Access & Support Program – Client Statistics 2019/2020

Direct Client Services

CHSP Referrals and Services

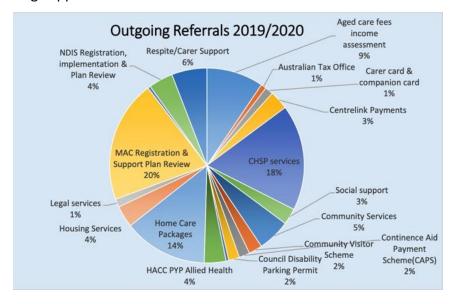
In 2019/2020, a total of 243 clients were assisted under CHSP, including 134 new referrals. Of these, 11.5% were self-referrals through promotion of the program to groups and assertive outreach, 10.5% from family members and relatives, 3.5% internal MIC referrals, 15.5% from the Regional Assessment Services (RAS), 40% by Aged Care Assessment Services (ACAS), and 19% were referred from other health and community services.

HACC-PYP Referral Sources

In 2019/2020, a total of 65 clients were referred to the HACC-PYP program including 21 new referrals. Of these, 12.5% of new referrals were self-referrals, 10% were made by the clients' family members, 5% were made by the local councils, 17.5% by the MIC's settlement program, 32.5% were received from hospitals, mental health service providers, disability service providers, and the remaining 22.5% of new referrals were made by other community services such as housing support services and other agencies.

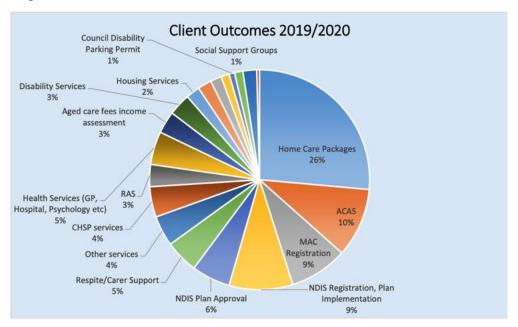
Outgoing referrals and services accessed by clients

A total of 222 referrals were made to external services for clients under both CHSP and HACC PYP programs. These included but are not limited to My Aged Care (MAC) for registration and assessment, Community Home Support Services for services such as domestic assistance, social support, transport, allied health services, Centrelink, National Disability Insurance Scheme (NDIS), disability parking permits, Continence Aids Payment Scheme, Housing support and other services.



Achievements of the Access and Program in 2019/2020

A total of 246 services were accessed by clients as a result of their participation in the A&S Program in 2019/2020. These included but are not limited to CHSP services, NDIS planning and implementation, carer support, Centrelink payments, mental health services, and home care packages.



Non-Direct Client Work

Promotion

In 2019/2020, the A&S Program continued to be promoted to both community members and service providers in the EMR. Promotional activities undertaken included formal and informal presentations about My Aged Care, CHSP, HACC-PYP and the A&S Program to seniors' groups, at Expos, at network meetings and by providing outreach to older people and people with disabilities at community events.

Secondary consultations and working with the service system

The A&S Program spent 413 hours assisting other service providers through providing information and advice about working with a particular community group or individual to deliver best practice to better meet the needs of people with diverse needs. Information and secondary consultations were provided to Community Health Services, Aged Care Assessment Services, Regional Assessment Services, Councils, Home Care Package providers, CHSP service providers, disability support services, carer support services, public and community housing support services, neighbourhood houses, hospital social workers, aged care homes, NDIS providers, and mental health services such as Partners in Recovery.