. This was done by grouping together codes by type and focus. Some codes were considered applicable to more than one sub-theme, but in these instances their potential applicability to each sub-theme was weighed against the presence of other codes and effort was made throughout to ensure appropriate balance was maintained while reducing duplication where possible.

Adding an additional stage to the thematic analysis process, the researcher decided to further categorise these themes into semantic groups. While not typical in thematic analysis, this was done to demonstrate the relationship between the themes and organise them according to their meaning, so that they might be differentiated and presented with greater clarity.

# 3. Findings

## 3.1 Overview

The coding and categorising processes resulted in the identification of 27 separate sub-themes. Of the 213 identified codes, only two were not able to be categorised; this was due to their lack of both applicability to the identified subthemes or perceived relevance to the overall study. A final sub-theme, titled “Miscellaneous”, was created to accommodate a small remainder.

The other 26 sub-themes were then themselves sorted, grouped and categorized into 11 main themes, which were sorted into five semantic groups. These were:

- **Existing Issues**, comprising the themes of “Lack of capacity”, “Lack of accessibility” and “Service users struggling”;
- **Potential**, comprising the theme of “Untapped potential”;
- **Important Factors**, comprising the theme of “Importance of peer support”;
- **Services Working Well**, comprising the themes of “Services working effectively”, “High-quality provision” and “Service development”;
- **Good Outcomes**, comprising the themes of “Service users empowered”, “Improvement to users’ personal lives” and “Services valued”.

Again, a theme and semantic group were also created solely to contain the “Miscellaneous” sub-theme and its constituent contents.

The five semantic groups, and the themes and sub-themes included within each, are described in section 3.2, and a complete list can be found in Appendix B. A list of sub-themes and the codes that constitute them can be found in Appendix C.

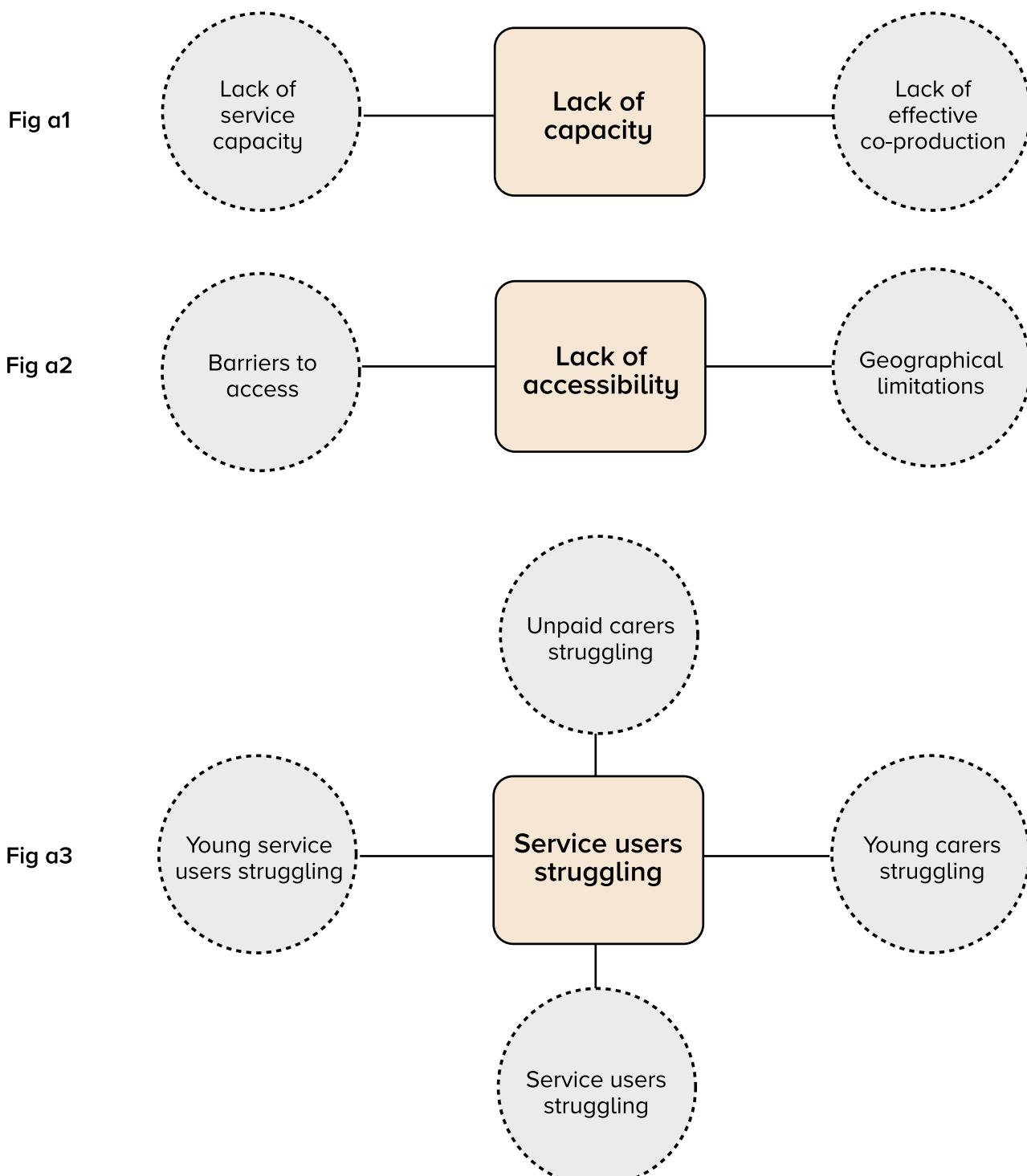
### 3.1.1 Note on terminology

“Service users” as used in this document refers to any person who accesses or engages with provision offered from a RIF-funded service.

All names used in case study extracts were falsified at the point of submission to maintain anonymity.

## 3.2 Group A – Existing issues

### Thematic diagrams – Group A



### 3.2.1 Theme A1: Lack of capacity (fig. a1)

#### Lack of service capacity

*“The temporary funding arrangements for support staff makes recruitment and retention difficult.”*

**CV007, P31, L26**

The case studies described services lacking the capacity necessary to deliver at their full potential. This was apparent in several ways, but a significant example was a lack of funding. This was particularly impactful as it affected several other areas in turn. For example, a lack of funds means that some services are unable to afford to hire/train/keep enough staff or maintain infrastructure to an ideal standard. This lack of funds also meant that some services have begun to become dependent on RIF funding and use it to support core and mainstream provision, which it was not intended for.

In addition to general staffing shortages, capacity issues mean that specialist staff are less available, such that service users are not able to receive appropriate care and that core staff face and even heavier workload. However, one case study also described resource wastage from service provision being offered in cases and areas where it was not necessarily required or appropriate, further stretching already limited resources.

*“On few occasions, the young carers were coping with their loss better than their parents perceived and therefore the programme was not suitable.”*

**NW003, P2, L19**

Demand for services is already constant and continues to rise. These external pressures may be compounded by systemic issues in the management and administration of both services and the organisations that provide them, limiting the efficiency of service providers and the extent to which services can work effectively.

#### Lack of effective coproduction

*“India does not know if the school knows about their young carers role.”*

**CV005, P23, L34**

In some cases, different service providers, whose provision is intended to address similar issues and presents an opportunity for valuable coproduction, are shown to not be working together as effectively as they otherwise might. This is notable due to the express intention of the RIF to enable and support coproduction.

