



Right Service Right Time

03 March 2016



Presentation Outline

- ❑ Greater Christchurch NGO Service Sector Mapping Research: Summary of the Findings
- ❑ RSRT Alliance Update
- ❑ RSRT Referral and Funding policy & procedures
- ❑ Questions and Discussion



2015 Greater Christchurch NGO Service Sector Mapping Research Project

Purpose

- To provide a detailed picture of the NGO service system operating in Greater ChCh to assist with future service planning and delivery decisions

Mixed Methods

- Archival analysis
- Electronic survey administered
- Focus groups (2)
- Case study interviews (4)



2015 Mapping Research Findings



What did the findings show about the Canterbury NGO Social Services Sector?



Characteristics of Canterbury NGO Social Services

- Strong, comprehensive regional presence
- Small; horizontally structured; short lines of communication
- Strong work ethic
- History of collaboration



Location

of Canterbury NGO Social Services

Extended reach

- 85% urban CHCH
- 61% Banks Peninsula
- 59% Selwyn
- 66% Waimakariri
- Also Hurunui, Ashburton etc



Top 10 Canterbury NGO Social Service Types

- ❑ Social work (71%)
- ❑ Advocacy (54%)
- ❑ Group programmes for parents/caregivers (47%)
- ❑ Whanau support (44%)
- ❑ Therapy (39%)
- ❑ Strengthening families (37%)
- ❑ Education (37%)
- ❑ Group programmes for children (34%)
- ❑ Housing support (32%)
- ❑ Early intervention (29%)



Typical duration of Canterbury NGO Social Services

Service Duration	#	%
< 2 weeks	-	-
2-4 weeks	-	-
1-2 months	4	10.8
3-6 months	10	27.0
7-12 months	9	24.3
1-2 years	6	16.2
> 2 years	8	21.6

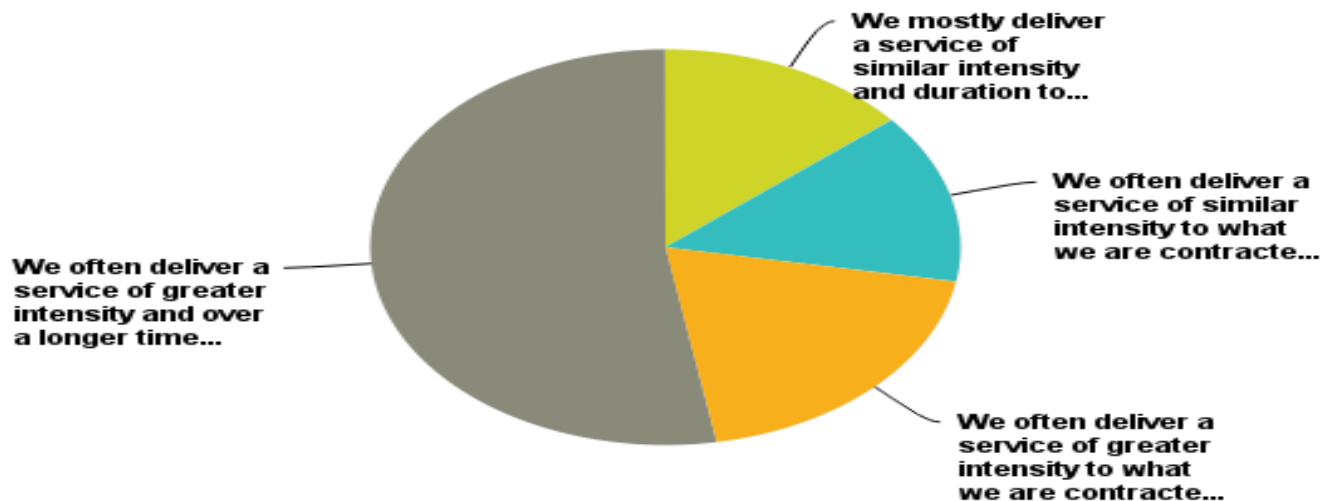


Demand

for Canterbury NGO Social Services

Q16 Thinking about the services you deliver to vulnerable children and their whānau / families, how does the service you typically deliver compare with what you are contracted to deliver?

