

# Community Assistance and Support Program

Review of referral pathways

May 2022

# Summary of recommendations

## **Recommendation 1.1**

As part of the commissioning process, the ACT Health Directorate and community sector stakeholders should review and clearly articulate:

- ▶ the desired outcomes that the CASP (or its successor program) is seeking to achieve
- ▶ the target clients it is seeking to support, and
- ▶ what benefits clients can expect to receive.

## **Recommendation 2.1**

The ACT Health Directorate should fund the development of a new website for the services that are funded under the CASP (or its successor program) that is optimised to help people seeking services and supports to find them online and be the centerpiece of other promotional activity.

## **Recommendation 2.2**

The ACT Health Directorate should engage with the Capital Health Network to include the CASP (or any successor program) in its Health Pathways service directory to facilitate the referral of clients from general practitioners.

## **Recommendation 2.3**

The CASP provider network should work together to agree on a uniform set of intake data requirements and questions it asks of prospective referrers or clients to facilitate an assessment of eligibility, referral and the delivery of CASP services.

## **Recommendation 2.4**

The ACT Health Directorate should explore whether there are other platforms and/or providers that can be leveraged to help deliver the intake and referral functions of the CASP including their feasibility and cost effectiveness.

## **Recommendation 2.5**

Future program funds should be applied to engage a dedicated Intake Officer function that can manage enquiries and referrals to a new CASP website (and phone line) as well as coordinate the referral of eligible clients to service providers across the network.

## **Recommendation 3.1**

Future program funds should be dedicated to joint efforts between the ACT Health Directorate and service providers to better promote the services and supports that are available and how these can be accessed.

## **Recommendation 4.1**

As part of the commissioning process, the ACT Health Directorate and sector stakeholders should agree to a new monitoring and evaluation framework that allows them to effectively monitor the outcomes the program is seeking to deliver based on a sound program logic.



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# 1. Introduction

This review of referral pathways aims to inform future program design discussions

The ACT Health Directorate has engaged Chris Nightingale Consulting to:

- ▶ map the current processes, pathways and obstacles for the referral of eligible people to, and between, CASP and health service providers under the ACT Health Directorate's Community Assistance and Support Program (CASP), and
- ▶ identify options and recommendations for improving referrals in the future, and the visibility of the CASP, particularly for vulnerable cohorts.

The project, and this report, seek to improve the collective understanding of the challenges associated with referring CASP-eligible individuals to, and between, CASP and other service providers in the ACT.

It also identifies potential solutions and makes recommendations to address these challenges in the future.

This report is being delivered as the ACT Government looks to apply a commissioning approach to delivering health and community services in the Territory. This project aims to provide all sector stakeholders with an evidence base that can support the future design of community support programs (like the CASP) and their referral arrangements.

The methodology for this project is summarised at Appendix A.



## 2. CASP supports people with a variety of needs across the ACT

The program aims to support health and wellbeing and increase independence

The Community Assistance & Support Program (CASP) aims to enhance your health and wellbeing, and facilitate your independence and participation in the community.

Source:  
ACT Health Directorate website

The CASP was developed in 2015-16 in response to the establishment of the National Disability Insurance Scheme (NDIS) and replaced the ACT Government's Home and Community Care Program.

The program aims to provide eligible individuals and their carers with support if they are finding daily living activities difficult due to a health issue.

The intent of the program is to support individuals with health issues that come and go (i.e. that are episodic) or short-term in nature.

The CASP is not intended to provide long-term, high-level care or specialist mental health services.

CASP focuses on achieving the following outcomes for eligible people:

- ▶ meeting their needs by providing a range of support services to assist their health and wellbeing
- ▶ providing support services that increase their independence and allow them to be a part of our community, and
- ▶ where possible, providing services in the community or the home rather than a medical setting.



## 2. CASP supports people with a variety of needs across the ACT

CASP is available for a large proportion of the ACT population if they need support

To be eligible for CASP individuals must live in the ACT, be under 65 years and require home and community support for daily living activities due to a health issue.

Source:  
ACT Health Directorate website

<https://health.act.gov.au/services-and-programs/act-community-assistance-support-program-casp>

Eligibility for CASP includes, but is not limited to, people with:

- ▶ an illness that comes and goes
- ▶ short-term health or mental health requirements
- ▶ a need for post-hospital care and support, or assistance with hospital outpatient visits
- ▶ a disability that is not of a 'significant and permanent' nature (as required for NDIS eligibility)
- ▶ a combination of any of the above characteristics, and
- ▶ the unpaid carers and family members of any of the above individuals.

To receive services under the program, individuals cannot be receiving identical home and community care support services from another government program.

Current NDIS clients may be eligible for CASP if they require additional support arising from a temporary health issue e.g. recovering from surgery.



## 2. CASP supports people with a variety of needs across the ACT

Program supports are provided by a network of community-based service providers

### The following services are available from providers under the CASP

- ▶ case coordination
- ▶ carer support
- ▶ community participation
- ▶ counselling support, information and advocacy
- ▶ domestic assistance
- ▶ flexible multi-service supports
- ▶ food services
- ▶ linen service
- ▶ minor home maintenance
- ▶ personal care
- ▶ re-ablement groups
- ▶ social support (for adults and children)
- ▶ transport

The ACT Government delivers the CASP by providing funding to a network of eighteen (18) community-based service providers across the Territory.

Funding is allocated to service providers through individual Service Funding Agreements. Under these agreement, providers are funded individually to provide a selection of service outputs to eligible clients.

\$7.2m in funding is being provided in 2021-22 to service providers; each with their own unique funding amount to provide service outputs.

These outputs are funded using a variety of unit measures, including:

- ▶ hours of support
- ▶ clients supported
- ▶ families supported
- ▶ trips (for transport support) or meals (for food services), and
- ▶ delivery of specialised sub-programs.

Details of providers and the services they are contracted to provide are outlined in the CASP Service Directory.



## 2. CASP supports people with a variety of needs across the ACT

The program provides highly valued supports for clients who might fall through the cracks

The stakeholders engaged for this review indicated that the CASP provides an important service to help people be independent in the ACT and supports people with needs that might otherwise fall through the cracks of the health, disability and aged care systems.

For clients, the program as a whole can provide personalised care and support services. This flexibility can help clients with simple support needs through to more complex needs that span multiple areas. In some cases, this may require clients to access services from more than one CASP provider where individual providers are limited to the services they are contracted to deliver.

The program, which is delivered through a strong network of service providers, also offers clients some choice of provider for these services which can be important for ensuring they can receive the best combination of supports to meet their individual needs.

For providers, the program by itself has less flexibility, as they are limited to providing services they are contracted to deliver under their funding agreement, although there is some scope to adapt the services they deliver with agreement from the ACT Health Directorate.

The CASP also provides flexibility for providers where they can use its contracted services to complement their other services.



“The numbers may be small, but the impact is huge. There is nowhere else for these people to go as all services have limitations and people fall through the cracks otherwise.”



## 2. CASP supports people with a variety of needs across the ACT

The program provides highly valued supports for clients who might fall through the cracks

The CASP also plays an important early intervention role for some clients where it can help them to stay well and, in some cases, prevent them from suffering a decline in health that might require presentation to hospital, which is ultimately more expensive for the ACT.

At the other end of the care continuum, CASP services can help clients return to their homes safely following a hospital visit, which has the benefit of reducing overall system costs and freeing up capacity for other patient needs.

**Stakeholders indicated that a significant amount of CASP services are currently being used to support people as they transition through other parts of the wider health and community service systems.**

The primary example offered was that providers are using CASP resources to help clients apply for NDIS support (as well as appeal unfavourable decisions). At the same time, clients can be receiving CASP services to support their health, wellbeing and independence while they wait for NDIS supports to be approved. Similar support is provided to older clients seeking to access the aged care system, but this was seen less often with feedback suggesting the aged care system was relatively faster and easier to access.

