

WAITING FOR HELP:

Waiting lists in the social sector
in the Western Bay of Plenty



INTRODUCTION

Delays in obtaining help in New Zealand with social and personal issues from organisations providing housing and accommodation; counselling, special needs education services, assessments for home care; or mental health concerns may result in people being on a waiting list for assistance. A scan of the social housing, mental health and education sectors which often have interconnected needs, reveals shortfalls in capacity for a variety of reasons. These include shortages of trained staff, increased demand because of population growth or an increase in the prevalence of issues such as anxiety and also in the acceptance in seeking help.

The Western Bay of Plenty experienced a rapid increase in its population by over 28,000 in five years, from approximately 163,000 in 2013 to an estimated resident population of 192,000 for June 2018.¹ Migration from other areas has formed a significant proportion of the growth. In the 2013 census (latest Statistics New Zealand figures available) 41% (or 46,530 people) of Tauranga's population said they had lived elsewhere in New Zealand five years previously; the national average was 37%.² A 2018 survey of a

representative sample of Western Bay residents revealed 25% had lived in the region less than five years.³

The increase in population has contributed to more pressure on infrastructure as well as social service providers. For example people new to the area tend to not have established networks and support systems when issues arise. Providers of counselling and 'talking therapies', have also reported seeing increased numbers of clients in the last few years, especially amongst children and teenagers suffering increased levels of anxiety.⁴

Providing adequate housing and accommodation has become a significant Western Bay of Plenty problem as well as a national one, with increases in both households waiting for public housing and in the wait time. In December 2018 the Bay of Plenty had 618 applicants on the Housing Register, an increase of 58 from the September 2018 quarter. Social services have noted long waiting lists and growing gaps between have and have nots, evidenced by people living in cars and unable to secure housing.⁵

1 Statistics NZ: Subnational Population Projections: 2013(base)–2043 update2016

2 Tauranga Statistical Information Report May 2018, Tauranga City Council.

3 Western Bay of Plenty's Vital Signs 2018, Acorn Foundation

4 see <https://educationcentral.co.nz/more-mental-health-issues-being-seen-at-a-young-age-counsellor-says/>

5 December 2018 Public Housing Quarterly Report published by the Ministry of Housing and Urban Development).

In the mental health and addiction arena, the report of the 2018 government inquiry into the mental health system, He Ara Oranga, reported problems of access and wait times for mental health services all over the country.⁶ It noted many people needing help were not meeting the threshold for treatment and it was also difficult to navigate the system.

Tightening referral acceptance criteria is one way organisations manage demand. Other strategies include capping staff caseloads; having a no waiting lists policy because of risk management issues (i.e. staff time required to monitor and 'hold' clients until a service is available) or finding ways to accommodate more clients. Insufficient funding and staff capacity lie at the heart of these management strategies.^{7 8}

Waiting List Issues for Western Bay of Plenty – Survey of Social Service Providers

SocialLink has often heard concern from social service providers in the Western Bay of Plenty that they were unable to refer clients to other services such as counselling, because providers were at full capacity and not accepting clients, or had lengthy waiting times.

To find out more about these issues a brief online survey of social sector providers was conducted, using SocialLink's newsletter email

contact list of over 900 individuals and organisations. The survey asked if organisations had waiting lists for their services, how many people were on them and for how long; if clients were waiting for external services; barriers and challenges for getting help and any suggestions for easing unmet demand. The survey was open for three weeks in late September 2018. A second online survey with similar questions was subsequently emailed to a list of education and health sector providers, following feedback that they would like the opportunity to participate. (More detail about the method and a copy of the survey questions is in Appendix A).

Findings from the surveys

Results from both surveys have been combined in the findings. Altogether, responses from 28 organisations were received. Individual organisations or other organisations mentioned by them are not identified in the report. Organisations may provide services other than those reported on in the survey. While the self-selected survey responses are not representative of the sector, there are some common themes emerging from the data.