This lack of coproduction is attributable to two different factors. Firstly, problems were noted to arise from geographical differences, such as when separate services attempting to coproduce while working from separate locations. Secondly, a lack of standardisation in provision and monitoring measures results in variation in the quality of services delivered to users from one service to another. Altogether, this lack of effective communication, consistency and collaboration between potential coproduction partners results in poor consistency, which in turn means poorer outcomes for users over the long term.

### 3.2.2 Theme A2: Lack of accessibility (fig. a2)

#### Barriers to access

*“... currently and previously other professionals and services have ‘given up’ and withdrawn services due to lack of engagement.”*

**POW005, P2, L8**

Both current and potential service users across Wales face many barriers that hinder their access to providers and services. These include factors at personal, environmental, circumstantial and provisional levels.

Factors personal to service users include individuals' will to seek provision, hesitancy or reluctance to disclose information which might incur referral or embarrassment, their perceptions of ease of access, feelings of doubt regarding deservedness or eligibility, hesitancy to engage in medical treatment, service users' general state of health, and their individual mobility.

The primary environmental factor is the necessity for public transport. Difficulties arise in both ensuring service users' access to it, and its effective functioning. This limits some people's ability to reach and attend services, as well as affecting their independence and autonomy.

The primary circumstantial factor mentioned was the COVID-19 pandemic and its associated mitigation measures, which were demonstrated in the sample to have reduced face-to-face service contact, engagement with service provision and in-person social events.

*“Daniel attended online youth club during COVID, but mum was keen for Daniel to have some face-to-face contact with other children.”*

**CV006, P25, L14**

On a provisional level, difficulty was mentioned in communicating and engaging with local authorities. This has the potential for restricting and slowing referral processes or the dispensation of advice and information. Service providers more widely are also implicated in the previously mentioned factors of transport, engagement and user hesitancy, which may be suggestive of a failure of providers to effectively encourage and enable accessibility for existing and potential service users.

#### Geographical limitations

*“In his last year of school his family were torn between wanting Matthew to access further education and both his and their desire for him to remain local.”*

**CV008. P31, L10**

Geographical factors were also demonstrated to present considerable restrictions on access to services, the most significant of which were a discrepancy in the availability of services and opportunities between regions and the limitations of rurality.

Regional variations included which services were available to users and the degree of assistance and provision they were able to offer. This, in turn, imposed restrictions on individual users and the opportunities available to them, particularly in relation to limitations on mobility and its impact on access to higher education opportunities. Some service users were described as having to compromise on their preferences and goals in order to maintain their own stability and wellbeing, impacting both their personal potential and quality of life.

Rural communities were described as facing similar challenges. Social issues were noted to be present in some communities, but they were described as lacking the facilities and infrastructure necessary to address them and mitigate their wider effects.

*“... easily accessible local community activities to be organised and made available particularly in rural communities where children and their families may feel isolated and suffer poor mental health.”*

**NW011, P1, L46**

### 3.2.3 Theme A3: Service users struggling (fig. a3)

#### Service users struggling

*“She was struggling to sort out several issues due to her conditions and has financial difficulties due to her benefits stopping.”*

**CV025, P68, L5**

Service users across Wales were described as facing a myriad of difficulties in all aspects of life, financially, personally and socially, with this interplay also being notable as a complicating factor in itself.

Many individuals are dealing with complex and combined health and social issues, which not only create high degrees of need but can create difficulty in effective provision. Often individuals present with challenging behaviour such as aggression or anti-social tendencies, which can in turn be detrimental to the cohesion of support networks such as family units and contribute to wider problems like social isolation.

Lack of autonomy and disempowerment were identified as key issues, with many individuals seeking ways to mitigate the loss of their own independence and agency, as well as their ability to communicate and maintain their own basic needs.

These difficulties were exacerbated in some cases by wider factors and responsibilities, like the necessity to undertake caring duties for others in turn.

A commonality between all these issues was financial hardship, which resulted in further disempowerment for service users, extra pressure on families, and additional barriers to accessing provision.

#### Young service users struggling

*“Sam was referred for therapy as he was having regular outbursts at home. He was physically attacking his mum.”*

**WG002, P2, L11**

While service users as a wider group were evidenced as having many complex issues to deal with, those of younger ages face some unique challenges. This group was described as particularly prone to exhibiting behavioural problems. This issue contributes to problems with their families and home lives and presented alongside other personal issues such as overdependence on parents and vulnerability to exploitation.

Mainstream institutions like schools and colleges were described as sometimes failing to adequately recognise and assist young people in dealing with their personal or behavioural difficulties.

### Unpaid carers struggling

*“She felt guilty asking for something for herself but was exhausted ...”*

**CV007, P27, L11**

Unpaid carers were a group that featured significantly in the sample. In some cases, service users were also unpaid carers, and these individuals were described as facing a particularly high degree of strain, due to the shared pressures of their own needs and the responsibilities their caring duties placed on them.

The caring duties described were often complex and resulted in unpaid carers prioritising the needs of those being cared for above their own. Some unpaid carers' duties were noted in certain cases as using up all of the carer's time and taking a toll on their personal wellbeing. Supporting children with additional learning needs was mentioned as a specific example, and unpaid carers were also explicitly described in some instances as exhausted and drained.

### Young carers struggling

*“Bella is the only young person in the household without a disability, this means at times she can be the only person able to assist with daily tasks.”*

**CV009, P32, L8**

Of this group, young people involved were once again described as facing particularly challenging circumstances.

With their caring duties having the potential to be just as complex as those undertaken by their adult counterparts, and sometimes being present from early age, young carers were noted to face significant pressure. This often contributed to social issues, as well as those in their personal lives, with young carers reported to be struggling with trauma and experiencing severe and pronounced hardship in some cases.

Despite these burdens, mainstream institutions like schools were again noted to be ill-equipped to support young carers in dealing with their challenges. Mobility problems in some instances placed further restrictions on young carers' lives and potential, with experiences of lack of autonomy being reported alongside these. These challenges were noted to have begun to affect some young carers' outlook, with one individual expressing a distinctly cynical perspective on their own situation.

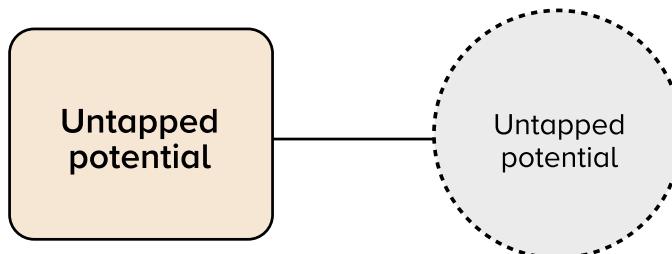
*“We looked at coping strategies, many of which India did not think would work.”*

**CV005, P23, L27**

### 3.3 Group B – Potential

#### Thematic diagram – Group B

Fig b1



#### 3.3.1 Theme B1: Untapped potential (fig. b1)

*“I have a learning disability and am deaf. I volunteer in a care establishment ...”*

**CV015, P54, L7**

Despite the numerous and wide-ranging challenges faced by health services in Wales, the case studies also identified significant potential for the further development and expansion of service provision. While this does speak in part to an inability of services to deliver at full capacity up to the period covered by these studies, it does also present the opportunity to move forward constructively, with some clear areas for improvement being identified.

Services were widely considered to have potential to offer benefits in several areas, namely the personal and social aspects as well as the overall quality of users' lives.

