

Measuring the wait for NGO AOD treatment in NSW

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Executive summary

Survey sample and method

An online Qualtrics survey was distributed to all NSW NGO AOD organisations between 23 September and 4 October 2024. Organisations were asked to report on wait data on any day during the week 23-27 September 2024 (a census approach).

The survey was emailed to 85 organisations, and a total of 47 organisations responded to the survey. Response rate to the survey was 55%. Three organisations exited the survey early, 2 before providing any data. Hence there were 44 organisations with complete data, representing a response rate of 52%.

Organisations provided many different services (e.g. residential withdrawal, assessment, counselling, residential rehabilitation) both within single organisations across different locations and across organisations. Wait data was collected and analysed by service type.

Key findings

Number of people waiting:

- There were 1,819 people waiting to enter an NGO AOD treatment organisation on any day during the week of 23-27 September 2024
- When asked about the number of people waiting for each service type (noting that some people are placed on multiple wait lists for different services), the total number of people waiting for a specific service type on any day during the week of 23-27 September was 2,667.
- There are many reasons why people might be waiting for a service. For example, a person entering residential rehabilitation may first need to arrange a house or pet sitter, care for children or attend to legal matters. Of the 2,667 people waiting for treatment, 55% (1,454 people) were waiting because there were no places available. The remaining 45% of people waiting for services were assessed as not yet ready to enter treatment.
- Residential rehabilitation had the largest numbers and proportion of people waiting for treatment (897 people or 34% of all those waiting)
- Assessment and initial treatment plan had the second highest numbers of people waiting for treatment (n=628 or 24%), followed by residential withdrawal (n=460 or 17%) and psychosocial counselling (n=257 or 10%)

Length of time waiting:

- The service with the highest average wait time was residential withdrawal where 50% of all people waiting had been doing so for between 12 and 26 weeks
- The highest proportion of people waiting to enter a service (29%) were waiting between 1 and 3 weeks. However the second highest proportion (22% or 520 people) had been waiting between 12 and 26 weeks for AOD treatment.

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Survey method and sample

NADA commissioned the Drug Policy Modelling Program, Social Policy Research Centre, UNSW, to conduct an independent survey regarding wait for AOD NGO treatment services in NSW.

An online Qualtrics survey was designed to capture detailed data on waiting from all NSW NGO AOD treatment providers for a typical day during September 2024. The survey included multiple questions: whether prospective clients had to wait for services or not, how many people were waiting overall and for different services, whether those waiting for AOD treatment were ready to enter treatment, and the average waiting times. A copy of the survey is provided at Appendix A. The survey questions were developed with assistance from an advisory group, and feedback was provided on the initial draft as well as an initial pilot prior to distribution.

The survey was distributed to 85 different organisations, of which 47 organisations entered information – a 55% response rate. Three organisations did not complete the survey, resulting in complete data for 44 organisations (52%). This is an excellent response rate and represents at least half of all NGO AOD organisations in NSW. Data on the locations of survey respondents is provided in Appendix B.

The focus of the wait data was on service types (e.g. residential withdrawal, assessment, counselling, residential rehabilitation) both within single organisations across different locations and across organisations. There were nine service types used in the survey (Assessment and initial treatment plan; Community-based withdrawal; Day rehabilitation; Family support/counselling; Outreach; Pharmacotherapy; Psychosocial counselling; Residential rehabilitation; Residential withdrawal). Across these nine different types of AOD treatment, there were a total of 191 responses, Table 1.

Table 1: Sample: number of responses per service type

| Service type | Total # services | # of services with waiting data |
|---------------------------------------|------------------|---------------------------------|
| Assessment and initial treatment plan | 46 | 30 |
| Community-based withdrawal | 6 | 2 |
| Day rehabilitation | 22 | 4 |
| Family support/counselling | 14 | 13 |
| Outreach | 30 | 12 |
| Pharmacotherapy | 6 | 3 |
| Psychosocial counselling | 32 | 23 |
| Residential rehabilitation | 27 | 12 |
| Residential withdrawal | 8 | 2 |
| Grand Total | 191 | 101 |

Some organisations did not use waiting lists, and others had policies such that no clients waited for their services (see below). The sample sizes for the wait data for those service types where people were waiting is given in the final column of Table 1. As can be seen, the sample sizes for wait data for community-based withdrawal, day rehabilitation, pharmacotherapy, and residential withdrawal are small, and caution might be warranted in interpreting the findings.