Answered: 36 Skipped: 5



Service Gaps identified by Canterbury NGO Social Services



- Services for children
- Services for youth
- Services in school settings
- Services for Māori, Pacific Peoples and people from CALD communities
- Maintenance services for those experiencing family violence



Service Innovations

Introduced by Canterbury NGO Social Services during 2012-2015

- 80% reported service innovations
- Majority resourced from philanthropic sources
- Purposes:
 - Augment parenting practices
 - Enhance child-focused interventions
 - System-wide/wrap-around services via collaboration
 - Increase accessibility
 - Introduce evidence-based approaches
 - Meeting basic physiological needs



What did the findings show about the resources and infrastructure of the Canterbury NGO Social Services Sector?

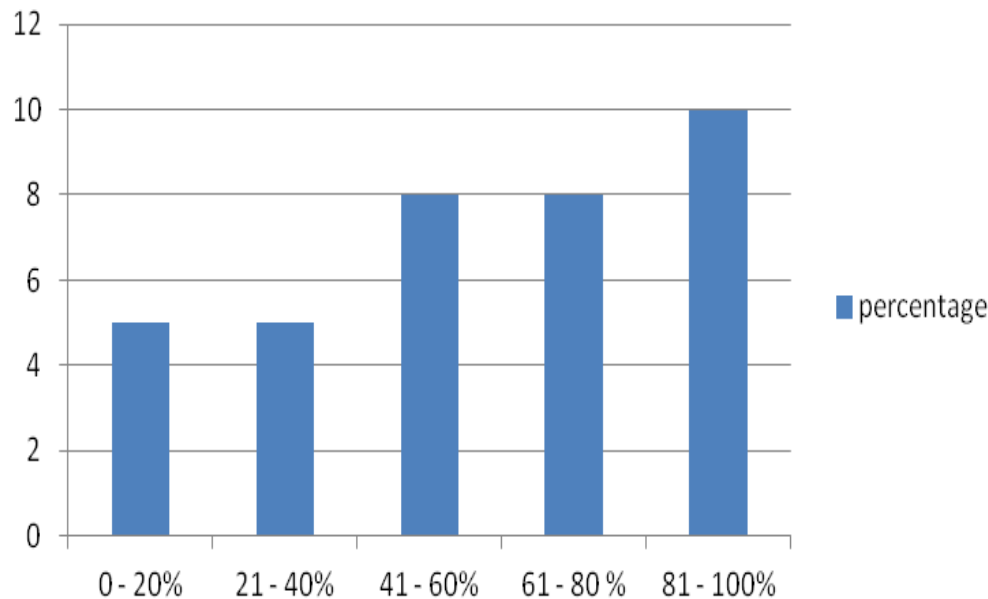


Resources



Funding Sources

Proportion of Government Funding Received by Greater Christchurch NGO Services



- 36% received government funding for up to half service costs
- Balance of funding from
 - ▣ Philanthropic trusts
 - ▣ fund raising
 - ▣ Koha
 - ▣ User-pays fees
 - ▣ Payroll giving
 - ▣ Investments
- MOJ and/or MOH funding for NGOs with 80% or more government-sourced funds



