

Access & Support Program – Client Statistics 2021/2022

In 2021/22 the Migrant Information Centre (Eastern Melbourne) (MIC) received funding from the Victorian Government under the Home and Community Care Program for Younger People (HACC PYP) program and the Commonwealth Government under the Commonwealth Home Support Program (CHSP) to deliver the Access and Support (A&S) program in the Eastern Metropolitan Region (EMR).

The A&S Program provides short term, individual support for people who need help to access services so they can stay living at home. A&S Program work with older people, younger people with disabilities and their carers who have difficulties accessing HACC PYP, CHSP and other services due to their diverse needs. Diverse needs include but are not limited to language, culture, religious background, dementia, financial disadvantage, LGBTIQI, homeless or at risk of homelessness, Veterans, care leavers and parents separated from children by forced adoption or removal.

The MIC's A&S Program is one of approximately 50 similar programs in Victoria and one of 7 in the EMR.

Additionally in 2021/22, the MIC received funding from the Victorian Government under the HACC PYP to deliver the Volunteer Coordination Program that links volunteers to younger people with a disability to support them in participating in everyday activities, maintaining or rebuilding their confidence, improving their social connectedness and emotional wellbeing and keeping them healthy and active whilst living at home.

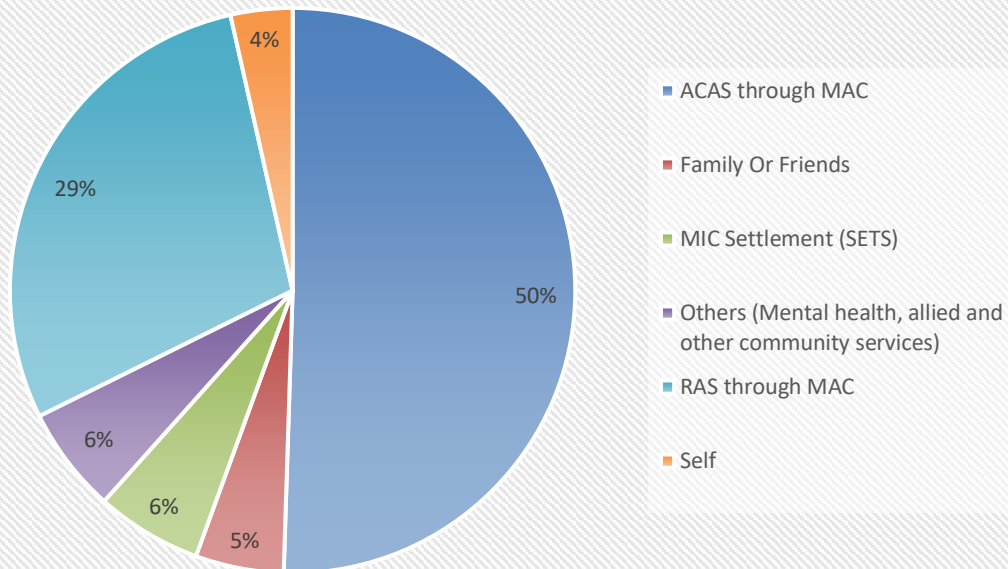
COVID-19 had a significant impact on MIC A&S program and HACC PYP Volunteer Coordination program service delivery during the FY 2021/2022. Following the Department's guidelines, MIC's A&S Program continued to operate during the COVID-19 pandemic in the 2021/2022 financial year. Access and Support workers have been contacting clients to check on their wellbeing and to ensure that they continue to receive the support they need. Contacting clients was conducted over the phone or through other digital platforms such as WeChat, WhatsApp and Viber. Home visit appointments were arranged on a case-by-case basis, where phone or digital means were not practical or possible for our clients.