In terms of the data sources that survey respondents used, just under half of the survey respondents (41%) used routinely collected recorded data on wait time; another half used a combination of estimation and recorded data on wait times (41%), with the remainder (18%) estimating the data.

The survey also asked how typical the wait data collected in the survey during the week of 23-27 September was to 'normal' service waits. Overall, the data provided was fairly typical of the past 6 months of service both in terms of the number of people waiting and the length of time that they were waiting, with 69% of respondents saying the numbers of people waiting that day was 'around the same' as normal; 12% 'a bit less' and 12% 'a bit more'. For the length of time waiting, a similar pattern emerged: 69% said the wait times were 'around the same' as normal, with 8% saying the length of wait times was 'a bit less' and 18% 'a bit more' than normal.

Findings: Approaches to waiting

Not all organisations or services provide the option for clients to enter a waiting list; some through service design, others due to the nature of the client population. Ten organisations (21%, n=47) indicated that they did not have clients waiting or offer a wait list. Survey respondents were asked to provide detail on why there was no wait for their service. For three (of the ten) organisations, this was due to the recent establishment of the service, ie they had yet to build up the client base. For the remaining seven, the most common reason was the service design, for example offering a 'drop in' service, as expressed here:

Its a day program and drop in, clients usually are seen on arrival, assessed and can access support in groups and [receive] case management straight away

Enquiries are met with immediate response - "drop in" style of service

Likewise, the service design for some organisations was such that multi-disciplinary wrap-around teams could provide some form of immediate care:

Whilst we only have one Case Manager for the AOD integrated program, the wider team have capacity to support clients if the AOD Case Manager is unavailable or does not have capacity. The team have experience in supporting clients with a risk of psychosocial risk factors, including AOD and can support clients experiencing AOD challenges in collaboration with external orgs.

Diversity in treatment offered, staff trained to work across programs. Visiting Addiction Medicine Specialist.

In addition to services that did not provide the option for waiting, some services placed a cap on the numbers of people able to wait. There were 14 survey responses which indicated that they operated on cap on the number of people on their waitlist or occasions where they suspended processing of new applicants. For those who reported a cap or suspension of waitlisting, there were multiple concurrent reasons given (see Appendix A for all responses). The most commonly given reason for instigating caps was due to service capacity (n=10), wait times (n=6) and staffing numbers (n=5). Organisations wanted to ensure that the wait time for their organisations was acceptable, and so stopped accepting new referrals once the threshold had been reached. As explained by one:

“We make assessments for waitlist closure based on how likely it is client turnover is coming soon or staff capacity will be increasing. We try not to have people sitting on waitlists for long periods as that’s not in line with our values or ways of working. If we deem waitlists are approaching more than 10 weeks we typically look to refer on and not waitlist”.

The presence of waiting list caps suggests that the numbers reported below are conservative.

Findings: The number of people waiting to enter AOD treatment in NSW

Taking into account that some services are designed to preclude waiting, and others have caps on their services, when asked to provide the total number of people waiting on one day (between 23-27 September 2024), there were 1,819 people in NSW waiting to enter AOD treatment (n=37 responses).¹

Number of people waiting by service type

For each of the nine different service types specified in the survey (Assessment and initial treatment plan; Community-based withdrawal; Day rehabilitation; Family support/counselling; Outreach; Pharmacotherapy; Psychosocial counselling; Residential rehabilitation; Residential withdrawal) respondents were asked to specify the number of people waiting for each service type they offered, as well as how many were ready to enter treatment but could not because there was no treatment place available. The results are given in Table 2.

The total number of people waiting for a treatment service was 2,667.