CASP providers also indicated that they help clients access other parts of the health system, such as facilitating access to a GP.



“CASP shows where the breakages in integrated care are.”



### 3. Effective referral pathways are crucial to our support systems

Client centred approaches require systems that are easy to access and navigate

It is important to acknowledge that the CASP and the services it offers are just one part of a wider network of interconnected systems that provide services and supports in our community.

The CASP and its network of providers play a role in a wider ACT health system, as well as having important linkages with the disability and aged care systems that are the responsibility of the Australian Government.

At the same time, and by necessity, the program and its providers have connections with other systems in the ACT community including community services (such as housing), education and justice.

In this environment, it is important for governments to ensure citizens can access and navigate through and between these systems as effectively as possible to deliver good outcomes, positive user-experiences and make the most efficient and effective use of scarce financial resources.

Effective referrals between systems, services and providers is an essential element of delivering great health and wellbeing outcomes.



“[There are] lots of great services in the ACT, but they don't always interact as well as they can with each other.”



### 3. Effective referral pathways are crucial to our support systems

“Referrals are an essential part of service delivery, and not just a process”

To facilitate client centred approaches, in a world where people have increasingly complex needs and support requirements, effective referral pathways are essential.

Stakeholders have indicated that the CASP program plays an important role in helping clients navigate these complex systems in addition to providing its own forms of support.

It acts as an important “connector” for people that aren’t well linked to our systems, and for whom minor incidents or changes in circumstance can have significant and long-lasting impacts on their wellbeing and connection with the community.

This review has heard that while referrals to, and between, CASP providers are working well in some instances, in others they do not work effectively for eligible clients and/or referrers.

Many of the challenges identified in consultations will be explored in more detail in the remainder of this report.



## 4. It is timely to review the effectiveness of referral pathways

The provision of health and community services in the ACT is set to evolve

The ACT Health Directorate has heard from a variety of sources over time that navigating CASP and matching CASP-eligible people with the services they need can be difficult and onerous.

An ACTCOSS review of CASP, published in January 2021, suggested there was an opportunity to improve referrals under the CASP by better educating referring agencies to ensure referrals were appropriate and that clients were being referred when they needed support.

With these concerns about referrals to the CASP being raised, there are risks that potentially eligible people are not receiving the supports they need, when and where they need them, and that the program is not having as much impact as it could.

The ACT Government is also embarking on a new approach to how it prioritises, funds and delivers health and community services in the ACT through the implementation of a commissioning approach.

The ACT Health Directorate will work with the sector in coming months to identify the ongoing needs for support in the community and the outcomes they will seek to deliver together that can best address these needs.

It is anticipated that this new approach will see the services delivered under the CASP combined into a consolidated program with the Flexible Family Support and Transitional Care programs.

With this transition to a commissioning approach, the ACT Government and community sector have an opportunity to design a service delivery model that helps people access supports when and where they are required, and navigate to and between service providers as smoothly as possible.



## 5. CASP referrals cannot be considered in isolation

CASP referrals occur within a broader program context and environment

In undertaking a process to map and review referral pathways under the CASP, it is important to acknowledge that these referral processes exist within a broader program context.

As a result, some of the current challenges with referrals and opportunities to make improvements in the future are not things that can be considered in isolation.

Several broader contextual issues associated with the CASP are introduced in this section.

While they are outside the scope of this project and not within its remit to address or make recommendations, they are introduced here to provide the full context in which future decisions around program design and referrals need to be made.

In this section:

- ▶ Program outcomes and scope
- ▶ Program eligibility
- ▶ Workforce stability
- ▶ Integration of health systems
- ▶ The network of CASP providers
- ▶ The transition to commissioning



## 5. CASP referrals cannot be considered in isolation

Some stakeholders are seeking greater clarity around the program's desired outcomes

CASP has a stated aim to enhance health and wellbeing and facilitate independence and participation in the community for individuals with health issues that are short-term or episodic in nature.

However, while the program is providing valuable supports to clients, it is not clear that it is focused on the client cohort it originally intended to support. Stakeholders highlighted the emphasis providers are giving to supporting clients to access the NDIS as an example.

It was suggested that in future the CASP (or any successor) should more clearly stipulate the outcomes it is seeking to deliver, what services can be provided to deliver these outcomes and what benefits clients can expect to receive.

It was also highlighted by some participants that short-term health issues can have serious and long-term lifestyle impacts, and that early intervention through CASP to provide the right supports at the right time could have significant positive impacts over time.

Some stakeholders also suggested that adapting the objectives and outcomes sought by the program could enable it to support some cohorts that cannot currently be well supported by the CASP, such as groups with early onset conditions (e.g. dementia and arthritis).



“We are only providing support to those who have a connection to the providers and are supplementing gaps and transitions to the NDIS and aged care systems. Are we really hitting the target market?”



## 5. CASP referrals cannot be considered in isolation

Additional clarity around the program's eligibility and services is also sought

The eligibility of clients to receive support under the CASP, and how long they can receive support, were also identified by stakeholders as areas requiring greater certainty.

The program guidelines and the Service Funding Agreements that the ACT Health Directorate has with its providers indicate that the program is to provide short term supports for eligible clients but do not stipulate for how long. There is a widely held view across the sector that clients are entitled to 12-weeks of support under the CASP but this is not a mandated requirement.

In practice, CASP providers interpret eligibility differently. This is particularly the case when it comes to how long clients can be supported and the program's exit criteria. Stakeholders indicated that clients are currently being supported by providers in a variety of ways including:

- ▶ some clients being told up front they can only receive 12-weeks of support and then being case managed by providers on the basis that their supports will cease at the end of this period
- ▶ other clients receiving support under the CASP for much longer periods, and
- ▶ some clients being denied support if they have received CASP funding previously.

A notable example provided was that some clients are receiving CASP supports while their eligibility to access NDIS supports is confirmed (or denied). Providers indicated this application (and appeals) process could take well in excess of three months.

A more detailed examination of provider data relating to clients receiving CASP support could provide additional insights on the timeframes for which people need and receive support. Further discussion on program data is included later in this report.



## 5. CASP referrals cannot be considered in isolation

Workforce stability is significantly impacting the sector's delivery of the CASP

A consistent message from stakeholder consultations was that there are significant workforce challenges being felt across the wider ACT health system.

This challenge is evidenced by:

- ▶ high levels of staff turnover
- ▶ short term workforce availability problems (partly due to the current challenges arising from the COVID-19 pandemic)
- ▶ deteriorating staff wellbeing, and
- ▶ an inability to find enough staff to meet demand and deliver contracted services.

These impacts are being felt in all parts of the system, from hospitals through to non-government community health organisations.

This review has heard that the current system of CASP referrals relies heavily on personal relationships and connections.

This creates risks for the program and eligible clients' ability to find the services they need, where staff turnover and availability is compromised in the current environment.



## 5. CASP referrals cannot be considered in isolation

Integration between separate parts of the health system needs to be improved

Stakeholder consultations have highlighted that the CASP has evolved to play a significant role supporting clients make applications for NDIS supports, with this support service now a major component of some providers' service delivery.

Providers also indicated they supported clients as they became eligible to transition to the aged care system but that this was a less resource intensive activity.

It was highlighted by participants that there needs to be a better continuum of support for people under 65 with a disability between ACT programs and Australian Government programs, and that the NDIS is currently absent in this space.