6 He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction, November 2018, Wellington.

7 Disability sector thankful planned funding cuts scrapped'. Radio New Zealand News, 21 April 2019.

8 Disability support wait times rise at Ministry of Education, John Gerritsen, Education reporter Radio New Zealand News, 13 February 2019. <https://www.radionz.co.nz/news/national/382369/disability-support-wait-times-rise-at-ministry-of-education>

Waiting lists for own services

61% of respondents or 17 of the 28 organisations said they had waiting lists for their services (Table 1).

Table 1: Number of Organisations with Waiting Lists for Own Services

Waiting Lists	Organisations	
	Count	Percentage
Yes	17	61
No	9	32
N/A	2	7
Total	28	100

Sector sub groups

Responding organisations were grouped into service sector groups as shown in Table 2 below, based on the information they provided in the survey. The group termed Children, Young People, Families and Whanau was the biggest with nine organisations. Findings relevant to each sub sector group are reported in turn.

Table 2: Service Area of Respondents

Service Sector Grouping	Number of Organisations
Children, Young people, Families and Whanau	9
Counselling and Therapy Services	3
Education Sector including special assistance and child care services	5
Mental Health and Addiction services, including for children and young people	3
Older People	2
Other	6
TOTAL	28

Table 3 groups and identifies the organisations' service areas that are experiencing demand and waiting lists. Most demand reported on was for services related to children's developmental needs.

Table 3: Service Sector Areas and Waiting Lists

Service Sector Area	Number of organisations	Own services with waiting lists	Service needs that respondents' clients were waiting for from other organisations*
Children, Young People, Families and Whaanau Services	9	Intensive Family Wraparound (IFWS) services family therapy services	Child development services; family therapy and social services; housing, counselling, mental health services; Incredible Years parent programmes; children's therapeutic communities; paediatrics; youth support programmes and services specialist child psychology; assessment and support with development disorders such as Foetal Alcohol Spectrum Disorder(FASD).
Counselling and Therapy Services	3	Children and adult grief and loss programmes; Individual and couple counselling personal development courses	Trauma and behaviour therapy for children and families; counselling.
Education and Special Needs Sector (including special assistance, child care)	5	Speech language therapy; child development psychological assessments	Child development services; psychology; special needs assistance and support; service coordination for children 14 and younger with development, attention or behaviour concerns.
Mental Health and Addictions Services (including for children and Young People)	3	Psychology, specialist services. Services said they do not have wait lists due to the risk and staff time required to monitor and 'hold' clients until a service is available.	Transitional individual counselling; family therapy; child development services, paediatrics.
Older People Services	2	Assessments for Alzheimer's/dementia; accredited visiting service, assisted shopping.	Respite care; home care hospital social workers, needs assessment and service coordination day care for older people
Other/Miscellaneous Services	6	Emergency or transitional housing; social work; microfinance; disability occupational therapy assessments	Communication assessments for technology assistive communication; budgeting, microfinance loans.

*List includes generic terms for types organisational and service help.

Children, Young People, Families and Whaanau

Nine organisations responding to the survey were grouped into this subsector.

a) Own waitlists.

Six of the nine respondents said they did not have waiting lists for their services. One organisation said it had over 130 children on its waiting list: 73 for intensive wrap around services and 51 for family therapy. It could be between 6-9 months, depending on the complexity of families' needs, before allocation of support to clients.

An organisation providing Māori kaupapa wraparound social services had eight clients on its wait list but they were waiting for a shorter period of 2-4 weeks before allocation. However because it was careful not to have overloaded case-loads the respondent thought there could be more clients waiting specifically for Maori support services.

In contrast to the other eight providers, one organisation was seeking more referrals to its tamariki ora/well child service.

b). Waiting lists for services from other organisations

Respondents in this sub sector said external services that their own clients were waiting for included family therapy; children's health camps; paediatricians and specialist and child psychologists. Wait lists also existed for assessments for assistive technology, communication and wheelchair mobility management; emergency and other housing; mental health services for child and adolescents

and free counselling.