Table 2: Number of people waiting an AOD treatment service by service type

| Services | # waiting | % | # waiting & ready to enter | % | N |
|-------------------------------------|-----------|------|----------------------------|------|-----|
| Assessment & initial treatment plan | 628 | 24% | 325 | 22% | 30 |
| Community based withdrawal | 17 | 1% | 7 | 0% | 2 |
| Resi withdrawal | 460 | 17% | 145 | 10% | 4 |
| Psychosocial counselling | 257 | 10% | 219 | 15% | 13 |
| Day rehab | 174 | 7% | 164 | 11% | 12 |
| Family support | 19 | 1% | 19 | 1% | 3 |
| Resi rehab | 897 | 34% | 365 | 25% | 23 |
| Outreach | 175 | 7% | 192 | 13% | 12 |
| Pharmacotherapy | 40 | 1% | 18 | 1% | 2 |
| Total #s waiting | 2667 | 100% | 1454 | 100% | 101 |

Note: The total number of people waiting in this table does not match the total number waiting provided above. Some organisations did not provide a breakdown of numbers waiting per service, and other organisations noted that they counted the same people for different types of treatment offered at the same service e.g. a service offering community withdrawal and day rehab commented that the people waiting for these services were the same people. Additionally, there were respondents who entered a figure for the first column (total # of ppl waiting) but said they were not able to count or differentiate between those who were ready to enter treatment or not and so left this column blank.

¹ Survey question: “How many people in total were waiting to enter your service (for the day you are reporting on during the week 23-27 September 2024)”

Wait times can be impacted by a variety of factors outside of the control of the organisations, including if clients are ready and able to enter treatment². 55% (n=1454) of all people who were waiting for treatment were ready to enter treatment but could not because there were no places available.

As can be seen in Table 2, residential rehabilitation had the largest numbers and proportion of people waiting for treatment (897 or 34%). Assessment and initial treatment plan had the second highest numbers of total people waiting for treatment (n=628 or 24%), followed by residential withdrawal (n=460 or 17%) and psychosocial counselling (n=257 or 10%).

Of the total 2,667 people on a waiting list, around half were ready to enter treatment that day (n=1454, 54.5%). Of the 1,454 people ready to enter treatment but could not because no places were available, the majority (n=365 or 25%) were waiting for residential rehabilitation, followed by assessment and initial treatment plan (n=325 or 22%) and psychosocial counselling (219 or 15%).

Length of time waiting

Using categories of wait time (less than a week; 1-3 weeks; 3-6 weeks; 6-12 weeks; 12-26 weeks; longer than 26 weeks), survey respondents were asked for the numbers waiting within each of these categories³. The data on waiting times is collated in Table 3 below.

Table 3: Time people are waiting for organisations by service

| | Less than a week | 1-3 weeks | 3-6 weeks | 6-12 weeks | 12-26 weeks | Longer than 26 weeks | Total |
|-----------------------------------|------------------|-----------|-----------|------------|-------------|----------------------|-------|
| Assessment initial treatment plan | 98 | 167 | 64 | 45 | 10 | 0 | 384 |
| Residential withdrawal | 19 | 51 | 41 | 94 | 227 | 19 | 451 |
| Community-based withdrawal | 7 | 5 | 0 | 3 | 2 | 0 | 17 |
| Psychosocial counselling | 89 | 86 | 35 | 29 | 11 | 4 | 254 |
| Day rehabilitation | 33 | 112 | 11 | 8 | 2 | 3 | 169 |
| Residential rehabilitation | 77 | 169 | 160 | 176 | 256 | 37 | 875 |
| Outreach | 19 | 79 | 48 | 14 | 7 | 2 | 169 |
| Pharmacotherapy | 5 | 7 | 15 | 10 | 3 | 0 | 40 |
| Family support/counselling | 0 | 7 | 0 | 2 | 2 | 1 | 12 |
| Total | 347 | 683 | 374 | 381 | 520 | 66 | 2371 |

Notes:

As the questions about length of time waiting was separate to the question about numbers of people waiting, there is a slight difference in the total numbers across all service types: n=2,667 Table 2; n=2,331 Table 3). It should be noted that not all respondents provided data on how long clients had been waiting by service type.

There were 520 people waiting between 12 and 26 weeks for AOD treatment. This represents 22% of all people waiting for treatment (by service). 66 people (3%) had been waiting longer than 26 weeks for treatment. The service with the highest wait time was residential withdrawal where 50% of all

² For instance, to enter residential rehabilitation a client may have to arrange childcare, pet sitting, court matters, time away from work and/or first attending withdrawal.

³ The question was: "of the total number of people waiting for treatment, how long have they been waiting for?" and the categories provided.

people waiting for treatment has been doing so for between 12 and 26 weeks. 29% of all people waiting for residential rehabilitation had been waiting between 12 and 26 weeks.