Stakeholders also identified that there are clients with mental health challenges in the community who are not eligible (or willing) to apply for NDIS support, and who may require support to help them avoid crisis situations and entry into the acute parts of the ACT health system. Better integration with mental health programs and services was identified as an opportunity for improvement.

There are broader questions to be considered about whether the role of the CASP should be to catch clients that fall outside the NDIS and aged care systems or address gaps or weaknesses in these systems. The challenges with these systems may be better addressed systemically between governments rather than responsively through a flexible program like the CASP.



“CASP shows there is no point in putting in programs like this if its integration with the health service and the community are poor”



## 5. CASP referrals cannot be considered in isolation

The shape of the service provider network should impact the future approach to referrals

As a legacy of the previous Home and Community Care (HACC) program, the ACT Health Directorate currently engages eighteen separate providers to deliver CASP services across the Territory.

These providers deliver a mix of services, including:

- ▶ services which are repeatable (such as care coordination, domestic assistance and personal care), and
- ▶ other services that are particularly specialised (social supports and programs targeted to specific cohorts).

For a program of this size (\$7.2m in 2021-22), the number of providers is large which creates a greater level of administration for all program participants and increases the complexity of referrals to, and within, the program.

During consultations for this project, it has been observed that CASP funded service providers have quite different experiences based on the types of service they deliver, their size, relationships and position in the provider network.

Provider outputs funded under the CASP indicate that two organisations provide approximately 50% of the services under the program that are accounted for in hours of service.<sup>1</sup>

Future decisions about the commissioning of CASP-like services from the sector will need to consider the desired future relationship and contracting arrangements the ACT Health Directorate would like with the sector and service providers, as well as the ability of providers to offer eligible clients sufficient choice and specialisation in service delivery.

Consequently, future decisions about the number of service providers will influence future decisions on referral arrangements.



1. Source: Deidentified summary of outputs by provider and category (supplied by ACT Health Directorate)

## 5. CASP referrals cannot be considered in isolation

A commissioning approach presents an opportunity to consider these issues

These broader issues associated with the CASP, its place in the broader ACT health system and integration with other systems and programs are beyond the scope of this project.

However, the move by the ACT Government's Health (and Community Services) Directorates to introduce a commissioning approach to how they work with non-government organisations to deliver health outcomes in the ACT provides an opportunity to consider these topics.

Working closely with prospective clients and sector providers, the ACT has an opportunity to adapt the existing CASP alongside other community health programs (including the Flexible Family Support and Transitional Care programs).

There is an opportunity to deliver a joined-up system of supports that best meet the needs of people in the ACT who require assistance and are unlikely to receive it through other avenues.

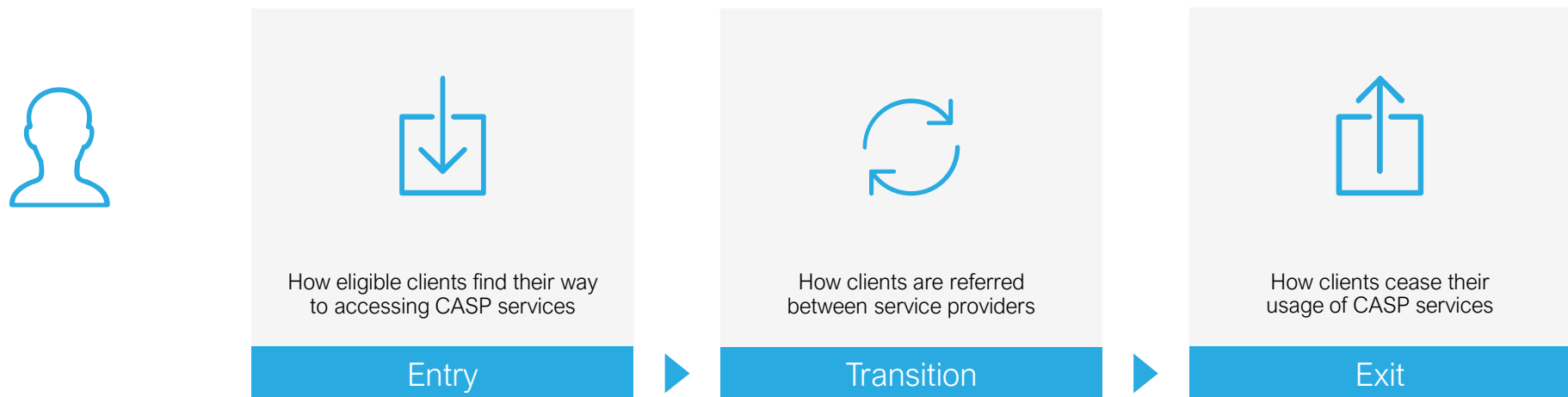
As new programs are designed, they should consider the optimal referral arrangements to support clients to best navigate the system and access the support services they need.



## 6. Current referral arrangements are complex and inconsistent

Clients interact with CASP services and providers as part of a broader system

To map and assess the current processes, pathways and obstacles that eligible people must navigate when engaging with the CASP, this report has broken the client experience into three high level phases.



Each of these phases will be discussed in turn in this section.



## 6. Current referral arrangements are complex and inconsistent



The sources of client referrals to CASP providers are wide ranging and diverse

**The source of referrals to CASP providers for eligible individuals to access services is diverse and decentralised.**

While the CASP is funded by the ACT Health Directorate and was established to improve health, wellbeing and independence, its referrals come from a wide variety of sources and not solely through the ACT health system.

The ACT hospital system (including Canberra Health Services) provides a significant source of referrals to some CASP providers, however eligible individuals can come to the attention of CASP providers from other parts of the health system, community based organisations and directly from members of the community. In theory, the source of referrals to the CASP is limited only by the community's awareness of the program and the supports it provides in the ACT.

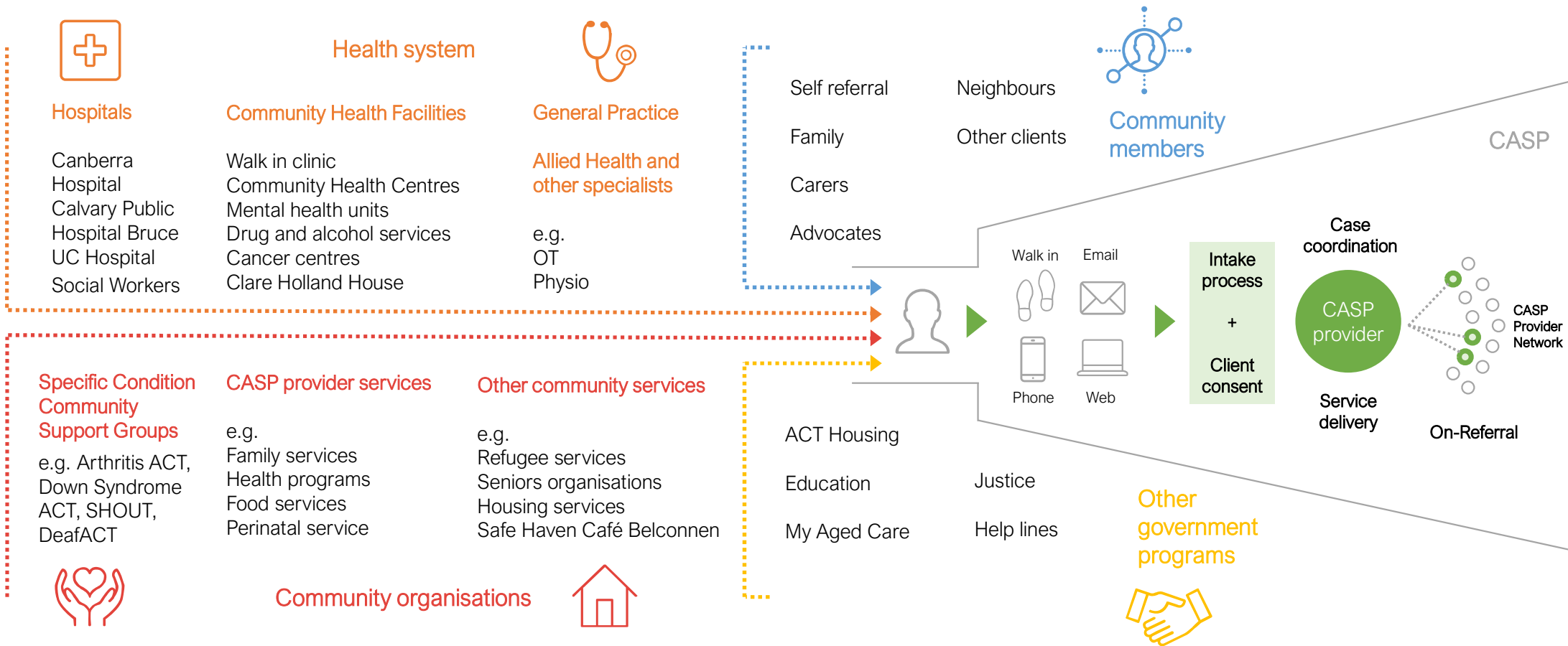
CASP providers were clear that in most cases, they were approached with general requests for help, rather than being explicitly asked for "CASP" services as they are known between some participants in the ACT health system.