This potential was identified in extracts throughout the sample, with acknowledgement coming in large part from people actively involved in service provision themselves. From this perspective, the potential for further

coworking and coproduction was mentioned, and organisation was a common issue, with a lack of effective service organisation cited as being a limiting factor. A lack of data gathering was also cited in one instance as an area which could be developed in order to build capacity.

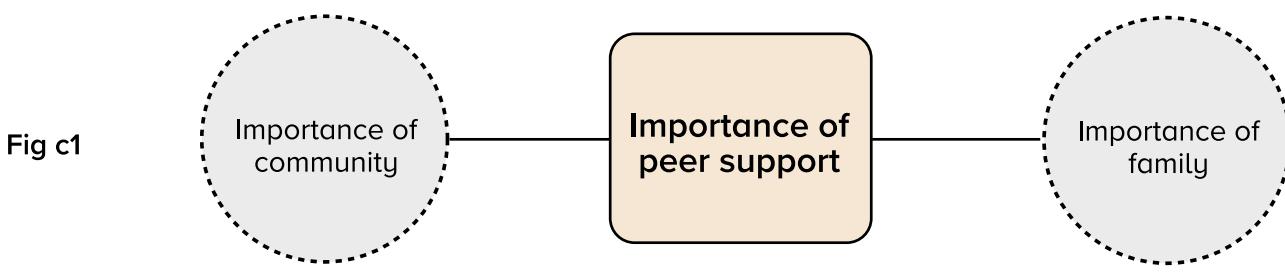
One interesting area of potential was maximising the service user base who are interested in becoming providers. Service users, including those with learning disabilities, were identified as seeking avenues to work in service provision themselves, with one example describing a young woman in this position who was volunteering but seeking paid employment. This clearly demonstrated a mutually beneficial opportunity for capacity building which also serves to benefit those administering the provision. The example did demonstrate that arrangements like this would likely require extra supervision and oversight, but that this was very possible and that the requisite adjustments are attainable and can be employed successfully.

*“I also learnt that I am accepted for the person I am, not what people see.”*

**CV015, P55, L17**

## 3.4 Group C – Important factors

Thematic diagram – Group C



### 3.4.1 Theme C1: Importance of peer support (fig c1)

#### Importance of community

*“This group has been so helpful, putting me in touch with other mums going through it, sharing our stories and supporting each other ...”*

**CV001, P9, L5**

One insight yielded by the analysis was the value of peer support. The importance of community was a particularly recurrent subject in the case studies, and it is evidently a key element of service users' wellbeing as well as playing an important role in the efficacy of service provision across the regions. Services were clearly able to facilitate this sense of community and help service users to find it.

The benefits for users offered by accessible and cohesive communities were manifold. They provide holistic benefits to the service users involved in them and play an important role in removing barriers between demographics, particularly those of different age groups. The use of shared community infrastructure and multi-use spaces was a prominent example of one means by which this was realised, and the social networks which result from this community integration were shown to be a source of mutual support which can be wholly independent from service provision, potentially reducing dependence.

Functioning communities also benefit services. They were noted to help spread awareness of available provision among individuals, and in one case, the local community even referred an individual directly to a service. Services were clearly having a direct and positive effect on the formation and development of local communities, and the benefits were mutual, with services also shown to be directly supported and funded by these communities in some cases.

**Importance of family**

*“He now enjoys ‘boys only time’ with his Dad and his outbursts are less frequent and less severe.”*

**WG002, P3, L22**

Another important source of peer support were service users' families. Family cohesion and engagement were significant factors for wellbeing across a wide range of the case studies provided, and the benefits of family support to users' personal lives were consistent, pronounced and demonstrably important for the realisation of good outcomes. Additionally, in several cases, families were directly involved in the planning and provision of both service and independently led caring duties, making their support particularly crucial.

Services across Wales were once again shown to directly support family units and contribute to the many benefits this type of support can offer service users.

### 3.5 Group D – Services working well

#### Thematic diagrams – Group D

Fig d1

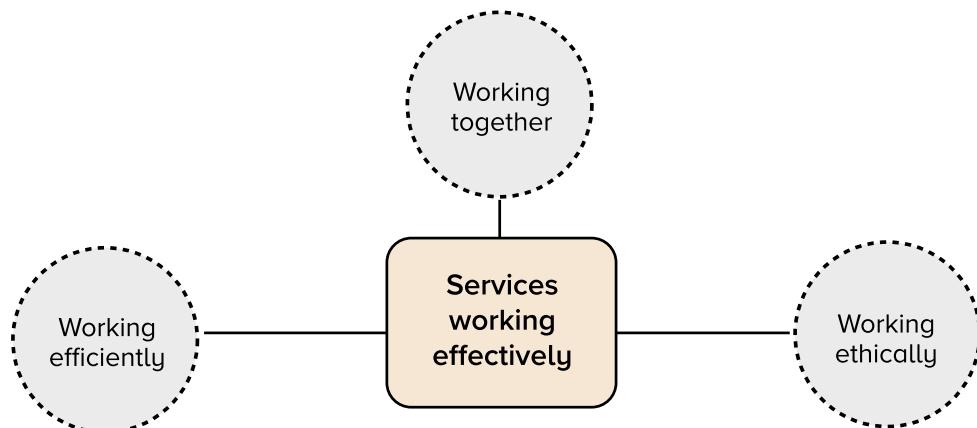


Fig d2

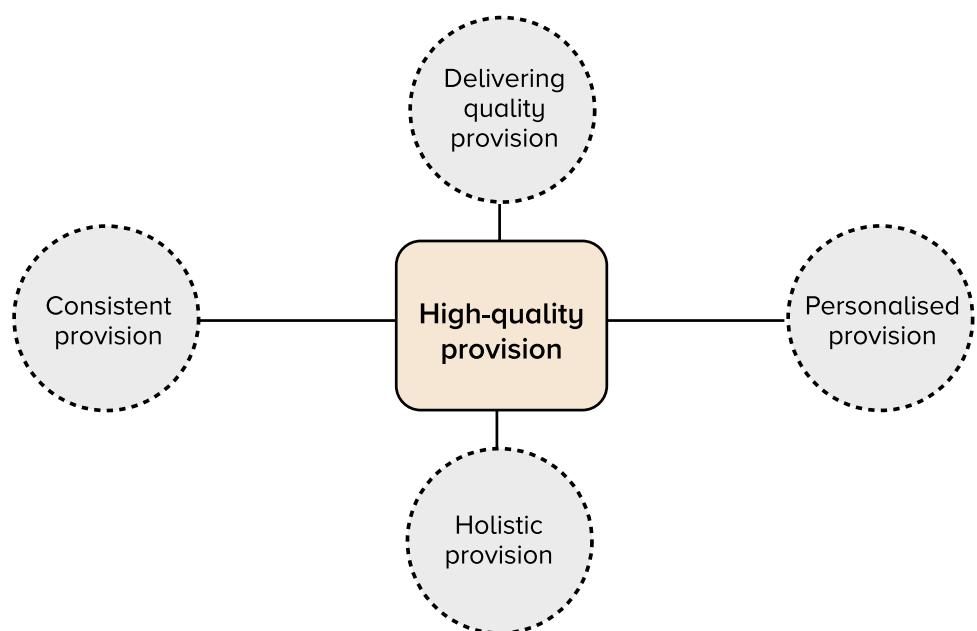
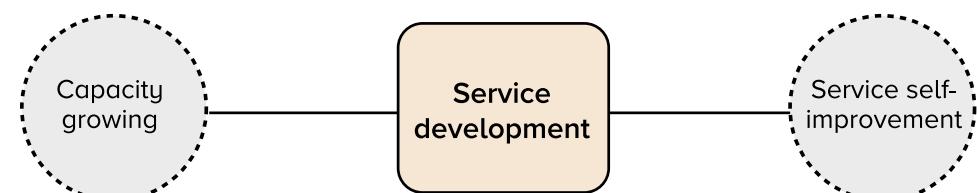