1) Direct Client Services

I. CHSP services:

In 2021/22, a total of 199 clients were assisted under CHSP Program (120 were new referrals and 79 clients were rollover from the previous year). Of the total new client referrals, 4% were self-referrals, 5% referrals from family members and relatives, 6% internal MIC referrals, 29% from the Regional Assessment Services (RAS), 50% by Aged Care Assessment Services (ACAS), and 6% were referred from other health and community services.

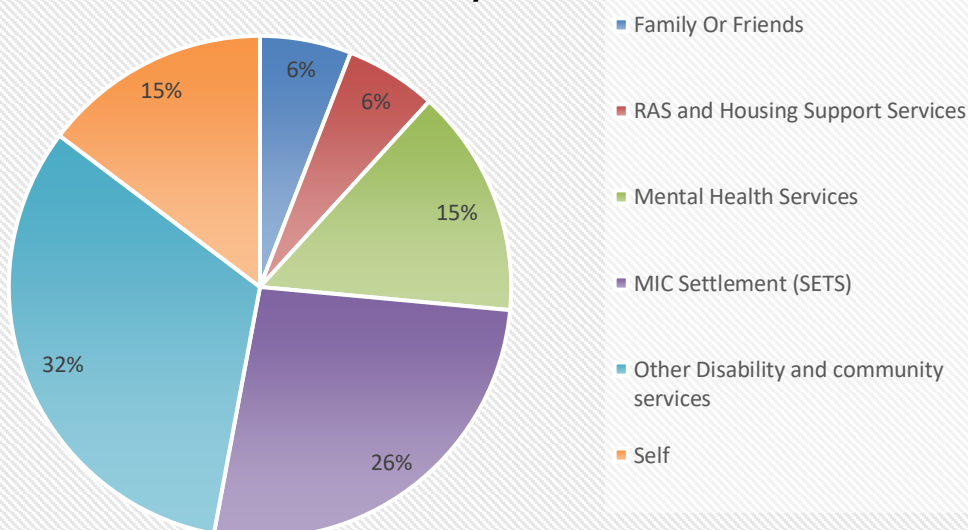
CHSP new referral sources 2021/22



II. HACC-PYP Services:

In 2021/22, a total of 34 clients were assisted under the HACC PYP program (including 15 rolled over from the previous year and 19 new referrals). Of the total new client referrals, 15% were self-referrals, 6% were made by the clients' family members, 26% were made by internal MIC settlement services program, 6% were made by the Regional Assessment Services and Housing Support Services, 15% were received from mental health service providers, and the remaining 32% of new referrals were received from other disability and community services such as special schools, GP, and other health professionals.