Referrals to CASP providers can come through a variety of channels, including via phone calls, emails, website contact forms or eligible clients "walking in" to service providers' locations. To be officially referred to receive CASP supports and services, eligible clients must provide their consent.

The map on the following page attempts to provide an overarching picture of this landscape and where referrals to CASP providers for support may come from.



# 6. Current referral arrangements are complex and inconsistent



## 6. Current referral arrangements are complex and inconsistent



There are several challenges faced by referrers and clients

### Intake requirements are not consistent

There is currently not a single intake point for clients to access CASP services or a mandated uniform approach to accepting referrals.

In the absence of these, service providers each have their own intake processes and requirements. These intake processes and requirements differ across providers, in part because providers deliver other services in addition to CASP, that each have different funding sources and different requirements for accepting clients.

Stakeholders provided examples of CASP providers requesting different information from prospective clients before they would accept referrals, such as undergoing risk assessments and home assessments. These examples add time to the referral process, and may dissuade people from making referrals, or exclude eligible clients who are not well placed to satisfy these additional information requirements.

Several provider organisations indicated they had intake officers who undertake a preliminary assessment of client need and assess whether these can be met by the organisation. These assessments lead to a decision to accept (or decline) client referrals or refer clients elsewhere.

These inconsistent intake requirements can make access to CASP services more difficult for referrers and eligible clients requiring help.



“Referrals are not systematic, they are ad hoc, and dependant on people and relationships.”

## 6. Current referral arrangements are complex and inconsistent



There are several challenges faced by referrers and clients

### The availability of services and supports can be delayed

During consultations, some stakeholders expressed frustrations that when seeking to make referrals they were being informed by providers that there were waitlists to receive services (in some cases of up to 6 weeks).

In contrast, a number of CASP service providers indicated their organisations had sufficient capacity to meet the demands for support they were receiving.

A range of reasons were offered for why providers may be unable to accept referrals, including:

- ▶ overall demand for services may be exceeding available supply for some providers
- ▶ workforce availability to deliver services (magnified by COVID absences)
- ▶ reluctance to travel longer distances to provide support, particularly when petrol prices are high
- ▶ an inability or unwillingness for clients or referrers to satisfy intake information requirements, and
- ▶ an unwillingness to take on more challenging and time-consuming clients.

ACTCOSS has attempted to create an online tool to provide greater visibility of the available capacity of CASP providers to deliver services. However, this tool is not being used by all providers and does not provide information in real time which limits its usefulness.



“We have challenges as a provider of CASP [services] getting enough referrals for the program.”



“There is a systemic issue with workforce availability. We will knock back referrals that are very complex if we don't have time to prepare effectively.”

## 6. Current referral arrangements are complex and inconsistent



There are several challenges faced by referrers and clients

### The current approach for making referrals is not user friendly

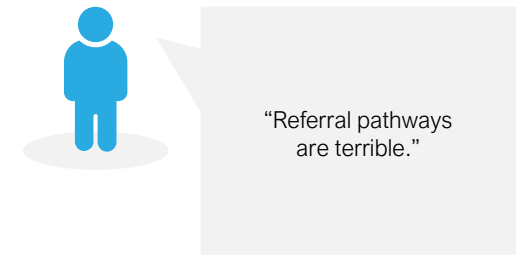
Stakeholders who make referrals to CASP providers expressed the view that the process for doing so was not currently user friendly.

Under current arrangements, prospective referrers are pointed towards a pdf Service Directory (on the ACT Health Directorate website) of service providers, the services they can provide under the CASP and their contact details. Using this Service Directory, prospective clients and referrers are required to “ring around” the service provider network to try and find services and supports.

For most prospective referrers across the ACT health system, they will not have the time to navigate this type of entry process.

As a result, stakeholders indicated there were several responses that were occurring, including:

- ▶ referrers taking the shortcut to refer to the one or two CASP providers they know, letting them refer on clients if they did not deliver the service themselves
- ▶ referrers leaving this process of seeking support to the clients or their carers to navigate, or
- ▶ electing not to make referrals for CASP support at all.



## 6. Current referral arrangements are complex and inconsistent



Service providers also find difficulties with referral arrangements

### **Awareness of CASP and its available services is patchy**

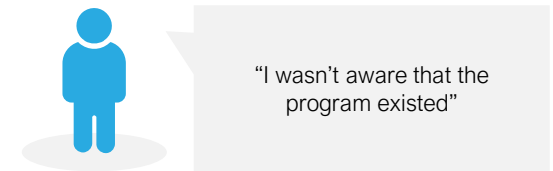
Consultations elicited a view that stakeholders who have an awareness of the CASP and the services and supports it provides are strong advocates of the program and are a steady source of referrals to service providers.

However, CASP providers have highlighted that awareness of the CASP is quite limited across parts of the ACT health system, even within the ACT Health Directorate.

CASP providers indicated that when they proactively approach potential referrers and inform them about the services they can provide, this would typically lead to a short-term increase in referrals. However, smaller CASP providers indicated they were not funded to promote the program and didn't have the resources to undertake community development activities to promote the services.

Numerous participants identified general practitioners and allied health professionals as key stakeholder groups who, with awareness of the CASP, and how to refer eligible clients when they need community supports, could more consistently refer. This would deliver substantial benefits for these clients and the community.

CASP providers also indicated that their efforts to promote their services and supports and drive additional referrals were often undone by workforce churn in referring organisations.



## 6. Current referral arrangements are complex and inconsistent



Service providers also find difficulties with referral arrangements

### The quality of referrals can be mixed

CASP providers indicated that there are some cases where referrals are made that are lacking in detail about the individual client's support needs. In some cases, these referral requests are also being made with urgency late in a day or at the end of a week creating pressure for clients to be accepted with insufficient information.

Both referring organisations and CASP service providers indicated there was great value in "warm referrals". In these cases, referrers pick up the phone to speak with a potential service provider about a prospective client and secure a verbal assurance that a referral would be accepted before formalising this through completion of the relevant intake forms.

It was explained that this approach can save referrers a lot of time, by minimising wasted effort in completing referral and intake forms for referrals that would eventually be refused.