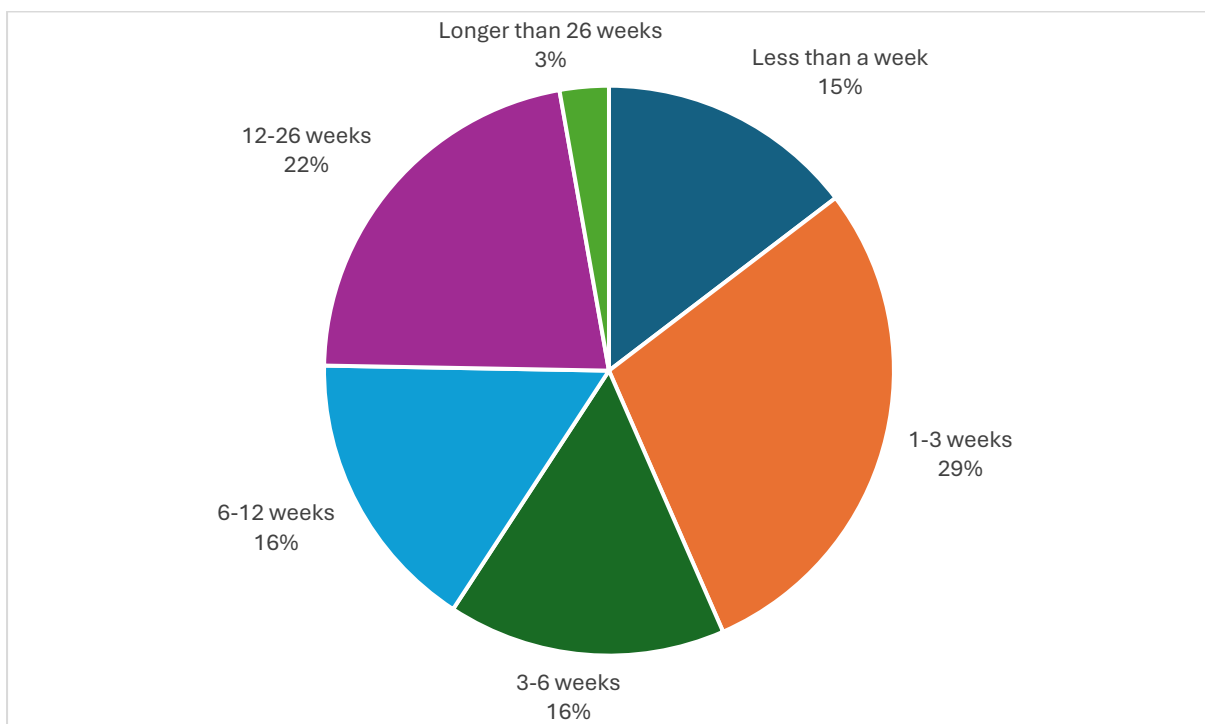
Table 4 provides the proportions of people waiting in each time block (Table 4).

Table 4: Total number and % of people waiting to enter a service by length of wait

| | < a week | 1-3 weeks | 3-6 weeks | 6-12 weeks | 12-26 weeks | > 26 weeks | Total |
|---|----------|-----------|-----------|------------|-------------|------------|-------|
| Total # of people waiting for treatment | 347 | 683 | 374 | 381 | 520 | 66 | 2371 |
| Total % of people waiting for treatment | 15% | 29% | 16% | 16% | 22% | 3% | 100% |

We provide these data in a figure also (Figure 1)

Figure 1: % of all people waiting to enter a service by length of wait



When the length of time waiting is examined by the nine services, there are notable differences between the service types. Table 5 provides the proportions of people waiting different lengths of time by service type. As can be seen below, for community based withdrawal, the most common wait was less than a week (noting the sample size, only two services), whereas for residential rehabilitation (with 23 respondents), the most common wait was 12 to 26 weeks.