HACC-PYP new referral sources 2021/22

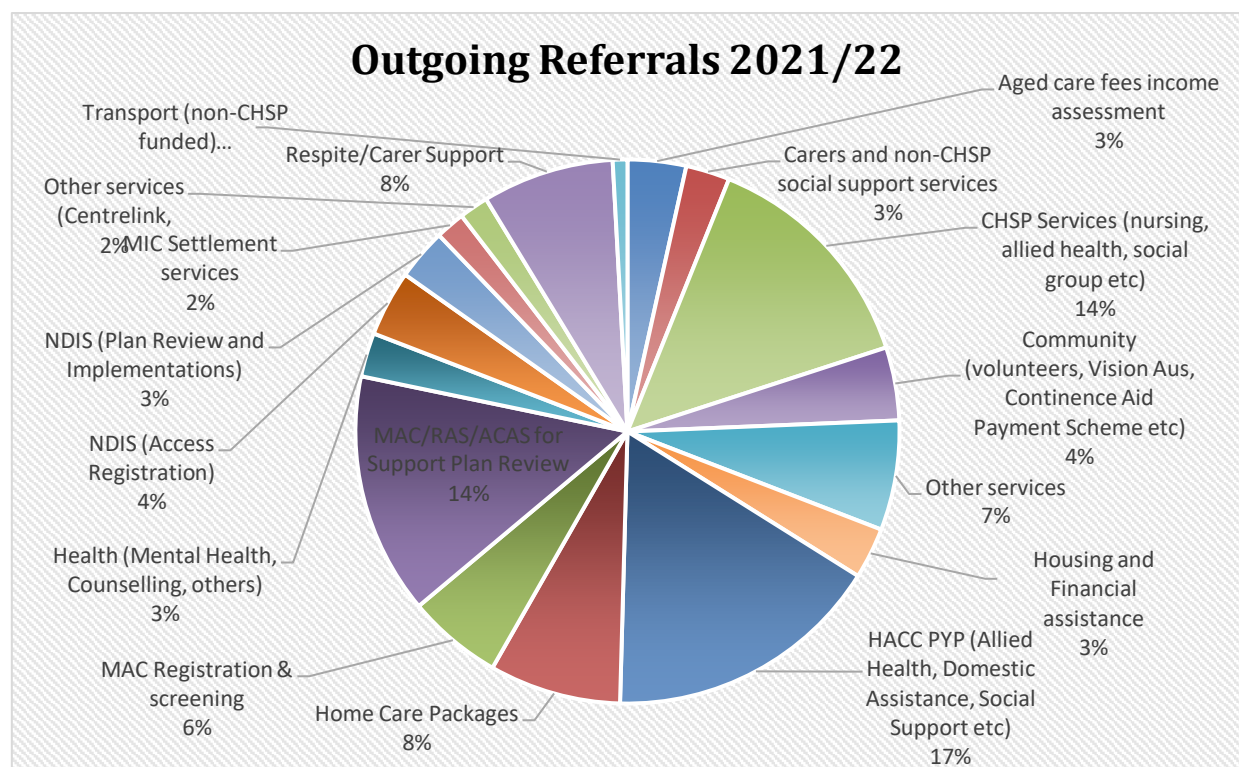


III. Volunteer Coordination Program:

In 2021/22, the Volunteer Coordination Program spent 318 hours in promoting the program to community services and individuals, recruiting new volunteers and registering their interests, developing training materials for volunteers, and connecting volunteers to individual clients. A total of 14 volunteers and clients were registered in the program in 2021/22. Services offered to clients included but not limited to companionship and social interaction, helping with school homework, assignments and English learning, and accompanying clients to outdoor activities such as outdoor exercises, socialising, shopping and other community access.