Staff Numbers

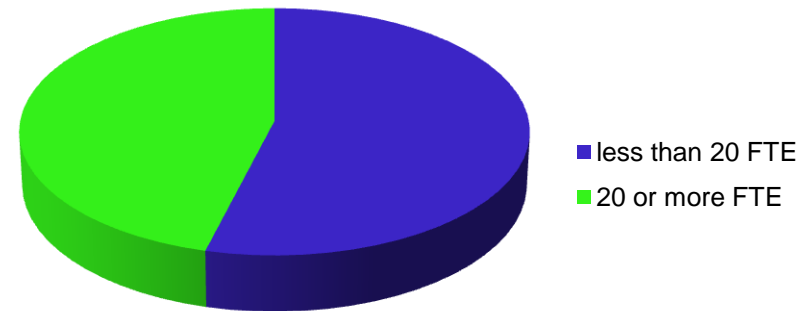
Canterbury NGO Social Service Agencies

- 54% < 20 FTEs
 - ▣ 26% 7 or less FTEs

- 46% 20 or more FTEs
 - ▣ 15% 36 or more

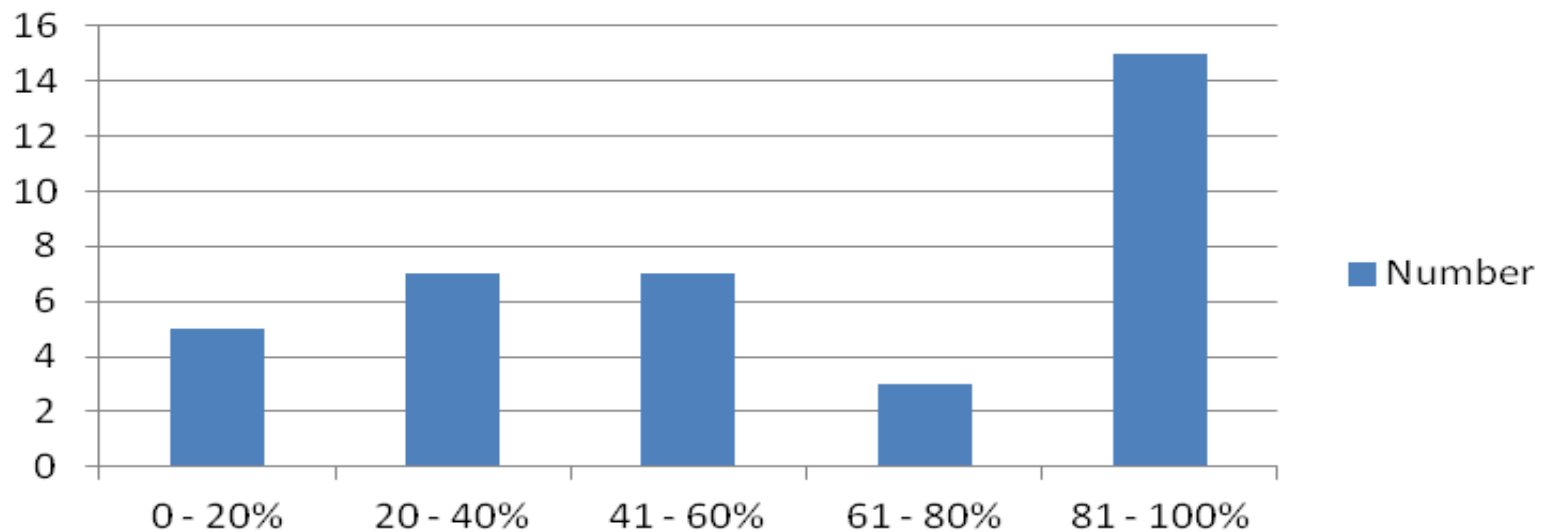
- Few with volunteer workforce

Size of NGO Agencies' Workforce (%)



% Workforce Registered with Professional Body

Number of Greater Christchurch NGO Services by Percentage of Workforce Registered with a Professional Body