Fig d3



### 3.5.1 Theme D1: Services working effectively (fig. d1)

#### Working together

*“The consultation process aids co-working and a shared understanding which in turn leads to a more cohesive service and intervention.”*

**NW009, P5, L46**

The case studies documented a high degree of coworking, collaboration and coproduction between services across Wales. This involved engaging and involving a variety of different stakeholders, such as providers, specialists and even families. This coworking was often the result of changing circumstances for service users. In some cases, this was the result of progressing age, but others involved movement to different locations, and services coworking across different settings and areas was a common theme in the case studies.

This coproduction was shown to be largely successful and allowed services to widen their capacity and remit to accommodate service users with varying types and degrees of requirement. Services are successfully creating effective specialised partnerships to better address and understand individual needs, and personal relationships among providers was key in making these arrangements work.

#### Working ethically

*“We discussed ... the environmental benefits of plastic free products and the harm that disposing of plastic based products can have on our ecosystem.”*

**CTM003, P3, L2/5**

Services also demonstrated an ethically sound attitude towards the work they are undertaking. Staff and providers were consistently shown to approach their duties with care and consideration and were able to offer genuinely supportive assistance to service users and make sure that their fundamental needs were being met.

Services also demonstrated an awareness of environmental issues and the need to work in an environmentally friendly way, involving this in their professional practice and sharing raising awareness of these issues with the individual users and communities with whom they work.

#### Working efficiently

*“We have been able to establish a pattern of joint working and shared responsibility/delegation of assessment that has improved access and increased the opportunity for more timely assessment.”*

**NW008, P2, L10**

Another theme that was apparent in the case studies was the efforts made by services to work efficiently and make best use of their available time and resources. Despite the issues with capacity and systemic challenges service face, the case studies clearly demonstrate that these problems are being actively addressed by services and their staff across Wales. This resulted in services being able to deliver quality provision and good outcomes to service users despite their limited capacity.

Efficiency was shown to come from several different sources and approaches, including the use of modern and pioneering technologies, early intervention, and localised provision tailored to the specific needs of individual locations. Services also demonstrated a pragmatic and innovative approach to working, such as finding ways for provision to benefit different service users simultaneously.

Flexibility was identified as a necessity in this effort. Services demonstrated willingness to work flexibly in many instances, including varied use of service and community resources and infrastructure such as venues, as well as an openness to adapt provision in line with changing circumstances and needs.

This efficient working yielded benefits to services and users alike, allowing for improved service user outcomes and reducing difficulties such as systemic pressures, allowing the better functioning of services themselves. In other cases, the right provision at the right time was noted to have actually reduced the need for further intervention.

### 3.5.2 Theme D2: High-quality provision (fig. d2)

#### Delivering quality provision

*“MHM’s perspective is that it is an honour to provide an activity of such a high calibre with a reputation that is respected across the world.”*

**CV023, P64, L31**

Service provision and its delivery across Wales was repeatedly described by staff, users and visitors as being of a high quality. The foremost way this was expressed was simply through the number of instances in which provision was described as successful; when it functioned as intended, provided tangible improvement and benefits and achieved its goals. Other examples included testimony from people involved in provision which described it in highly positive terms, and as a source of pride.

The high quality of provision was also alluded to in less direct ways. Instances in which services became actively involved in important and commendable work, such as safeguarding

of vulnerable service users and contributing to nationwide COVID mitigation efforts, were notable examples. However, the case studies bore several instances of service providers going above and beyond their official duties and requirements to ensure that service users' wellbeing was maintained and that services were providing for them effectively.

Ensuring the success of provision at these stages also reduced the need for further or more pronounced intervention at later stages, again benefiting both users and services alike.

#### Personalised provision

*“The team have got to know me and supported me to find out what I like and dislike.”*

**CV011, P36, L14**

Another way in which services provided valuable and high-quality provision was through tailoring their support to best fit service users' preferences and needs. This meant that service users were able to get help in the right way for them, improving their experience of receiving provision, and resulting in better outcomes. This was a common theme across the entire dataset.

A specific example was the continuity of provision which can only be offered by dedicated staff. By dedicating staff to a particular discipline or area, services were able to ensure staff gained the expertise and experience necessary to get to know service users on a personal level and thus provide the care and support they needed.

## Holistic provision

*“Through this joined up, holistic approach the risk has been minimised and his existing strengths have been harnessed and worked on to assist him.”*

**NW010, P2, L30**

Services also ensured the quality of provision by adopting a wide-ranging, inventive, holistic approach. By considering wider factors that might not be immediately obvious such as service users' environment, or by introducing variety to meals or activities, services were able to ensure a richer experience for services users and ultimately contribute to better experiences and outcomes.

Services also realised this by being inclusive in who was involved in provision and what they were able to do. Adopting this holistic approach to service delivery was also shown to remove barriers to access, meaning that provision could reach a wider user base and achieve better efficacy.

## Consistent provision

*“The agreement was that the building should always stay in use for the benefit of older people.”*

**CV004, P19, L19**

As described previously, dedicated staff were able to gain familiarity and expertise which allowed them to tailor their provision to users' specific needs. However, dedicated staff were also able to provide another benefit in the form of consistency.

The expertise and familiarity that comes with the consistent presence of staff was noted to be a crucial factor in the ability of services to coproduce effectively, and this was just one example of how consistency in provision

was shown to result in preferable outcomes for service users. The opportunities for safeguarding were another example of the potential benefits of consistent staffing.

Staffing was not the only aspect of service provision to benefit from consistency, however. The designation of dedicated spaces for provision to take place in was also mentioned in the sample, providing reliability and security for provision to take place and for the users who engage with it.

## 3.5.3 Theme D3: Service development (fig. d3)

### Capacity growing

*“The understanding and skills gained will provide her with the confidence to work with other young people and their families in the future.”*

**NW010, P3, L1**

One of the most significant themes of the case studies were the steps taken by services to grow their capacity. As described in the earlier themes regarding the current difficulties faced by services, lack of capacity was a major barrier to services delivering at their full potential. However, the data sample provides several examples of ways in which services are not only making the most of the capacity they have but are actively taking steps to increase it.

The most noteworthy of these was through knowledge sharing. In a manner similar to the way in which effective coproduction can build on mutual strengths and address gaps and shortfalls, knowledge sharing offers services the means to distribute the information and expertise necessary for others to be able to contribute to the provision of help and support, growing the provider base, and ensuring that

this provision is appropriate and effective. Knowledge was seen to be shared between services, staff, service users and their families, and in one case was evidenced in the more practical application of skill development, allowing more people to offer the kinds of support which previously would only be able to be provided by staff.

As mentioned above, coproduction itself was a significant catalyst for capacity growth which allowed different services to address the shortcomings of others and ensure that no gaps or issues were present in service users' experiences of provision.

