



# Critical Interim Support

## An innovative pilot case management program for older people

Dr Amber Mills & Lisa Rollinson

---

The Brotherhood of St. Laurence (BSL) has completed a four-year trial of helping older people to access aged care services by providing intensive case-management services.

Case managers working in metropolitan Melbourne have supported people facing barriers to care, including timely access to assessments and services. These barriers are further compounded by socioeconomic disadvantage, social disconnection, elder abuse, hoarding and squalor, drug and alcohol dependency, and deteriorating health. The pilot was supported by philanthropic partners.

### Key points

- **Critical and interim support is necessary.** Some older people need assertive outreach and intensive case-management support to remain living at home. Without this support, they are at risk of worsening circumstances and increased care needs.
- **Critical interim support is cost effective.** Supporting older people to remain living at home costs less than residential care and helps reduce costs of hospital admissions.
- **Case management is key.** This pilot program overlaps with the footprint of navigation services such as the Federal Government's Care Finder program, but provides complementary and essential case management.

### Background

Barriers faced by older people include:

**Individual barriers:** a lack of personal insight and knowledge of available resources; disconnection from

social and support networks; self-neglect behaviours (such as hoarding and squalor); psychosocial factors including complex family circumstances and living arrangements; elder abuse; and experience of trauma.

**Systemic barriers:** waitlists to receive aged care assessments and to receive care after being assessed as eligible; (mis)understanding of and difficulty navigating My Aged Care services; phone-based assessments that miss crucial detail; provider risk management policies preventing staff from attending premises; and out-of-pocket costs.

### Aged Care reform

In response to Royal Commission on Aged Care Quality and Safety recommendations, aged care reforms are focused on improving the quality and safety of care services for older people. This includes a human rights-based Act, strengthened quality standards and improvements to accessing care.

The Department of Health and Aged Care commissioned the **Care Finder** program in 2023 to address barriers relating to poor navigation of aged care services and difficulties connecting with service providers.

While there is some overlap with the Critical Interim Support program, the key point of difference is Care Finders are unable to engage in service provision and so cannot provide case management support. However, the federal government's own implementation evaluation report<sup>1</sup> recently recommended the program be expanded to include this support as needed.

### Spending on aged care and hospitals

In 2022–23 the average spending per year for each person using aged care services was \$8,841 on home

care and support, and \$84,456 on residential care<sup>2</sup>. An average of \$4,069 per person was spent on public hospitals<sup>3</sup>. People aged 65 and over accounted for 44% of all hospital admissions<sup>4</sup>.

## Evaluation of the Critical Interim Support pilot program

This evaluation project collated program data on the clients accepted by the Critical Interim Support trial.

To be eligible for the trial, clients needed to be eligible for aged care services and have limited social and financial resources. While there was no time limit on receiving support on the program, and clients only exited the program once ongoing and sustainable services were in place, the average engagement lasted four months. This program acted as a bridge towards services such as transition to home care supports in the form of a Home Care Package, or Commonwealth Home Support Program services.

Demographic information and program data is summarised in **Table 1**. This data highlights the range of ages of clients who were supported by the program, including those eligible under premature ageing provisions. It also highlights that older people can be living with family and other people and remain socially disconnected and in need of practical support to access services.

**Referrals** to the program were received primarily from assessors and health services. Aged Care Assessment teams referred clients based on the complexity of their living circumstances at assessment, and/or because of concerns about the impact of a waitlist on the welfare of the older person.

Referrals received from health services and health professionals included acute hospital staff, social workers and general practitioners working in primary health settings. Health service/professional referrals related to concerns about the physical safety of the older person's home due to issues such as hoarding and squalor; or that the older person had significant requirements for domestic support; or that the home was not safe (for example, if the home was dilapidated). These concerns were either raised on admission to hospital by emergency services; were a contributing factor to the reason for admission; or were raised during discharge planning.

Awareness of the program grew over its four years of operation. This brought referrals from other organisations who provided aged care, advocacy or other community services. There were also referrals from concerned neighbours and family members, from within BSL and from clients who found the program themselves. As Care Finder providers established their networks, referrals were shared across services, so the BSL Critical Interim Support program could take cases requiring more complex case support and Care Finders could take cases requiring more navigation and connection support. These shared referrals occurred mostly in the work undertaken in the Frankston service area and were underpinned by the strong pre-existing network relationships in that area.