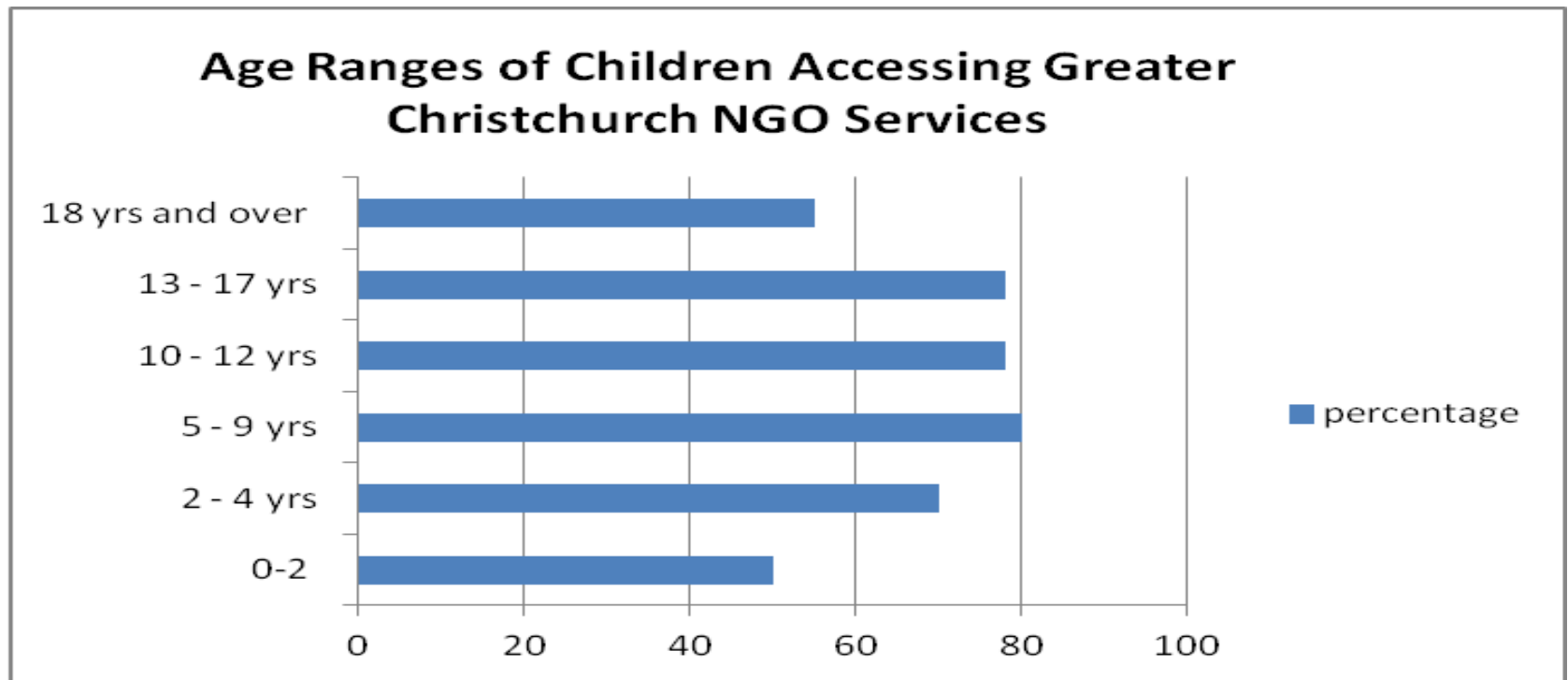


What is the client profile of Greater Christchurch NGO social services?



Client Demographics

Greater Christchurch NGO Social Services



NGO Client Social History Trends

- Increasing numbers with multiple & complex presenting needs
 - ▣ Family & sexual violence
 - ▣ Substance abuse
 - ▣ Mental health
 - ▣ Indebtedness
 - ▣ Inadequate housing
 - ▣ Poverty
 - ▣ Interactions with Criminal Justice Sysytem
 - ▣ Parenting
 - ▣ Isolation/lack of support