Similarly, services are also working to increase their capacity by ensuring accessibility, making sure that the provision they offer is able to be taken up by the highest possible number of service users that resources are utilised wisely.

Early interventions were another way in which services were adding capacity. By providing support early on, before problems have the chance to become worse, services are able to ensure that issues can be addressed using as little time and as few resources as possible, reducing the strain on service users and relieving pressures on the services themselves.

Capacity was also augmented through accommodating variety of provision programmes and the specialist skills and knowledge that accompany them. RIF funding was also explicitly mentioned in several instances as having directly contributed to services' ability to grow their capacity.

The growth in consistency was significant enough that services were planning future expansion and, in many cases, actively proceeding with it.

## Service self-improvement

*"We wanted to understand what was working well and what could be improved and use this to inform our decisions and build people's voices into our work."*

**CV004, P19, L10**

Further to the growth in capacity described above, services were also seen to be engaging in development by seeking and enacting self-improvement efforts. This was seen in two ways.

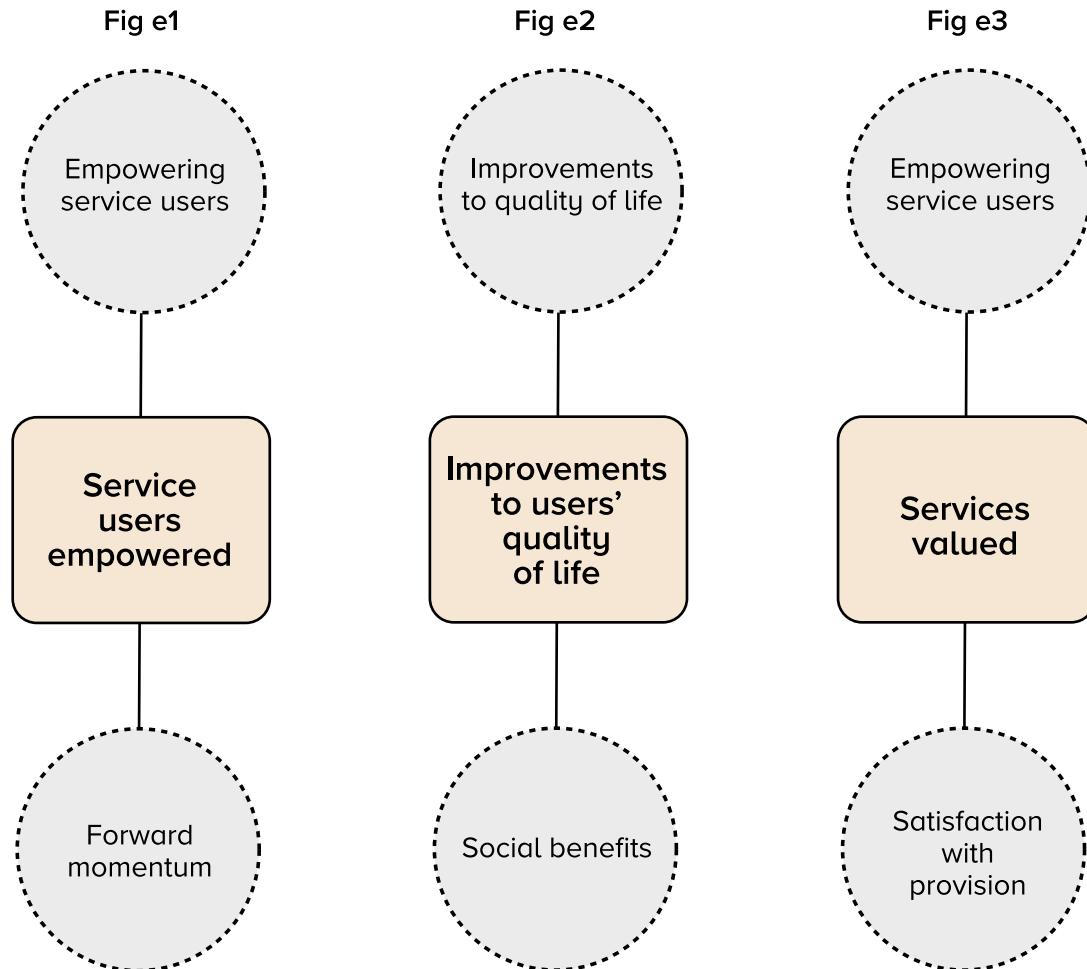
The first was that services were engaged in reflection and self-evaluation to determine how they were functioning and identify areas for improvement. This was then followed by services enabling their staff to engage in learning and development to build on their own strengths and address shortcomings.

Additionally, many services were also actively seeking external feedback, primarily from service users but also visitors and other people who benefit from the services provided. This reflects a clear desire from the service to understand the impact of their work and identify any issues that might not be apparent to those not directly in receipt of support.

In some cases, service providers themselves were being empowered as a result of engaging in provision, further improving their own experiences and enhancing the support they provide.

## 3.6 Group E – good outcomes

### Thematic diagrams – Group E



### 3.6.1 Theme E1: Service users empowered

#### Service users empowered

*“He has been willing to read aloud for the first time. His Mum feels this is because he is more robust and able to risk failure.”*

**WG002, P3, L25**

A major benefit that services were able to offer service users was empowerment. Services were able to restore a sense of agency and control to service users which the case studies had shown was often missing, particularly in the case of service users being actively included and involved in their own care decisions. Furthermore, there was another double benefit in that service users gaining a significant boost to their independence meant that services also enjoyed reduced strain as a result.

Services were able to provide a range of empowering benefits to the people who access them, with a significant example being skills and knowledge. Services were able to relay insights gained into service users' needs to the people close to them, while also sharing practical caring skills and techniques so that service users and their communities were able to self-support. This enablement also served a preventative function, wherein the autonomy granted to users in their own care allowed them to avoid complications in the future.

Empowerment was also shared in more straightforward ways, such as provision of direct financial assistance, and creating visibility for young carers.

#### Forward momentum

*“I have been considering Bella for our buddy sessions that will commence in January, however her improvement has been so excellent I’m unsure this will be necessary.”*

**CV009, P33, L32**

The case studies demonstrated several examples of service users experiencing an increase in momentum in their personal development. In one instance, users benefited from successful provision to such a degree that they advanced beyond the need for it. In another, users were described as expressing a will to pursue further education. A different example also showed that the opportunities created by successful provision can create a cycle of progress, where opportunities that arise from positive action can in turn create more.

### 3.6.2 Theme E2: Improvements to users' personal lives

#### Improvements to quality of life

*“Clients move forward, rediscovering their voices, art of conversation, make new friends, re-awaken interests, feel more positive about themselves, their lives and their future.”*

**CTM005, P1, L42**

A major element of the case studies were the tangible improvements and benefits to service users' quality of life provided by service provision. This was a common and wide-ranging aspect of provision which improved service users' situations in a variety of ways. “Quality of life”, in this case, was taken to include opportunities and improvements to users' lived experience.

Service users' personal lives benefited in several ways from these improvements. This was primarily seen in the realisation of advantageous and desirable outcomes such as personal fulfilment, autonomy, stability for young carers and emotional availability in young people, but was also seen in interpersonal benefits like improved family relationships and empowering interventions aimed at enabling unpaid carers to support their own wellbeing.

Service provision was directly implicated in these benefits, with family interventions specifically mentioned as relieving some of the pressures faced by families in Wales. Coproduction was also specifically mentioned as enabling and empowering interventions like these.