### Culturally appropriate pathways and referrals

One CASP provider indicated that there was an opportunity for the network to improve its accessibility for culturally and linguistically diverse (CALD) communities by better understanding cultural differences and the different ways these communities prefer to engage and communicate.



"One of the reasons for our referral form is the "Friday afternoon special" where not enough information is provided to go with an urgent request."

## 6. Current referral arrangements are complex and inconsistent



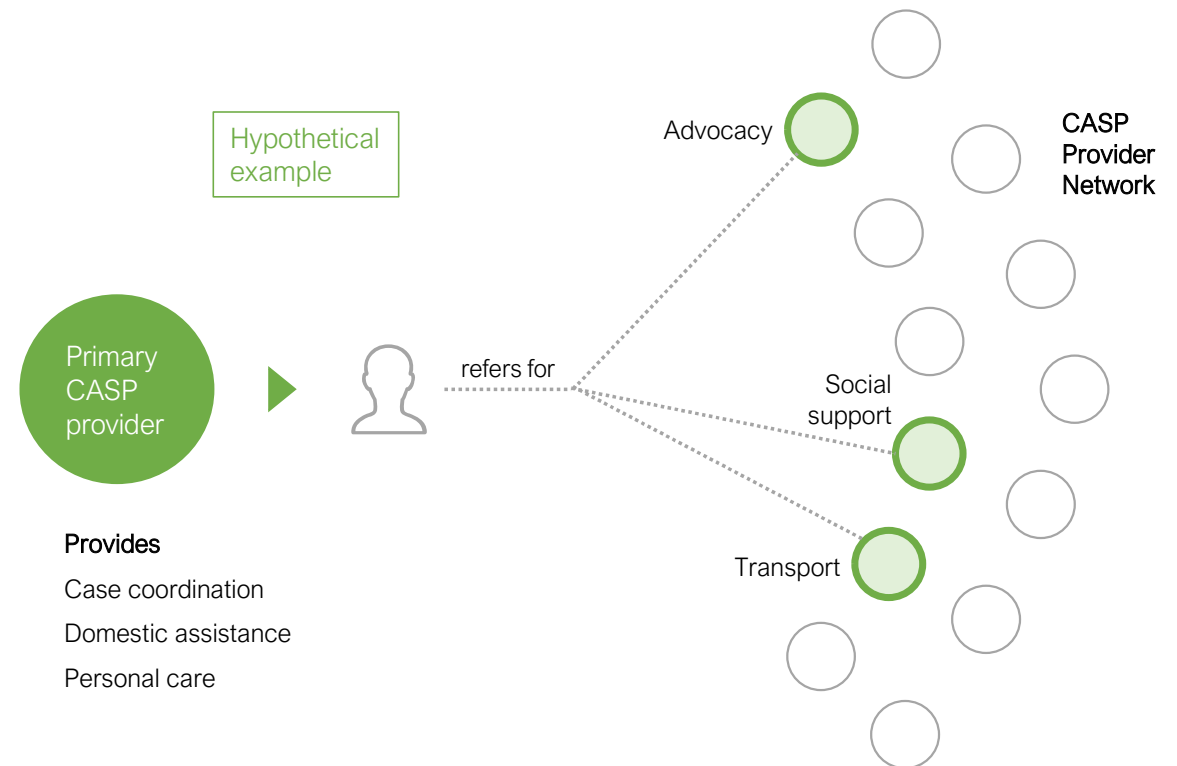
CASP providers can refer clients between each other to provide a package of supports

CASP service providers explained that when they accepted a new client, they would assess the full set of services and supports they might require.

In some cases, where the provider is not able to offer a client the full suite of CASP services they require, they will then seek to refer the client on to other providers who might offer these services.

In these cases, typically the initial CASP provider will maintain the primary case management responsibility for the client.

This allows CASP providers to work together where they have complementary services to provide a more person centred package of supports.



## 6. Current referral arrangements are complex and inconsistent



Referrals between CASP providers are subject to some of the same challenges

### Common challenges are faced

In discussions with CASP providers, they indicated that referrals between CASP providers were working more smoothly. However, it was explained that referrals between CASP providers in the network were heavily reliant on strong personal relationships between staff.

With healthy relationships across the network, supported by ACTCOSS, the awareness of which providers could deliver which CASP services and supports is strong.

In these discussions, providers indicated that some of the challenges seen with external parties making referrals in to access CASP services, were also present for referrals between providers, such as:

- ▶ inconsistent intake requirements
- ▶ delays in accessing services, and
- ▶ the quality of referrals.

One stakeholder expressed frustrations with CASP providers requesting high levels of additional information to accept referrals from other providers in the network, indicating that this inefficient requirement demonstrated a lack of trust in each other's information.



"The sector is pretty tight, you have your "go-to" people. We are pretty collaborative"



"We cannot get people to take referrals and there are 6-week wait lists, but we know they have capacity"

## 6. Current referral arrangements are complex and inconsistent



There are a variety of reasons eligible clients cease their involvement with CASP

Eligible clients can cease (or pause) their access to CASP services for a variety of reasons, including:

- ▶ a return to health, wellbeing and/or independence
- ▶ transition to other programs – such as the NDIS or aged care systems
- ▶ a term-limited conclusion of their services, and/or
- ▶ entry (or re-entry) into acute care settings.

As discussed, CASP providers apply different interpretations to how long eligible clients can receive services and supports. Some will continue providing services to eligible clients for long-term periods of time while others will apply a firm date for which services and supports will conclude.

During consultations, CASP providers indicated there were circumstances where they would refer their CASP clients out to other parts of the health system, but that these were infrequent. In many cases, it was suggested that referrals to other parts of the health system might be made by a client's GP rather than the CASP provider.

Providers also explained that while in some cases it was apparent to their staff that a client would benefit from supports under other programs, such as the NDIS or mental health services, clients often resisted these referrals being made. This might be because they did not believe that they had a disability or required mental health support, or perceived a stigma associated with these classifications.

## 6. Current referral arrangements are complex and inconsistent



Concerns exist about how, and if, clients can exit safely from the CASP

As discussed previously, the majority of stakeholders indicated there is a cohort of CASP clients across the ACT who are continuing to receive support for medium to long term periods for a range of valid reasons. While not consistent with the original aim of the CASP, the ACT Health Directorate and providers are applying flexibility for these clients.

Some of these clients require ongoing support to sustain their health and wellbeing and avoid the need to present in acute health settings in the ACT. While their conditions might not be short term or episodic, they will be unable to build capacity over time.

Clients seeking access to the NDIS are experiencing lengthy waiting periods to have their applications assessed, and in some cases reviewed, and require supports under the CASP until their applications are resolved and services can be funded.

Stakeholders expressed great concern over the implications for clients who are deemed no longer eligible for supports under CASP and could not be referred on safely to other programs to receive the supports they need.

Our experience is that this is a common issue with short term programs, which are often designed in response to an ongoing lack of availability elsewhere in health systems or long waiting lists for existing ongoing programs.



“Services have people who have been in for years receiving a CASP service because they do not fit any other program.”



“CASP as a short term program is challenged by not being able to refer people safely on”

## 7. Challenges to be tackled when designing a future program

There are several opportunities to improve referral arrangements

It is difficult to make firm recommendations ahead of the transition to a commissioning approach for health and community services in the ACT as there are several issues still to be resolved.

The full scope of future service delivery programs, the outcomes they will seek to achieve, how they will be provided and how they will be measured are all still to be discussed and finalised.

The ACT Government's relationship with the community services sector and its providers will also be influenced by these future settings.

The recommendations in this report are made to help inform this commissioning process and the future design of any program(s) that might carry on the services currently delivered by CASP.