Clients were on waiting lists for counselling and strengthening parenting programmes; specialist youth services such as residential group homes; foster care, reintegration and independence transitioning services, behavioural management and parenting support services. Clients were also waiting for help from Child Development Services which offers services in the Western Bay of Plenty to children with long term disabilities (including family support, physiotherapy, psychology, occupational and neurodevelopmental therapy).

A fostering service provider said in their region there were waitlists of approximately 100-200 children for assessments and help with behavioural, learning and developmental conditions. These included foetal alcohol spectrum disorder (FASD); reactive attachment disorder (RAD); attention deficit disorder (ADD) and other disorders. The waitlist to get an appointment from the Bay of Plenty District Health Board for FASD was said to be up to two years, while for some other disorders, parents were having to wait until the child was around eight years old.

One respondent considered there was increasing difficulty in accessing services for children with higher learning and behaviour needs from mental health services, or from the education sector's Resource Teacher Learning and Behaviour (RTLb) service.

Suggestions for improvement in services for Children, Young People, Families and Whaanau

The respondent said because of over-demand and under-resourcing, these organisations did not have waitlists, but apparently managed through a triage process and tightening the criteria to access services. Gaps in service provision in Tauranga Moana were teacher aide/education support hours, mentors for children and youth, affordable counselling support and access to child and adolescent mental health services.

c. Provision of unfunded services

Almost half of the respondents in this group said they provided unfunded services. (The question about unfunded services was only asked in the first survey which had 19 respondents). A provider of kaupapa Māori wrap around services said it provided services for twice the number of people it was funded for and required more capacity to meet the need. Another organisation was providing non-funded services for about 60 people including parenting programmes, mentoring and advocacy for fathers and support for men who were victims of family violence.

An organisation with ten social workers covering the Central North Island had restructured to provide more manageable case-loads for each practitioner; but the respondent thought for its more intensive support service, allocated funding for 44 hours per child barely covered travel time.

More mentors for children and young people, especially in families without strong parental support, as well as more play therapy were suggested, as the comments below indicate. More support for parents and grandparents was also needed:

- Mentors for children and youth
- There needs to be more mentors available for students who are from homes where one or both parents are unavailable/unsupportive. These students desperately need to have opportunities to form relationships with an adult who they can count on - someone who they know cares about them.
- Parenting Support
- Support for Grandparents raising grandchildren

Services were dealing with more high and complex needs, and these required more staff and funding. A call was also made for more capacity and resources for kaupapa Māori wrap-around services:

- The demand is greater than the resources available to meet needs without a wait time for clients.
- Services [are] having to deal with more high and complex needs but funding is more suited to lower level issues.
- More capacity and resources, especially for Māori clients and their whanau who want a wrap-around service provided in a Māori kaupapa way, to help ensure effective and long lasting outcomes.

Improving Work and Income's communication with and support of parents, especially those with trauma affected children was also important.

- [having] educated & sympathetic staff at WINZ; listening better to foster parents & giving them the support they need to better care for trauma affected children.

Procedures such as timely referral processes, regular communication and respectful handling of issues were all important in improving clients' experience in accessing services.

Counselling and Therapy Services

Three organisations were grouped into a Counselling and Therapy Services subsector.

a). Own waitlists

The three organisations had 50 to 76 clients between them on counselling waiting lists. This included grief and loss counselling for children and adults and couples counselling. Waiting times ranged between 2-5 weeks and up to 10 weeks. One organisation offered personal development courses for women and had 10-15 on the waiting lists for up to ten weeks.

b). Waiting lists for services from other organisations

There was 'huge' demand for grief services, and for working with trauma and behaviour issues in

children according to one respondent, but very limited or 'highly inaccessible services' dealing with these issues. These concerns were echoed by a respondent working in the child and family whanau sub sector, who stated there was a 'huge gap' in addressing trauma in adults and children. Lack of free services to help with this and also with couple/relationship counselling was an issue.

c). Provision of unfunded services

Up to five extra unfunded programmes per year for about 40 people were provided by one organisation and another provider had seen an extra 178 clients not covered in its funded contract.