**Table 1 Demographics and program data**

ITEM	NUMBER
Number of clients	379
Age range (years)	51–103
Average age (years)	77
English as preferred language <sup>a</sup>	303
<b>Living circumstances – number (per cent)</b>	
- Lives alone	238 (63)
- Lives with family	118 (31)
- Lives with others	18 (4.7)
- Homeless	4 (1.1)
- Supported independent living	1 (0.3)
Aboriginal or Torres Strait Islander <sup>b</sup>	2 (0.5)
<b>Referral Sources - number (per cent)</b>	
Aged care assessors	156 (41)
Health services/health professionals	140 (37)
Care Finders/My Aged Care	23 (6)
Other sources <sup>c</sup>	60 (16)
<b>Average days on program (months)</b>	
	128 (4)
<b>Outcomes – number (per cent)</b>	
- Transition to home care <sup>d</sup>	367 (97)
- Transition to residential care	10 (2.6)
- Deaths	2 (0.5)

<sup>a</sup> excludes missing and other language preferences

<sup>b</sup> self-identified

<sup>c</sup> other sources include other community service and advocacy organisations, local councils, neighbours and friends, internal BSL referrals and self-referrals

<sup>d</sup> Home Care Package or Commonwealth Home Support Program services.

**Effectiveness** of the case-management support provided to participating clients is clearly shown in the outcomes. Almost all clients (97%) were discharged from the Critical Interim Support program to home care services, with a small number (3%) who transitioned to residential care. Of the pool of clients

who transitioned to receiving home care services, 72 (19%) chose to continue with BSL and the remainder (majority) selected an alternative provider. This highlights the cross-sector benefits for clients and for other providers beyond BSL.

## Conclusion/policy implications

The BSL Critical Interim Support model shows that, with some intensive support, older people can be supported to remain living at home and that resolution of barriers to accessing aged care services are sometimes more complex than service-system navigation issues alone. Hands-on support is necessary to work through and address the additional complexities faced by older people living with disadvantage.

Based on our trial findings, **BSL advocates that navigation, connection and intensive case management services be funded to ensure all older people can access the aged care services they need.** To achieve this, funding for the Care Finder program should be extended to include case management.

There are substantial cost savings to supporting older people to live at home, delaying a transition to residential aged care. There are also benefits to discharging older people from hospital back to their home, rather than to residential care, and benefits to facilitating timely discharge out of hospital to home. As noted earlier, in 2022–23 the average spending per year for each person using aged care services was \$8,841 on home care and support, and \$84,456 on residential care.

Older people, families and communities also enjoy non-financial benefits from older people remaining in their homes including greater independence, dignity, and social connection.

Further trials of the BSL model need ongoing funding to explore implementation across a broader service footprint, and these include locations in other state and territory jurisdictions.

## References

1. [First Report on the implementation of the care finder program](#), Australian Government Department of Health and Aged Care
2. [Gen: Aged Care Data](#), Australian Institute of Health and Welfare

3. [Spending on hospitals 2022–23](#), Australian Institute of Health and Welfare

4. [Admitted patients 2022–23](#), Australian Institute of Health and Welfare

## For further information

The full report *Critical Interim Support: an overview of an innovative pilot case management program for older people*, PDF file, (354 KB), by Dr Amber Mills may be downloaded from the Brotherhood of St. Laurence website.

For other relevant BSL publications see [<https://www.bsl.org.au/research/publications/>](https://www.bsl.org.au/research/publications/).

Dr Amber Mills is a Senior Research Fellow in the Social Policy and Research Centre at the Brotherhood of St. Laurence. Lisa Rollinson is Director of Aged Care Services.

Summary published in 2025 by  
Brotherhood of St. Laurence  
67 Brunswick Street  
Fitzroy, Victoria 3065  
Australia  
ABN 24 603 467 024  
ARBN 100 042 822  
Phone: (03) 9483 1183  
Web: [www.bsl.org.au](http://www.bsl.org.au)