Barriers to Help Seeking

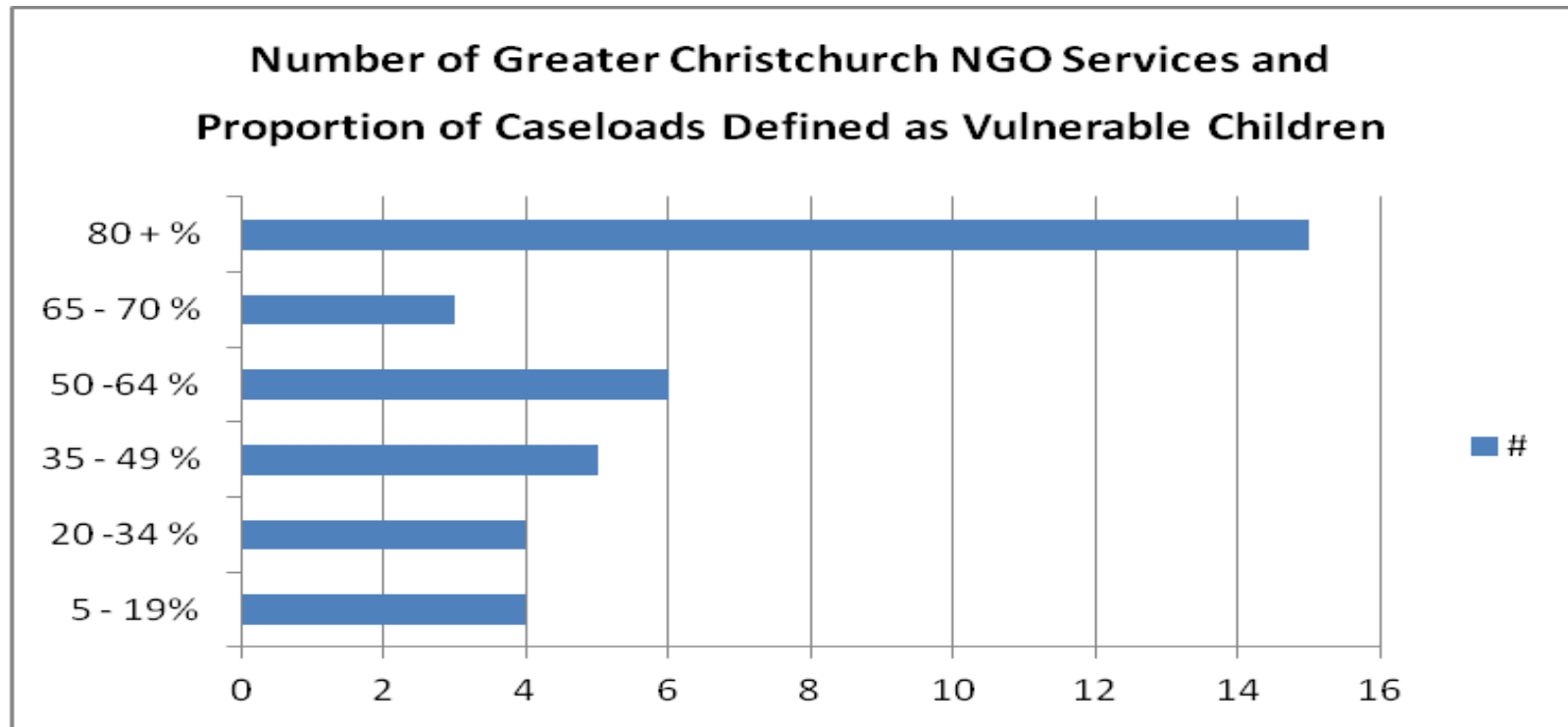
- ❑ Lack of service availability awareness
- ❑ Difficulty navigating service pathways
- ❑ Lack of recognition of clients' socio-economic issues by professionals
- ❑ Shame, fear etc to disclose issues
- ❑ Lack of services in rural areas
- ❑ Lack of transport
- ❑ Lack of child care



Findings Linked to the Children's Team Policy

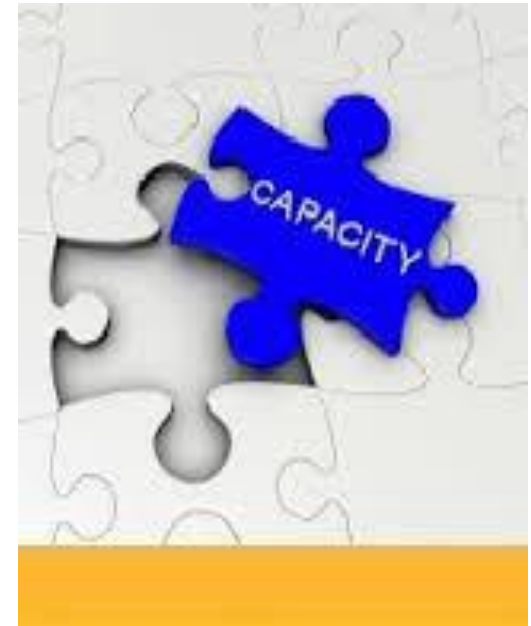


Proportion of NGO Clients Identified as Vulnerable Children



NGO Service System's Capacity to Respond & Children Experiencing Vulnerability

- 46% (17) services operating at/over capacity
 - ▣ Waitlists
 - ▣ Need more resources to provide services immediately
- About 25% had capacity to provide services for new 'vulnerable children'
 - ▣ Mostly new service initiatives