Table 5: Proportion of people waiting for treatment by length of wait and service

| Service types | < a week | 1-3 weeks | 3-6 weeks | 6-12 weeks | 12-26 weeks | > 26 weeks | N |
|-------------------------------------|----------|-----------|-----------|------------|-------------|------------|----|
| Assessment & initial treatment plan | 25.5% | 43.5% | 16.7% | 11.7% | 2.6% | 0.0% | 30 |
| Community based withdrawal | 41.2% | 29.4% | 0.0% | 17.6% | 11.8% | 0.0% | 2 |
| Resi withdrawal | 4.2% | 11.3% | 9.1% | 20.8% | 50.3% | 4.2% | 4 |
| Psychosocial counselling | 35.0% | 33.9% | 13.8% | 11.4% | 4.3% | 1.6% | 13 |
| Day rehab | 19.5% | 66.3% | 6.5% | 4.7% | 1.2% | 1.8% | 12 |
| Family support | 0.0% | 58.3% | 0.0% | 16.7% | 16.7% | 8.3% | 3 |
| Resi rehab | 8.8% | 19.3% | 18.3% | 20.1% | 29.3% | 4.2% | 23 |
| Outreach | 11.2% | 46.7% | 28.4% | 8.3% | 4.1% | 1.2% | 12 |
| Pharmacotherapy | 12.5% | 17.5% | 37.5% | 25.0% | 7.5% | 0.0% | 2 |

Conclusions

It seems clear from these data that there are a substantial number of people waiting to gain access to NGO AOD treatment in NSW. The greatest blockages to treatment entry appear to be for residential rehabilitation and assessment services, with a long wait for residential withdrawal.

The survey was only administered to NGO services (who provide around half of all AOD treatment in NSW). There are no publicly available data on the wait numbers or length of waiting time for government (LHD) AOD services.

The response rate to the survey increases confidence that these data are typical for NSW, but caution should be exercised in interpreting the figures for withdrawal services, family support, and pharmacotherapy due to low sample sizes.

It would be useful to repeat this census-based survey at future times, especially when changes are made to the NSW treatment service system as a measure of the effectiveness of any new measures.

Measuring the wait for AOD treatment

Start of Block: About your service

About this survey

This snapshot survey captures information on how many people are waiting for NSW NGO AOD treatment services and how long they are waiting for.

NADA will use this de-identified data to present a report to the government and to advocate for more funding for the sector. This will be particularly important in the context of the upcoming NSW Drug Summit.

The survey also collects information on region and types of treatment to see if there are differences depending on where services are, the type of treatment they provide or for specific client groups. All information will be presented in aggregate - we are not reporting on individual services.

We ask that you provide data on waiting for treatment at anytime during the week beginning Monday 23 September and ending Friday 27 September.

Please note this survey asks questions about individual treatment services (not organisations – appreciating that this may be the same depending on your structure).

This snapshot survey should only take approximately 10 minutes to complete.

NADA has contracted the Drug Policy Modelling Program at UNSW to support this work.

If you have any queries, please contact Liz Barrett on 02 9385 1779 / liz.barrett@unsw.edu.au

What is the name of your service?

What LHD is your service located in?

Note this survey is for individual services rather than organisations (where these are different)

- Sydney Metro (Sydney, North Sydney, SE Sydney, SW Sydney, Western Sydney, Nepean Blue Mountains) (1)
- Central Coast (2)
- Far West (3)
- Hunter New England (4)
- Illawarra Shoalhaven (5)
- Mid North Coast (6)
- Murrumbidgee (7)
- Northern NSW (8)
- Southern NSW (9)
- Western NSW (10)

Treatment types offered at service (tick all that apply)

- Assessment and initial treatment plan (1)
- Community-based withdrawal (2)
- Residential withdrawal (3)
- Psychosocial counselling (4)
- Day rehabilitation (5)
- Family support/counselling (6)
- Residential rehabilitation (7)
- Outreach (8)
- Pharmacotherapy (9)

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Are you a specialist service for any of the following groups (tick all that apply):

- Young people (1)
 - Aboriginal and Torres Strait Islander Peoples (2)
 - Women (3)
 - Women and children/babies (4)
 - People with cultural and linguistic diversity (5)
 - People involved with the criminal justice system (6)
 - Men (7)
 - None of the above (i.e. no specific client base and take a mix) (8)
 - Other (please list) (9)
-

Page Break

End of Block: About your service

Start of Block: Survey eligibility

Do prospective clients ever experience any wait to gain access to your service?

- Yes (1)
- No (2)

Display This Question:

If Do prospective clients ever experience any wait to gain access to your service? = No

Can you provide detail on why there is no wait for your service?

Skip To: End of Survey If Condition: Can you provide detail on w... Is Not Empty. Skip To: End of Survey.