Recommendations are provided to prompt discussions between the ACT Health Directorate and the community sector as they work collectively to design these future programs.



## 7. Challenges to be tackled when designing a future program

There are several opportunities to improve referral arrangements

Based on the evidence gathered during this project, observations and recommendations for future consideration by the ACT Health Directorate and the community sector are presented against four high level categories.

- 1 Confirming the future scope and eligibility of the program
- 2 Improving arrangements for intake and referral
- 3 Improving awareness of available supports
- 4 Improving data collection and reporting



## 7. Challenges to be tackled when designing a future program

1

### Confirming the future scope and eligibility of the program

A number of stakeholders indicated during consultations that the CASP had evolved over time to provide supports to clients, that while valuable, were not consistent with the original intent of the program.

The most common example provided was the provision of assistance to clients as they embarked upon the (often lengthy) process of applying to the NDIS for ongoing support.

It was suggested that CASP service providers are interpreting the program and its eligibility requirements differently which is leading to referrers and clients receiving inconsistent advice from providers about the program and what support can be provided.

In addition, it was inferred by some participants that CASP services are currently being provided to existing clients that might be better targeted to other members of our community with more immediate and pressing needs for support.

Stakeholders also identified the opportunity to expand the program's eligibility to provide supports to additional cohorts such as those with early onset conditions that were not short-term in nature.

A clear message was also provided that the program is not currently as integrated with other parts of the health system as it could be and was in many ways an adjunct to the wider health system.

To address these challenges, a useful first step will be to finalise the outcomes the program wants to deliver and how it will go about delivering them. This will then allow the ACT Health Directorate to pursue other initiatives to improve the program, its system of referrals and raise its awareness with key stakeholders across the Territory and its systems.



# 7. Challenges to be tackled when designing a future program

1

Confirming the future scope and eligibility of the program

## Recommendation 1.1

As part of the commissioning process, the ACT Health Directorate and community sector stakeholders should review and clearly articulate:

- ▶ the desired outcomes that the CASP (or its successor program) is seeking to achieve
- ▶ the target clients it is seeking to support, and
- ▶ what benefits clients can expect to receive.

Resolutions about the future intent and scope of the program can then inform how it is designed to be successful. This will include consideration of the most effective system for the referral of eligible clients from, and to, the ACT health system.

Questions the ACT Health Directorate can consider as part of this process include:

- ▶ should the program continue to emphasise supports for people with health problems that are short-term or episodic in nature, or should its eligibility be expanded to include people requiring medium- or long- term support ?
- ▶ should more emphasis be given to early intervention and supports that prevent future decline in clients' health and wellbeing ?
- ▶ should the program have some focus on capacity building and empowerment ? (delivering with vs. delivering for)
- ▶ should the program explicitly support pathways and transitions to other parts of the health system (such as the NDIS) ? and if so, how can the ACT Health Directorate best work with other program owners to address these ?
- ▶ should eligibility be expanded to include other client cohorts whose support needs aren't met by other programs ?



## 7. Challenges to be tackled when designing a future program

### 2 Improving arrangements for intake and referral

Consultations with stakeholders identified that current arrangements for the referral of clients to CASP providers and their intake to access services are complex and inconsistent.

The challenges associated with referrals to, and between, CASP providers are summarised in Section 6.

Based on these challenges, this section discusses some of the opportunities for improvement and provides some recommendations across three overarching areas:

- a) providing a more user-friendly interface for the CASP
- b) better integrating CASP and its services with other parts of the health system, and
- c) better matching the demand for services with providers' capacity to supply.



# 7. Challenges to be tackled when designing a future program

## 2 Improving arrangements for intake and referral

### a) Providing a more user-friendly interface for CASP

Stakeholders have indicated that the current arrangements for accessing the CASP are not user friendly.

Access to the program and its supports under current settings relies upon either:

- ▶ a pre-existing knowledge of the program and/or its providers
- ▶ clients or referrers approaching service providers independently looking for help, or
- ▶ the ability to find the program website online and then use its Service Directory to “ring around” and find a suitable provider.



One of the challenges associated with accessing the CASP is a direct result of one of its strengths. While the program can provide eligible clients with a wide variety of valuable services, in combination it is difficult to encapsulate these services into a single term that referrers or clients might naturally search for online.

For example, a web search for each of the individual services available under CASP is unlikely to lead a client or referrer to the CASP website and Service Directory.

Similarly, a search for “community support” does not feature the CASP website on its first page of search results unless it is combined with the term “ACT”.



# 7. Challenges to be tackled when designing a future program

## 2 Improving arrangements for intake and referral

Consultations uncovered polarised views about whether the CASP would benefit from a single program intake.

There are a range of models for how programs can be designed to manage, monitor and response to service demand.

At one end of the spectrum are programs that have a single program intake through which all applications to receive services must be channelled. Examples of this type of program intake include:

- ▶ The **OneLink** platform which is used in the ACT to provide support services for families, young people and people who need support with homelessness.

For homelessness services, all requests for support must be channelled through OneLink which attempts to provide a coordinated picture of housing availability across the sector.

The ACT Government contracts Woden Community Service to deliver information and connections for support services over the phone, online or in person. The service’s “focus is on making access easier by assisting people to navigate the system through minimising the need to repeat their story and providing supported (‘warm’) referrals to service agencies that can further assist them.”

- ▶ The **My Aged Care** portal which the Australian Government uses to accept requests for aged care services and provide advice for those seeking information on aged care programs and supports.



## 7. Challenges to be tackled when designing a future program

### 2 Improving arrangements for intake and referral

As an alternative, the current approach used in the CASP is at the other end of the spectrum and applies a “no wrong doors” approach.

Under this model, no matter how prospective clients present to the ACT health system (or beyond), their specific needs should be identified and assessed along with a successful referral to the service providers who can support them with their needs.

To be successful, such a service delivery model relies on:

- ▶ a strong awareness across the system of the services that are available
- ▶ a clear process for how they can be accessed by the clients who need them, and
- ▶ a strong network of relationships between service providers who will know who is best placed to support individuals.

Based on the discussions undertaken for this review, it would appear that the CASP is not operating as effectively as it could be in ensuring clients receive the services they need, when they need them, through a system and process that is easy to navigate.

# 7. Challenges to be tackled when designing a future program

## 2 Improving arrangements for intake and referral

The decision on whether a single point of entry or “no wrong doors approach” will best serve the CASP in future does not have to be a binary one.

This review suggests that the current “no wrong doors” approach be supplemented by additional mechanisms to improve awareness of the program’s available supports, improve the processes and systems supporting referrals and formalising the (already strong) relationships between providers.

These mechanisms are the subject of the remaining recommendations in this report.



## 7. Challenges to be tackled when designing a future program

### 2 Improving arrangements for intake and referral

#### Recommendation 2.1

The ACT Health Directorate should fund the development of a new website for the services that are funded under the CASP (or its successor program) that is optimised to help people seeking services and supports to find them online and be the centerpiece of other promotional activity.

A new website for the CASP (or a similar program) should include:

- ▶ a simple user interface explaining what services are available, who can access them and how
- ▶ a web form for referrers and/or prospective clients to identify the services they require and provide a uniform set of intake information, that can be used to assess eligibility and refer them quickly and effectively to service providers
- ▶ a single phone number that referrers or prospective clients can call to speak to an Intake Officer (see Recommendation 2.5) about the support they require
- ▶ contact details and links for service providers that can be used for referrers and clients to make direct contact (if they wish)
- ▶ content that ensures Search Engine Optimization (SEO) for the terms referrers and clients might search for when needing help, and
- ▶ content that is accessible for culturally and linguistically diverse (CALD) communities.