NGO Sector Workforce's Capability to Contribute to Children's Team

- 33% - no human resource challenges
- Human resource challenges identified:
 - ▣ Attracting and retaining qualified workforce
 - ▣ Providing professional development pathways
 - ▣ Providing supervision to maintain competence & prevent burnout



Practitioner Training Needs & Children's Team Implementation



- ❑ Recognising/responding to vulnerability
- ❑ Child-focused engagement/intervention
- ❑ Reach & accessibility
- ❑ Cultural competence
- ❑ Collaborative & multi-disciplinary practice
- ❑ Legislation & procedures supporting Children's Team implementation



NGO policies for working with 'vulnerable children' & their families/whānau

- 92% child protection policies
- 89.5% working with high-risk family/whānau
- 64% child rights policy



RSRT Alliance Update

- Membership
 - ▣ 40 RSRT Alliance partners (October 2015)
- Website refreshed



RSRT Alliance Partners

- Autism NZ Canterbury
- Agape Trust
- Aviva
- Barnardos Christchurch
- Battered Womens' Trust
- Catholic Social Services
- Champion Centre
- Christchurch Budget Service
- Christchurch Methodist Mission
- Christchurch Resettlement Service
- Christchurch City Mission
- Cholmondeley
- CCS Disability Action
- Early Start Project Ltd.
- Family Help Trust
- He Waka Tapu
- Home and Family Trust
- LifeLinks
- Open Home Foundation
- Pacific Trust Canterbury
- Presbyterian Support
- Kingdom Resources
- Oasis Centre
- PILLARS
- Plunket
- Petersgate Counselling Centre
- Purapura Whetu
- The Salvation Army
- Single Women as Parents
- Stand for Children
- START
- St John of God Waipuna
- STOP
- Stopping Violence Services
- Te Ora Hou Aotearoa
- Te Puna Oranga
- Te Puawaitanga Ki Otautahi
- The Parenting Place
- YCD Youth & Cultural Development
- Wellbeing North Canterbury



RSRT Alliance Update

- Funding bodies supporting RSRT
 - ▣ Rata Foundation
 - ▣ Pegasus Health
 - ▣ New Zealand Red Cross

- 2016 funding application: Professional interpreting services for members of CALD communities accessing RSRT Alliance partner services



F2014/2015 Achievements (1)

- 408 referrals received
 - **Referral sources:** health (55%), self (15%), education (13%), CYF (3.2%), NGO (12%)
- Client demographics
 - **Ethnicity:** 74% NZ European; 13% Maori; 13% other
 - **Reside** in all Greater Christchurch areas, but largest numbers from Woolston, Linwood, Spreydon, Aranui
 - **Age** (years): 26 plus (37%); 18-25 (5%); 14-17 (5%); 11-13 (12%); 6-10 (19%); 0-5 (19%);



F2014/2015 Achievements (2)

* increased referrals with presenting needs compared to previous year

- Social history data: 10 top presenting issues
 - Child behaviour resulting from stress/trauma/anxiety (43%)
 - Parenting (43%)
 - Child mental health (38%) *
 - Child grief/loss/change (26%) *
 - Adult mental health (19%) *
 - Family violence (13%) *
 - Lack of support/isolation (11%)
 - Child physical health (10%)
 - Financial/budgeting (8%)
 - Child cognitive functioning (8%)



F2014/2015 Achievements (3)

- Referrals services completed
 - 253 referrals to 25 agencies
- RSRT Coordinator services completed
 - 25 brief interventions
 - Liaison on behalf of 134 families/whanau with service providers (e.g. health, CYF, NGO)
 - Information provided to 37 families
 - 10 families/whanau received multi-agency services following RSRT Response Panel consultation



RSRT and Canterbury Children's Team

- August 2014: **RSRT initiated engagement** with over 50 cross-sectors government & NGO agencies
 - High level of commitment
 - Community-led response; tailored to local context; build on local strengths
 - Child-centred approach
- Participated in Canterbury Children's Team **Advisory Group** during 2014/2015
- Membership within Canterbury Children's Team **Local Governance Group**, including Co-Chair role