Do you have caps on your waitlist or occasions where you suspend processing of new applicants?

- Yes (1)
- No (2)
- N/A (3)

Skip To: End of Block If Do you have caps on your waitlist or occasions where you suspend processing of new applicants? = No



What number is your waitlist capped at?

Please provide detail on the process/criteria for suspensions

End of Block: Survey eligibility

Start of Block: Number of people waiting to enter treatment

This section asks for data on the number of people waiting to enter your service at anytime during the week beginning 23 September and ending 27 September 2024.

If your service collects data on different phases of waiting (e.g. referral to initial assessment and assessment to entry), please enter data only for those people who have undergone an initial assessment for your service and are waiting for service entry.



How many people in total were waiting to enter your service (for the day you are reporting on during the week 23-27 September 2024)?

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| Out of the total number of people waiting, how many were ready to enter treatment but could not because there were no treatment places available? | Total number of people waiting for treatment (See Note 1) (1) | Number of people ready to enter treatment but could not because there was no treatment place available (see Note 2) (2) |
|---|--|--|
| Assessment and initial treatment plan (x1) | | |
| Community-based withdrawal (x2) | | |
| Residential withdrawal (x3) | | |
| Psychosocial counselling (x4) | | |
| Day rehabilitation (x5) | | |
| Family support/counselling (x6) | | |
| Residential rehabilitation (x7) | | |
| Outreach (x8) | | |

Pharmacotherapy (x9)

Note 1: The total number of people waiting should include: people being supported in active holding including bridging support, brief interventions, wait list group support or other sessions while waiting for treatment; people moving from one treatment to another with a wait between them; people who are waiting to access intake or an assessment; people waiting for a treatment place; indeed anyone waiting for the service in any capacity

Note 2: People may not be ready to enter treatment for a range of reasons such as needing to attend detox, sort out Centrelink, childcare or legal matters before they are ready to enter treatment. This second column is the number of people waiting, excluding those who are not yet ready to enter treatment.

End of Block: Number of people waiting to enter treatment

Start of Block: Time of wait

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| Of the total number of people waiting for treatment , how long have they been waiting for? | Total number of people waiting for treatment (1) | # Waiting less than a week (2) | # Waiting between 1 and 3 weeks (3) | #Waiting between 3 and 6 weeks (4) | # Waiting between 6 and 12 weeks (5) | # waiting between 12 and 26 weeks (6) | # waiting longer than 26 weeks (7) |
|--|--|--------------------------------|-------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| Assessment and initial treatment plan (x1) | | | | | | | |
| Community-based withdrawal (x2) | | | | | | | |
| Residential withdrawal (x3) | | | | | | | |
| Psychosocial counselling (x4) | | | | | | | |

| Of the total number of people waiting for treatment , how long have they been waiting for? | Total number of people waiting for treatment (1) | # Waiting less than a week (2) | # Waiting between 1 and 3 weeks (3) | #Waiting between 3 and 6 weeks (4) | # Waiting between 6 and 12 weeks (5) | # waiting between 12 and 26 weeks (6) | # waiting longer than 26 weeks (7) |
|--|--|--------------------------------|-------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| Day rehabilitation (x5) | | | | | | | |
| Family support/counseling (x6) | | | | | | | |
| Residential rehabilitation (x7) | | | | | | | |
| Outreach (x8) | | | | | | | |
| Pharmacotherapy (x9) | | | | | | | |

If you provided wait time data did this data come from:

- An estimation of wait times per client (1)
- Data collected on the client wait (i.e. your service routinely collects wait time data) (2)
- A combination of recorded and estimated data (3)
- Other (4) _____

End of Block: Time of wait

Start of Block: Your observations on the wait for services

Based on the last 6 months, how typical is the data you provided for your service?

| | A lot less (1) | A bit less (2) | Around the same (3) | A bit more (4) | A lot more (5) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The number of people waiting to enter our services is normally (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The length of time that people wait for our service is normally (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

To what extent is the wait for your service impacted due to waiting on information from other NSW government agencies and referral services?