It is recommended a new website be co-designed with user experience front of mind, rather than simply applying standard ACT Government web styles and templates that might not be as accessible.



## 7. Challenges to be tackled when designing a future program

### 2 Improving arrangements for intake and referral

#### b) Better integrating CASP services with other parts of the health system

As outlined from stakeholder discussions, the ability for stakeholders to refer clients to CASP service providers (if they are aware of the program and/or its services) is impeded by the difficulties associated with locating information about the program and the inconsistency of current referral pathways and mechanisms between providers.

This can result in busy referrers relying on personal relationships and knowledge of providers to inform referrals, or alternatively leaving the task of finding support services to clients themselves.

It will be important for any future program to make the process of referring potential clients as streamlined as possible.

#### Recommendation 2.2

The ACT Health Directorate should engage with the Capital Health Network to include the CASP (or any successor program) in its Health Pathways service directory to facilitate the referral of clients from general practitioners.

The ACT Health Directorate can also leverage communication tools and channels associated with Health Pathways to promote any program of community support services to the GP community.



## 7. Challenges to be tackled when designing a future program

### 2 Improving arrangements for intake and referral

Some CASP providers engaged for this review expressed frustration with the inconsistency of referral requirements and the information that their peer providers were requesting to consider (and accept) referrals.

It was suggested that this, in part, could be due to providers offering services to clients over and above the CASP which required additional information.

This is potentially impeding the referral of eligible clients into the CASP, as well as between CASP providers, and create significant delays to the delivery of supports.

#### **Recommendation 2.3**

The CASP provider network should work together to agree on a uniform set of intake data requirements and questions it asks of prospective referrers or clients to facilitate an assessment of eligibility, referral and the delivery of CASP services.

CASP providers should be free to ask prospective clients for additional information where they are considering providing them with additional services that are outside the scope of CASP. However, a uniform suite of information can be used to streamline the referral of eligible clients between CASP providers.

This approach can also support the creation of an online referral form on a new program website (see Recommendation 2.1) as well as support the collection of uniform data to monitor and evaluate a future program (see Recommendation 4.1)



## 7. Challenges to be tackled when designing a future program

### 2 Improving arrangements for intake and referral

#### c) Better matching the demand for services with providers' capacity to supply

During consultations with CASP providers, it became apparent service providers' experience with the CASP program, and their delivery of services could vary significantly. There does not appear to be a consistent approach.

This was particularly the case with referral pathways where some providers had strong relationships with larger referrers to the program (such as hospitals) that provided them a steady stream of clients, while others became aware of clients needing CASP eligible supports through more ad hoc means and avenues.

In addition, a range of views were heard on the capacity of providers within the CASP network. Stakeholders indicated that some providers had unutilised capacity to deliver contracted services, while others were having difficulties meeting the needs of clients due to workforce limitations or nearing the limits of their contracted service allowance.

Anecdotally, this was leading to referrers and clients being advised of wait times (of up to 6 weeks) to access some services.

It appears that current referral and intake arrangements, along with efforts to understand the available service capacity in the provider network, have not always been effective in matching demand with supply.

Efforts to better monitor CASP providers' service delivery capacity by ACTCOSS have highlighted the challenges involved if the available mechanisms are not being used consistently by all providers.

As a result, there is an opportunity to supplement existing intake and referral requirements to better match client demand for services with available capacity under a future program.



# 7. Challenges to be tackled when designing a future program

## 2 Improving arrangements for intake and referral

Ideally, the CASP would benefit from a single platform that the ACT Health Directorate and service providers can use to:

- ▶ capture and accept requests for client services and referrals
- ▶ store the necessary data on clients seeking and receiving service, and
- ▶ monitor and record service delivery and outcomes.

However, for a program of this size a dedicated program platform is unlikely to be a cost-effective option and could also present challenges for service providers having to maintain and operate multiple client systems.

As a result, there are two recommendations presented for consideration.

### Recommendation 2.4

The ACT Health Directorate should explore whether there are other platforms and/or providers that can be leveraged to help deliver the intake and referral functions of the CASP including their feasibility and cost effectiveness.

Leveraging another platform or service to support the intake, referral and information provision functions for the CASP can supplement existing providers and networks and does not have to be a mandatory intake channel.



## 7. Challenges to be tackled when designing a future program

### 2 Improving arrangements for intake and referral

#### Recommendation 2.5

Future program funds should be applied to engage a dedicated Intake Officer function that can manage enquiries and referrals to a new CASP website (and phone line) as well as coordinate the referral of eligible clients to service providers across the network.

A dedicated intake capacity associated with the CASP can work in consultation with a network of service providers to manage the intake of prospective clients and supplement existing referral arrangements.

This Intake Officer role (or roles) can monitor service provider capacity and allocate eligible client demands for services to providers with the skills, expertise and capacity to meet their needs and deliver outcomes under the program as promptly as possible.



# 7. Challenges to be tackled when designing a future program

## 2 Improving arrangements for intake and referral

### Opportunities for better integration with the health system

CASP providers indicated they infrequently refer clients out to other parts of the health system, and that in cases where clients required other health supports these were often requested directly through their GP.

However, it was acknowledged in discussions that this remains a potential opportunity for CASP providers to support an effective joined up system of health and other supports across the ACT.

Some examples of how the CASP and its providers could connect with other parts of the health system included:

- ▶ working in combination with the ACT Government's Hospital in the Home initiative to supplement hospital services with additional supports to support return to health and independence
- ▶ in addition to having better referral pathways from GPs, the GPs engaged for this project indicated there would be benefit if CASP providers were able to provide some form of information loop back once services concluded to outline benefits and/or inform patient histories
  - ▶ this approach may help and encourage medical professionals to think beyond a focus solely on health issues to consider the broader contributors to health and wellbeing in our community



## 7. Challenges to be tackled when designing a future program

### 3 Improving awareness of available supports

There is a clear need to invest resources and effort in building awareness of the services that are available under the CASP across the ACT health system and wider community.

It is important that people requiring help can find the support they need. This doesn't necessarily mean the people, or those referring them, need to know about the CASP specifically, but they do need to be able to find these supports when and where they are required.

Stakeholder consultations identified a common view that there are significant gaps in awareness about the CASP and the services it can provide eligible clients. Specific parts of the ACT health system, such as general practitioners, allied health professionals, parts of the hospital network and other ACT Health Directorate programs and staff were highlighted as having limited awareness of the CASP, its services and how they can be accessed. In addition, some CASP providers indicated there would be benefit in trying to raise awareness of the program and its services generally across the ACT community.

Discussions with CASP providers indicated they each have different capacity to proactively promote the services they can provide using CASP funding. While providers are not explicitly funded to promote the program's services, larger providers appear to have access to resources and capacity to proactively engage with potential referrers, such as ACT hospitals, to inform them about available services.

These efforts appear to lead to a stronger pipeline of referrals from these areas of the health system, with hospital staff indicating they will typically make referrals to the organisations they know rather than looking for available service providers from the CASP network.

A question was posed in consultations about whether promotion of the program was best led by the ACT Health Directorate, individual providers or some combination of both. It was suggested in some discussions that if this was left to individual providers then it would be difficult to build awareness of CASP services above current levels.



## 7. Challenges to be tackled when designing a future program

### 3 Improving awareness of available supports

#### Recommendation 3.1

Future program funds should be dedicated to joint efforts between the ACT Health Directorate and service providers to better promote the services and supports that are available and how these can be accessed.

Opportunities to apply program funds to better promote available services and how they can be accessed are proposed below.