RSRT and Canterbury Children's Team

- Children's Team **Panel** members (RSRT Coordinator & RSRT Alliance partner practitioners)
- **Referrals** from RSRT Coordinator
- RSRT & Children's Team **business case** prepared: Some potential future opportunities
 - ▣ RSRT/Children's Team coordinator
 - ▣ Recognised point of entry to Children's Action Network services; and for Hub



RSRT Referral and Funding Policy

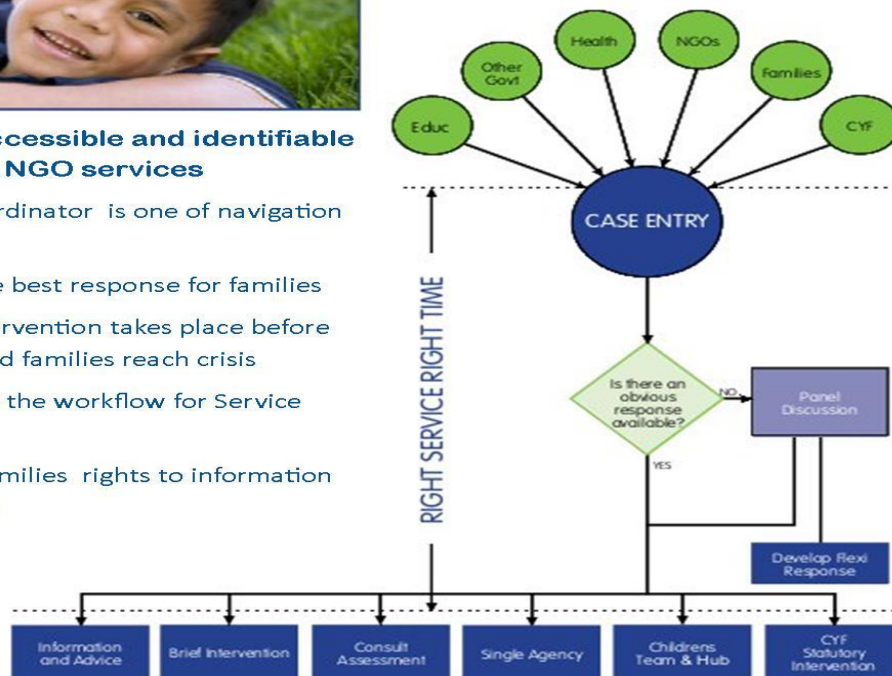


Creates an accessible and identifiable entry point to NGO services

The role of co-ordinator is one of navigation to:

- Identify the best response for families
- Ensure intervention takes place before children and families reach crisis
- Coordinate the workflow for Service Partners
- Enhance families rights to information and choice

WHAT IS RIGHT SERVICE RIGHT TIME?



Dilemmas

- Waitlist versus family need
- Complexity
- Increasing demand
- Competing demands



Criteria for Services



Business as Usual (BAU)

- Provision of service under existing contracts
- Within a reasonable timeframe to meet family need

Capacity funding (FFS)

1.

- When there is a waiting list
- No other funding is available within existing contracts
- Delivery of a service within a reasonable timeframe
- Service plan to a maximum funding \$1000 per family

Flexi response

2.

- Service provided by more than one agency
- Services required and not available via a single agency
- Interagency collaboration via more than one agency
- Total funded hours up to a maximum of \$1000



Criteria for Services

Consult Assessment

3.

- Report for Panel/Co-ordinator—to assist in decision making because of complexity multi agency involvement
- Up to \$1000 funded hours
- Written report (using consult assessment report template)
 - expectation that this will be completed within 4 weeks of referral

Brief intervention

4.

- A short and agreed intervention
- To meet a short term and specific need
- Funded hours agreed prior to service provision



Discussion Questions

- In small groups discuss ...
 - ▣ What are the top 3 opportunities provided by the current external forces & trends for us, as RSRT Alliance partners, to focus our future efforts?
 - ▣ In what way do you most hope to contribute to those opportunities?
- Feedback to larger group



Right Service Right Time Contact Details

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