The effects of these benefits were significant, with beneficiaries reported as showing profound changes as a result.

#### **Social benefits**

*"He has become more confident and sociable and is really enjoying the time that he spends with his peers and socialising within the local community."*

**CV010, P34, L41**

Provision also offered benefits to people's social lives. This one was one of the most significant thematic elements in the total sample and was observed where service users found increased connection within geographical and social communities, developing stronger and more cohesive familial bonds, and taking opportunities to meet and spend time with people in similar circumstances to their own. This was a particularly notable example, and peer support was a recurring and notable contributor to benefits to users' personal lives.

Similarly, the social aspect of in-person, face-to-face service provision was also noted as an important part of users' lives and was described in one instance as directly conducive to good service user outcomes.

### **3.6.3 Theme E3: Services valued**

#### **Increase in engagement**

*"Her mum said that she felt 'listened to' and now reaches out to the LD nurse. Previously she had been guarded in trusting professionals."*

**CV002, P13, L42**

Engagement with services was shown to be increasing across the studies. This was seen in an uptick in both people's desire to engage with provision and the actual numbers of people doing so, with others even becoming involved in providing services themselves.

The desire to seek support was attributed partly to trust created by the successful delivery of other services. Service users were also supported to access them, and the use of targeted and specific content and materials were effective in increasing engagement in some cases. These were reflected in the fact that service users were considered to be engaging with services readily and voluntarily, with several individuals reported as referring themselves without the input of other people or practitioners. As mentioned, in several cases, the beneficiaries of provision became involved in delivering and administering the services themselves.

This increased engagement can be seen in a diverse and growing user base which was involved in a broad range of different services and localities.

### **Satisfaction with service provision**

*“Feedback from the young carers and parents was very positive. Feedback included ‘this is the best thing we’ve ever done with young carers’ and ‘I never get to do things like this.’”*

**NW003, P1, L49**

The case studies reflected a general satisfaction with services and their provision. This was expressed by both users and staff alike.

Both groups were happy with the standard of provision offered by services and the positive effects that result. Provision was often described as being of a high quality, and the importance and impact of some of the most enjoyable examples of provision meant that it was regarded by both users and staff as highly valuable.

# 4. Discussion

As demonstrated in the findings, the analysis yielded a large amount of rich and insightful data. This data will now be applied to the research questions. Section 4.1 will address RQ1, concerning the themes identified in the case studies, and section 4.2 will address RQ2, concerning the usefulness of the case study format for this kind of research.

## 4.1 Themes present in the case studies

The findings identify eleven discrete themes across the case studies, which form a clear narrative.

Services are facing an acute lack of capacity. Despite rising demand, services are under pressure from funding and staffing shortages which is leading to gaps in delivery and poorer outcomes. Coproduction is not as widespread or effective as it could be, and inter-service collaboration can sometimes be difficult, affecting providers and services users alike.

The challenges faced by individuals across the nation are complex. Barriers to access continue to restrict engagement and include a combination of personal and circumstantial factors. Rural areas are particularly affected, with regional disparities in service quality and a lack of infrastructure forcing some to compromise on their wellbeing and support networks if they wish to access new opportunities. The observed service user base comprised multiple demographic groups which may often face overlapping pressures. Unpaid carers, particularly those

who are young, are experiencing significant difficulty, while other young people are facing behavioural and emotional challenges which mainstream services like schools and colleges are not adequately equipped to address.

Despite this, many services are delivering tangible benefits to these individuals' wellbeing and show potential for further growth and improvement. Possibilities like expanding volunteering bases and a greater focus on coproduction present opportunities for more efficient and mutually rewarding working arrangements. Service provision was shown to have helped to improve family relationships, increase self-esteem and agency, and offer enrichment to service users' general quality of life. The social benefits of engagement were a particularly significant element in this, with the importance of increased community connection and face-to-face provision being especially apparent. Peer support from both families and communities is crucial to service users' wellbeing, and services are actively encouraging and supporting this while receiving some benefits in turn such as community referrals and fundraising efforts.

Furthermore, services show clear commitment to delivering high quality provision, focusing on effective and efficient ways of working to maximise capacity and make the most of available resources. As a result, services and their provision are generally highly valued by users and staff and many were described as successful, effective and impactful. Services were also noted to be consistently improving themselves by reflecting and evaluating their own performance and by

capacity building. Coproduction was, again, a key factor in this, helping to address shortfalls and leverage subject-specific expertise in order to provide targeted and direct support. The satisfaction service users expressed was reflected in the expressed intention of continued engagement with services, individuals reaching out for the first time, or service users pursuing their own personal and professional development.

Overall, these themes describe a situation in which a wide spectrum of individuals face complex, overlapping barriers and difficulties, while a combination of personal, systemic and circumstantial factors contribute to disempowerment and disengagement. In response, RIF-funded services and projects are directly and consistently addressing these issues by delivering effective, high-quality and valued provision, with coproduction playing a key role throughout. Amongst this, services staff continue to demonstrate a commitment to continuous reflection and self-improvement, a desire to maintain the highest standards and to deliver the best possible outcomes for service users.

## 4.2 Evaluation of the case study format

While case studies are already a popular and common method for gathering qualitative data in health & social care settings, this report offered an opportunity to examine the utility of the case study format in monitoring the performance of programmes like the RIF. In this report, they provided a valuable means of documenting people's experiences of RIF-funded projects and services.

One notable strength was the wide variation in perspectives that were offered. The combination of accounts from service users, staff and management allowed for a comprehensive exploration of the realities of these services and their functioning. Similarly, this breadth of experience was able to provide insights which would be otherwise difficult to capture, such as accounts from social workers and therapists.

On the other hand, the variety of reporting did present some issues. The foremost of these was the difference in quality between many case studies. There was a huge amount of variation in the contents, syntax, grammar, and overall writing quality of the provided case studies, despite clear structural guidance being provided by the Welsh Government from the outset. This meant that many potentially interesting or insightful case studies were not considered eligible for analysis and were excluded from the study. Conversely, some case studies were excessively long or detailed, adding time to the analytical process.

Despite this, the case study format continues to work well for the purposes of studies like these. In the future, extra care should be taken to specify the criteria for acceptable submissions to ensure a standard of quality from the first instance which would not require attention during the analysis itself.

# 5. Conclusion

## 5.1 Summary overview

This study examined 31 case studies submitted to the Welsh Government by the Regional Partnership Boards. These studies focused on projects and services funded by the Regional Integration Fund (RIF) and were subject to a thematic analysis in order to identify their main themes.

The analysis revealed a clear thematic narrative of difficult circumstances being navigated in innovative ways by these services and delivering real value to service users' lives. The RIF funding was clearly shown to be improving the lives of service users and their families across Wales and enabling services to run effectively.

While these services still face some challenges, the net benefits are considerable, and it is expected that current issues will lessen over the course of the RIF funding, while strengths and success will continue to grow.

Case studies were again proven to be an effective and useful format for investigating the success of funding programmes such as the RIF, although some issues were raised around the need for higher standards of reporting and what constitutes an acceptable case study submission.

## 5.2 Lessons learned and implications for RIF and future successor programmes

The thematic narrative derived from the case studies portrays the RIF in a largely positive light. While people across Wales currently and will continue to face complex challenges, the case studies show that the RIF is addressing these issues effectively. Three key areas of good practice were identified which form a strong basis for consideration of any future successor programme to the RIF: service user involvement in provision, service self-improvement, and inter-service coproduction.