- ▶ Engagement of a full time **Community Outreach Officer** to promote the services that are available and how they can be accessed.
  - ▶ This role should engage stakeholders across the ACT health system and its key referral points (as well as more broadly) and look to foster relationships and strengthen referral pathways.
  - ▶ The role could seek to build better pathways with mental health programs and providers.
  - ▶ The role can invest time in understanding and engaging with vulnerable cohorts who are less likely to engage with CASP
  - ▶ The role could be located within the ACT Health Directorate or contracted from elsewhere in the sector.
  - ▶ The role would require strong stakeholder engagement and communication skills.
  - ▶ The role would work closely with funded service providers to promote available services and communicate the potential benefits, using case studies where appropriate.



## 7. Challenges to be tackled when designing a future program

### 3 Improving awareness of available supports

- ▶ A coordinated **Stakeholder Engagement Program** can be developed and implemented targeting key referral stakeholders across the ACT health system to promote the CASP and how clients can be referred to access services.

A new CASP website (and phone line) could be the centrepiece of this engagement activity.

Opportunities for engagement could include:

- ▶ liaison with the Capital Health Network and other professional bodies to provide target information about the CASP (or any successor program) to key referral points across the ACT health system
  - ▶ for example, the Capital Health Network's Health Pathways database has a Pathways Pulse and Quarterly Pathway newsletter that can be used to promote CASP once it is included in its service directory
- ▶ GP Liaison units at each of the hospitals that have regular newsletters and communications to the GP networks
- ▶ presentations to relevant forums where health professionals gather to outline the services available and how they can be accessed by clients requiring support
- ▶ the development of simple program flyers that can be left at GPs and allied health professionals' offices or at community health facilities



## 7. Challenges to be tackled when designing a future program

4

### Improving data collection and reporting

This review of referral pathways for the CASP has been conducted primarily using qualitative evidence from a range of discussions with stakeholders that have a connection and interest in the program.

To support this review, the ACT Health Directorate provided deidentified information on the service outputs that CASP providers are contracted to deliver under the program.

An attempt was made to collate data on the actual service outputs delivered by CASP providers (from January 2016) to inform this review but there were significant gaps in the data available. The ACT Health Directorate indicated that these gaps in data were in part a result of some CASP providers not uniformly submitting half yearly reports on their service delivery levels.

In addition, contracted service outputs (such as hours) can be grouped across service categories in individual funding agreements making it difficult to assess the exact amount of outputs contracted by service type. (However, we note this provides service flexibility.)

With the time available for this review of referral pathways, it was not considered feasible to try and work with all service providers to extract additional data on referral activity (into and between providers) for CASP funded services. The inability to access and collate reliable data limits the ability for the ACT Health Directorate and the sector to assess the full impact of the program.

In consultations, some CASP providers indicated that the reporting arrangements for CASP give them limited ability to explain the impact CASP-funded services and supports were having in the community. They indicated that a reporting framework which provided an opportunity to include case study information would help demonstrate the impact of the CASP (and that this could be used in efforts to promote and build awareness of the program with sector stakeholders.) Given the time required to develop compelling case studies this should be an optional (rather than mandatory) reporting requirement for providers.



## 7. Challenges to be tackled when designing a future program

### 4 Improving data collection and reporting

#### Recommendation 4.1

As part of the commissioning process, the ACT Health Directorate and sector stakeholders should agree to a new monitoring and evaluation framework that allows them to effectively monitor the outcomes the program is seeking to deliver based on a sound program logic.

A future monitoring and evaluation framework should seek to align with the relevant domains and indicators in the ACT Government's Wellbeing Framework.

A monitoring and evaluation framework can also be designed to provide all stakeholders with greater visibility of client needs, the service and supports they are provided and how they come to access these supports and services.

Stakeholders also expressed a strong view that case studies could be used to promote awareness of the program and the potential benefits it can provide members of the community in need.



## 8. Summary of recommendations

### **Recommendation 1.1**

As part of the commissioning process, the ACT Health Directorate and community sector stakeholders should review and clearly articulate:

- ▶ the desired outcomes that the CASP (or its successor program) is seeking to achieve
- ▶ the target clients it is seeking to support, and
- ▶ what benefits clients can expect to receive.

### **Recommendation 2.1**

The ACT Health Directorate should fund the development of a new website for the services that are funded under the CASP (or its successor program) that is optimised to help people seeking services and supports to find them online and be the centerpiece of other promotional activity.

### **Recommendation 2.2**

The ACT Health Directorate should engage with the Capital Health Network to include the CASP (or any successor program) in its Health Pathways service directory to facilitate the referral of clients from general practitioners.

### **Recommendation 2.3**

The CASP provider network should work together to agree on a uniform set of intake data requirements and questions it asks of prospective referrers or clients to facilitate an assessment of eligibility, referral and the delivery of CASP services.

### **Recommendation 2.4**

The ACT Health Directorate should explore whether there are other platforms and/or providers that can be leveraged to help deliver the intake and referral functions of the CASP including their feasibility and cost effectiveness.

### **Recommendation 2.5**

Future program funds should be applied to engage a dedicated Intake Officer function that can manage enquiries and referrals to a new CASP website (and phone line) as well as coordinate the referral of eligible clients to service providers across the network.

### **Recommendation 3.1**

Future program funds should be dedicated to joint efforts between the ACT Health Directorate and service providers to better promote the services and supports that are available and how these can be accessed.

### **Recommendation 4.1**

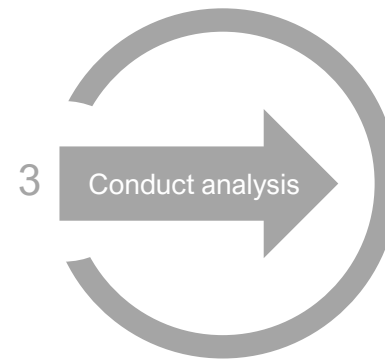
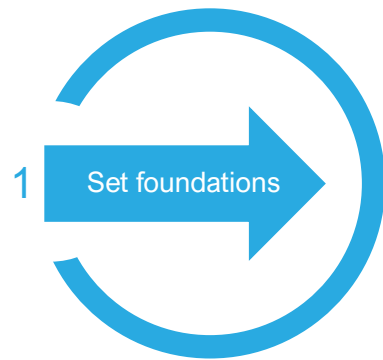
As part of the commissioning process, the ACT Health Directorate and sector stakeholders should agree to a new monitoring and evaluation framework that allows them to effectively monitor the outcomes the program is seeking to deliver based on a sound program logic.



# Appendices

# Appendix A. Review methodology

Our approach focused primarily on engagement with key stakeholders



## Activities

- Commence the project
- Access relevant materials
- Review existing documentation

- Confirm stakeholder engagement approach
- Conduct targeted interviews
- Conduct workshops
- Stakeholder survey

- Synthesise current service landscape
- Test mapping outputs
- Follow up actions

- Develop draft report
- Test results
- Refine analysis
- Update report
- Submit final report



## Appendix B. Consultations and participants

A range of consultation mechanisms have been used to explore CASP referral pathways



interviews were conducted

with

Community Options  
Life Without Barriers  
ACTCOSS  
ADACAS  
Carers ACT  
Canberra Hospital (Social Work)  
Capital Health Network  
ACT Health Directorate  
- CASP Team  
- Care Close to Home



group discussions were held

with participants from

Capital Region Community Services  
Dementia Australia  
ACTCOSS  
ADACAS  
Community Services #1  
Community Connections  
ACT Health Directorate  
- Care Close to Home



survey responses

were provided

(as at 15 May)



Chris Nightingale Consulting would like to acknowledge the Ngunnawal people, the traditional owners of the land on which this project was undertaken, and pay respect to their Elders, past, present and emerging.

We would also like to acknowledge the contributions of all organisations and individuals that participated in this review and thank them for their time.