Challenges and Barriers

Difficulties in accessing counselling and other services were raised by several respondents. Transportation and child care costs and getting time off work for services that were only available during work hours made attendance harder.

- low income families can't afford counselling, or transport to get to out of school programmes or have mental/medical issues themselves

- Transport, no money for day care and no family support to look after children while in counselling etc, services only running through work hours

- Transport, finances, time away from employment, grandparents looking after children

Suggestions for improvement

More free or subsidised counselling services, after-hours services, and more couples or relationship counselling and skilled family therapy were suggested, not only from the three organisations in this sector

- Affordable longer term counselling support.
- Counselling/Social Worker accessible to people on fixed income (pension)
- FREE/SUBSIDISED COUNSELLING. In the last financial year we had approximately 90 people referred who did not become clients. Some had found counselling elsewhere by the time we had appt avail, others changed their mind, others couldn't be contacted.
- Availability of couples counselling after hours - we do not currently have the resources to offer this.
- Skilled Family Therapy- huge unmet need. Closing of Relationships Aotearoa has had a big impact.

Trauma related counselling for children and adults was also needed.

- More services needed working with children who have experienced trauma and their behaviour.
- Also [helping with] adults' experience of trauma.
- There is a huge gap when it comes to addressing trauma in adults and children. There are no free services that can offer this.

Education and Special Learning Needs Services

Five respondents from special needs services, primary schools and early learning and care centres were grouped into an Education and Special Learning Needs sector. The Ministry of

Education provides special learning needs support for children from age 0 to 19 years of age. This includes early intervention services for behaviour, hearing, vision, social, developmental, communication or disability related needs prior to attending school, as well as services focused on mitigating these needs throughout a young person's school experience. Services include Resource Teacher Learning and Behaviour (RTLB), speech language therapy; and teacher aides. Kaitiaki Services, a specialist nursing organisation providing free primary healthcare services also provides a service for children under 14 who have mild or moderate developmental disorders, known as the 3D (Disruptive Development Disorder) service.

a). Own waitlists

Respondents in this subsector had waiting lists for children with speech language therapy needs. Wait times for speech language therapists were from 6 months to two years according to respondents.

b). Waiting lists for other services

The learning and child care centre respondents had small waitlists for their children requiring special education and support. Waiting lists for the 3D service was reported as up to a year by one. Other providers in this sector said more services in general were needed free of charge as many at risk families could not afford to pay; and more school support was needed with programmes such as managing anxiety and seasons for growth (a grief support programme).

Dissatisfaction with the unavailability of support, particularly for the most vulnerable students was heard in school meetings by one respondent. Also often mentioned in this regard were difficulties accessing mental health services for children and young people. The respondent said there was a general consensus that services to support vulnerable children/students were 'stretched to the max.' Waiting lists for paediatric or psychological assessments or support from child and adolescent mental health services could be up to six months or from 1 to two years.

c). Provision of unfunded services

This question was not asked in the second survey which was answered by most education related organisations.

Challenges and Barriers

Respondents noted increasing difficulty accessing services that did not have wait lists but used other mechanisms such as triage systems to manage demand.

- Criteria to access them have been raised and some organisations have a triage system because of over-demand for their services eg in education, RTLB and general access to Teacher Aide/Education support hours as more children present with higher learning and behavioural needs.

Poor communication and follow-up between services did not help.

- Communication can be difficult between schools and the service - emails not answered and then too many people become involved and there can be confusion around who is responsible for what.

Suggestions for improvement

These included more assessment services and in school support programmes.

- Child special education assessment units to support services, especially with children with challenging behaviour.
- More in school support with programmes such as managing anxiety, Seasons for Growth.

Improved networking and communication to reduce fragmentation between agencies were also suggested.

- Services appear to be fragmented - there needs to be more collaboration between the different services. One overriding agency that co-ordinates all of them, might work.