Service user involvement in provision, when appropriate, presents the opportunity for mutually beneficial working arrangements in which service users are given the opportunity to directly contribute both to their community and to their own development, at once creating opportunities for community connection, relieving pressures and empowering individuals. This has the potential to deliver good outcomes at all levels and represents a promising area for further exploration in the future.

While workforces already display a clear dedication to making sure that services are run to high standards, opportunities to support them to continue to take pride in their work and to engage in reflection and self-improvement should be taken up wherever possible. This would allow future arrangements to maximise the first-hand experience and expertise of frontline staff, and to ensure the consistency and quality of provision going forward.

Coproduction was one of the most significant elements throughout the case studies.

While room for improvement was apparent in some instances, the sample as a whole clearly demonstrates what effective coworking can offer when delivered successfully.

As a core aspect of the RIF and its intended outcomes, special attention should be given to making sure that its potential is explored as much as possible, that any barriers that may become apparent are addressed, and that good working practices are shared through the same connections that coproduction itself can provide.

All three of these practices are likely to remain fundamental to the services and projects that are currently in receipt of RIF funding, even after the RIF concludes at the end of its five-year span. However, in anticipation of this, findings from subsequent analyses of the second- and third-year case studies should be compared to and compiled alongside those described here in order to track the progress of these elements and any other trends that may become apparent. These will provide a well-informed and useful foundation for the conceptualisation of any successor programme and ensure that the learning and insights gained will be carried forward into the future.

# Appendix A

## Regional Integration Fund – Critical Appraisal Tool (RIF-CAT)

Name of Reviewer ..... Date .....

Date Reviewed Click or tap to enter a date.	Our Reference Click or tap here to enter text.							Their Reference Click or tap here to enter text.	
<b>RPB Area:</b>  <input type="checkbox"/> C&V <input type="checkbox"/> CTM <input type="checkbox"/> Gwent <input type="checkbox"/> North Wales <input type="checkbox"/> Powys <input type="checkbox"/> West Glam <input type="checkbox"/> West Wales	<b>Model of Care:</b>  <input type="checkbox"/> Community Based Care: Prevention and Community Co-ordination <input type="checkbox"/> Community Based Care: Complex Care <input type="checkbox"/> Home from Hospital <input type="checkbox"/> Supporting Families & Children <input type="checkbox"/> Emotional Health & Wellbeing <input type="checkbox"/> Accommodation Based Solutions								
	Yes	4	3	Unclear	2	1	No	0	Notes
1. Use of template?									
2. Use of headings?									
3. Clear from whose perspective?									
4. Does the background information describe the activity?									
5. Are there clear examples of what worked/didn't work?									
6. Are there clear examples of good practice and what good looks like?									
7. Are lessons learned identified?									
8. Are the outcomes and impacts clearly described?									
<b>Overall appraisal:</b>									
Include (16-32) <input type="checkbox"/>			Discuss (11-15) <input type="checkbox"/>				Exclude (0-10) <input type="checkbox"/>		

**Score:** 4 Fully Met, 3 Met, 2 Partially Met, 1 Almost Met, 0 Not met.

# Appendix B

## Semantically grouped themes and respective sub-themes

Semantic group	Theme	Sub-theme
<b>A. Existing issues</b>	<b>A1 Lack of capacity</b>	Lack of service capacity
		Lack of effective coproduction
	<b>A2 Lack of accessibility</b>	Barriers to access
		Geographical limitations
	<b>A3 Service users struggling</b>	Service users struggling
		Young service users struggling
		Young carers struggling
		Young carers struggling
<b>B. Potential</b>	<b>B1 Untapped potential</b>	Untapped potential
<b>C. Important factors</b>	<b>C1 Importance of peer support</b>	Importance of community
<b>D. Services working well</b>	<b>D1 Services working effectively</b>	Working together
		Working ethically
		Working efficiently
	<b>D2 High-quality provision</b>	Delivering quality provision
		Personalised provision
		Holistic provision
		Consistent provision
	<b>D3 Service development</b>	Capacity growing
		Service self-improvement
<b>E. Good outcomes</b>	<b>E1 Service users empowered</b>	Empowering service users
		Forward momentum
	<b>E2 Improvement to users' personal lives</b>	Improvements to quality of life
		Social benefits
	<b>E3 Services valued</b>	Increase in engagement
		Satisfaction with provision
<b>Misc.</b>	<b>Misc.</b>	Misc.

# Appendix C

## Sub-themes and respective codes

Sub-theme	Code	Freq.
<b>Lack of service capacity</b>	Service experiencing staffing difficulties	8
	Services experiencing financial difficulties	4
	Lack of infrastructure capacity causing issues	4
	Services not always needed	2
	Lack of capacity causes issues	1
	Service providers concerned about capacity	1
	Services under constant demand	1
	Demand for specialised services increasing	1
	Limitations of current service provision arrangements	1
	Lack of specialist service capacity	1
	Gaps in specialist service provision	1
	Service provision dependent on RIF funding	1
	Limited funding restricts provision	1
	Systemic issues causing complications	1
<b>Lack of effective coproduction</b>	Different services not working together	1
	Variations in standards across services	1
	Coproduction across settings can cause difficulties	1
	Lack of consistent provision causes issues	1
<b>Barriers to access</b>	Service users hesitant to access services	15
	Lack of transport capacity creating issues	8
	COVID pandemic causes complications	7
	Lack of engagement creates barriers	3
	Difficulty engaging local authorities	3
	Wider healthcare needs create barriers to provision	2
	Service users hiding sensitive issues	2
	Service users experiencing mobility issues	2

Sub-theme	Code	Freq.
	Issues with access to medical provision	2
	Unmet needs causing additional barriers	1
	Lack of service user disclosure causes issues	1
	Service user hesitant to access medical services	1
	Services users have preconceptions about service provision	1
<b>Geographical limitations</b>	Limited opportunities force avoidable compromise	4
	Rural locations experiencing social issues	2
	Rural communities lack facilities	1
	Regional limitations on opportunities for people	1
	Services have geographical focus	1
<b>Service users struggling</b>	Service users experiencing financial difficulties	10
	Service users presenting complex needs	6
	Interplay of health, social and financial factors	4
	Breakdown in familial relationships	3
	Service users experiencing social difficulties	3
	Service users experiencing lack of autonomy	2
	Service user exhibiting extreme behavioural issues	2
	Behavioural issues have knock-on effects	2
	Service users experiencing communication difficulties	2
	Service user disempowered	2
	Service users desire autonomy	2
	Service users' needs can result in crises	1
	Service user also carer	1
	Service user struggling to meet own basic needs	1
	Service users presenting complex and combined needs and diagnoses	1
	Service user seeking peer support	1
	User's extreme behaviour putting pressure on family	1
	Service user exhibits behavioural issues	1
	Service user experiencing disempowerment	1
	Service users seek autonomy	1