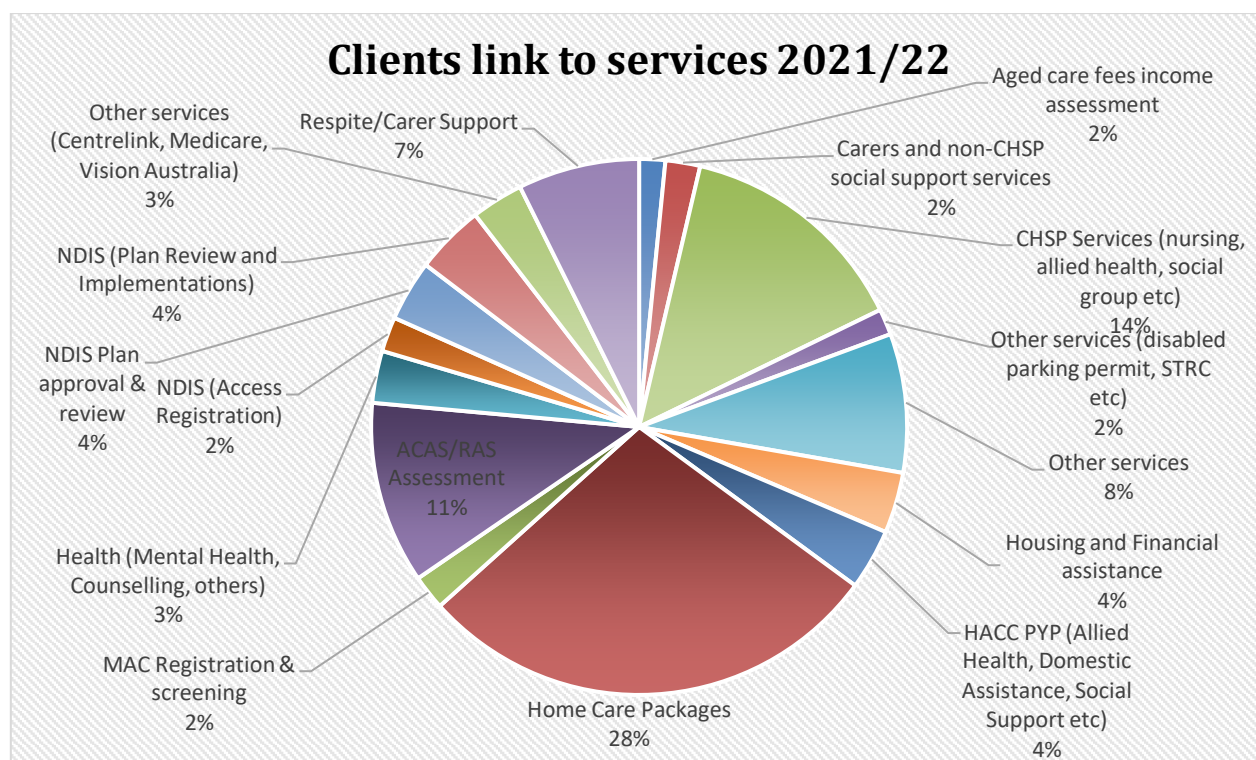
IV. Outgoing referrals to other services

A total of 230 referrals were made to external services for clients under both CHSP and HACC PYP programs. These referrals included but are not limited to My Aged Care (MAC) for registration and, requesting for RAS/ACAS support plan review, services under CHSP and HACC PYP such as domestic assistance, personal care, in-home respite, social support, transport, and Allied Health services, Centrelink, registration for National Disability Insurance Scheme (NDIS), Home Care Package Providers, Housing support, Financial Support Services, Carer support services, and other support services in the community. A&S assisted clients with applications for Centrelink payments, Continence Aids Payment Scheme, carer card, companion card and disability parking permit. (missing line from pie graph for 'Carers and non-CHSP.... In graph below)



V. Clients link to services:

In 2021/22, a total of 191 services were accessed by our client through the help of MIC's A&S Program. These included but are not limited to CHSP services, NDIS planning and implementation, carer support, mental health services, home care package providers, housing support, financial assistance services, social support, respite, and other services.