Mental Health and Addictions Services

Three respondents to the survey were put into this sub sector, but of note was that several survey respondents from other subsectors referred to waiting lists for mental health and addiction services, especially for younger people.

a). Own waitlists

Mental health service respondents said they managed demand through not having wait lists; otherwise the service would have to 'carry' the risks and monitor the wait list, which with limited resources is simply time we cannot afford.'

They indicated internal caseloads were 'huge' and there were internal waitlists for psychological services of 2-4 months and psychiatric services of up to two months unless urgent.

b). Waiting lists for other services

Mental health services working with children and young people said they had a significant number of clients on waiting lists for paediatrics, and for Child Development Services. One respondent in this sector said there could be a seven month waitlist for family functional therapy.

c). Provision of unfunded services

Mental health services said they were funded to provide services to the three percent of the population with severe mental health issues. Child and adolescent services (and maternal infant services) were funded for access by about three percent of the youth population but in BOPDHB saw about double that or six percent.

Suggestions for improvement

More staffing resources, easier access to child and adolescent services and more primary care and NGO services for earlier intervention (and to reduce presentations happening at secondary service level).

- More resources, staff/support in Mental Health services.
- Access to child and adolescent services at the DHB.
- More mainstream NGO services (in mental health and addiction).
- Over half of our clients are waiting for individual counselling, family therapy as part of a transition out of service. If there are more mainstream primary services this may prevent situations from reaching the secondary level.

Older People Services

Two organisations were put into this sub-sector.

a). Own waitlists

Organisations providing initial assessments for help with dementia related diagnoses had over 30 people on their waiting lists for up to 6-8 weeks. The other agency's services for accredited visiting and assisted shopping each had a waiting list of 20 for three months or more. The accredited visiting service was for people aged 65 and over who were lonely and at risk of being socially isolated. The assisted shopping service was for people in the same age group with limited mobility, no family, who were not computer literate and on a fixed income.

b). Waiting lists for other services

Providers in the older people social service sector said there were waiting lists for home care, hospital social workers, Needs Assessment and Service Coordination (NASC) related services and respite and day care for older people. Numbers or waiting times were not given.

c). Provision of unfunded services

The one organisation responding to this question said they provided unfunded navigation or case management services to 250 people.

Challenges and suggestions for improvement

Respondents thought more resources and support were needed for older people to improve their access to services and make everyday living easier, including in counselling, health and social aid and assisted shopping.

- Lack of support for dementia services
- Counselling/Social Worker accessible to people on fixed income (pension)
- [more] Assisted Shopping Service
- Face to face interaction/interviews between service providers and clients with hearing impairments (and do not have hearing aids).
- Subsidised funding to deliver [organisation's] existing services and implement new initiatives.

Other/Miscellaneous Services

Six organisations were grouped into an 'Other/Miscellaneous' category because there was no common theme with other organisations in the particular services provided. They covered housing, disability support, budgeting, social work, micro loans and working with youth at risk.

a). Own waitlists

Of the six organisations only two gave numbers of people on their waiting lists; one for occupational therapy assessments of four weeks and another said they had a capped caseload with one to two people on a wait list. Other providers had waiting lists of 10 days to a

month for home assessments, social work, counselling and micro-finance loans.

b). Waiting lists for other services

Respondents said their clients were waiting for permanent and transitional housing with a wait time of up to three months. Waiting lists for budgeting, tenancy advocacy and income support services were not given.

c). Provision of unfunded services

In this group of six, three organisations indicated they did not deliver unfunded services that would have waiting lists. The other three answered the second survey which did not ask a question about non-funded services, because of questionnaire space constraints in the particular online survey format used.

Challenges and suggestions for improvement in providing services to clients

One Māori provider in this group thought better understanding of the health model Whare Tapa Wha and what supports Māori to be well was needed. Another organisation considered clients' own level of engagement and lack of money for transport and childcare were barriers to accessing services.

Work and Income New Zealand (WINZ) rapport with clients could improve according to a housing provider, with clients being insufficiently informed about their rights and responsibilities. Also important was better networking between agencies interacting with families.