- Not impacted - we receive information promptly or this is not an issue for us (1)
- Somewhat impacted - waits are sometimes extended while we wait for information (2)
- Severely impacted - we are consistently waiting for information from others and this has a significant impact on wait times for our service (3)
- Don't know/ not applicable to our service (4)

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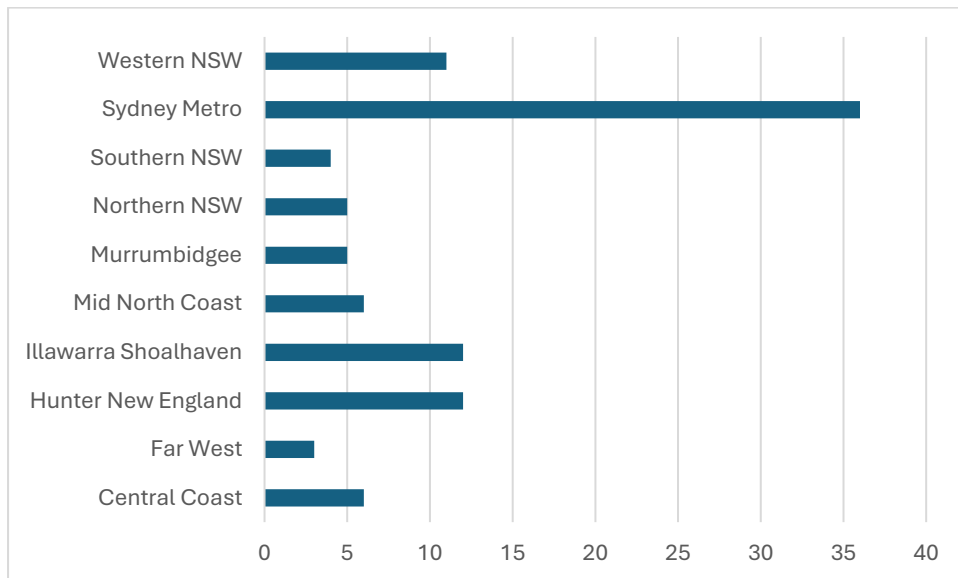
Do you have any other comments you would like to make about wait lists or wait times for your service?

End of Block: Your observations on the wait for services

Appendix B: Location of services

The majority of responses came from organisations providing services in Sydney metro regions (n=36), followed by Illawarra Shoalhaven (n=12), Hunter New England (n=12) and Western NSW (n=11).

Figure B1: Location of organisations responding to survey



Appendix C: Details of caps on waitlist

Question: Do you have caps on your waitlist or occasions where you suspend processing of new applicants?

14 organisations answered this question. All responses are listed below.

| |
|---|
| as we are a 7 bed facility we close waiting list at 14 as this indicates 24 week wait time if all clients arrive. once clients fail to remain in contact after 2 weeks we move them onto a failed to contact list and open the list to other potential clients. |
| Capacity of the staff and the wait time estimated for those on the waitlist plus considerations like complexity of presentation and needs. |
| Capacity of therapeutic groups is capped at 10. |
| Christmas time where staff are short in order to give leaves, Covid outbreaks until spread stopped. Website is updated to advise of this. , |
| counsellors are at maximum capacity and 5 are waiting |
| Dependent on staff available for clients if short staffed we need to refer out |
| [xxx] is a 5-7 month residential program. If the program is at capacity or allocated admissions will take the program to capacity we review the intake list and will sometimes suspend further assessments. Consideration is also given to having clients identified who have met all criteria for admission and can be admitted should bed availability unexpectedly become available. Suspend waitlist applications is not the preference if it can be avoided. |
| no more than 2 people waiting per bed |
| Only when staff shortages there becomes a capped waitlist |
| Referrals from Correctional Organisations/Justice Settings get capped if the waitlist crosses 40 |
| The above number is a ballpark and given we have a long term support model we make assessments for waitlist closure based on how likely it is client turnover is coming soon or staff capacity will be increasing We try not to have people sitting on waitlists for long periods as that's not in line with our values or ways of working If we deem waitlists are approaching more than 10 weeks we typically look to refer on and not waitlist |
| too many Clients coming from the Justice System in the residential program at once |
| Wait list cap may vary depending on other factors (such as staff leave, recruitment etc). Wait list will generally be capped if anticipated wait time is 4 months or more). |
| We cap at twenty and call back applicants every week to assess if they are still interested, or have found another service |
| Xmas/New Year break, Pandemics/Epidemics, Understaffing. There is no cap. It depends on the circumstances at the time. We continue to accept applications; we just don't process them until the circumstances change. |