Sub-theme	Code	Freq.
<b>Young service users struggling</b>	Young person demonstrating extreme behaviour	5
	Young person's behavioural issues affecting home life	2
	College unequipped to support service user	1
	Young person demonstrating overdependency	1
	Young person vulnerable	1
	Behavioural issues affecting familial relationships	
<b>Unpaid carers struggling</b>	Unpaid carers undertaking complex duties	5
	Unpaid carers behaving selflessly	2
	Caring duties taking toll on wellbeing	2
	Caring duties use up all of carer's time	2
	Supporting ALN children can present challenges	2
	Unpaid carers unhappy with situation/duties	1
<b>Young carers struggling</b>	Young carers experiencing extreme personal difficulties	4
	Young carers experiencing social issues	3
	School unequipped to support young carer	2
	Caring duties present from early age	2
	Young carers undertaking complex duties	2
	Young carers experiencing mobility issues	1
	Young carers experiencing trauma	1
	Young carers under pressure	1
	Young carers exhibiting cynicism	1
	Young carers experiencing lack of autonomy	1
<b>Untapped potential</b>	Services considering expansion	7
	Service providers recognise need for further organisation	6
	Services have potential to work more efficiently	1
	Need for consistency in provision	1
	Services have potential to offer personal benefits	1
	Services have potential to offer social benefits	1
	Services have potential to improve users' quality of life	1
	Lack of data gathering	1
	Potential for further coproduction	1

Sub-theme	Code	Freq.
	People with learning disabilities want to work	4
	Adjustments made to accommodate learning-disabled workers	3
	People with learning disabilities require extra supervision at work	3
<b>Importance of community</b>	Service fosters sense of community	11
	Community resources available for sharing	6
	Service provision facilitates intergenerational contact	5
	Networks help to foster supportive connections	4
	Service users need community	1
	Service users find community	1
	Community networks help spread awareness of services	1
	Community offers holistic benefits	1
	Community refers individual	1
	Service funded by local community	1
<b>Importance of family</b>	Improved familial relationships offer personal benefits	2
	Service benefits users' families	2
	Familial support contributes to good outcomes	1
	Family members undertaking caring duties together	1
	Family involvement in care provision	1
<b>Working together</b>	Different services working together	96
	Services working across settings	42
	Family involvement in service provision	21
	Circumstantial changes for users requiring service cooperation	5
	Partnership working success	3
	Services accommodating different degrees of need and provision	3
	Coproduction offers insights into users' needs	2
	Services facilitate specialised partnerships	1
	Personal relationships important for effective coproduction	1

Sub-theme	Code	Freq.
<b>Working ethically</b>	Services focus on care and consideration	2
	Service meets users' basic needs	2
	Service environmentally conscious	2
	Service provision includes environmental consideration	1
<b>Working efficiently</b>	Service provision demonstrates flexibility	8
	Technologically-aided service provision	6
	Service relieves system pressures	2
	Early intervention contributes to good outcomes	2
	Localised services increase efficiency	2
	Different service users provided for together	1
	Services demonstrate pragmatic approach	1
	Services reduce need for further provision	1
	Flexible use of service resources	1
	Importance of early intervention	1
	Service provision adapting	1
	Service offers shared community infrastructure	1
	Need for flexibility in service provision	2
<b>Delivering quality provision</b>	Service provision successful	17
	High-quality service provision	5
	Service providers going beyond requirements	3
	Service takes frontline role	1
	Services fulfilling safeguarding role	1
	Successful provision reduces need for more extreme measures	1
<b>Personalised provision</b>	Services provide tailored support	21
	Dedicated staff provide continuity	1

Sub-theme	Code	Freq.
<b>Holistic provision</b>	Services demonstrate holistic approach	8
	Service provision demonstrates variety	8
	Holistic support removes barriers	2
	Services adopt inclusive approach	1
	Appropriate environment contributes to good outcomes	1
<b>Consistent provision</b>	Consistency in provision results in good outcomes	5
	Dedicated staff crucial to effective coproduction	2
	Consistency in provision offers safeguarding benefits	1
	Designation of dedicated space	1
<b>Capacity growing</b>	Adding capacity through knowledge sharing	37
	Coproduction adds capacity	21
	Services working to ensure accessibility	15
	Service planning expansion	6
	RIF funding adding capacity	4
	Specialist providers add capacity	2
	Adding capacity through maintaining accessibility	2
	Early intervention reduces strain on services	2
	Services expanding	1
	Adding capacity through skill development	1
	Early intervention adds capacity	1
	Varied programmes add capacity	1
<b>Service self-improvement</b>	Services supporting their own learning and development	6
	Services reflecting on/evaluating own performance	5
	Services actively seeking feedback	4
	Service provider empowered	1

Sub-theme	Code	Freq.
<b>Service users empowered</b>	Service users empowered	60
	Service users involved in own care decisions	14
	Interventions help parent carers gain knowledge	8
	Service provides families with skills to self-support	7
	Service provides insights into users' needs	4
	Service offers financial support	2
	Enabling as prevention	2
	Service offers communities skills to self-support	1
	Service offers users skills to self-support	1
	Services help young carers get noticed	1
<b>Forward momentum</b>	Opportunities create more opportunities	1
	Service users considering further education	1
	Service users progressing out of provision	1
<b>Improvements to quality of life</b>	Services offer benefits to personal life	69
	Services improve users' quality of life	21
	Service provision improves familial relationships	7
	Interventions help parent carers maintain their own wellbeing	6
	Services improve providers' quality of life	5
	Service users experiencing fulfilment	2
	Coproduction improves users' quality of life	2
	Recipients of provision demonstrate profound change	1
	Young person achieving stability	1
	Service relieves pressure on families	1
	Services granting autonomy	1
	Young person demonstrating emotional availability	1
<b>Social benefits</b>	Services offer social benefits	37
	Peer support offers personal benefits	3
	In-person service provision contributes to good outcomes	1

Sub-theme	Code	Freq.
<b>Increase in engagement</b>	Service users seeking further service provision	5
	Beneficiaries of interventions become involved in administering them	5
	Service user base reflects diversity	2
	Service users supported to engage in provision	1
	Successful provision increases trust in service providers	1
	Service user self-refers	1
	Broad engagement with service provision	1
	Service users contribute to provision	1
	Service users readily accessing services	1
<b>Satisfaction with service provision</b>	Services foster engagement by using familiar materials	2
	Service users happy with provision	9
	Workforce happy with service provision	3
	Service highly valued by staff	2
<b>Misc.</b>	Service highly valued by users	1
	Provision includes personal care	1
	Services build on legislation	1

# Appendix D

## Coding change log

- Codes originally referring to “EPAS intervention” were adjusted to refer more generally to “intervention” for wider applicability.
- “Extra demand brings complications” expanded into “Extra service demand brings complications” for specificity.
- “Covid pandemic driving adaptation” was changed to “covid pandemic causing complications” for wider applicability.
- “Service experiencing lack of capacity” was absorbed into “Lack of capacity creating issues” for simplicity and because the sole example of the former was adequately applicable to the latter.
- “Care services described as valuable” changed to “Service highly valued by staff” for accuracy and to better relate to similar existing code “Service highly valued by users”.
- “Services offer relief” changed to “services offer personal benefits to users” due to semantic overlap.
- “Users unwilling to access services” changed to “Service users hesitant to access services” for flexibility and applicability.
- “Interventions have positive personal effects” combined into “Services offer personal benefits” for consistency and semantic overlap.
- “Services seeking out feedback” combined into “Services actively seeking feedback” due to duplication.
- “Different services working together adds value” combined into “Coproduction adds capacity” for applicability.
- “Service offers physical benefits” combined into “Service offers personal benefits”.
- “Service offers high-quality provision” combined into “High-quality service provision due to duplication”.
- “service providers volunteering their time” combined into “Service providers going beyond requirements due to semantic overlap”.
- “Consistency in provision contributes to good outcomes” combined into “Consistency in provision results in good outcomes” due to duplication.