More social housing and housing for single people and more emphasis on services for mental health, methamphetamine and other addiction issues was suggested. Improving social service access in small centres such as Katikati was also required, which could mean increasing staffing resources to enable travel time and visits from mobile services.

- Katikati has one social service agency and the community centre which a few social services visit. We need more social services available locally or alternatively services coming to Katikati regularly. We often need support from [mental health and sexual abuse service] Tauranga agencies but they prefer clients to come to them as they are at capacity and often are unable to make time for travel. (Katikati's population is about 4,700.)

General feedback on demand for social services in the Western Bay of Plenty and suggestions for improvement.

Survey responses reinforced the anecdotal feedback SocialLink has heard that demand for services is greater than capacity in the Western Bay of Plenty particularly in counselling, child developmental needs and mental health.

Some respondents considered systemic issues needed to be addressed, including properly

quantifying the issues and resources required; especially necessary in the light of increasing complexity of issues and previous policy focus which had been more on growing a market economy.

- Quantify type of issues presenting and the resource required to adequately respond.
- The current difficulties for social services are the consequence of 9 years of a market driven economy with the focus on the economy and budgets rather than the well-being of the countries citizens.

Development of the social sector workforce was required; several respondents said extra funding to employ more staff or increase the hours of part time staff was needed.

- More funding so we can employ extra staff or increase days of existing staff to meet the demand
- More staff
- Extra funding so that services can hire more staff, or provide more hours to existing staff
- Employ more people

Encouraging people to enter a career in the social services should be a priority in workforce development.

- More funding for services to employ more staff. More incentives for people to enter these careers.
- Training/hiring more psychologists, health professionals, Social Workers

Appendix A Survey Method

Method

SocialLink developed survey questions in association with a representative from Strengthening Families. The survey was sent out via a Survey Monkey web link emailed to SocialLink's newsletter mailing list of approximately 950 individuals during late September and early October 2018. Responses were received from 19 organisations or services; a response rate of two percent. Feedback from the Strengthening Families coordinator was that education and other sectors also wanted to provide feedback. The survey was amended and emailed out through the Strengthening Families Coordinator's email list in November 2018. There were thirteen respondents to the second survey. Four organisations answered both surveys and their answers were combined.

Survey Monkey's free online survey format which was used for this particular survey allowed only ten questions which meant some adaptation and restrictions on what questions asked between the two surveys.

Questions for First Survey

- 1. What is the name of your organisation and or service?*
- 2. Since June 1st 2018 have you had waiting lists for any of the services you deliver?*
- 3. If YES, what type of service(s) do you have waiting lists for?*
- 4. Approximately how many clients would be on the waiting list(s)?*
- 5. What is the average length of time a client is on the waiting list(s)?*
- 6. Since June 1st 2018 have any of your clients been on waiting lists for services from another organisation?*
- 7. If YES, approximately how many clients and what type of services are your clients waiting for?*
- 8. Do you deliver services to more clients than you are funded for? (For example are you funded to provide a service to 50 clients but you actually provide services to 70 clients).*
- 9. If YES, how many unfunded clients do you have and what type of services do you deliver that you are not funded for?*
- 10. Are there any unmet needs for social services that you would highlight for attention?*

Questions for Second Survey

- 1. What is the name of your organisation and or service?*
- 2. Do you have waiting lists for services you provide and if YES, what is the service(s)?*
- 3. Approximately how many clients are on the waiting lists and what is the wait time?*
- 4. Since June 1st 2018 have you had clients on waiting lists for services from social sector organisations?*
- 5. If YES, what type of service(s) are your clients on waiting lists for?*
- 6. Approximately how many clients would be on the waiting list(s)?*
- 7. What is the average length of time a client is on the waiting list(s)?*
- 8. If there are other barriers or challenges to getting your clients the social services they need, what are they?*
- 9. Are there any unmet needs for social services that you would highlight for attention?*
- 10. Do you have any suggestions for how waiting lists or unmet needs that affect your clients could be eased in Tauranga Moana?*