2) Non-Direct Client Work

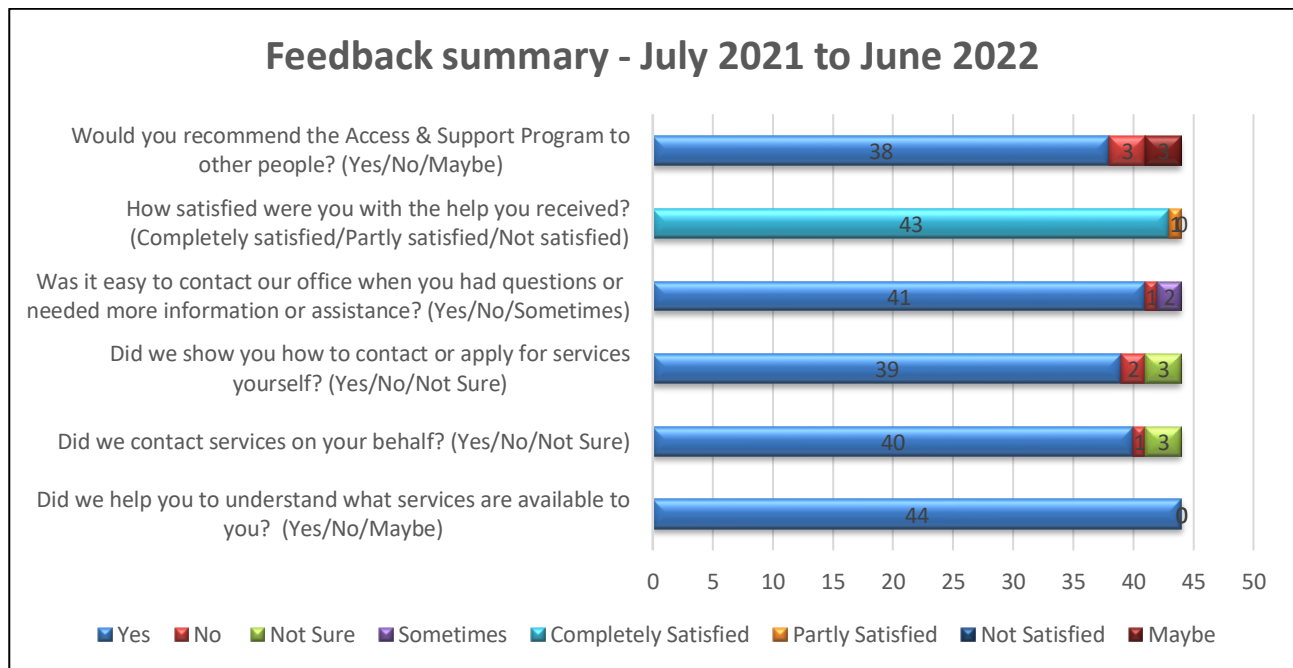
The A&S Program spent significant time in promotion of the Program to both community members and service providers in the EMR during the FY 2021/22. Promotional activities undertaken included formal and informal presentations about My Aged Care, CHSP, HACC PYP, and Volunteers Program to seniors' social groups, special primary schools, and outreach to older people and people with disabilities at community events.

The A&S Program also assisted other service providers through providing information and advice about working with a particular community group or individual to better meet the needs of people with diverse needs.

Information and secondary consultations were provided to NDIS providers, CHSP service providers, community health services, Regional and Aged Care Assessment Services, public and community housing support service, Home Care Package providers, disability support services, carer support services, neighbourhood houses, hospital social workers, and mental health services such as Partners in Recovery, disability gateway, and carer's gateway.

3) Client Feedback

The Access and Support Program collects feedback from clients (and/or their carers) by telephone or emails after they are exited from the program. Telephone interpreters are offered to all clients from non-English speaking backgrounds where necessary. During the FY 2021/22, 118 clients were exited and 44 clients and/or their carers provided feedback. Some of the reasons for not participating in surveys were due to health and cognitive issues (for example, memory loss, dementia, deafness, etc.), moved out of the area, deceased, or calls not answered.



Some of the comments received from clients included:

- The worker was very helpful. She made it very easy for me by providing all the necessary information and explained clearly. She also made me feel very comfortable and guided me with her knowledge.
- The worker provided so much of information on services available to us which we did not know previously.
- The worker advised me on the process to help me contact providers independently.
- Thanks to the worker and the government for providing such a good program to help us.
- I think it will be great if you could explain all the other services provided by MIC besides the Aged Care only.
- I feel disappointed as most services were not able to meet my father's needs due to language barrier. I am exhausted and need a short break from time to time but not able to find any suitable support workers to communicate with my father.
- There are a lot of people like me who easily confused and have no knowledge of any services. It is important to have someone like you to guide us step by step.
- The whole process was smooth and the worker followed through all referrals and extremely happy with the services.
- We tried applying for NDIS ourselves but wasn't successful. We didn't understand fully what was required. After the worker came into the picture, she made the process easy.
- Happy with the services received from A&S but not happy with the Home Care Package fee that my mother has to contribute, she cannot afford it at the moment, may use it in the future.